



SDOH Provisions in the Fiscal Year (FY) 2023 Omnibus Appropriations Package

On December 20, House and Senate Appropriators released the text of the [FY2023 Omnibus Appropriations bill](#), which includes \$1.7 trillion in appropriations for fiscal year 2023 and several key health care extenders and new authorizations.

Aligning for Health was pleased to see the inclusion of several key social determinants of health provisions included in this package. Along with the [appropriations bill](#), the accompanying [Joint Explanatory Statement](#), which cross-references the House Committee on Appropriations [Report](#) for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for Fiscal Year 2023 Appropriations, includes additional details related to the appropriated amounts.

Most notably:

- **CDC’s Social Determinants of Health Accelerator Grants** continue to be funded at \$8M for FY23.
- Section 2201, **Addressing Factors Related to Improving Health Outcomes**, stems from the Senate HELP Committee’s [PREVENT Pandemics Act](#).
 - o Section 2201 authorizes the HHS Secretary to award \$35M a year in grants, contracts, or cooperative agreements to states or other eligible entities to support the implementation of strategies to address factors related to health outcomes; to establish, maintain or improve technology platforms or networks to support coordination and information sharing; implementation of best practices; and supporting consideration of factors related to health outcomes in preparing for and responding to public health emergencies.

Below we have pulled notable provisions related to social determinants of health, health equity, and maternal health that were included as part of this package.

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Provisions From the FY2023 Omnibus Appropriations Bill

Division FF – Authorizing Text – Relevant SDOH Provisions

- **Social Determinants of Health**
 - **Section 2201 – Addressing Factors Related to Improving Health Outcomes**
 - The HHS secretary may award grants, contracts, or cooperative agreements to eligible entities for the conduct of evidence-based or evidence-informed projects, which may include the development of networks to improve health outcomes by improving the capacity of such entities to address factors that contribute to negative health outcomes in communities.
 - Funds can be used to:
 - Support the implementation, evaluation, and dissemination of strategies, through evidence-informed or evidence-based programs and through the support and use of public health and health care professionals to address factors related to health outcomes.
 - Establishing, maintaining, or improving, in consultation with State, local, or Tribal health departments, technology platforms or networks to support coordination among appropriate entities and activities to improve such coordination, information sharing on health and related social services, and technical assistance and related support for entities participating in platforms or networks.
 - Implementing best practices for improving health outcomes and reducing disease among underserved populations.
 - Supporting consideration of factors related to health outcomes in preparing for, and responding to, public health emergencies, through outreach, education, research, and other relevant activities.
 - HHS Secretary may award grants, contracts, and cooperative agreements to public or nonprofit private entities, including minority serving institutions, to: identify or facilitate the development of best practices to support improved outcomes for underserved populations; provide technical assistance, training and evaluation assistance to award recipients; disseminate best practices; and leverage, establish or operate regional centers to develop, evaluate and disseminate effective strategies on factors related to health outcomes. Awards can be issued for no more than five years and may be extended for up to three years.
 - Not later than September 30, 2026, the Secretary shall submit a report to Congress that includes information on activities funded under this section.
 - Authorizes \$35M for each of fiscal years 2023 through 2027. Of this amount, five percent must be reserved for awards to Indian Tribes and Tribal organizations, urban Indian organizations, and Tribal health departments.
 - GAO shall submit a report to Congress on the program authorized in this section, reviewing the outcomes and effectiveness of the program and coordination with other programs in HHS with similar goals to ensure that there was no unnecessary duplication of efforts. The report is due no later than four years after enactment.
 - **Screening and Referrals**

- **Section 5121 – Medicaid and CHIP Requirements for Health Screenings, Referrals, and Care Management Services for Eligible Juveniles in Public Institutions**
 - Creates a new Medicaid State Plan requirement that the state shall have in place a plan for certain eligible juveniles within 30 days of the date on which they are scheduled to be released from a public institution. As part of the plan, the state must provide for screening in the 30 days prior to the eligible juvenile's release, including a behavioral health screening. The state must also provide targeted case management services in the 30 days prior to and for at least 30 days following the release of the eligible juvenile.
 - This provision becomes effective on the first day of the first calendar quarter that begins on or after the date that is 24 months after the date of enactment of this act.
- **Community Health Workers**
 - **Section 2222 Awards to Support Community Health Workers and Community Health –**
 - Authorizes the Secretary to award grants, contracts, or cooperative agreements to eligible entities to promote positive health behaviors and outcomes for populations in medically underserved communities by leveraging community health workers (CHWs), including by addressing ongoing and longer-term community health needs, and by building the capacity of the CHW workforce. The awards must be made in alignment and coordination with existing funding arrangements supporting CHWs.
 - The Secretary may provide technical assistance to eligible entities that receive awards with respect to planning, development, and operation of CHW programs authorized or supported under this provision.
 - The Secretary shall identify and disseminate evidence-based or evidence-informed best practices.
 - The Secretary shall submit a Report to Congress concerning the effectiveness of the program in addressing ongoing public health and community health needs.
 - Authorizes \$50M for each of fiscal years 2023-2027.
- **Health and Housing**
 - **Section 1232 – Developing Guidelines for States to Promote the Availability of High-Quality Recovery Housing** – HHS shall continue activities to identify, facilitate the development of, and periodically update consensus-based best practices, which may include model laws for implementing suggested minimum standards for operating, and promoting the availability of, high-quality recovery housing.
 - **Section 1233 – Coordination of Federal Activities to Promote the Availability of Recovery Housing** – HHS, through the Assistant Secretary for Health, and the Secretary of Housing and Urban Development, shall convene an interagency working group to:
 - Increase collaboration, coordination, and consultation among HHS, HUD, and other federal agencies to promote the availability of housing, including high-quality recovery housing for individuals experiencing homelessness, individuals with mental illnesses, and individuals with SUD.
 - To align the efforts of such agencies and avoid duplication of efforts
 - The develop objectives, priorities, and long-term plan for supporting state, tribal, and local efforts; and
 - To improve information on the quality of recovery housing.
 - **Section 1235 – Grants to States to Promote the Availability of Recovery Housing and Services** - HHS shall award grants to states, Indian Tribes, and Territories for the provision

of technical assistance to implement guidelines and recommendation, to promote the availability of recovery housing for individuals with an SUD and the maintenance of recovery housing in accordance with best practices.

- \$5M is authorized for fiscal years 2023 through 2027.

- **Maternal Health**

- **Section 5113 – Modifications to Postpartum Coverage under Medicaid and CHIP** – Permanently authorizes the option for states to provide one-year of coverage postpartum. The American Rescue Plan Act authorized this option for a five year period, beginning on the date of enactment.
- **Section 1111 – Screening and Treatment for Maternal Mental Health and Substance Use Disorders** – Reauthorizes a program to award Screening and Treatment for Maternal mental health and SUD grants to states to establish, improve, or maintain programs for screening, assessment, and treatment services for women who are postpartum, pregnant, or have given birth within the preceding 12 months, for maternal mental health and SUDs. Authorizes \$24M annually for fiscal years 2023 through 2027.
- **Section 1112 – Maternal Health Hotline** – HHS shall maintain, by grant or contract, a national maternal mental health hotline to provide emotional support, information, brief intervention, and mental health an SUD resources to pregnant and postpartum women at risk of, or affected by, maternal mental health and SUD and to their families or household members.
- **Section 1113 – Task Force on Maternal Mental Health** – HHS shall establish a Task Force on Maternal Mental Health for purposes of identifying, evaluating, and making recommendations to coordinate and improve federal activities related to addressing maternal mental health conditions.

Provisions from Accompanying Joint Explanatory Statement and House Report Language

Below, we have pulled notable report language related to social determinants of health, health equity, and maternal health for HRSA, CDC, NIH, SAMHSA, AHRQ, CMS, ACF, ACL, HHS Office of the Secretary, HHS Office of Minority Health (OMH), HHS Office on Women’s Health, and ONC.

Social Determinants of Health

- **HRSA - Healthy Start.** - The agreement includes \$145,000,000 to support this program, including funds to support a new targeted expansion of an enhanced Healthy Start program model to approximately 10 new communities, as described in the fiscal year 2023 budget request.
- **HRSA - Health Care for the Homeless.** — The Committee supports the activities of the Health Care for the Homeless program, which provides funding to community-based health centers to provide low- or no-cost health care to underserved populations using a trauma-informed, harm reduction approach. Services provided by such health centers include primary care, mental health treatment, substance use treatment, medical respite care, case management, and enrollment/benefits assistance
- **HRSA - Health Center Controlled Networks (HCCNs).** — These networks are the foundation of health information technology (HIT) services for the nation’s community health centers. Health centers function as the largest primary care network in the country, caring for 30 million patients. HCCNs are voluntary associations of community health centers that band together to invest in HIT tools, optimize the use of these technologies, digitally connect to health care and community partners, and more. The HIT infrastructure requires robust Federal investment to support the

demand caused by the COVID–19 pandemic’s resulting shift in how health care is provided. The Committee encourages HRSA to provide robust support for these networks and requests as part of the fiscal year 2024 Congressional Budget Justification an update on the status of the network HIT infrastructure.

- **CDC - Farm-to-School.-** The agreement continues \$2,000,000 within Nutrition, Physical Activity, and Obesity for research and education activities promoting healthy eating habits for students. The agreement intends that these grants support multi-agency and multi-organizational State farm to early childhood programs with priority given to entities with experience running farm to early childhood programs. The agreement directs CDC to coordinate farm to early childhood program efforts with the Office of Community Food Systems at the Department of Agriculture.
- **CDC - Social Determinants of Health.** – The agreement includes \$8,000,000 to award competitive grants to State, local, territorial, or tribal jurisdictions to support the development of Social Determinants of Health Accelerator Plans, the implementation of those plans, and to improve the health of Medicaid beneficiaries. Such plans should include a description of the health and social outcome objectives of the Social Determinants Accelerator Plan; identify target populations that would benefit from implementation of the plan including Medicaid-eligible individuals; and identify non-governmental, private, or public health organizations and community organizations that would participate in the development of the plan. Grantees may use a portion of grant funding to convene government entities, public and private stakeholders, and to engage qualified research experts in developing Accelerator Plans.
- **CDC - Adverse Childhood Experiences.-** The agreement includes an increase to expand efforts, including technical assistance to States. The agreement includes \$9,000,000 in total.
- **CDC - Early Child Care Collaboratives.-** The agreement provides an increase for these activities.
- **CDC - Nutrition, Physical Activity and Obesity.** —The Committee supports CDC’s efforts to promote healthy behaviors at every stage of life by encouraging regular physical activity, good nutrition, and preventing adult and childhood obesity.
- **CDC - Public Health Infrastructure and Capacity.-** The agreement provides an increase of \$150,000,000 for this disease-agnostic resource. The agreement directs that no less than 70 percent of this funding be awarded to health departments.
- **NIH - Frontotemporal Degeneration (FTD) Research.** - The agreement encourages NIH to continue to support research to identify and validate biomarkers for FTD and other neurodegenerative diseases among diverse cohorts. The agreement also urges NIH to support efforts to better understand the social determinants of health that lead to inequity in access to diagnosis and care for FTD and other dementias so that new treatments and best practices in care will be available to all, regardless of age, racial, ethnic, cultural, socioeconomic, and geographic background. Equally critical is the development of a data biosphere that enhances secure sharing of clinical and research data and biological samples for FTD. The agreement encourages NIH to find ways to support better communication across researchers, and between clinical science and broader society, to ensure that research advances have maximum effect on improving health. The agreement urges NIH to continue to advance regulatory science and develop innovative clinical trial designs that recruit diverse populations so that potential therapies can be effectively tested.
- **NIH - Community Engagement.-** The agreement recognizes the critical role that community engagement plays in enabling researchers to build authentic partnerships that enhance diversity and inclusion in research cohorts. The CEAL program, created to help address the disparate

impacts of the COVID-19 pandemic on communities historically underrepresented in biomedical research, has been successful in building such partnerships. Community engagement is also key when there is public hesitancy to participate in research, such as with human genetics and genomics research. The agreement is encouraged by the success of the CEAL program and urges National Human Genome Research Institute, in consultation with NHLBI and NIMHD, to establish and coordinate a community engagement program modeled after CEAL that will support efforts to increase the participation of individuals historically underrepresented and hesitant to participate in human genetics and genomics research.

- **SAMHSA - Recovery Housing.** - In order to increase the availability of high-quality recovery housing, the agreement encourages SAMHSA to examine opportunities to provide direct technical assistance to communities in multiple states and promote the development of recovery ecosystems that incorporate evidence-based recovery housing for substance use disorder intervention. SAMHSA is encouraged to explore the establishment of a Center of Excellence with a non-profit, in collaboration with a college of public health, which has expertise and experience in providing technical assistance and research in recovery housing and focuses on homeless and justice-involved individuals utilizing blended funding and an intervention model with demonstrated outcomes.
- **SAMHSA - Mental Health Centers of Excellence.**- The agreement urges SAMHSA to continue supporting centers of excellence focused on the development, evaluation, and distribution of evidence-based resources regarding comprehensive treatment recommendations for mental health patients. These recommendations may include supportive services, wraparound services, and social determinants of care where applicable. The centers will also work to disseminate treatment recommendations to the broader network of mental health clinicians.
- **SAMHSA - Homelessness Prevention Programs.** —The agreement includes \$33,696,000 for Homeless Prevention Programs to help prevent or reduce chronic homelessness by funding services for individuals and families experiencing homelessness while living with severe mental illness or co-occurring mental and substance disorders. The program addresses the need for treatment and support service provision to individuals and families.
- **SAMHSA - Projects for Assistance in Transition from Homelessness.** —The Committee includes \$66,635,000 for the Projects for Assistance in Transition from Homelessness (PATH) program, which supports grants to States and territories for assistance to individuals suffering from severe mental illness and/or SUDs and who are experiencing homelessness or at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.
- **SAMHSA - HUD/HHS Collaboration Supportive Housing for People with Mental Illness Pilot.** — The Committee is concerned that inadequate housing and support opportunities exist for people with serious mental health illness, which often results in people with serious mental illness cycling through hospitals and public institutions like jails, prisons, and homeless shelters. The Committee recognizes that housing support paired with wraparound services is a successful model. In fiscal year 2021, the Committee requested a report from the Department of Housing and Urban Development (HUD) and SAMHSA on the feasibility of such a program and received agency feedback for its creation. The Committee directs SAMHSA to work with HUD to establish a pilot program for PATH grantees to partner with public housing agencies to provide mental health,

SUD, and other supportive services for people experiencing homelessness, at imminent risk of becoming homeless, or in HUD-assisted housing. The Committee directs SAMHSA to use no less than \$5,000,000 of the funds made available for the PATH program for this pilot.

- **SAMHSA - Impact of COVID–19 on the Mental Health of Older Adults.** —The Committee recognizes the exacerbated impact of the COVID–19 pandemic on older adults, who, being more susceptible to the virus, have experienced heightened isolation since the onset of the pandemic, which is linked to higher rates of loneliness, depression, suicidal ideation, and other mental health issues. The Committee encourages SAMHSA to work with States to address the impact of increased isolation of seniors. The Committee requests a report within 180 days of the date of enactment of this Act, outlining specific efforts to address seniors’ mental health challenges.
- **SAMHSA - Reducing Barriers to Transportation.** —The Committee notes that mental health, SUD, and opioid use disorder (OUD) are a pervasive crisis across the country and have been exacerbated by the effects of the COVID–19 pandemic. The Committee is also aware that many seeking treatment lack reliable transportation which becomes a major barrier for individuals seeking out treatment or other mental health services. The Committee encourages SAMHSA to acknowledge funds for State and local governments can be used to provide reliable, equitable, and convenient access to transportation for those seeking treatment. The Committee requests SAMHSA conduct a review within 180 days of the date of enactment of this Act to measure the impact of recovery transportation on individuals’ ability to access treatment and provide a summary report.
- **AHRQ - People with Disabilities.-** The agreement includes \$750,000 for AHRQ to work with stakeholders to develop a research agenda and report for dissemination on health promotion, disease prevention, and intervention strategies for people with disabilities.
- **CMS - Rural Hospital Closures.-** The agreement notes that 135 rural hospitals have closed in the past decade and many others are vulnerable to closure. The agreement directs CMS to provide feedback to the Committees on Appropriations, the Senate Committee on Finance, and the House Committee on Energy and Commerce on providing appropriate relief for struggling hospitals in rural and under-served communities.
- **CMS - Programs of All-Inclusive Care for the Elderly.** —The Committee notes during the COVID–19 pandemic, Programs of All-Inclusive Care for the Elderly (PACE) have been effective in keeping their medically complex, nursing home eligible population safe at home. PACE organizations furnish all Medicare and Medicaid covered services, long term care and supports, meals and other services as needed by participants, principally in participants homes. The Committee urges CMS to consider moving forward on PACE-specific pilots in fiscal year 2023, so this community-based model of care may be evaluated as to whether it increases access and affordability for Medicare or Medicaid beneficiaries.
- **CMS - Transportation for Dialysis.** —The Committee continues to urge CMS to delay further implementation of the Prior Authorization of Repetitive, Scheduled Non-Emergent Ambulance Transport model until it ensures appropriate alternative transportation to dialysis services and diabetes-related wound care for low-income beneficiaries who have no other means of transportation.
- **CMS - Diabetes Self-Management Training Benefit.** —The Committee is concerned that barriers to accessing the Medicare diabetes self-management training benefit, particularly among communities of color, have resulted in utilization by only five percent of newly diagnosed

Medicare beneficiaries. The Committee looks forward to receiving the report addressing the barriers to accessing the diabetes self-management training benefit, as requested in House Report 117–96.

- **CMS - Obesity and Comorbidities.** —The Committee notes obesity is a disease, and it leads to serious and costly health issues, including diabetes, heart disease, stroke, certain chronic liver diseases like nonalcoholic steatohepatitis, and some types of cancer. Committee requests additional information in the fiscal year 2024 Congressional Budget Justification on how policies in Medicare could be improved to help reduce obesity and its comorbidities for those Americans who require clinical interventions and reduce the racial and ethnic disparities in health care outcomes for beneficiaries suffering from obesity.
- **CMS - Psychosocial Rehabilitation Model.** —The Committee is concerned about the high prevalence of loneliness and social isolation among Americans with severe mental illness (SMI), especially given the body of research indicating that these factors, along with other social determinants of health, can strongly affect mental and physical health outcomes for this population. The Committee encourages CMS to explore alternative payment models that better reflect the significant health, economic, and overall societal benefits associated with alleviating social isolation among people with SMI. The Committee encourages CMS to consider how CMMI could integrate the value associated with reducing social isolation for people with SMI in current and future value-based models; how the Center for Clinical Standards of Quality could identify patient-reported outcome measures related to social isolation and loneliness that could be included in current and future value-based models; and how the Center for Medicaid and CHIP Services (CMCS) could encourage State Medicaid agencies to contract with payers that offer comprehensive psychosocial rehabilitation services that reduce social isolation and improve quality of life for people with SMI.
- **CMS - Social Determinants of Health.** —The Committee is aware that social determinants of health are critical drivers of health outcomes and health care costs and that early childhood development is affected by social factors. The Committee commends CMS for the guidance on social determinants issued to States in January 2021 and encourages CMS to continue to clarify and disseminate strategies that States can implement under current Medicaid and Children’s Health Insurance Program (CHIP) authority, or through waivers, to address social determinants of health (SDOH) in the provision of health care, including strategies specifically targeting the pediatric population. This should include guidance on how States can encourage and incentivize managed care organizations to address SDOH through contracts.
- **CMS - Utilization of Z Codes for Social Determinants of Health.** —The Committee commends CMS for publishing a report on the Utilization of Z codes for SDOH among Medicare FFS beneficiaries. As the report notes, the COVID–19 pandemic has disproportionately affected underserved communities. The Committee is concerned about whether the current Z codes definitions are expansive and specific enough to track the SDOH impacting underserved communities. To help reduce these barriers, the Committee encourages HHS to update the current Z code definitions and establish a national standard to review SDOH to ensure physicians nationwide use the same tools to analyze SDOH. The Committee requests a briefing within 180 days of the date of enactment of this Act on the current utilization of Z codes, how HHS suggests the Z codes definitions could be updated to better track SDOH impacting underserved communities and recommendations on how to increase the utilization of Z codes.

- **CMS - Social Determinants of Health Analytics.** —The Committee is encouraged that Medicare Advantage (MA) and Medicaid Managed Care Organizations (MCOs) have stated an intent to employ strategies to address SDOH, and the Committee supports work on SDOH given historic inequities that have existed among at-risk populations like communities of color and rural communities. However, in constructing SDOH-based recommendations for beneficiaries, many health plans are regularly using what is described as “consumer data,” which includes clinical, social, economic, behavioral, and environmental data that is individually identified, sometimes combining or allowing other entities to combine it with protected medical information governed by Health Insurance Portability and Accountability Act of 1996. The Committee requests a report within 180 days of the date of enactment of this Act on efforts by CMS to ensure the transparency by MA and MCO plans in the use of data of beneficiaries in addressing SDOH, how CMS ensures that MA and MCO plans notify beneficiaries of the use of protected or consumer data, and how ongoing CMS work with MA and MCOs around SDOH and the use of consumer data and protected medical information aligns with and improves health equity as per the goals of Executive Order 13985 and the HHS’s Equity Action Plan.
- **CMS - Language Access.** —The Committee recognizes the need to ensure that translated materials are culturally competent and written in a manner that can be adequately understood by limited English proficient populations (LEP). The Committee urges CMS to improve the quality and quantity of such materials, and consult community-based organizations to help vet translated consumer-facing materials produced by CMS in at least the top 15 languages spoken by LEP people living in the United States. The Committee also encourages CMS to develop translation glossaries of common terms used within CMS programs in at least the top 15 languages spoken by LEP people.
- **ACF – Low Income Home Energy Assistance (LIHEAP).** - The agreement includes \$1,500,000,000 in this division, and \$2,500,000,000 under this heading in the Disaster Relief Supplemental Appropriations Act, 2023, to provide \$4,000,000,000 for the Low-Income Home Energy Assistance program, an increase of \$199,696,000 over the fiscal year 2022 enacted level. In addition to this funding, \$1,000,000,000 in supplemental funding is also provided in the Disaster Relief Supplemental Appropriations Act, 2023 , to help lower-income families cover the costs of home heating and cooling. The agreement includes \$1,700,000 in additional technical assistance funding for HHS to continue to develop a formula system to simplify the formulation process to enable ACF staff to provide estimates more readily when requested by the Committees. Once such a system is in place, the agreement instructs HHS to work collaboratively with the Committees to promptly respond to requests for estimates and to ensure no request shall be outstanding for longer than 10 calendar days. The agreement continues bill language to reduce volatility in State allocations of LI HEAP funding in order to prevent States from experiencing significant reductions in funding between fiscal years.
- **ACF – Head Start.**- The agreement encourages ACF to consider the unique challenges faced by Head Start grantees in remote and frontier areas when reviewing such grantees' compliance with health and dental screening requirements as part of the Designation Renewal System. The agreement also encourages ACF to ensure that all Head Start grantees are aware of any funding opportunities, or funding otherwise available, for making capital improvements to their facilities. Further, ACF is encouraged to standardize this process so all grantees have equal opportunity to apply and are aware of priorities and eligible uses of such funds.

- **ACF – Preschool Development Grants.-** The agreement encourages ACF to support States that choose to develop high-quality and culturally competent dual immersion preschool programs and recommends a focus on training, professional development, and postsecondary education for all caregivers, teachers, and directors to meet the needs of Dual Language Learners through dual language acquisition, engaging culturally and linguistically diverse families, home language support, and culturally and linguistically appropriate assessment.
- **ACF – Social Services Research and Demonstration.-** The agreement continues funding for the Diaper Distribution Demonstration and Research Pilot and expects that \$10,000,000 of the funds made available for awards for direct services be made to approved but unfunded applicants of funding opportunity, as well as technical assistance and evaluation activities for such grants. In addition, the agreement includes \$10,000,000 for a new competition, and directs ACF to prioritize awards to applicants with established partnerships with diaper distributing entities. The agreement further directs ACF to ensure that the grant application period is open for no less than 60 days. The agreement includes \$2,500,000 for a demonstration program to provide funding to owners of affordable housing properties to offer supportive services for their residents as directed in House Report 117-403. The agreement includes \$3,000,000 to fund demonstrations of whole-family approaches to service delivery across benefit programs as described in the fiscal year 2023 budget request. ACF is encouraged to prioritize demonstration projects in States with large rural populations and with high rates of poverty.
- **ACL - Protection of Vulnerable Older Americans.-** Within the total, the agreement includes an increase of \$2,000,000 for the long-term care ombudsman program.
- **ACL - Aging Network Support Activities.-** Within the total, the agreement provides \$8,500,000 to the Holocaust Survivor's Assistance program. The agreement includes \$5,500,000 for the Care Corps grant program, with an increase of \$1,500,000 for subgrants to programs that are capable of building a network of screened and trained volunteer chaperones to accompany older adults and adults with disabilities in need to and from non-emergency medical appointments and outpatient procedures. The agreement includes \$2,000,000 for a direct care workforce demonstration project to identify and reduce barriers to entry for a diverse and high-quality direct care workforce, and to explore new strategies for the recruitment, retention, and advancement opportunities needed to attract or retain direct care workers. The agreement includes \$1,000,000 for an Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities as directed in House Report 117-403. The agreement includes \$5,000,000 for a Research, Demonstration, and Evaluation Center for the Aging Network as directed in House Report 117-403.
- **HHS Office of the Secretary - Children 's Interagency Coordinating Council.-** The agreement includes \$3,000,000 for the Children's Interagency Coordinating Council to foster greater coordination and transparency on child policy across agencies. The Council shall enter into agreement with NASEM to prepare a report to Congress analyzing federal policies that have affected child poverty. The study should rely on the U.S. Census Bureau Supplemental Poverty Measure, among other sources of information. The Council will also examine and periodically report on a broad array of cross-cutting issues affecting child well-being.
- **HHS Office of the Secretary - Food as Medicine.-** The agreement directs the Secretary, in consultation with other Federal agencies, to develop and implement a Federal strategy to reduce nutrition-related chronic diseases and food insecurity and improve health and racial equity in the

U.S., including diet-related research and programmatic efforts that increase Americans' access to food as medicine, and healthy, nutritious, organic, and affordable foods, especially in at-risk communities. The agreement includes \$2,000,000 in the Office of the Secretary to establish a Food as Medicine pilot program, an integrative model for healthcare, that addresses food insecurity, social isolation, and chronic disease to advance health and racial equity. The model shall include the following as defined by the Secretary: a prescription of healthy produce; clinical nutrition training for healthcare providers; and nutritional and behavioral support for patients to integrate food interventions into daily habits. The Secretary may enter into competitively awarded contracts or cooperative agreements with, or provide grants to, public or private organizations or agencies within varying States. Additionally, the agreement requests a report within one year of the date of enactment of this Act on the implementation of the Federal strategy and an examination of the status of each pilot project; a chart delineating funding provided to each pilot and how much of each pilot's funds remain unobligated; the results of the evaluation completed during the fiscal year; and to the maximum extent practicable the impact of the pilot project on appropriate health, nutrition, and associated behavioral outcomes among patients participating in the pilot project baseline information relevant to the stated goals and desired outcomes of the pilot project; and equivalent information about similar or identical measures among control or comparison groups that did not participate in the pilot project. Reports should continue annually until all funding is expended.

- **HHS Office of the Secretary - Social Determinants of Health.** —The Committee directs the Social Determinants Council created by House Report 116–450 to continue to provide technical assistance to jurisdictions in this program. The Committee requests a report within 90 days of the date of enactment of this Act on the status of the selection of all Council members.
- **HHS Office of the Secretary - Strategy to Reduce Nutrition Related Chronic Diseases.**—The Committee encourages the Secretary, in consultation with other Federal agencies, to work through the Office of Disease Prevention and Health Promotion to develop and implement a Federal strategy to reduce nutrition-related chronic diseases in the U.S., including diet-related research and programmatic efforts that increase Americans' access to food as medicine, and healthy, nutritious, organic, and affordable foods, especially in at-risk communities. The Committee requests a report within one year of the enactment of this Act on the implementation of the Federal strategy and its effectiveness in reducing nutrition related chronic diseases in the U.S. In developing the strategy, HHS shall reference the recommendation of the Government Accountability Office in its September 2021 report entitled “Chronic Health Conditions: Federal Strategy Needed to Coordinate Diet-Related Efforts.”
- **HHS Office of the Secretary - Population Health Task Force.** —The Committee notes that the world's most advanced and innovative hospitals, clinics, pharmacies, research institutions, healthcare professional schools, managed care organization, and medical therapies are addressing social determinants of health by implementing population health management strategies and value-based care approaches to improve health outcomes, lower cost of care and optimize experience of care. The Committee includes \$1,000,000 for the Secretary to establish and maintain a report on best practices of population health management through the creation of a population health task force. The task force should be comprised of representatives from, but not limited to, the Office of the Secretary, CMS, CDC, population health providers, experts on health equity, health technology, and value-based care. The Committee requests a report within

a year of the date of enactment of this Act from the task force on population health, including the task force's initial recommendations.

- **ONC - Standards for Interoperability.** —The agreement includes not less than \$5,000,000 to support interoperability and information sharing efforts related to the implementation of Fast Healthcare Interoperability Resources standards or associated implementation standards. The agreement notes the general provision limiting funds for actions related to promulgation or adoption of a standard providing for the assignment of a unique health identifier does not prohibit the Department from examining the issues around patient matching, and urges ONC to work with industry to develop matching standards that prioritize interoperability, patient safety, and patient privacy. The agreement directs ONC to promptly notify the Committees of any limitations with any directives included in House Report 117-403 or this explanatory statement.

Health Equity

- **HRSA - Language Access in Behavioral Health Services.**- The agreement notes that racial and ethnic minority communities continue to face acute challenges accessing behavioral health services, including within health centers, due to the lack of providers who speak their language or understand their culture. Specifically, the agreement recognizes that these health centers serve a higher percentage of persons with limited English proficiency (LEP) as a direct result of their mission. The agreement encourages HRSA to assess the need for and provision of language services and culturally and linguistically competent health care in these health 11 centers, in an effort to further improve practitioner recruitment and retention and increase language access to behavioral health services.
- **HRSA - Native Hawaiian Health Care.**- The agreement includes no less than \$27,000,000 for the Native Hawaiian Health Care Program, of which not less than \$10,000,000 shall be provided to Papa Ola Lokahi for administrative purposes authorized under 42 U.S.C. 11706, including to expand research and surveillance 10 related to the health status of Native Hawaiians and strengthen the capacity of the Native Hawaiian Health Care Systems.
- **HRSA - Alcee L. Hastings Program for Advanced Cancer Screening in Underserved Communities.**- The agreement includes no less than \$10,000,000 for this activity and encourages HRSA to use the additional funding to award grants to approved but unfunded applicants from the fiscal year 2022 notice of funding opportunity.
- **CDC - Racial and Ethnic Approaches to Community Health (REACH).**- The agreement provides an increase to address racial and ethnic health disparities, including the Good Health and Wellness in Indian Country program. The program is funded at \$68,950,000, with \$24M set aside for the Good Health and Wellness in Indian Country program.
- **CDC - Adolescent Mental Health.**- The agreement urges CDC to establish a program that leverages existing CDC activities dedicated to adolescent mental health to improve adolescent mental wellbeing and advance equity, with a focus on culturally responsive prevention and early intervention. In collaboration with centers across CDC, HHS, the Department of Education, youth, experts, and advocates, CDC is encouraged to coordinate the development and implementation of national goals and a national strategy to improve adolescent mental wellbeing that align with the objectives outlined in Healthy People 2030. Special consideration should be made for underserved communities to ensure their voices are represented in decision-making and idea

generating. In addition, the agreement urges CDC to conduct applied research and evaluation studies to improve the implementation of evidence-based policies and community-based practices that advance the national strategy and promote adolescent mental health.

- **CDC - Opioid or Other Drug Use and Overdose Prevention-** The agreement includes an increase to enhance activities and encourages CDC to ensure that funding for opioid and stimulant abuse and overdose prevention reaches local communities to 47 advance local understanding of the opioid overdose epidemic and to scale-up prevention and response activities. In addition to the activities included in House Report 117-403, the agreement encourages CDC to include community member naloxone education as a strategy for local community overdose prevention funds. The agreement continues to support rigorous monitoring, evaluation and improvements in data quality and monitoring at a national level, including data collection and analysis on overdose deaths. CDC is directed to continue expansion of case-level syndromic surveillance data, improvements of interventions that monitor prescribing and dispensing practices, better timeliness and quality of morbidity and mortality data, as well as the enhancement of efforts with medical examiners and coroner offices. The agreement urges CDC to continue to maximize the use of State-based Prescription Drug Monitoring Programs (PD MPs) as a public health tool to assist in clinical decision-making and surveillance. CDC is further directed to continue to expand an innovative model to coordinate care for high-risk patients receiving opioid treatment and encouraged to work with the Office of the National Coordinator for Health Information Technology to enhance integration of PDMPs and electronic health records.

 - **House Report:** The Committee includes an increase of \$25,000,000 to enhance activities, including outreach capacity and to help eliminate racial disparities in overdose deaths and improve access to prevention and treatment services. In addition, the Committee notes that CDC is currently conducting efforts focused on chronic pain as directed in House Report 117–96, and requests an update in the fiscal year 2024 Congressional Budget Justification on the status of these efforts.
- **NIH - Environmental Influences on Child Health Outcomes (ECHO).**- The agreement includes \$180,000,000, the same level as fiscal year 2022, for the ECHO program. ECHO currently funds the Navajo Birth Cohort Study. The agreement encourages OD to consider expanding the study to include a larger representation of indigenous children in the national cohort to allow for a better understanding of the impacts of environmental exposure in these unique populations.
- **NIH - Native American Cancer Outcomes.**- The agreement continues to be concerned that Native Americans experience overall cancer incidence and mortality rates that are strikingly higher than non-Native populations, and encourages NCI to expand research efforts to reduce American Indian cancer disparities and improve outcomes, specifically by supporting efforts to develop durable capacity for tribally engaged cancer disparities research through an integrated program of research, education, outreach, and clinical access.
- **NIH - Community Engagement Alliance Against COVID-19 Disparities (CEAL) Initiative.**- The agreement includes \$30,000,000 for the CEAL initiative, \$10,000,000 above the fiscal year 2022 enacted level
- **NIH - Health Disparities Research for Methamphetamine-related Cardiovascular Diseases.**- The agreement encourages NHLBI to work with NIDA to examine the cardiovascular effects of methamphetamine misuse and implications for treatment in vulnerable and minority populations

- **NIH - Health Disparities Research.**- The agreement includes an increase of \$5,000,000 for National Institute of General Medical Sciences to support research related to identifying and reducing health disparities.
- **NIH - Increasing Diversity in Biomedical Research.** - The agreement provides a targeted increase of \$10,000,000 for programs like the Maximizing Opportunities for Scientific and Academic Independent Careers program and the Minority Access to Research Careers undergraduate programs.
- **NIH - Environmental Exposures and Cancer in Firefighters.**- The agreement encourages NIH and CDC/NIOSH to continue their efforts to better understand the cancer risks firefighters may experience, including efforts to measure environmental exposures in firefighters and determine the mechanisms that lead to increased cancer incidence, morbidity, and mortality. The agreement also encourages NIH to continue to support research to improve health equity among firefighters to evaluate potential differences in exposures and risk.
- **NIH - Clinical Trials.**- Although Alzheimer's disease and other dementias disproportionately affect Black Americans, Hispanic Americans, Asian American and Pacific Islanders, and Native Americans, they continue to be underrepresented in AD/ ADRD clinical trials. The agreement directs NIA to work with ADRCs and other organizations to promote participation in clinical trials within underrepresented populations and, to the maximum scientifically-feasible extent, reduce the burden of participating. These efforts should include expanding community engagement and outreach to these populations, incentivizing trial locations in areas of unmet need, encouraging the diversity of clinical trial staff, allowing appropriate flexibility in trial design and inclusion and exclusion criteria, and utilizing technology like remote patient monitoring, where appropriate, to facilitate clinical trial participation and retention. Further, the agreement urges NIA to provide an assessment of the data and metrics it collects related to the planning, recruitment, and retention of clinical trial participants from underrepresented communities and, when possible, how those data have been or plan to be used in grant-making decisions. The assessment should also address how NIA plans to provide more timely data to the Committees and greater transparency to the public about the planning, engagement, and recruitment efforts of its extramural grantees, including a focus on addressing barriers to inclusive and representative enrollment such as eligibility criteria, language accessibility, and adequate planning for diverse enrollment among grantees. The agreement requests that NIA provide this assessment within 180 days of enactment of this Act. In addition, with various treatments for Alzheimer's disease in the pipeline, the agreement encourages NIA to support a wide range of trials, including those with a patient-based national registry of regulatory grade, longitudinal evidence for patients receiving any FDA approved disease modifying therapies for Alzheimer's disease in real-world clinical practice
- **NIH - Health Disparities in Aging.** - The agreement encourages NIH to support and develop long-term studies of healthy individuals that seek to identify structural drivers of health inequities. These may complement ongoing longitudinal studies of aging-such as the Health and Retirement Study, the National Health and Aging Trends Study, and others-to guide efforts to maximize health and enhance quality of life at older ages. These studies should integrate biological, behavioral, sociocultural, and environmental perspectives as outlined in the NIA Health Disparities Framework.

- **NIH - Health Disparities Research.-** The agreement includes an increase of \$10,000,000 for National Institute of Nursing Research to support research related to identifying and reducing health disparities.
- **NIH - Reducing Opioid Disparities.-** The agreement supports efforts to address the disproportionate effects of the opioid overdose epidemic on Black/African Americans. NIDA, in coordination with NIMHD, is encouraged to support collaborations between qualified educational institutions and treatment partners with demonstrated excellence in addiction science and community-based research to lead several large multi-year research efforts. Funding calls should highlight the need for research to reduce barriers to care at the levels of State funding bodies, treatment agencies, individual clinicians, and among patients and community members. Specific areas of focus may include research that examines and mitigates stigma toward medications for opioid use disorder, evaluates reimbursement structures to incentivize improved patient outcomes, implements and evaluates effective environmental supports like crisis and respite housing and transportation assistance, and integrates treatment and recovery support services into nonmedical, community-based settings (e.g., interventions delivered by peer and community health workers).
- **NIH - Health Disparities Research.-** The agreement includes an increase of \$5,000,000 for FIC to support research related to identifying and reducing health disparities.
- **NIH - Analyzing Differences in COVID-19 Study Outcomes.-** The agreement recognizes that the COVID-19 pandemic has exposed an array of related health disparities, including a difference in acute disease severity and outcomes between female and male patients. To better understand how sex, race, and other variables impact study outcomes, the agreement directs the ICs, in coordination with OD and the Office of Research on Women's Health, to support research to assess whether sex, race, and other differences play a role in study outcomes.
- **NIH - Diversity in NIH Kidney Disease Research Populations.-** The agreement directs NIH to include an update in the fiscal year 2024 Congressional Justification regarding the NIH kidney disease research program, including research on health disparities in the prevention, diagnosis, and treatment of kidney disease among racial and ethnic minority populations.
- **NIH - Native Hawaiians (NH).-** The agreement directs NIH to provide the Committees a report within 90 days after enactment of this Act describing how it currently coordinates NH health research-related activities across the agency and with the NH community. The agreement encourages NIMHD to partner with entities with a proven track record of working closely with NH communities and NH-serving organizations to support the development of NH investigators.
- **NIH - Sexual Orientation and Gender Identity Research Center.-** The agreement does not provide funding to establish the Center.
- **NIH/NIMHD - Chronic Disease Centers.-** In fiscal year 2021, NIMHD undertook an initiative to support regional comprehensive research and coordinating centers on the prevention, treatment, and management of multiple chronic diseases associated with health disparities. The agreement includes an additional \$11,000,000 for NIMHD to provide supplemental grants to the 11 Centers, with a focus on developing and delivering emerging therapeutic interventions addressing the disproportionate burden of disease.
- **NIH/NIMHD - Health Disparities Research.-** The agreement includes an increase of \$25,000,000 for NIMHD to support research related to identifying and reducing health disparities.
- **NIH/NIMHD - Research Centers in Minority /Institutions.-** The agreement provides \$88,765,000 for this activity. Research Endowment Program.-The agreement notes the recent passage of the

John Lewis NIMHD Research Endowment Revitalization Act to reinvigorate the Research Endowment Program. The agreement has provided \$12,000,000 to implement the revitalized program and urges NIMHD to work swiftly on its implementation. The agreement further notes that the statutory goal of the program is to assist eligible institutions in achieving a research endowment that is comparable to the mean endowment of health professions schools in their health professions discipline. The agreement requests a report no later than 60 days after enactment of this Act on implementation plans and engagement with key stakeholders

- **CMS - Cardiac Computed Tomography (CT).**- The agreement notes that unstable and low Medicare payments for cardiac CT services is contributing to significant disparity in access to services among minority populations and encourages CMS to address this inequity.
- **CMS - Children’s Mental Health.** —The Committee is aware of reporting in recent years on trends in behavioral health services for children insured by Medicaid, including increased reliance on psychotropic medications without accompanying behavioral health services, a lack of home- and community-based services options, and children in Medicaid from racially/ethnically diverse backgrounds being less likely than white children to use behavioral health services. The Committee requests a report within 180 days of the date of enactment of this Act on Medicaid spending for children, youth, and young adolescents on behavioral health, disaggregated by race and ethnicity.
- **ACF – Native American Programs.**- The agreement includes \$15,000,000 for Native American language preservation activities, and not less than \$6,000,000 for language immersion programs authorized by section 803C(b)(7)(A)-(C) of the Native American Programs Act, as amended by the Esther Martinez Native American Language Preservation Act of 2006.
- **ACF – Family Violence Prevention and Services.**- The agreement recognizes that women and girls of color are often disproportionately impacted by domestic violence and includes up to \$7,500,000 for development or enhancement of culturally specific services for survivors of domestic violence and sexual assault. The agreement includes \$2,000,000 for the Native Hawaiian Resource Center on Domestic Violence. The agreement includes up to \$5,000,000 for ACF to partner with technical assistance providers for a sexual assault technical assistance initiative as directed in House Report 11 7-403.
- **HHS Office of the Secretary - Tribal Set-aside.**- The agreement includes an increase of \$2,000,000 for a Tribal set-aside within the Minority HIV/AIDS Prevention and Treatment program.
- **HHS Office of the Secretary - Rare Kidney Diseases in Health Equity Initiatives.** —The Committee recognizes the work across HHS to implement practices and policies to eliminate healthcare disparities in America, particularly for communities of color. Rare kidney diseases are underreported and understudied, especially among Black Americans. The Committee requests an update in the fiscal year 2024 Congressional Budget Justification on disparities in kidney care and the inclusion of rare kidney diseases in policies and programs aimed at eliminating health disparities in communities of color.
- **Assistant Secretary for Health - Office of Climate Change and Health Equity.** —The Committee includes \$3,000,000 in funding for the Office of Climate Change and Health Equity (OCCHE) within OASH. HHS established OCCHE to enhance overall population health by serving at the intersection of social determinants of health and climate resiliency.
- **OMH - Center for Indigenous Innovation and Health Equity.**- The agreement continues to recognize the importance of advancing Indigenous solutions to achieve health equity and includes

an increase of \$1,000,000 to support the work of the Center for Indigenous Innovation and Health Equity.

- **OMH - Language Access Services.-** The agreement includes an increase of \$1,000,000 to research, develop, and test methods of informing limited English proficient individuals about their right to and the availability of language access services, in accordance with directives in House Report 117-403.
 - **House Report 117-403:** The Committee includes \$3,000,000 to research, develop, and test methods of informing limited English proficient (LEP) individuals about their right to and the availability of language access services, including considerations related to literacy levels of LEP populations, the needs of older adults and speakers of indigenous languages, readability, and the usage of symbols, taglines, translated materials and other methodologies. OMH shall consult external experts and organizations with knowledge on or connections to LEP communities and partner with nonprofit community-based organizations to test solutions and solicit feedback from LEP populations. The goal of this research would preferably be to develop a universal symbol that, accompanied by a phone number or similar information, could be prominently placed on consumer-facing documents, websites and notices, about the availability of language access services. In addition, the Committee notes that the HHS language access plan has not been updated since 2013. The Committee requests a report not later than 180 days after the date of enactment of this Act, on HHS's plan to update its language access plan, including a timeline for publication on lep.gov.
- **OMH - Lupus Initiative.-** The agreement includes \$2,000,000 for the National Lupus Outreach and Clinical Trial Education Program and the goal of increasing minority participation in lupus clinical trials. OMH should continue to develop public-private partnerships, validate existing action plans, and engage the lupus community in order to facilitate the use and development of action plans to increase participation in clinical trials for all minority populations at highest risk of lupus including, Native Americans, Asians, Hispanics, and African Americans
- **OMH - Minority Leaders Development Program.-** The agreement includes an increase of \$1,000,000 for the Minority Leaders Development Program, as described under this heading in House Report 117-403.
 - **House Report 117-403:** The Committee provides a \$1,000,000 increase for the Minority Leaders Development Program which aims to enhance skills and competencies necessary for Federal leadership service among participants through a curriculum focused on health care policy, leadership skill-building, and cultural competence. The initiative will fill a gap in Federal fellowship opportunities for individuals interested in working at HHS to advance health equity and address the social determinants of health through health policies, programs, and practices.
- **OMH - Community Health Worker Workgroup.** —The Committee provides an additional \$1,000,000 for the Community Health Worker Workgroup within OMH specifically to focus on increasing cultural competency in educational campaigns on public health vaccines and prevention, including but not limited to influenza and COVID–19.
- **OMH - Healthcare Delivery and Faith-Based Organizations.** —The Committee notes the emerging partnerships with faith-based organizations to deliver healthcare in underserved communities, including recent successful efforts to address the COVID–19 pandemic. The Committee

understands that community partners and faith-based organizations can take on an expanded role and support efforts to address health disparities and promote health equity. HHS and OMH are encouraged to continue to pursue new and expanded opportunities.

- **OMH - Shortage of Healthcare Providers.** —The Committee is concerned about the growing shortage of providers including both primary and specialty health care providers that threatens the foundation of the health care system and health equity. A coordinated national strategy is needed to diversify the health care workforce and address shortages in rural and urban communities. The findings of The Roundtable on Black Men and Black Women in Science, Engineering, and Medicine outline racism and bias as significant reasons for this disparity in science, engineering, and medicine, with detrimental implications on individuals, health care organizations, and the nation as a whole. The Committee directs the Secretary to include a multi-year plan in the fiscal year 2024 Congressional Budget Justification to address the national primary care and specialty provider shortages to improve access to care. The plan shall include strategies to improve health outcomes by diversifying the field of primary care through the establishment of a pathway program for community college students to pursue premedical training and enter medical school.
- **SAMHSA - NSPL-Specialized Services for LGBTQI+ Youth.** —Of the funds provided for the 988 Program, the Committee includes \$30,000,000 for SAMHSA to continue to provide specialized services for LGBTQI+ youth within the NSPL, including training for existing counselors in LGBTQI+ youth cultural competency and the establishment and operation of an Interactive Voice Response (IVR) and other technical solutions to transfer LGBTQI+ youth to a specialty organization. SAMHSA shall make this funding competitively available to an organization with experience working with LGBTQI+ youth and possessing the capacity and infrastructure to handle LGBTQI+ youth callers through an IVR.
- **SAMHSA - Minority Fellowship Program.** —The agreement provides a total of \$19,527,059 across SAMHSA for the Minority Fellowship Program in order to improve prevention, wellness, and treatment across the lifespan. As Congress seeks to better address substance misuse and mental health disorders across all populations, the Committee recognizes the critical importance of supporting a diverse behavioral health workforce and its effectiveness in addressing SUDs and mental health issues impacting minority and underserved populations.
- **SAMHSA - Community Violence Pilot.** —The Committee recognizes the crisis of community violence that is devastating families and claiming the lives of youth—particularly youth in communities of color—all across this country. Of the funds provided for CMHS, the Committee includes \$50,000,000 for SAMHSA to establish a pilot program to provide and expand mental health services for families affected by community violence. The severe lack of resources for emotional support and wellbeing is of paramount need in Black and brown communities and this funding would be a crucial support for the pervasive trauma that so many families, especially families of color, face in the aftermath of fatal community violence.
- **SAMHSA - MHBG and AANHPIs.** —The Committee urges States to ensure a portion of MHBG funding is allocated to focus on Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPI). This focus should include the training of professionals on effective outreach and engagement with AANHPIs to raise awareness of these culturally inclusive services, including those with lived experiences.

Maternal & Infant Health

- **HRSA - Maternity Care Target Areas (MCTAs).**- The agreement includes \$5,000,000, an increase of \$4,000,000 above the fiscal year 2022 enacted level, within the Corps to implement requirements contained in the Improving Access to Maternity Care Act, including establishing criteria for and identifying MCT As and collecting and publishing data on the availability and need for maternity care health services in Health Professional Shortage Areas.
- **HRSA - Midwife Training** - The agreement includes \$5,000,000 to support grants to educate midwives to address the national shortage of maternity care providers.
- **HRSA - Certified Nurse Midwives (CNMs).**- The agreement includes \$8,000,000 to grow and diversify the maternal and perinatal health nursing workforce by increasing and diversifying the number of CNMs, with a focus on practitioners working in rural and underserved communities. The program will award scholarships to students and registered nurses to cover the total cost of tuition for the duration of the nurse midwifery program.
- **HRSA - Early Childhood Development Expert Grants.**- The agreement includes \$10,000,000 to place early childhood development experts in pediatric settings, as described in House Report 117-403.
- **HRSA - Maternal Mental Health Hotline.**- The agreement includes \$7,000,000 to provide grants, contracts, or cooperative agreements to expand support for a maternal mental health hotline.
- **HRSA - National Fetal Infant and Child Death Review (FICDR).**- The agreement includes \$5,000,000 for the national FICDR program to expand support and technical assistance to States and tribal communities and improve the availability of data on sudden unexpected infant deaths and child mortality.
- **HRSA - Minority-Serving Institutions.**- The agreement includes \$10,000,000 to establish a research network that is comprised of and supports minority-serving institutions to study health disparities in maternal health outcomes, as described in the fiscal year 2023 budget request.
- **HRSA - State Maternal Health Innovation Grants.**- The agreement includes \$55,000,000 for this activity.
- **HRSA - Maternal Mortality.**- The agreement continues to provide no less than \$15,000,000 for Healthy Start grantees to support nurse practitioners, certified 17 nurse midwives, physician assistants, and other maternal-child advanced practice health professionals within all program sites nationwide.
- **HRSA - Alliance for Innovation in Maternal Health Safety Bundles.** - The agreement includes \$15,300,000 for this activity, authorized in section 3300 of the PHS Act.
- **HRSA - Pregnancy Medical Home Demonstration.** - The agreement includes \$10,000,000 to support a demonstration to incentivize maternal health care providers to provide integral health care services to pregnant women and new mothers, as authorized in section 330P of the PHS Act.
- **HRSA - Rural Maternity and Obstetrics Management Strategies (RMOMS).**- The agreement includes \$8,000,000 for RMOMS.
- **CDC - Reducing e-cigarette Use During Pregnancy.**- The agreement supports CDC's efforts to address tobacco use during pregnancy and encourages CDC to include initiatives specifically targeted at e-cigarette use during pregnancy, including initiatives to raise awareness among patients and clinicians about the risks of e-cigarette use during pregnancy. CDC is encouraged to partner with other HHS agencies to ensure pregnant women can access safe and effective tobacco

cessation services and medications. The agreement requests an update on these activities in the fiscal year 2024 Congressional Justification.

- **CDC - Safe Motherhood and Infant Health.-** The agreement builds on the commitment made in the fiscal year 2022 bill by providing an increase for this portfolio of programs (totaling \$108M in funding for FY2023) to improve the health of pregnant and postpartum women and their babies, including reducing disparities in maternal and infant health outcomes. The agreement directs CDC to use the funding increase to expand and increase support for Maternal Mortality Review Committees (MMRCs), Perinatal Quality Collaboratives (PQCs), and other programs including Sudden Unexplained Infant Death (SUID) and the Sudden Death in the Young (SOY) Case Registry. In addition to the activities outlined in House Report 117-403, CDC is directed to expand support for MMRCs and improve data collection at the State level to create consistency in data collection, analysis and reporting across State MMRCs. This investment is necessary to provide accurate national statistics on U.S. maternal mortality rates and inform data-driven actions to prevent these deaths. The agreement requests CDC provide a report to the Committees within 90 days of enactment of this Act on barriers to effective and consistent data collection and opportunities to improve coordination among State MMRCs. CDC is also encouraged to work with a national organization on educational materials and peer support programs for patients on the impact of blood disorders on maternal health. Additionally, the agreement encourages CDC to prioritize funding to expand PQCs to additional States and territories and provide increased support to existing PQCs. The agreement requests an update on the expansion of PQCs beyond the States currently funded, as well as any barriers to expansion, including those created by the COVID-19 pandemic. The agreement encourages CDC to increase awareness through the PQCs of newer options and technologies for postpartum hemorrhage management that have the potential to reduce the need for transfusions, extended hospital stays, and maternal harm. Finally, the agreement directs CDC to expand the number of States and jurisdictions participating in the monitoring and surveillance of SUID and the SOY Case Registry to improve data collection. This data works to identify, develop, and implement best practices to prevent infant death, including practices to improve safe sleep, in coordination with appropriate nonprofits.
- **CDC - Hospitals Promoting Breastfeeding.-** The agreement includes \$9,750,000 for FY2023.
- **CDC - Surveillance for Emerging Threats to Mothers and Babies Network (SETNET).-** The agreement includes an increase (for a total of \$23M in funding for FY2023) to expand the efforts and reach of SET-NET to detect and respond to emerging threats to mothers and babies. The agreement directs CDC to provide a briefing to the Committees on its spend plan for this funding within 90 days of enactment of this Act and an update on these activities in the fiscal year 2024 Congressional Justification. Finally, CDC was provided additional funding in fiscal year 2019 to expand its Zika surveillance to determine the long-term health impacts of infants born to mothers infected with the Zika virus. The agreement requests an update in the fiscal year 2024 Congressional Justification from this ongoing surveillance.
- **CDC - Newborn Screening.-** The agreement includes an increase to expand newborn screening efforts. The agreement includes \$21M for the Newborn Screening Quality Assurance Program and \$1.25M for the Newborn Screening/Severe Combined Immunodeficiency Diseases.
- **NIH - Impact of COVID-19 on Pregnant and Lactating Women.-** The agreement includes an increase of \$3,000,000, the same as the fiscal year 2023 budget request, to support research on

the effects of COVID-19 on pregnancy, lactation, and postpartum health with a focus on individuals from racial and ethnic minority groups.

- **NIH - Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative.**- The agreement includes no less than \$43,400,000 for this activity.
- **NIH - Uterine Fibroids.**- The agreement encourages the National Institute of Child Health and Human Development to expand research related to uterine fibroids etiology, prevention, diagnosis, disparities, and treatment.
- **NIH - Prenatal Opioid Use Disorders and Neonatal Abstinence Syndrome (NAS).**- The agreement encourages NIH to coordinate with other agencies at HHS to support additional research on prevention, identification, and treatment of prenatal opioid exposure and NAS, including the best methods for screening and treating pregnant women for opioid use disorder and the best methods for screening for NAS. Additionally, the agreement encourages NIH to support research through the ACT NOW and HBCD studies to enhance understanding of the impact of pharmacological and non-pharmacological treatments for NAS on costs and outcomes in the short-term and longitudinally. The agreement further encourages NIH to coordinate with other agencies at HHS to support research on innovative care models to optimize care and long-term outcomes for families.
- **SAMHSA - Pregnant and Postpartum Women.**- The agreement provides an increase and again encourages SAMHSA to fund an additional cohort of States under the pilot program authorized by the Comprehensive Addiction and Recovery Act (P.L. 114-198).
- **SAMHSA - Perinatal Suicide Prevention.** —The Committee continues to urge SAMHSA to develop and implement perinatal suicide prevention programs, including culturally appropriate resources and programs for Black and other at-risk pregnant and postpartum individuals.
- **AHRQ - Improving Maternal Health.**- The agreement urges AHRQ to fund research to understand the complex challenges of ensuring safe and healthy pregnancies and childbirth, particularly for underserved women who are at substantially higher risk of complication and death.
- **HHS Office of the Secretary - Newborn Screening.**- The agreement includes \$1,000,000 for the Department to commission a study with the National Academy of Medicine to examine the current status of Newborn Screening systems, processes, and research and make recommendations for future improvements, as described under this heading in House Report 117-403.
- **HHS Office of the Secretary - Contraceptive Deserts.** —The Committee notes that an estimated 19 million women in need of publicly funded contraception live in contraceptive deserts, counties in which there is no reasonable access to the full range of contraceptive options. The Committee requests the Secretary undertake a study of contraceptive deserts and examine the extent to which Federal policy changes and resources can improve access to the full range of contraceptive options. The Committee requests this report within 180 days of the date of enactment of this Act, along with the Department’s policy recommendations.
- **OMH - Achieving Equitable Maternal Health Outcomes.**- The agreement includes \$7,000,000 for awards to community based and other eligible organizations located in geographic areas with high rates of adverse maternal health outcomes, particularly among racial/ethnic minority families, as proposed in the fiscal year 2023 Congressional Justification.
- **Office on Women’s Health - Breastfeeding Analysis.**- The agreement includes \$1,250,000 for OWH to enter into an agreement with NASEM to provide an evidence-based, non-partisan

analysis of the macroeconomic, health, and social costs of U.S. breastfeeding rates and national breastfeeding goals, as described under this heading in House Report 117-403.

- **Office on Women’s Health - Interagency Coordinating Committee on the Promotion of Optimal Birth Outcomes.**- The agreement includes an increase of \$1,000,000 for the Interagency Coordinating Committee on the Promotion of Optimal Birth Outcomes to oversee and coordinate the HHS Plan to Improve Maternal Health in America, as described in, and consistent with, Healthy Women, Healthy Pregnancies, Healthy Futures: Action Plan to Improve Maternal Health in America and as described under this heading in House Report 117-403.
- **Office on Women’s Health - Pregnant Women and Lactating Women Advisory Committee.**- The agreement includes \$200,000 for the creation of an Advisory Committee to monitor and report on the implementation of the recommendations from the Task Force on Research Specific to Pregnant Women and Lactating Women, as described under this heading in House Report 117-403.
- **Office on Women’s Health - Women's Health Research Study.**- The agreement directs the Secretary to coordinate with NIH and NASEM in support of research that explores persistent gaps of knowledge of women's health.
- **ONC - Interoperability of Maternity Care Records.** —The Committee recognizes that Personal Health Records for pregnant people are needed to improve patient health and safety as they move from one level of care to another during pregnancy, and that efforts must continue to improve the interoperability of electronic health records in order to optimize the care of pregnant persons. The Committee requests that within one year of enactment of this Act, HHS create and publish guidelines that address Perinatal Care and that leverage the skills of all providers, including physicians and midwives, and all sites of care, including hospitals and freestanding birth centers. The guidelines should also outline best practices for creating and maintaining accessible, longitudinal peri- and post-natal health records for patients.