



Overview of Fiscal Year 2024 President's Budget Request March 10, 2023

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

- [HHS Budget in Brief](#)
 - o [General Department Management Congressional Justification \(ONC, OCR, OIG, etc.\)](#)
 - o [CMS Congressional Justification](#)
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 - o [SAMHSA Congressional Justification](#)
 - o [FDA Congressional Justification](#)
- [HHS Fact Sheet](#)
- [White House Fact Sheet: President Biden's Budget Advances Equity](#)

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

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

HHS' Overall Priorities in Fiscal Year 2024

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



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

- **FDA –**
 - **Nutrition and Food Labeling** - \$12 million in new funding to support further nutrition and food labeling modernization efforts as set forth in the White House National Strategy on Hunger, Nutrition, and Health. These efforts build on the Nutrition Facts Label by developing symbols, claims, and front-of-pack labeling. FDA will develop a standardized labeling system to help consumers easily identify foods that are part of a healthy eating pattern. These resources provide the tools, authorities, and staff for FDA to empower consumers with information and facilitate industry innovation toward healthier foods.
- **HRSA –**
 - **Health Centers** – \$7.1 billion for Health Centers, which includes \$1.9 billion in discretionary funding and \$5.2 billion in proposed mandatory resources. The budget proposes a pathway to doubling the program’s funding with a critical three-year down payment on this goal. FY 2024 budget for the Health Center program will provide care for approximately 33 million patients across the United States in FY 2024.
 - **Growing the Nation’s Health Workforce** - \$2.7 billion for HRSA workforce programs, which includes \$947 million in mandatory resources, to expand workforce capacity across the country. This includes:
 - **National Health Service Corps** - \$966 million, an increase of \$548 million above FY 2023 enacted, which also supports clinicians practicing in underserved and rural communities. The budget proposes to extend mandatory funding, which expires in FY 2023, through FY 2026 to support the health workforce in high need communities.
 - **Expanding and Modernizing the Nursing Workforce** - Increase of \$17 million for Advanced Nursing Education to grow and diversify the maternal and perinatal health nursing workforce by increasing the number of Certified Nurse Midwives, with a focus on practitioners working in rural and underserved communities.
 - **Health Care Workforce Innovation** - \$28 million for a new program to address growing concerns around health care workforce shortages— this initiative would stimulate and develop innovative approaches to recruiting, supporting, and training new providers, with an emphasis on meeting the needs of underserved communities.
 - **Rural Health** - \$416 million for the Federal Office of Rural Health Policy, which is \$63 million above FY 2023 enacted, for grants to increase health care access, strengthen health networks, and focus on quality-of-care improvements for Critical Access Hospitals, small rural hospitals, and Rural Emergency Hospitals.
- **CDC –**
 - **Social Determinants of Health** - In FY 2024, CDC requests an increase of \$92.0 million over the FY 2023 Enacted level to implement and evaluate action plans and to build the evidence base for SDOH-directed interventions through applied research, data collection, and surveillance. In addition to continuing the support for communities to develop SDOH accelerator action plans, activities will focus on funding community demonstration projects to test the implementation and evaluation of action plans, including but not limited to, previously funded accelerator plans recipients, and building the evidence base through applied research, data collection, and surveillance. [\$100M total request]
 - **Nutrition and Physical Activity** - In support of the White House National Strategy on Hunger, Nutrition, and Health, the FY 2024 budget includes an additional \$72 million



above FY 2023 enacted to expand the State Physical Activity and Nutrition (SPAN) program to all 50 states, District of Columbia, and 14 territories.

- **ACEs** - CDC will expand activities related to adverse childhood experiences (\$15 million).
- **Community and Youth Violence Prevention** - \$268 million, of which \$250 million is dedicated to the Community Violence Intervention Initiative. This program supports community-based organizations in cities demonstrating the greatest need as they implement proven public health strategies that reduce violence.
- **Environmental Health** - \$100 million above FY 2023 enacted to bolster CDC's efforts in supporting state, tribal, local, and territorial public health agencies as they prepare for specific health impacts of a changing climate.
- **National Center for Health Statistics** - In FY 2024, CDC is requesting an increase of \$2.1 million above the FY 2023 enacted level for NCHS to speed the timeliness of its data releases and increase the number of analytical products produced each year. This investment will also be used to identify key socioeconomic and social determinants of health and health disparities. CDC will collect, analyze, integrate, link, and disseminate data related to these determinants, improving the understanding of health disparities in the United States.

- **NIH –**

- **Transforming Nutrition Science** - The budget includes \$121 million to support nutrition research, including investments that will advance the goals of the White House National Strategy on Hunger, Nutrition, and Health. Resources will expand the efforts of the NIH Common Fund Community Partnerships to Advance Science for Society, and help to ensure diversity and inclusion in nutrition, health, and food security research. Funding will also allow NIH to focus on expanding and diversifying the nutrition science workforce and investing in creative new approaches to advance research regarding the prevention and treatment of diet-related diseases, including the Food is Medicine initiative.
- **Impact of Climate Change on Human Health** - An increase of \$25 million for NIH to continue research and other activities related to climate change, in collaboration and coordination with other federal agencies.

- **SAMHSA –**

- **Investing in Mental Health and Crisis Response** - The FY 2024 budget provides \$4.9 billion for SAMHSA's mental health activities, an increase of \$2.2 billion over FY 2023 enacted. The proposed investments will address suicide prevention, increase crisis response, and provide direct services to people experiencing homelessness.
- **Expand Access to Care for People Experiencing Homelessness** - \$110 million for the Projects for Assistance in Transition from Homelessness program, +\$43 million above FY 2023 enacted. The costs associated with this program have continued to increase and the number of providers has steadily decreased over the past 10 years. Increasing funding will substantially improve access to services by expanding the communities served and increasing the number of PATH providers, resulting in 212,000 individuals contacted and 119,000 individuals enrolled in FY 2024.

- **CMS** - The budget demonstrates the Administration's commitment to addressing health-related social needs, including improving access to coverage for individuals dually eligible for Medicare and Medicaid. Proposals include:

- **Standardize Data Collection to Improve Quality and Promote Equitable Care** - Current law requires post-acute providers to report standardized patient assessment data on five health assessment categories, as well as "other categories deemed necessary and appropriate by the Secretary." However, there is no express statutory requirement for

data reporting on social determinants of health. This proposal adds a new category of standardized patient assessment data, social “drivers of health”, for post-acute care providers. This data could include, for example, transportation, housing, social isolation, and food insecurity. New data would enable real-time information exchange between the health care system and those resources best equipped to address individual needs—activating government, community agencies, and health care providers to work together to support individuals of underserved populations and respond to public health needs. [Budget Neutral]

- **Expand and Enhance Access to Medicare Coverage of Nutrition and Obesity Counseling** - This proposal expands access to additional beneficiaries with nutrition or obesity-related chronic diseases and makes additional providers eligible to furnish services. [\$1.7 billion in costs over 10 years]
- **Conduct a Subnational Medicare Medically-Tailored Meal Demonstration** - Currently, Original Medicare does not cover home delivery of meals. Beginning in 2024, this proposal establishes a three-year demonstration to test Medicare coverage of medically-tailored meals. Eligibility for this demonstration includes Medicare fee-for-service beneficiaries with a diet-impacted disease (such as kidney disease, congestive heart failure, diabetes, chronic obstructive pulmonary disease) likely to trigger an inpatient hospital stay and who have at least one activity of daily living limitation. The demonstration will operate in at least 20 hospitals across ten different States. This demonstration design is similar to the introduced bill, the Medically Tailored Home-Delivered Meals Demonstration Pilot Act of 2021. The Secretary has the discretion to consider certain modifications as it relates to implementation and execution of this demonstration. [Not scorable]
- **Add Medicare Coverage of Services Furnished by Community Health Workers** - Under current law, services provided by community health workers are not paid under Medicare. Effective CY 2025, this proposal provides coverage of select, evidence-based support services delivered by a community health worker under the direction of a patient’s primary care provider for prevention and care navigation for chronic or behavioral health conditions, in addition to screening for social determinants of health and linkage to social supports. Preventive services delivered by Community Health Workers would be exempt from Medicare cost-sharing. Services must be furnished under the general supervision of— and billed by—a Medicare-enrolled provider or a new category of Medicare-enrolled Community Health Worker supplier under a formal care arrangement with the provider, in accordance with a comprehensive community needs assessment and/or an individual patient engagement plan. In addition to existing Medicare providers, the Secretary may enroll community-based organizations (e.g., non-profits, public health departments, etc.) as community health worker suppliers to broaden access to services, subject to program integrity and patient safety guardrails. This proposal has positive equity implications because it increases access to the health care system for underserved Medicare beneficiaries and allows communities to better target resources to address local public health challenges. [Not Scorable].
- **Allow Collection of Demographic and Social Determinants of Health Data through CMS Quality Reporting and Payment Programs** - Current law does not allow some CMS quality reporting programs to collect patient demographic or social determinants of health data unless it is part of a quality measure finalized through program regulation. The current data on race and ethnicity obtained through Medicare fee-for-service claims is incomplete which limits CMS’s ability to assess health disparities. This proposal allows CMS programs to collect patient demographic data, as well as social determinants of



health data, for use in measure stratification. This helps CMS and providers identify and address health disparities and improve outcomes for individuals with social risk factors. [Budget Neutral]

- **Align Medicare Savings Programs and Part D Low-income Subsidy Eligibility Methodologies** - The budget simplifies the eligibility processes for the Medicare Savings Programs and Part D Low-Income Subsidy by removing elements of the income and asset determination process that apply to one program and not the other. Aligning the eligibility methodologies for these programs reduces administrative barriers to enrollment and eliminates the need for the federal government and states to perform nearly identical eligibility determinations for the same over-burdened individuals. [\$5.8 billion in Medicaid costs over 10 years]
- **Align Qualified Medicare Beneficiary Renewal Period with Other Medicaid Groups** - This proposal establishes a 12-month renewal period for Medicare Savings Programs in statute, which would allow CMS to establish a renewal period for Qualified Medicare Beneficiaries no more restrictive than the renewal period for people eligible for Medicaid based on Modified Adjusted Gross Income. By streamlining and simplifying the renewal process, this proposal reduces the risk of additional churn off Medicaid and improves maintenance of eligibility for these beneficiaries. [Budget Neutral]

- **ACF** -

- **Head Start** - \$13.1 billion, an increase of \$1.1 billion above FY 2023 enacted, to provide comprehensive early learning and development services to infants, toddlers, and preschool-aged children from economically disadvantaged families. This includes:
 - \$100 million in Early Head Start-Child Care Partnerships. The partnership's funding provides comprehensive and continuous Early Head Start and child care services to low-income families with infants and toddlers.
 - A legislative proposal to revise the eligibility requirements for American Indian and Alaska Native and Migrant and Seasonal Head Start to include more children. This legislative proposal supports the Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.
- **Child Care and Development Block Grant** - \$9 billion, an increase of nearly \$1 billion above FY 2023 enacted, in discretionary funds, which helps low-income working families pay for child care and improves the quality of child care for all children.
- **Runaway and Homeless Youth Programs** - \$159 million for Runaway and Homeless Youth programs, which is \$13 million above FY 2023 enacted. This includes:
 - A new demonstration project, Whole Family Community-Based Prevention, represents \$12 million of the increase. This human centric project will support up to 20 grants to support organizations working with minors experiencing homelessness or housing instability by implementing a whole-family, community-based prevention approach with the goal of supporting youth to maintain safe and stable housing.
 - The budget also supports reauthorization and amending the Runaway and Homeless Youth Act.
- **Family Violence Prevention Services** - \$27 million for a demonstration project to support families affected by domestic violence at the intersection of substance-use coercion, housing instability, and child welfare involvement.
- **LIHEAP** - \$4.1 billion, an increase of \$111 million over FY 2023 enacted, for Low Income Home Energy Assistance Program (LIHEAP). The budget increases LIHEAP funding and

gives states the option to use a portion of their LIHEAP funds to provide water bill assistance to low-income households.

- **Community Services Block Grant** - \$770 million, which is flat with FY 2023 enacted, to provide services to address employment, education, housing assistance, nutrition, energy, emergency services, health, substance abuse, and poverty reduction
- **Office of Community Services** - \$36 million, which is \$2 million above FY 2023 enacted, which supports the Community Economic Development, the Rural Community Development, and the Neighborhood Innovation Program. The budget also supports the update of the Community Services Block Grant Act Discretionary Programs to focus on equity and access to economic opportunities.
- **Research and Demonstration** - \$15 million for state demonstration grants and technical assistance to test a whole-family approach to service delivery, with a focus on improving coordination across benefits programs. Of this, \$5 million is included in Federal Administration for staff to support states navigating multi-program benefits delivery models and help with new funding models and service delivery models requiring waivers.
- **Expand Access to Affordable, Quality Child Care for Low- and Middle-Income Families** [\$400 billion in costs over 10 years]
- **Social Services Block Grant** - The Social Services Block Grant is permanently authorized at \$1.7 billion per year.
- **Temporary Assistance for Needy Families (TANF)** - The budget funds TANF and the TANF Contingency Fund at its FY 2023 level of \$17.3 billion for FY 2024.
- **ACL** –
 - **Nutrition Services for Older Adults** - The Senior Nutrition Services programs provide healthy home-delivered meals and meals served in group settings, such as senior centers. The budget includes \$1.3 billion, an increase of \$218 million, to offset increased costs of service delivery and modestly expand services.
 - **Independent Living** - The budget requests \$161 million, which is \$33 million above FY 2023 enacted, to both increase capacity of current service programs and to develop new approaches to service delivery.
- **ONC - Standards, Interoperability, and Certification** – \$52 million for ONC’s Standards, Interoperability, and Certification work to enable ONC to broaden efforts to align federal agency standards adoption and use, coordinate complementary activities and investments with standards development organizations, and further administration priorities around equity and interoperability.
 - **Standards Development and Technology Coordination** – Embedded in ONC’s standards and coordination work is an innovative equity-by-design approach. This approach includes improving the use of social and behavioral health information to support better interoperability. The equity-by-design approach will also address gaps in health IT data related to social determinants of health, race/ethnicity, and sexual orientation/gender identity, creating more patient centered health care and opportunities for decreasing health disparities in health IT. Health data, including data on race/ethnicity and SDOH, can help to identify health disparities and to inform efforts to improve health outcomes at an individual and population level. ONC will also continue to work on integrating SDOH and human and social services data to help improve the health outcomes and the patient experience.
- **Office of Disease Control and Prevention** –



- **Healthy People** - The FY 2024 request will support strategic implementation of the decade's national, 10-year health objectives, Healthy People 2030, and ensure the initiative is well situated to support HHS' and the Administration's priorities of achieving health equity, eliminating health disparities, and addressing the social determinants of health. ODPHP will continue to promote the use of the initiative's key elements: overarching goals, Overall Health and Well-being Measures, Social Determinants of Health Framework, comprehensive health objectives, and Leading Health Indicators. ODPHP will develop enhanced online disparities data visualization tools for the Healthy People website. The FY 2024 request will allow ODPHP to make updated data available on a more frequent basis (at least quarterly) to users, including researchers and policy makers at state, local, Tribal, and territorial levels for integration into their own websites and data dashboards through content syndication and to inform their health improvement planning efforts. The request will also allow ODPHP to provide technical assistance to states, localities, and Tribes to facilitate their use and uptake of Healthy People 2030.

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

- **IHS** - HHS is committed to working with Indian Country to address the significant health disparities experienced by American Indians and Alaska Natives.
 - **Direct Health Care Services** - In FY 2024, the budget builds on the 2024 advance appropriation and includes \$7 billion in the Services account, an increase of \$2.1 billion above FY 2023 enacted. This funding will expand access to programs that provide essential health services and community-based disease prevention and promotion in tribal communities.
 - **Cancer Moonshot** - \$108 million in 2024 to provide culturally appropriate cancer screening, education, and treatment activities, in support of the Cancer Moonshot.
 - **Supporting Tribal Self-Determination** - The budget continues this strong commitment to supporting tribes as they determine the best approach to providing health care services in their individual communities.
- **CDC** -
 - **Racial and Ethnic Approaches to Community Health (REACH) Program** - CDC's FY 2024 budget request of \$68,950,000 for the REACH program is level with the FY 2023 enacted level. At this funding level, the CDC will continue to support up to 40 recipients to implement culturally tailored interventions to address preventable risk behaviors, including poor nutrition, physical inactivity, and tobacco use, and increase referral and access to community health programs for chronic disease prevention and treatment. This request also includes \$24,000,000, which is level with the FY 2023 enacted level, to support current investment in the health of American Indians and Alaska Natives (AI/AN) through the Good Health and Wellness in Indian Country program.
 - **Good Health and Wellness in Indian Country Program** - Tribal populations have higher rates of disease, disability, injury, and early death compared to other racial and ethnic groups in the United States. CDC supports AI/AN communities to promote health, prevent disease, address social determinants of health, strengthen resiliency, support self-empowerment, and build public health capacity and infrastructure to improve health and well-being in Indian Country. In FY 2024, CDC will continue to fund 36 recipients to support culture as a path to prevention and wellness promotion in AI/AN communities.



- **Ending the HIV Epidemic (EHE) in the U.S.** - \$310 million, an increase of \$90 million above FY 2023 enacted, to continue to advance HHS's efforts to end the HIV/AIDS epidemic. This work will reach disproportionately affected populations, including gay and bisexual men of color, transgender and cisgender Black/African American women, and people who inject drugs. In FY 2024, the CDC will expand innovations, implement approaches that integrate health equity into the entire HIV prevention portfolio, test innovative service delivery models designed to increase access to prevention services, and strengthen engagement of community-based organizations in implementing the Ending the HIV Epidemic in the U.S. initiative.
- **NIH –**
 - **National Institute on Minority Health and Health Disparities (NIMHD)** - NIH will continue to support the UNITE initiative, an NIH-wide effort committed to ending racial inequities across the biomedical research enterprise that was launched in early FY 2021. In FY 2023 Congress provided increased funding for health disparities research at NIMHD, the National Institute of Nursing Research, the National Institute of General Medical Sciences, and the Fogarty International Center. The FY 2024 budget will continue funding these efforts at \$95 million.
- **SAMHSA –**
 - **Growing the Behavioral Health Workforce** – the budget requests \$37 million for the Minority Fellowship Programs, an increase of \$17 million over FY 2023 enacted. The proposed investment will almost double the number of fellows and increase the number of trained providers to 6,500. The budget also proposes to add a service requirement to ensure participants are supporting communities in need, as well as to add addiction medicine, and sexual and gender minority populations as participants in the program.
- **CMS –**
 - **Require Medicaid Adult and Home and Community-Based Services Quality Reporting** – the budget includes \$15 million annually for the Adult Quality Measurement and Improvement Program and requires annual reporting on the Adult Core Set four years after enactment. It also establishes and funds a Home and Community Based Services Measurement Program at \$10 million annually and requires reporting on a core set four years after enactment. This funding and authority align reporting requirements with those of the Child Health and Behavioral Health Core Sets, and provide the funding needed for CMS to continue supporting health equity and value-based care models through this work. [\$278 million in administrative costs over 10 years]
 - **Advancing Health Equity** - The budget provides \$25 million to give grants to States and tribes aimed at addressing disparities, developing innovative approaches for integrating equity into CMS's programs and policies, building analytic systems to integrate data on underserved populations, and developing dashboards and other products to support interventions to address health disparities. This includes:
 - **Health Equity Policy Collaborative** - This effort provides insights and tools to help states, territories, and tribes with identifying barriers and opportunities to advance health equity through the CMS programs that they are implementing. These initiatives include, but are not limited to, environmental scans, literature reviews, and interviews with researchers, scientific experts, and advocates at the state, territories, and tribes. Funding will also support any operational needs related to state, territories, and tribe initiatives when requested. This work aligns with the goals laid out in the CMS 2022-2032 Equity Plan.



receipt increases that have led to a significant complaint inventory backlog, and additional resources to bolster its policy, education, and outreach efforts in all nondiscrimination areas including race, color, national origin, disability, sex, age, and religion.

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

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



- **Implementing a Maternal health and PRenancy Outcomes Vision for Everyone (IMPROVE) Initiative** – IMPROVE is an evidence-based approach to reduce preventable maternal deaths and associated health disparities for women at all stages of pregnancy. The FY 2024 budget includes funding to continue IMPROVE.
 - In summer 2023, IMPROVE will implement a national network of Maternal Health Research Centers of Excellence to support research projects that build on previous research and take innovative, community-tailored approaches to address health disparities and National Institutes of Health risk factors for maternal morbidity and mortality. This research supports the development of earlier interventions to decrease or prevent negative maternal outcomes and promote maternal health equity.
- **Improving Maternal Health** - \$3 million to support the Eunice Kennedy Shriver National Institute of Child Health and Human Development’s (NICHD) continued research on mitigating the effects of COVID-19 on pregnant, lactating, and post-partum individuals, with a focus on individuals from racial and ethnic minority groups.
- **AHRQ –**
 - **Improving Maternal Health** - \$7 million to fund AHRQ’s contribution to the HHS-wide Improving Maternal Health Initiative. Funding would support the first year of the effort. This initiative will focus on expanding state capacity to link local and federal health care, vital statistics, and social service data; using predictive analytics to improve maternal health and outcomes; expanding the Medical Expenditure Panel Survey to provide better data on maternity care; and expanding the capacity to measure pregnant individuals’ experience with care.
- **CMS –**
 - **Require 12 Months of Postpartum Coverage** - Expanding access to postpartum Medicaid coverage can reduce maternal and infant morbidity and mortality. In order to improve maternal and infant health outcomes, and in alignment with Administration initiatives like the CMS Maternity Care Action Plan, the budget requires states to provide 12 months of postpartum coverage in Medicaid and CHIP. [\$2.4 billion in Medicaid costs over 10 years]
- **Office of the Secretary –**
 - **Office on Women’s Health (OWH)** - Budget includes \$44 million for OWH, which leads prevention initiatives, such as maternal health initiatives to include addressing health disparities for women and health communication activities. In FY 2024, OWH will increase focus on prevention and treatment of eating disorders, violence, and substance use disorders.