Congressional Research Service
Informing the legislative debate since 1914

Health Resources and Services Administration (HRSA) FY2019 Budget Request and Funding History: Fact Sheet

Updated June 28, 2018

Congressional Research Service
https://crsreports.congress.gov
R45245

CRS REPORT
Prepared for Members and
Committees of Congress

Summary

The Health Resources and Services Administration (HRSA) within the Department of Health and Human Services (HHS) provides health care to individuals who are geographically isolated and/or economically or medically vulnerable. The agency's programs target specific populations including pregnant women and their children and individuals with HIV/AIDs.

HRSA is organized into five bureaus: (1) Primary Care; (2) Health Workforce; (3) Maternal and Child Health; (4) HIV/AIDS; and (5) Healthcare Systems. In addition to these bureaus, HRSA has 11 offices. Some offices focus on specific populations or health care issues (e.g., Office of Women's Health, Federal Office of Rural Health Policy), while others provide agency-wide support or technical assistance to HRSA's regional offices (e.g., Office of Planning, Analysis and Evaluation; Office of Regional Operations).

This fact sheet focuses on the agency's funding; a number of specific HRSA programs are described in more detail in other CRS reports.

Contents

Agency Overview 1
Funding Sources 1

Tables

Table 1. Health Resources and Services Administration (HRSA) 3

Contacts

Author Information 6

Agency Overview

The Health Resources and Services Administration (HRSA) within the Department of Health and Human Services (HHS) provides health care to individuals who are geographically isolated and/or economically or medically vulnerable. The agency's programs target specific populations including pregnant women and their children and individuals with HIV/AIDs. HRSA also supports the health care workforce, oversees organ, bone marrow, and cord blood donation, and compensates individuals harmed by vaccination. HRSA currently awards funding to more than 3,000 grantees, including community-based organizations; colleges and universities; hospitals; state, local, and tribal governments; and private entities to support health services projects, such as training health care workers or providing specific health services.[1]

HRSA is organized into five bureaus: (1) Primary Care; (2) Health Workforce; (3) Maternal and Child Health; (4) HIV/AIDS; and (5) Healthcare Systems. In addition to these bureaus, HRSA has 11 offices. Some offices focus on specific populations or health care issues (e.g., Office of Women's Health, Federal Office of Rural Health Policy), while others provide agency-wide support or technical assistance to HRSA's regional offices (e.g., Office of Planning, Analysis and Evaluation; Office of Regional Operations).

This fact sheet focuses on the agency's funding; a number of specific HRSA programs are described in more detail in other CRS reports.[2]

Funding Sources

For the time period discussed in this fact sheet—FY2015 through the FY2019 President's budget request—HRSA has three major sources of funding, described here in order of magnitude: (1) discretionary appropriations, (2) mandatory funds directly appropriated in the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended), and (3) user fees.

HRSA receives its *discretionary appropriations* through the Labor, HHS, and Education (LHHS) appropriations act.[3] HRSA began receiving *mandatory appropriations* from the ACA to support specific programs in FY2010.[4] For example, the ACA established the Maternal, Infant, and Early Childhood Home Visiting Program.[5] HRSA has the authority to collect *user fees* for specified activities; the authority to expend these fees is provided in annual LHHS appropriations acts. In

[1] See HRSA's website at http://www.hrsa.gov.

[2] See CRS Report R43911, *The Community Health Center Fund: In Brief*; CRS Report R43937, *Federal Health Centers: An Overview*; CRS Report R44970, *The National Health Service Corps*; CRS Report R43930, *Maternal and Infant Early Childhood Home Visiting (MIECHV) Program: Background and Funding*; CRS In Focus IF10595, *Maternal and Infant Early Childhood Home Visiting Program*; CRS Report R44970, *The National Health Service Corps*; CRS Report R44282, *The Ryan White HIV/AIDS Program: Overview and Impact of the Affordable Care Act*; CRS Report R44929, *Maternal and Child Health Services Block Grant: Background and Funding*; CRS In Focus IF10777, *Maternal and Child Health (MCH) Services Block Grant*; CRS Report R45181, *Family Planning Program Under Title X of the Public Health Service Act*; and CRS Report R44282, *The Ryan White HIV/AIDS Program: Overview and Impact of the Affordable Care Act*.

[3] For more information, see CRS Report R45083, *Labor, Health and Human Services, and Education: FY2018 Appropriations*.

[4] These programs are described in CRS Report R41278, *Public Health, Workforce, Quality, and Related Provisions in ACA: Summary and Timeline*.

[5] CRS Report R43930, *Maternal and Infant Early Childhood Home Visiting (MIECHV) Program: Background and Funding*; CRS In Focus IF10595, *Maternal and Infant Early Childhood Home Visiting Program*.

prior years, some HRSA programs have received funds from the Public Health Service (PHS) Program Evaluation Set-Aside.[6]

A number of ACA funding sources expired or were set to expire in FY2018, but they were extended in the Bipartisan Budget Act of 2018 (BBA 2018, P.L. 115-123).[7] Many of these programs had previously received funding extensions for FY2016 and FY2017 in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA, P.L. 114-10).[8] BBA 2018 was enacted three days before the FY2019 President's budget request was released, and the request was not revised to reflect FY2019 mandatory appropriations that were provided in the BBA 2018. In some cases, the President's budget requested discretionary funding, rather than mandatory funding, for programs that had received mandatory FY2019 appropriations in BBA 2018.[9] These cases are noted in **Table 1** below, which reflects FY2019 amounts *as requested* in the President's budget, rather than as appropriated in BBA 2018 (where applicable).

Table 1 presents enacted funding for HRSA in FY2015-FY2018, along with the amounts included in the FY2019 President's budget request. Although appropriations for HRSA have increased over time, the FY2018 appropriation represents a larger increase than in prior years. In particular, the FY2018 appropriation included increases for a number of Bureau of Health Workforce Programs, including discretionary funds for the National Health Service Corps, which had been funded entirely with a transfer from the mandatory Community Health Center Fund in recent years. In addition, the FY2018 appropriation increased funding for Rural Health programs, including $100 million for a new "Rural Opioids Community Response" program, which will support activities that aim to increase access to opioid treatment in rural areas.[10]

The FY2019 President's request represents a decrease from FY2018 levels for a number of HRSA programs and activities. However, final FY2018 appropriations had not been enacted during the period in which the FY2019 President's request was being formulated. Although the total request for HRSA is less than the FY2018 program level funding, it would reflect an increase in discretionary funds compared with FY2018 and earlier years, because some programs that had received mandatory appropriations would instead be funded with discretionary appropriations. The President's budget for FY2019 would generally maintain funding levels for the Ryan White HIV/AIDS Bureau and the Health Systems Bureau. It would also maintain funding for the Title X Family Planning Program. The President's FY2019 budget proposes to reduce or eliminate funds for a number of Health Workforce, Maternal and Child Health, and Rural Health Bureau programs; as noted, a number of these programs received funding increases in FY2018.

The table presents funding levels for selected programs and totals for each of HRSA's bureaus.

---

[6] For more information, see CRS Report R43304, *Public Health Service Agencies: Overview and Funding (FY2010-FY2016)*.

[7] CRS Report R45136, *Bipartisan Budget Act of 2018 (P.L. 115-123): CHIP, Public Health, Home Visiting, and Medicaid Provisions in Division E*.

[8] Medicare Access and CHIP Reauthorization Act of 2015; see CRS Report R43962, *The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA; P.L. 114-10)*.

[9] A subsequent letter from the director of the Office of Management and Budget confirmed that the President's budget continued to request that these programs be funded in FY2019 with discretionary funds. See Letter from Mick Mulvaney, Director Office of Management and Budget, to The Honorable Paul D. Ryan, Speaker of the House of Representatives, February 12, 2018, https://www.whitehouse.gov/wp-content/uploads/2018/02/Addendum-to-the-FY-2019-Budget.pdf.

[10] From joint explanatory statement accompanying the Consolidated Appropriations Act, 2018 (P.L. 115-141) available in the *Congressional Record*, March 22, 2018, https://www.congress.gov/crec/2018/03/22/CREC-2018-03-22-bk3.pdf, p. H2699.

Table 1. Health Resources and Services Administration (HRSA)

(Budget Authority in Millions, by Fiscal Year)

Bureau or Activity	2015	2016	FY2017	FY2018	FY2019 President's Budget Request
Primary Care	**5,001**	**5,092**	**4,999**	**5,452**	**5,092**
Health Centers	5,001	*5,091*	4,998	5,451	4,991
Discretionary[a] (non-add)	*(1,392)*	*(1,392)*	*(1,387)*	*(1,511)*	*(4,991)[b]*
CHCF Transfer (non-add)	*(3,509)*	*(3,600)[c]*	*(3,511)[c]*	*(3,800)[d]*	*—[b]*
Precision Medicine Initiative[e] (non-add)	—	—	—	*(25)[d]*	—
Health Center Tort Claims (non-add)	*100*	*100*	*100*	*115*	*100*
Free Clinics	*0.1*	*0.1*	*1.0*	*1.0*	*1.0*
Health Workforce	**1,093**	**1,178**	**1,200**	**1,516**	**477**
National Health Service Corps (NHSC)	287	*310*	289	415	310
Discretionary (non-add)	—	—	—	*(105)*	*(310)[f]*
CHCF Transfer (non-add)	*(287)*	*(310)[c]*	*(289)[c]*	*(310)[d]*	*—[f]*
Training for Diversity[g]	82	82	83	88	0
Primary Care Training and Enhancement	39	39	39	*49*	*0*
Oral Health	34	36	37	41	0
Interdisciplinary, Community-Based Linkages[h]	110	80	129	191	0
Health Care Workforce Assessment	5	5	5	6	5
Public Health Workforce Development	21	21	17	17	0
Nursing Workforce Development[i]	*232*	*230*	*229*	249	83[j]
Children's Hospital GME Payments	*265*	*295*	*299*	315	0
Teaching Health Center GME Payments (ACA Sec. 5508(c))	—[k]	60[c]	56[c]	127[d]	60[l]
National Practitioner Data Bank (*User Fees*)	19	21	19	19	19
Maternal and Child Health	**1,256**	**1,250**	**1,239**	**1,293**	**1,136**

Bureau or Activity	2015	2016	FY2017	FY2018	FY2019 President's Budget Request
Maternal and Child Health Block Grant	637	638	640	652	628
Healthy Start	102	104	118[m]	111	104
Home Visiting (ACA Sec. 2951)	400[n]	400[c]	372[c]	400[d]	400[o]
Family-to-Family Health Centers (ACA Sec. 5507)	5[p]	5[c]	5[c]	6[d]	5[q]
Other Maternal and Child Health Programs[r]	112	103	103	125	0
Ryan White HIV/AIDS	**2,319**	**2,323**	**2,313**	**2,319**	**2,260**
Health Care Systems	**103**	**103**	**104**	**112**	**117**
Other Health Care Systems Programs[s]	76	76	77	86	77
Hansen's Disease Programs[t]	17	17	17	16	14
340B Drug Pricing Programs/Office of Pharmacy Affairs	10	10	10	10	10
340B Drug Pricing Program (*User Fees*)	—	—	—	—	16
Rural Health	**147**	**150**	**156**	**291**[u]	**75**
Other Activities	**683**	**701**	**730**	**719**	**756**
Family Planning	286	286	286	286	286
Program Management	154	154	154	155	152
Vaccine Injury Compensation (Program Operations)	8	8	8	9	9
Vaccine Injury Compensation Program (HRSA Claims)	235	253	282	268	308
Total, Program Level	**10,601**	**10,796**	**10,740**	**11,701**	**9,912**
Less Funds From Sources Other than the Discretionary Appropriation					
User Fees	19	21	19	19	35
Vaccine Injury Compensation Claims (Mandatory)[v]	235	253	282	268	308
ACA Mandatory Funds: CHCF Transfers	4,202	4,375	4,232	4,668[w]	0[x]

Bureau or Activity	2015	2016	FY2017	FY2018	FY2019 President's Budget Request
Total, Discretionary Budget Authority	**6,146**	**6,147**	**6,207**	**6,746**	**9,569**

Sources: The funding amounts for FY2015-FY2017 and FY2019 request are from the HRSA congressional budget justification. Congressional budget justifications are available at http://www.hhs.gov/budget/. FY2018 discretionary amounts are from the joint explanatory statement accompanying the Consolidated Appropriations Act, 2018 (P.L. 115-141) (*Congressional Record*, March 22, 2018, https://www.congress.gov/crec/2018/03/22/CREC-2018-03-22-bk3.pdf) and mandatory amounts are from CRS's analysis of the Bipartisan Budget Act of 2018 (BBA 2018; P.L. 115-123).

Notes: Individual amounts may not add to subtotals or totals due to rounding. The FY2019 President's request level reflects amounts as requested by the President and does not account for mandatory funds appropriated for FY2019 in the BBA 2018. The FY2019 request level does not include HRSA's proposed share ($550 million) of an additional $10 billion in HHS-wide opioid-related funding requested in the President's budget.

a. Includes funding for Native Hawaiian Programs.

b. For FY2019, BBA 2018 appropriated $4.0 billion in mandatory funding for this program. However, the FY2019 President's budget, which was released just three days after BBA 2018 was enacted, requested $0 in mandatory appropriations and $4.991 billion in discretionary appropriations for this program.

c. These funds were appropriated in Medicare Access and CHIP Reauthorization Act of 2015 (P.L. 114-10). Amounts appropriated were reduced in FY2017 because of budget sequestration. See CRS Report R42050, *Budget "Sequestration" and Selected Program Exemptions and Special Rules*.

d. These funds were appropriated in BBA 2018.

e. BBA 2018, Section 50901(b), appropriated $25 million to HRSA for FY2018 to support the participation of health centers in the "All of Us Research Program," part of the National Institutes of Health Precision Medicine Initiative.

f. For FY2019, BBA 2018 appropriated $310 million in mandatory funding for this program. However, the FY2019 President's budget, which was released just three days after BBA 2018 was enacted, requested $0 in mandatory appropriations and $310 billion in discretionary appropriations for this program.

g. Training for Diversity includes Centers for Excellence, Scholarships for Disadvantaged Students, Faculty Loan Repayment, and the Health Careers Opportunity Program.

h. Interdisciplinary, Community-Based Linkages includes Area Health Education Centers, Geriatric Programs, and Mental and Behavioral Health Education and Training. FY2015 and FY2016 amounts reflect the Behavioral Health Workforce Education and Training Program (a component of the Mental and Behavioral Health Education and Training).

i. Nursing Workforce Development include NURSE Corps; Advanced Nursing Education; Nursing Workforce Diversity; Nurse Education, Practice, Quality and Retention; Nurse Faculty Loan Program; and Comprehensive Geriatric Education.

j. The FY2019 budget proposes funding for the NURSE Corps program, but does not propose funding for other Nursing Workforce Development programs.

k. ACA Section 5508(c) appropriated $230 million to support graduate medical education payments to teaching health centers to be used from FY2011 through FY2015.

l. For FY2019, BBA 2018 appropriated $126.5 million in mandatory funding for this program. However, the FY2019 President's budget, which was released just three days after BBA 2018 was enacted, requested $0 in mandatory appropriations and $60 million in discretionary appropriations for this program.

m. Includes $15 million appropriated in the Water Infrastructure Improvements for the Nation Act (P.L. 114-322). See CRS Report R44723, *Overview of Further Continuing Appropriations for FY2017 (H.R. 2028)*.

n. P.L. 113-93 provided $400 million for this program for the first half of FY2015. P.L. 114-10 extended the availability of these funds through all of FY2015.

o. For FY2019, BBA 2018 appropriated $400 million in mandatory funding for this program. However, the FY2019 President's budget, which was released just three days after BBA 2018 was enacted, requested $0 in mandatory appropriations and $400 million in discretionary appropriations for this program.

p. P.L. 113-93 provided $2.5 million for this program for FY2015, which was superseded by the full-year funding ($5 million) for this program for FY2015 enacted in P.L. 114-10.

q. For FY2019, BBA 2018 appropriated $6 million in mandatory funding for this program. However, the FY2019 President's budget, which was released just three days after BBA 2018 was enacted, requested $0 in mandatory appropriations and $5 million in discretionary appropriations for this program

r. Other Maternal and Child Health Programs includes Autism and Other Developmental Disorders, Traumatic Brain Injury, Sickle Cell Services Demonstration, Universal Newborn Hearing Screening, Emergency Medical Services for Children, and Heritable Disorders, Screening and Treatment for Maternal Depression and Pediatric Mental Health Access. The latter two programs are new in FY2018. In FY2016, the Traumatic Brain Injury program was transferred to the Administration for Community Living and, therefore, was not funded under HRSA.

s. Other Health Care Systems Programs includes Organ Transplantation, National Cord Blood Inventory, C.W. Bill Young Cell Transplantation Program, and Poison Control Centers.

t. Hansen's Disease Programs includes Hansen's Disease Center, Payments to Hawaii (for Hansen's Disease) and National Hansen's Disease Program—Buildings and Facilities.

u. In FY2018, funding for a number of rural health programs increased. In addition, two new rural health programs received funding: Rural Community Opioid Response and Rural Residency Programs. These programs received appropriations of $100 million and $15 million respectively.

v. By convention, mandatory funding for claims under the Vaccine Injury Compensation Trust Fund are not counted toward agency totals displayed in the HRSA's Congressional Budget Justification, but they are included in the agency totals shown in this fact sheet (where applicable).

w. Includes the $25 million appropriated in BBA 2018 to support health center participation in the "All of Us Research Program," part of the National Institutes of Health Precision Medicine Initiative.

x. For FY2019, BBA 2018 appropriated a total of $4.843 billion in mandatory funds to support programs created in the ACA. However, the FY2019 President's budget requested $0 in mandatory appropriations for these programs.

Author Information

Elayne J. Heisler
Specialist in Health Services

Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.