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Department of Health and Human Services: FY2022 Budget Request

July 15, 2021

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SUMMARY

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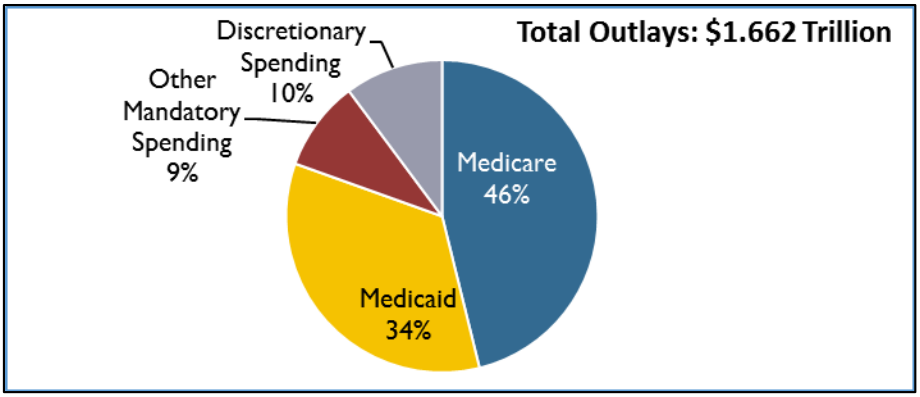
Department of Health and Human Services: FY2022 Budget Request

This report provides information about the FY2022 budget request for the U.S. Department of Health and Human Services (HHS). Historically, HHS has been one of the larger federal departments in terms of budgetary resources. Estimates by the Office of Management and Budget (OMB) indicate that HHS has accounted for at least 20% of all federal outlays in each year since FY1995. Most recently, HHS accounted for 23% of all federal outlays in FY2020. (FY2020 funding levels are generally considered final, whereas some FY2021 funding levels remain estimates.)

The FY2022 President's budget request was submitted to Congress on May 28, 2021. (Previously, a summary of the request for discretionary funding was submitted to Congress on April 9, 2021.) Under this request, HHS would spend an estimated $1.662 trillion in outlays in FY2022. This would be $115 billion (+7%) more than estimated HHS outlays in FY2021 and $158 billion (+11%) more than actual HHS outlays in FY2020.

Mandatory spending typically comprises the majority of the HHS budget. Two mandatory spending programs—Medicare and Medicaid—are expected to account for 80% of all estimated HHS outlays in FY2022, according to the President's budget request. Medicare and Medicaid are *entitlement* programs, meaning the federal government is required to make mandatory payments to individuals, states, or other entities based on criteria established in authorizing law.

Proposed FY2022 HHS Outlays by Major Program and Spending Category



Source: Prepared by the Congressional Research Service (CRS) using data on p. 14 of the FY2022 HHS Budget in Brief.

Notes: Percentages may not sum due to rounding. For mandatory spending, outlays reflect proposed law spending levels, not the current services baseline.

While mandatory spending is controlled (but not always provided) by authorizing laws, all *discretionary spending* is controlled *and* provided through the annual appropriations process. Discretionary spending accounts for about 10% of HHS outlays in the FY2022 President's budget request. Although discretionary spending represents a relatively small share of the HHS budget, the department nevertheless receives more discretionary money than most federal departments. According to OMB data, HHS accounted for nearly 19% of all discretionary budget authority across the government in FY2020.

Contents

About the U.S. Department of Health and Human Services (HHS) 1
Context for the FY2022 President's Budget Request 2
Overview of the FY2022 HHS Budget Request 3
Budgetary Resources Versus Appropriations 4
Mandatory and Discretionary Spending 4
HHS in the Appropriations Process 5
Proposed Law and Current Law Estimates for Mandatory Programs 5
User Fees and Other Types of Collections 6
Scorekeeping and Display Conventions 6
Sequestration 6
HHS Budget by Operating Division 7

Figures

Figure 1. Proposed FY2022 HHS Outlays by Major Program and Spending Category 4
Figure 2. FY2022 President's Request for HHS by Operating Division 8

Tables

Table 1. FY2022 President's Budget Request for HHS 3
Table 2. HHS Agencies by Appropriations Bill 5
Table 3. HHS Budget by Operating and Staff Division 9

Appendixes

Appendix. HHS Operating Divisions: Missions and FY2022 Budget Resources 12

Contacts

Author Information 17

About the U.S. Department of Health and Human Services (HHS)

The mission of HHS is to "enhance the health and well-being of Americans by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services."[1]

HHS is currently organized into 11 main agencies, called *operating divisions* (listed below), which are responsible for administering a wide variety of health and human services programs, and conducting related research. In addition, HHS has a number of *staff divisions* within the Office of the Secretary (OS). These staff divisions fulfill a broad array of management, research, oversight, and emergency preparedness functions in support of the entire department.

HHS Operating Divisions

ACF	Administration for Children and Families
ACL	Administration for Community Living
AHRQ	Agency for Healthcare Research and Quality
ATSDR	Agency for Toxic Substances and Disease Registry
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
FDA	Food and Drug Administration
HRSA	Health Resources and Services Administration
IHS	Indian Health Service
NIH	National Institutes of Health
SAMHSA	Substance Abuse and Mental Health Services Administration

Eight of the HHS operating divisions are part of the U.S. Public Health Service (PHS). PHS agencies have diverse missions in support of public health, including the provision of health care services and supports (e.g., IHS, HRSA, SAMHSA); the advancement of health care quality and medical research (e.g., AHRQ, NIH); the prevention and control of disease, injury, and environmental health hazards (e.g., CDC, ATSDR); and the regulation of food and drugs (e.g., FDA).[2]

The three remaining HHS operating divisions—ACF, ACL, and CMS—are not PHS agencies. ACF and ACL largely administer human services programs focused on the well-being of vulnerable children, families, older Americans, and individuals with disabilities. CMS—which accounts for the largest share of the HHS budget by far—is responsible for administering Medicare, Medicaid, and the State Children's Health Insurance Program (CHIP), in addition to certain programs related to private health insurance.

(For a summary of each operating division's mission and links to agency resources related to the FY2022 budget request, see the **Appendix**.)

[1] Introduction to the HHS Strategic Plan FY2018-FY2022, available at https://www.hhs.gov/about/strategic-plan/introduction/index.html.

[2] For further information, see CRS Report R44916, *Public Health Service Agencies: Overview and Funding (FY2016-FY2018)*.

Context for the FY2022 President's Budget Request

The Budget and Accounting Act of 1921 (P.L. 67-13), as amended, requires the President to submit an annual consolidated federal budget to Congress at the beginning of each regular congressional session, not later than the first Monday in February. Many of the proposals in the President's budget would require changes to laws that govern *mandatory spending* levels or policies, which are typically established on a multiyear or permanent basis. *Discretionary spending*, however, which is roughly one-third of the budget, is decided and controlled each fiscal year through the annual appropriations process. While Congress is ultimately not required to adopt the President's proposals or recommendations, the submission of the President's budget typically initiates the congressional budget process and informs Congress of the President's recommended spending levels for agencies and programs.[3]

The timing of the HHS budget request for FY2022 was affected by a presidential transition, from the Administration of President Donald J. Trump to the Administration of President Joseph R. Biden, occurring in late January 2021. As a result of this transition, the full FY2022 budget submission was delayed until May 28, 2021. (Previously, a summary of the request for discretionary funding was submitted to Congress on April 9, 2021.[4])

The "Overview" chapter of the HHS Budget in Brief (BIB) is the main source used for the budget numbers in this report.[5] Note that because FY2021 amounts have not been finalized, this report generally refers to FY2021 funding levels as *estimates*, whereas amounts for earlier years are called *actual* or *final*.

In the months preceding the submission of the FY2022 President's budget, a number of laws were enacted in response to the COVID-19 pandemic. Several of these laws included provisions affecting discretionary and mandatory HHS spending levels. (See FY2020 supplemental discretionary appropriations provided by P.L. 116-123, P.L. 116-127, P.L. 116-136, and P.L. 116-138; FY2021 supplemental discretionary appropriations provided by P.L. 116-260; and mandatory appropriations in the American Rescue Plan Act [ARPA; P.L. 117-2].) For FY2022, overall, mandatory, and discretionary outlay totals include expenditures of ARPA funds and supplemental appropriations (where applicable). For FY2020 and FY2021, the "Overview" chapter of the HHS BIB does not always include the funds provided by these laws. For those fiscal years, the *overall budget authority and outlay totals* generally reflect total enacted levels, including emergency-designated supplemental discretionary appropriations and additional mandatory funding provided in ARPA.[6] The *discretionary budget authority breakouts* for FY2020 and FY2021 in the HHS BIB, however, generally exclude emergency supplemental funds, whereas the *discretionary outlay totals* include those supplemental funds.[7] (No discretionary outlay breakouts are presented in the BIB.)

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[3] For more information, see CRS Report R43163, *The President's Budget: Overview of Structure and Timing of Submission to Congress*.

[4] Office of Management and Budget (OMB), *Summary of the President's Discretionary Funding Request*, April 9, 2021, https://www.whitehouse.gov/wp-content/uploads/2021/04/FY2022-Discretionary-Request.pdf.

[5] Other sources were consulted, including other chapters of the FY2022 HHS Budget in Brief (BIB), various volumes of the FY2022 President's budget published by OMB, and congressional budget justifications published by HHS operating divisions. However, each of the tables and figures in this report were developed using data from the "Overview" chapter of the FY2022 HHS BIB, available at https://www.hhs.gov/sites/default/files/fy-2022-budget-in-brief.pdf.

[6] See table note 5 on p. 11 of the HHS BIB.

[7] CRS correspondence with HHS, July 7, 2021, with regard to the "Composition of the HHS Budget Discretionary

Overview of the FY2022 HHS Budget Request

Under the President's budget request, HHS would spend an estimated $1.662 trillion in outlays[8] in FY2022 (see **Table 1**).[9] This is $115 billion (+7%) more than estimated HHS outlays in FY2021 and about $158 billion (+11%) more than actual HHS outlays in FY2020.

Historical estimates by the Office of Management and Budget (OMB) indicate that HHS has accounted for at least 20% of all federal outlays in each year since FY1995.[10] Most recently, OMB estimated that HHS accounted for 23% of all federal outlays in FY2020, and projects that it would account for 28% of outlays if all proposals in the President's FY2022 budget request were enacted.[11]

Table 1. FY2022 President's Budget Request for HHS

(dollars in billions)

	FY2018 Actual	FY2019 Actual	FY2020 Actual	FY2021 Estimate	FY2022 Request
Budget Authority	1,177	1,284	1,722	1,639	1,638
Outlays	1,121	1,214	1,504	1,547	1,662

Sources: For FY2018 actual, see FY2020 HHS BIB, pp. 7-8, https://www.hhs.gov/sites/default/files/fy-2020-budget-in-brief.pdf. For FY2019 actual, see FY2021 HHS BIB, pp. 15-16, https://www.hhs.gov/sites/default/files/fy-2021-budget-in-brief.pdf. For FY2020 actual, FY2021 estimate, and FY2022 request, see FY2022 HHS BIB, pp. 10-11, https://www.hhs.gov/sites/default/files/fy-2022-budget-in-brief.pdf.

Notes: *Budget authority* is the amount of money a federal agency is legally authorized to commit or spend; an *outlay* occurs when funds are actually expended from the Treasury. Amounts for FY2022 reflect all proposals in the President's budget for both mandatory and discretionary spending programs. In keeping with source materials, amounts in this table reflect mandatory sequestration in FY2018-FY2021, but do not reflect estimated effects of sequestration for FY2022. Amounts include American Recovery Plan Act (ARPA) and supplemental funding.

Figure 1 displays proposed FY2022 HHS outlays by major program or spending category in the President's request. As this figure shows, mandatory spending typically accounts for the vast majority of the HHS budget.[12] Two mandatory spending programs—Medicare and Medicaid—are expected to account for 80% of all estimated HHS spending in FY2022. Medicare and Medicaid are *entitlement* programs, meaning the federal government is required to make mandatory payments to individuals, states, or other entities based on criteria established in authorizing law.[13]

Programs" table, FY2022 HHS BIB, pp. 12-13.

[8] *Budget authority* is the amount of funding a federal agency is legally authorized to commit or spend; an *outlay* occurs when funds are actually expended from the Treasury. These terms are discussed in the "HHS Budget by Operating Division" section of this report.

[9] This does not account for expected reductions to nonexempt mandatory spending due to sequestration. For further information, see OMB, *OMB Report to the Congress on the BBEDCA 251A Sequestration for Fiscal Year 2022*, May 28, 2021, https://www.whitehouse.gov/wp-content/uploads/2021/05/BBEDCA_251A_Sequestration_Report_FY2022.pdf.

[10] OMB Historical Tables of the FY2022 President's Budget, Table 4.2, "Percentage Distribution of Outlays by Agency: 1962–2026," https://www.whitehouse.gov/omb/historical-tables/.

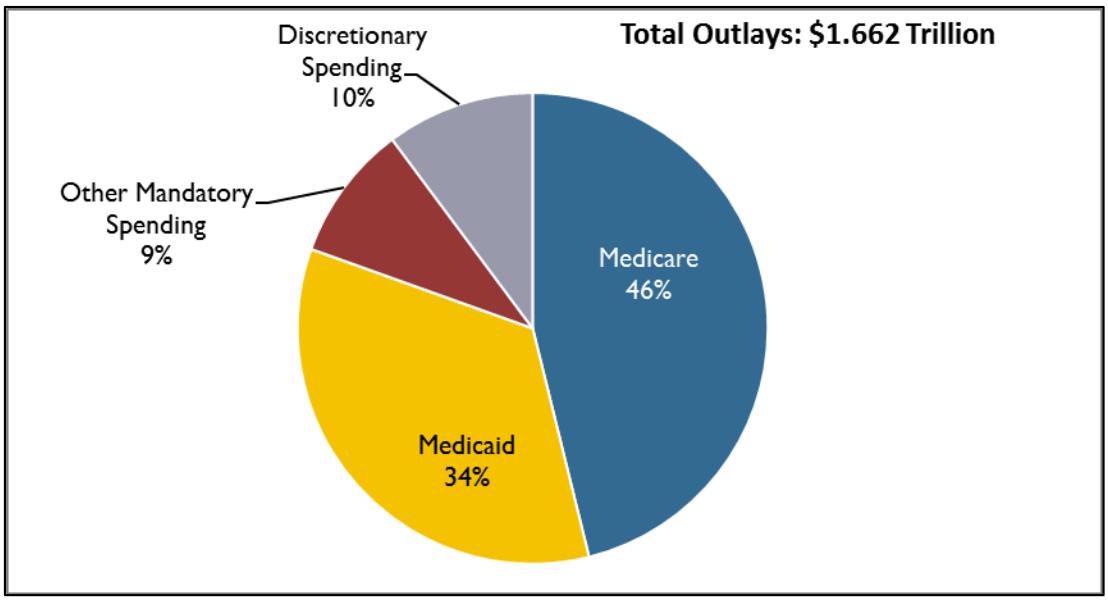
[11] Ibid.

[12] The terms *mandatory spending* and *discretionary spending* are discussed in the "Budgetary Resources Versus Appropriations" section of this report.

[13] For more information on how these entitlement programs are financed, see CRS Report R40425, *Medicare Primer*;

This figure also shows that discretionary spending accounts for about 10% of estimated FY2022 HHS outlays in the President's request. Although discretionary spending represents a relatively small share of total HHS spending, the department nevertheless receives more discretionary funding than most federal departments. According to OMB data, HHS accounted for almost 19% of all discretionary budget authority across the government in FY2020.[14] The Department of Defense was the only federal agency to account for a larger share of all discretionary budget authority in that year (38%).

Figure 1. Proposed FY2022 HHS Outlays by Major Program and Spending Category



Source: Prepared by the Congressional Research Service (CRS) based on data presented on p. 14 of the FY2022 HHS Budget in Brief, https://www.hhs.gov/sites/default/files/fy-2022-budget-in-brief.pdf.

Notes: Percentages may not sum due to rounding. For mandatory spending, outlays reflect proposed law spending levels, not the current services baseline.

Budgetary Resources Versus Appropriations

As previously mentioned, the HHS budget reflects funding from a broad set of budgetary resources that includes, but is not limited to, the amounts provided to HHS through the annual appropriations process. As a result, certain amounts shown in FY2022 HHS budget materials (including amounts for prior years) will not match amounts provided to HHS by annual appropriations acts and displayed in accompanying congressional documents. There are several reasons for this, discussed briefly below.

Mandatory and Discretionary Spending

Mandatory spending makes up a large portion of the HHS budget. Whereas all *discretionary spending* is controlled and provided through the annual appropriations process, all *mandatory spending* is controlled by the program's authorizing statute. In most cases, that authorizing statute

and CRS Report R42640, *Medicaid Financing and Expenditures*.

[14] OMB Historical Tables of the FY2022 President's Budget, Table 5.5, "Percentage Distribution of Discretionary Budget Authority by Agency: 1976–2026," https://www.whitehouse.gov/omb/historical-tables/.

also provides the funding for the program (e.g., State Children's Health Insurance Program). However, the budget authority for some mandatory programs (including Medicaid), while controlled by criteria in the authorizing statute, must still be provided through the annual appropriations process; such programs are commonly referred to as *appropriated entitlements* or *appropriated mandatories*. Certain budget documents may show only discretionary spending, while others may also show some or all types of mandatory spending.

HHS in the Appropriations Process

The HHS budget request accounts for the department as a whole, while the appropriations process divides HHS funding across three different appropriations bills. Most of the department's discretionary appropriations are provided through the Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) Appropriations Act. However, funding for certain HHS agencies and activities is provided in two other bills—the Departments of the Interior, Environment, and Related Agencies Appropriations Act (INT) and the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act (AG). **Table 2** lists HHS agencies by appropriations bill. Each of these three appropriations acts provides discretionary HHS funding. In some cases, these acts also provide the necessary funding for appropriated mandatories at HHS. However, authorizing laws provide funding for other mandatory spending programs.

Table 2. HHS Agencies by Appropriations Bill

Appropriations Bill	HHS Agencies Funded in the Bill
Agriculture, Rural Development, Food and Drug Administration, and Related Agencies (AG)	• Food and Drug Administration
Departments of the Interior, Environment, and Related Agencies (INT)[a]	• Indian Health Service • Agency for Toxic Substances and Disease Registry
Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS)	• Health Resources and Services Administration • Centers for Disease Control and Prevention • National Institutes of Health[a] • Substance Abuse and Mental Health Services Administration • Agency for Healthcare Research and Quality • Centers for Medicare & Medicaid Services • Administration for Children and Families • Administration for Community Living • Office of the Secretary

Source: See CRS Report R40858, *Locate an Agency or Program Within Appropriations Bills*.

a. Funding for NIH comes primarily from the LHHS appropriations bill, with an additional amount for Superfund-related activities provided as part of the INT appropriations bill.

Proposed Law and Current Law Estimates for Mandatory Programs

HHS budget materials include two different estimates for mandatory spending programs when appropriate: *proposed law* and *current law*. The *proposed law* estimates take into account changes in mandatory spending proposed in the FY2022 HHS budget request. Such proposals would generally need to be enacted into law to affect the budgetary resources ultimately available to the

mandatory spending program.[15] HHS materials may also show a *current law* or *current services* estimate for mandatory spending programs. These estimates assume that no changes will be made to existing policies, and instead estimate mandatory spending for programs based on criteria established in current authorizing law. The HHS budget estimates in this report reflect the proposed law estimates for mandatory spending programs; readers should be aware that other HHS, OMB, or congressional estimates might reflect current law instead.

User Fees and Other Types of Collections

In some cases, agencies within HHS have the authority to expend user fees and other types of collections that effectively supplement their appropriations. In addition, agencies may receive transfers of budgetary resources from other sources, such as from the Public Health Service Evaluation Set-Aside (also referred to as the PHS Tap) or one of the mandatory funds established by the Patient Protection and Affordable Care Act (ACA; P.L. 111-148, as amended).[16] Budgetary totals that account for these sorts of resources in the HHS estimates are often referred to as being at the *program level*. HHS agencies that have historically had notable differences between the amounts in the appropriations bills and their program level include, for instance, FDA (due to user fees) and AHRQ (due to transfers).[17]

Scorekeeping and Display Conventions

The Administration may choose to follow different conventions than those of congressional scorekeepers for its estimates of HHS programs. For example, certain transfers of funding between HHS agencies (or from HHS to other federal agencies) that occurred in prior fiscal years, or are expected to occur in the current fiscal year, may be accounted for in the Administration's estimates but not necessarily in the congressional documents.

Sequestration

For FY2022, the Budget Control Act of 2011 (BCA; P.L. 112-25) provides a mechanism (*sequestration*) to reduce mandatory spending in each of fiscal years between FY2013 and FY2030.[18] On May 28, 2021, concurrent with the release of the President's budget submission, President Biden issued the required FY2022 sequestration order, calling for nonexempt mandatory spending to be reduced on October 1, 2021.[19] Using its current law baseline, OMB

[15] For a list of some HHS legislative proposals for mandatory spending programs in the FY2021 President's budget, see pp. 42-55 of Summary Table S-6 in OMB, *Budget of the United States Government, Fiscal Year 2022*, https://www.whitehouse.gov/wp-content/uploads/2021/05/budget_fy22.pdf. This table lists mandatory proposals (but not discretionary proposals) by federal department and shows the estimated *dollar change* from current law levels should the proposal be enacted. (The table does not show the actual proposed funding level.) For additional information, see the applicable operating division chapters of the HHS Budget in Brief or congressional justifications.

[16] For further information, see CRS Report R44916, *Public Health Service Agencies: Overview and Funding (FY2016-FY2018)*.

[17] The program level for each agency is listed in the table entitled "Composition of the HHS Budget Discretionary Programs" in the FY2022 HHS BIB.

[18] As originally enacted, mandatory sequestration was scheduled to run through FY2021, but this period has subsequently been incrementally extended. For further information about sequestration, see CRS Report R42972, *Sequestration as a Budget Enforcement Process: Frequently Asked Questions*.

[19] Sequestration Order for Fiscal Year 2022 Pursuant to Section 251A of the Balanced Budget and Emergency Deficit Control Act, as Amended, Federal Register, Vol. 86, No. 105, June 3, 2021, p. 29927, https://www.govinfo.gov/content/pkg/FR-2021-06-03/pdf/2021-11819.pdf.

estimated that the FY2022 sequestration percentages would equal 2% of nonexempt Medicare spending and 5.7% of other nonexempt nondefense mandatory spending, for a total government-wide reduction in this category of spending of $23 billion in budget authority in FY2021.[20] OMB attributed the majority of this amount, roughly $18 billion, to HHS (mostly for reductions to Medicare). Notably, however, the OMB estimate does not account for provisions in P.L. 117-7, which effectively suspended Medicare sequestration through December 31, 2021. (These provisions extended a temporary suspension first put in place by the Coronavirus Aid, Relief, and Economic Security [CARES] Act, effective May 1, 2020.)[21] (OMB also estimated an 8.3% reduction, totaling $1 billion, in nonexempt defense mandatory spending, which does not affect HHS funds.)

By longstanding convention, HHS budget materials for FY2022 generally reflect sequestration for mandatory spending programs in FY2018-FY2021, but do not reflect estimated effects of mandatory sequestration for FY2022. The numbers in this report reflect this convention.

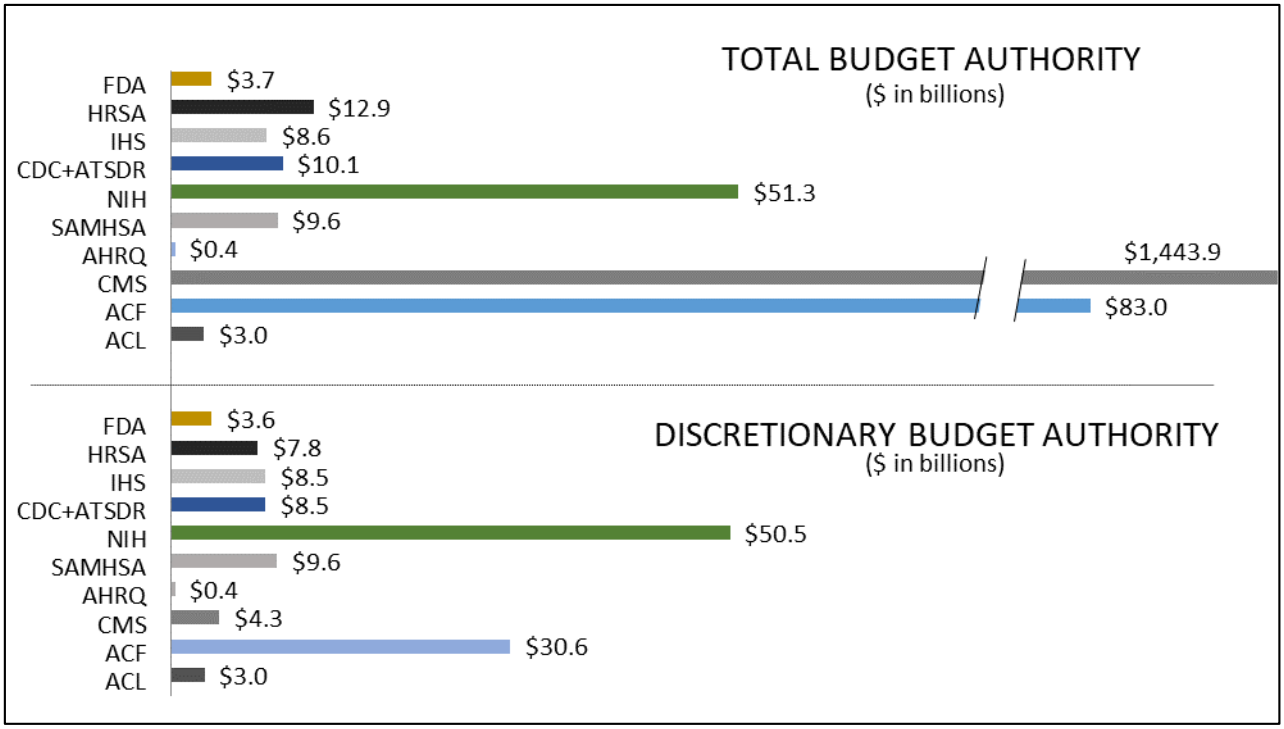
HHS Budget by Operating Division

Figure 2 provides a breakdown of the FY2022 HHS budget request by operating division. When taking into account mandatory *and* discretionary budget authority (i.e., total budget authority), CMS accounts for the largest share of the request: nearly $1.4 trillion. The majority of the CMS budget request would go toward mandatory spending programs, such as Medicare and Medicaid. Spending on Medicare and Medicaid is expected to increase relative to FY2021 levels under the President's request, both in terms of proposed law and current law estimates. However, when looking exclusively at discretionary budget authority, funding for CMS is comparatively smaller, accounting for $4.3 billion of the HHS discretionary request. Discretionary CMS funds primarily support program operations and federal administrative activities, though some funds also go toward efforts to reduce health care fraud and abuse.

[20] OMB, *OMB Report to the Congress on the BBEDCA 251A Sequestration for Fiscal Year 2022*, May 28, 2021, https://www.whitehouse.gov/wp-content/uploads/2021/05/BBEDCA_251A_Sequestration_Report_FY2022.pdf. See the report's appendix for an itemized list of budget accounts that include mandatory spending subject to sequestration in FY2021, the dollar amounts subject to sequestration (based on OMB's current law baseline), the percentage by which they would be reduced, and the dollar amount of the reduction. While the report displays reductions at the *account* level, the sequester itself is implemented at the *program*, *project*, or *activity* level.

[21] Ibid, p. 2.

Figure 2. FY2022 President's Request for HHS by Operating Division



Source: Prepared by the Congressional Research Service (CRS) based on data presented on pp. 10-13 of the FY2022 HHS Budget in Brief, https://www.hhs.gov/sites/default/files/fy-2022-budget-in-brief.pdf. The amounts displayed as *total budget authority* include mandatory and discretionary funds. The HHS BIB sources the OMB Budget Appendix for the total budget authority amounts shown above and cautions that these amounts "potentially differ from the levels displayed" elsewhere in the BIB. HHS does not use the same disclaimer for the discretionary budget authority levels shown in the BIB and above, meaning that the methodology used to calculate and present these numbers may differ from that used by HHS in calculating total budget authority. For this reason, the figure should be viewed as illustrative.

Notes: Amounts for mandatory spending programs are based on the President's proposed law baseline, not the current services baseline. Amounts for discretionary spending programs have not been adjusted to reflect the effects of proposed rescissions or other cancelations of budget authority. Amounts in this figure exclude funding for the HHS staff divisions within the Office of the Secretary and estimates for several mandatory spending proposals that were listed separately from the operating divisions in the HHS BIB.

The largest share of the HHS discretionary request would go to the PHS agencies: roughly $88.9 billion in combined public health funding for FDA, HRSA, IHS, CDC, ATSDR, NIH, SAMHSA, and AHRQ. NIH would receive the largest amount of discretionary budget authority of any single HHS operating division: $50.5 billion. The majority of the proposed NIH budget would support biomedical research performed by hospitals, medical schools, universities, and other research institutions around the country.[22]

ACF would receive the second-largest discretionary funding level among the HHS operating divisions: $30.6 billion. The majority of the discretionary ACF request (more than 64%) would go to early childhood care and education programs, such as Head Start and the Child Care and Development Block Grant.[23]

[22] FY2022 HHS BIB, p. 59.

[23] Calculated by CRS based on data presented on p. 113 of the FY2022 HHS BIB.

Table 3 puts the FY2022 request for each HHS operating division and the Office of the Secretary into context, displaying it along with estimates of funding provided over the four prior fiscal years (FY2018-FY2021). These totals are inclusive of both mandatory and discretionary funding.

The amounts in this table are shown in terms of budget authority (BA) and outlays. *BA* is the authority provided by federal law to enter into contracts or other financial obligations that will result in immediate or future expenditures involving federal government funds. *Outlays* occur when funds are actually expended from the Treasury; they could be the result of either new budget authority enacted in the current fiscal year or unexpended budget authority that was enacted in previous fiscal years. The rate at which outlays occur often is dependent on the purpose of the funding and the timeline for which expenditures are to occur. (For example, outlays for salaries and expenses tend to happen at a more rapid rate than those for multiyear projects.) In addition, as outlays over the course of a fiscal year may occur from funds provided over a series of fiscal years, they may be more or less than the amount of budget authority newly provided for that fiscal year. As a consequence, the BA and outlays in this table represent two different ways of accounting for the funding that is provided to each HHS agency through the federal budget process. For example, **Table 3** shows $12.9 billion in FY2022 BA for HRSA, but an estimated $17.6 billion in FY2022 HRSA outlays, reflecting the expected expenditure of funds previously provided to the agency in addition to some that are expected to be enacted in FY2022.

Table 3. HHS Budget by Operating and Staff Division

(mandatory and discretionary spending combined, dollars in millions)

Operating Division	FY2018 Actual	FY2019 Actual	FY2020 Actual	FY2021 Estimate[a]	FY2022 Request
FDA					
Budget Authority (BA)	2,397	3,147	3,365	3,912	3,661
Outlays	2,057	2,831	2,963	4,746	3,857
HRSA					
BA	11,703	12,000	14,399	21,809	12,883
Outlays	11,058	11,575	12,113	17,519	17,628
IHS					
BA	5,741	5,939	7,393	13,489	8,627
Outlays	5,003	5,455	6,184	11,062	10,951
CDC (incl. ATSDR)[b]					
BA	8,741	7,878	15,855	28,566	10,068
Outlays	7,976	7,736	8,721	13,799	16,108
NIH					
BA	36,396	38,090	44,590	43,390	51,254
Outlays	32,716	34,914	36,387	41,288	45,213
SAMHSA					
BA	5,539	5,700	6,174	13,692	9,599
Outlays	3,833	4,328	5,206	6,716	9,651
AHRQ					
BA	333	337	338	338	353

Operating Division	FY2018 Actual	FY2019 Actual	FY2020 Actual	FY2021 Estimate[a]	FY2022 Request
Outlays	324	322	333	306	344
CMS[c]					
BA	1,042,407	1,144,763	1,328,620	1,259,161	1,443,878
Outlays	999,392	1,085,909	1,258,071	1,273,414	1,379,251
ACF					
BA	58,618	61,735	67,349	120,355	83,045
Outlays	53,897	55,969	60,819	81,231	98,367
ACL					
BA	2,115	2,139	3,403	4,229	2,982
Outlays	1,942	2,023	2,418	3,153	5,005
Office of the Secretary[d]					
BA	2,513	2,621	230,195	130,466	11,522
Outlays	2,449	3,110	111,055	94,229	75,918
Total, HHS					
BA	**1,176,503**	**1,284,349**	**1,721,681**	**1,639,407**	**1,637,872**
Outlays	**1,120,647**	**1,214,172**	**1,504,270**	**1,547,463**	**1,662,293**

Sources: For FY2018 actual, see FY2020 HHS BIB, pp. 7-8, https://www.hhs.gov/sites/default/files/fy-2020-budget-in-brief.pdf. For FY2019 actual, see FY2021 HHS BIB, pp. 15-16, https://www.hhs.gov/sites/default/files/fy-2021-budget-in-brief.pdf. For FY2020 actual, FY2021 estimate, and FY2022 request, see FY2022 HHS BIB, pp. 10-11, https://www.hhs.gov/sites/default/files/fy-2022-budget-in-brief.pdf.

Notes: Totals are as reported in HHS BIBs. The HHS BIBs source the Budget Appendix prepared by the Office of Management and Budget for the BA amounts shown in these particular BIB tables. HHS cautions that these amounts "potentially differ from the levels displayed in the individual Operating or Staff Division Chapters." Totals may not sum due to rounding and, in prior years, may reflect some adjustments for comparability. Amounts for FY2022 reflect all proposals in the President's budget for both mandatory and discretionary spending programs. In keeping with source materials, amounts in this table reflect sequestration for mandatory spending programs in FY2018-FY2021, but do not reflect estimated effects of mandatory sequestration for FY2022. Amounts include enacted American Recovery Plan Act (ARPA) and supplemental funding.

a. FY2021 funding levels reflect amounts enacted in law (P.L. 116-260) for programs and activities funded by the annual appropriations process. For mandatory spending provided outside the annual appropriations process, funding levels generally reflect amounts provided by authorizing law. In cases where full-year funding has not yet been provided in authorizing law, these levels are based on annualized amounts provided in the most recent short-term funding extension in effect at the time that the budget formulation process was completed.

b. By HHS convention, the amounts shown for CDC include funding for ATSDR.

c. Per source materials, the budget authority for CMS includes non-CMS budget authority for Hospital Insurance and Supplementary Medical Insurance for the Social Security Administration and the Medicare Payment Advisory Commission (MedPAC).

d. Amounts shown for the OS include estimates for several mandatory spending proposals that were listed separately from the operating divisions in the HHS BIB: No Surprises Implementation Fund, Defense Production Act Medical Supplies Enhancement, Prepare Americans for Future Pandemics, Invest in Maternal Health, and Public Health Resilience.

Amounts shown for the Office of the Secretary were calculated using funding levels in HHS BIBs for the following staff divisions, accounts, or activities: Departmental Management (including funding for the Pregnancy Assistance Fund, the Health Insurance Reform Implementation Fund,

transfers from the Patient-Centered Outcomes Research Trust Fund, and payments to the State Response to the Opioid Abuse Crisis Account), Nonrecurring Expenses Fund, Office of Medicare Hearings and Appeals, Office of the National Coordinator for Health Information Technology, Office for Civil Rights, Office of Inspector General, Public Health and Social Services Emergency Fund, Program Support Center (including retirement pay, medical benefits, and miscellaneous trust funds), and certain collections credited to that office or the department. They also include estimates for several mandatory spending proposals that were listed separately from the operating divisions in the HHS BIB: No Surprises Implementation Fund, Defense Production Act Medical Supplies Enhancement, Prepare Americans for Future Pandemics, Invest in Maternal Health, and Public Health Resilience.

Appendix. HHS Operating Divisions: Missions and FY2022 Budget Resources

This appendix provides for each operating division a brief summary of its mission,[24] the applicable appropriations bill, the FY2022 budget request level, and links to additional resources related to that request.

Food and Drug Administration (FDA)

The FDA mission is focused on regulating the safety, efficacy, and security of human foods, dietary supplements, cosmetics, and animal foods; and the safety and effectiveness of human drugs, biological products (e.g., vaccines), medical devices, radiation-emitting products, and animal drugs. It also regulates the manufacture, marketing, and sale of tobacco products.[25]

Relevant Appropriations Bill:

- Agriculture, Rural Development, Food and Drug Administration, and Related Agencies (AG)

FY2022 Request:

- BA: $3.661 billion
- Outlays: $3.857 billion

Additional Resources Related to the FY2022 Request:

- Congressional Justification (all-purpose table on p. 31), https://www.fda.gov/media/149616/download
- BIB chapter (p. 22), https://www.hhs.gov/sites/default/files/fy-2022-budget-in-brief.pdf#page=26

Health Resources and Services Administration (HRSA)

The HRSA mission is focused on "improving health care to people who are geographically isolated, economically or medically vulnerable."[26] Among its many programs and activities, HRSA supports health care workforce training; the National Health Service Corps; and the federal health centers program, which provides grants to nonprofit entities that provide primary care services to people who experience financial, geographic, cultural, or other barriers to health care.

Relevant Appropriations Bill:

- LHHS

FY2022 Request:

- BA: $12.883 billion

[24] The mission summaries below exclude the Office of the Secretary, which comprises multiple staff divisions whose goals are to "provide leadership, direction, and policy guidance to the Department." See HHS Strategic Plan FY2018-FY2022, Introduction, https://www.hhs.gov/about/strategic-plan/introduction/index.html.

[25] FDA, *What Does FDA Do*, https://www.fda.gov/about-fda/fda-basics/what-does-fda-do.

[26] HRSA, *About HRSA*, https://www.hrsa.gov/about/index.html.

- Outlays: $ 17.628 billion

Additional Resources Related to the FY2022 Request:

- Congressional Justification (all-purpose table on p. 18), https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2022.pdf
- BIB chapter (p. 30), https://www.hhs.gov/sites/default/files/fy-2022-budget-in-brief.pdf#page=34

Indian Health Service (IHS)

The IHS mission is to provide "federal health services to American Indians and Alaska Natives" and "raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level."[27] IHS provides health care for approximately 2.6 million eligible American Indians and Alaska Natives through a system of programs and facilities located on or near Indian reservations, and through contractors in certain urban areas.

Relevant Appropriations Bill:

- Departments of the Interior, Environment, and Related Agencies (INT)

FY2022 Request:

- BA: $8.627 billion
- Outlays: $10.951 billion

Additional Resources Related to the FY2022 Request:

- Congressional Justification (all-purpose table on p. CJ-10), https://www.ihs.gov/sites/budgetformulation/themes/responsive2017/display_objects/documents/FY_2022.pdf
- BIB chapter (p. 38), https://www.hhs.gov/sites/default/files/fy-2022-budget-in-brief.pdf#page=42

Centers for Disease Control and Prevention (CDC) and Agency for Toxic Substances and Disease Registry (ATSDR)

The CDC mission is focused on "disease prevention and control, environmental health, and health promotion and health education."[28] CDC is organized into a number of centers, institutes, and offices, some focused on specific public health challenges (e.g., injury prevention) and others focused on general public health capabilities (e.g., surveillance and laboratory services).

In addition, the ATSDR is headed by the CDC director. For that reason, the ATSDR budget is often shown within CDC. Following the conventions of the FY2022 HHS BIB, ATSDR's budget request is included in the CDC totals shown in this report. ATSDR's work is focused on preventing or mitigating adverse effects resulting from exposure to hazardous substances in the environment.

[27] IHS, *Agency Overview*, https://www.ihs.gov/aboutihs/overview/.

[28] CDC, *Official Mission Statements & Organizational Charts*, https://www.cdc.gov/maso/pdf/cdcmiss.pdf.

Relevant Appropriations Bills:

- LHHS (CDC)
- INT (ATSDR)

FY2022 Request (CDC and ATSDR combined):

- BA: $10.068 billion
- Outlays: $16.108 billion

Additional Resources Related to the FY2022 Request:

- CDC Congressional Justification (all-purpose table on p. 29), https://www.cdc.gov/budget/documents/fy2022/FY-2022-CDC-congressional-justification.pdf
- ATSDR Congressional Justification, https://www.cdc.gov/budget/documents/fy2022/FY-2022-ATSDR-congressional-justification.pdf
- BIB chapter (p. 50), https://www.hhs.gov/sites/default/files/fy-2022-budget-in-brief.pdf#page=47

National Institutes of Health (NIH)

The NIH mission is focused on conducting and supporting research "in causes, diagnosis, prevention, and cure of human diseases" and "in directing programs for the collection, dissemination, and exchange of information in medicine and health."[29] NIH is organized into 27 research institutes and centers, headed by the NIH Director.[30]

Relevant Appropriations Bill:

- LHHS

FY2022 Request:

- BA: $51.254 billion
- Outlays: $45.213 billion

Additional Resources Related to the FY2022 Request:

- Congressional Justification (all-purpose table on p. 22), https://officeofbudget.od.nih.gov/pdfs/FY22/br/2022%20CJ%20Overview%20Volume%20May%2028.pdf
- BIB chapter (p. 57), https://www.hhs.gov/sites/default/files/fy-2022-budget-in-brief.pdf#page=58

Substance Abuse and Mental Health Services Administration (SAMHSA)

The SAMHSA mission is focused on reducing the "impact of substance abuse and mental illness on America's communities."[31] SAMHSA coordinates behavioral health surveillance to improve

[29] NIH, *Mission and Goals*, https://www.nih.gov/about-nih/what-we-do/mission-goals.

[30] NIH, *Organization*, https://www.nih.gov/about-nih/who-we-are/organization.

[31] SAMHSA, *About Us*, https://www.samhsa.gov/about-us.

understanding of the impact of substance abuse and mental illness on children, individuals, and families, and the costs associated with treatment.

Relevant Appropriations Bill:

- LHHS

FY2022 Request:

- BA: $9.599 billion
- Outlays: $9.651 billion

Additional Resources Related to the FY2022 Request:

- Congressional Justification (all-purpose table on p. 9), https://www.samhsa.gov/sites/default/files/samhsa-fy-2022-cj.pdf
- BIB chapter (p. 65), https://www.hhs.gov/sites/default/files/fy-2022-budget-in-brief.pdf#page=69

Agency for Healthcare Research and Quality (AHRQ)

The AHRQ mission is focused on research to make health care "safer, higher quality, more accessible, equitable, and affordable."[32] Specific AHRQ research efforts are aimed at reducing the costs of care, promoting patient safety, measuring the quality of health care, and improving health care services, organization, and financing.

Relevant Appropriations Bill:

- LHHS

FY2022 Request:

- BA: $0.353
- Outlays: $0.344 billion

Additional Resources Related to the FY2022 Request:

- Congressional Justification (all-purpose table on p. 13), https://www.ahrq.gov/sites/default/files/wysiwyg/cpi/about/mission/budget/2022/FY2022_CJ.pdf
- BIB chapter (p. 71), https://www.hhs.gov/sites/default/files/fy-2022-budget-in-brief.pdf#page=75

Centers for Medicare & Medicaid Services (CMS)

The CMS mission is focused on supporting "innovative approaches to improve quality, accessibility, and affordability" of Medicare, Medicaid, the State Children's Health Insurance Program (CHIP), and private insurance, and on supporting private insurance market reform programs.[33] The President's budget estimates that in FY2022, "nearly 149 million Americans will rely on the programs CMS administers including Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the [Health Insurance] Exchanges."[34]

[32] AHRQ, *About AHRQ*, https://www.ahrq.gov/cpi/about/index.html.

[33] CMS, *Homepage*, https://www.cms.gov/.

[34] CMS, *Fiscal Year 2022 Justification of Estimates for Appropriations Committees*, May 2022, https://www.cms.gov/files/document/fy2022-cms-congressional-justification-estimates-appropriations-committees.pdf.

Relevant Appropriations Bill:

- LHHS

FY2022 Request:

- BA: $1,443.878 billion
- Outlays: $1,379.251 billion

Additional Resources Related to the FY2022 Request:

- Congressional Justification (all-purpose table on p. 7), https://www.cms.gov/files/document/fy2022-cms-congressional-justification-estimates-appropriations-committees.pdf
- BIB chapter (p. 77), https://www.hhs.gov/sites/default/files/fy-2022-budget-in-brief.pdf#page=81

Administration for Children and Families (ACF)

The ACF mission is focused on promoting the "economic and social well-being of children, youth, families, and communities."[35] ACF administers a wide array of human services programs, including Temporary Assistance for Needy Families (TANF), Head Start, child care, the Social Services Block Grant (SSBG), and various child welfare programs.

Relevant Appropriations Bill:

- LHHS

FY2022 Request:

- BA: $83.045 billion
- Outlays: $98.367 billion

Additional Resources Related to the FY2022 Request:

- Congressional Justification (all-purpose table on p. 6), https://www.acf.hhs.gov/sites/default/files/documents/olab/fy_2022_congressional_justification.pdf
- BIB chapter (p. 108), https://www.hhs.gov/sites/default/files/fy-2022-budget-in-brief.pdf#page=112

Administration for Community Living (ACL)

The ACL mission is focused on maximizing the "independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers."[36] ACL administers a number of programs targeted at older Americans and the disabled, including Home and Community-Based Supportive Services and State Councils on Developmental Disabilities.

Relevant Appropriations Bill:

- LHHS

[35] ACF, *What We Do*, https://www.acf.hhs.gov/about/what-we-do.

[36] ACL, *About ACL*, https://acl.gov/about-acl.

FY2022 Request:

- BA: $2.982 billion
- Outlays: $5.005 billion

Additional Resources Related to the FY2022 Request:

- Congressional Justification documents (including the all-purpose table) linked here, https://acl.gov/about-acl/budget
- BIB chapter (p. 122), https://www.hhs.gov/sites/default/files/fy-2022-budget-in-brief.pdf#page=126

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