

## FY22 President's Budget Proposal: A Public Health Snapshot

Last week the White House released President Biden's FY22 [full budget](#), "Budget of the U.S. Government FY2022," which represents their full budget priorities for the upcoming fiscal year. Congress has the authority to approve, reject, or modify budget recommendations made by the Administration. Therefore, public health leaders must continue to take the necessary time to educate and inform members of Congress about the impact of public health funding and the continued need for sustainable and reliable resources for governmental public health activities at federal, state, and local agencies.

In addition to funding proposals, the President's budget makes the following policy recommendation to Congress: "The President supports eliminating Medicaid funding caps for Puerto Rico and other territories while aligning their matching rate with states (and moving toward parity for other critical Federal programs including Supplemental Security Income and the Supplemental Nutrition Assistance Program)."

The information below is meant to provide a snapshot of the President's Budget by comparing FY21 enacted levels to proposed allocations in FY22 for [CDC](#), [ASPR](#), [HRSA](#), [SAMHSA](#), the [HHS Office of the Secretary](#), [FDA](#), [EPA](#), and [USDA](#).

The budget request incorporates the administration's proposed eight-year, \$2.3 trillion American Jobs Plan and its \$1.8 trillion American Families Plan and provides more details on President Biden's \$1.5 trillion request for annual operating appropriations for the Pentagon and domestic agencies.

Most public health programs are funded through the annual appropriations bills and, therefore, are discretionary programs. However, there are some programs that are part of mandatory funding authorized by the Affordable Care Act, and included in this budget are new mandatory programs. It is important to note these mandatory programs are listed in budget tables, which does not contain any explanatory statements. ASTHO's government affairs team will inquire more about these new mandatory programs with the administration to learn more in the upcoming weeks.

Non-discretionary program highlights of the President's budget are as follows:

- Creates a new \$30 billion mandatory program to "prepare Americans for future pandemics." This funding includes a \$24 billion for HHS, \$5 billion for the Department of Defense and, \$1 billion for the Department of Energy from FY22-FY31.
- Creates a new \$250 million mandatory program to "fund health emergency preparedness" from FY22-FY26.
- Creates a new \$250 million mandatory program to "build resilience against climate effects" from FY22-FY25.
- Creates a new \$2.39 billion mandatory program to "invest in a national resilient communities challenge" from FY23-FY31.
- Creates a new \$3.5 billion program to "tackle new contaminants including PFAS" from FY22-FY29.
- Creates a new \$2.9 billion mandatory program to "invest in lead remediation and healthy homes" from FY22-FY31.

- Creates a new \$2.23 billion mandatory program to “invest in community violence intervention” from FY23-FY31.
- Proposes to provide universal paid family and medical leave and proposes to establish a new childcare program for American families.
- Proposes to expand the summer electronic benefit transfer to all eligible children.
- Proposes to expand the school meal programs.
- Proposes to launch a health food incentives demonstration.
- Proposes to facilitate re-entry for formerly incarcerated individuals through SNAP eligibility.
- Creates a new \$3 billion mandatory program for maternal health from FY22-FY30.

The text below was taken directly from the budget documents.

If you have any questions or concerns, please contact a member of ASTHO’s government affairs team: [Carolyn Mullen](#), [Carolyn McCoy](#), or [Jeffrey Ekoma](#).

**CDC**  
(\$ in thousands)

|  | <b>FY21 Final</b> | <b>FY22 Request</b> | <b>Δ FY21/F22</b> |
|--|-------------------|---------------------|-------------------|
| <b>Immunization and Respiratory Diseases</b>   | <b>821,005</b>    | <b>945,930</b>      | <b>124,925</b>    |
| <i>Section 317 Immunization Program</i>  | 613,647           | 713,572             | 99,925            |
| <i>Influenza Planning and Response</i>   | 201,358           | 226,358             | 25,000            |
| <b>HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention</b> | <b>1,314,056</b>  | <b>1,420,556</b>    | <b>106,500</b>    |
| <i>Domestic HIV/AIDS Prevention and Research</i>   | 964,712           | 1,064,712           | 100,000           |
| <i>Ending HIV/AIDS Initiative (non-add)</i>  | 175,000           | 275,000             | 100,000           |
| <i>School Health-HIV</i>   | 34,081            | 34,081              | 0                 |
| <i>Viral Hepatitis</i>   | 39,500            | 39,500              | 0                 |
| <i>Sexually Transmitted Infections</i>   | 161,810           | 161,810             | 0                 |
| <i>Tuberculosis</i>  | 135,034           | 135,034             | 0                 |
| <i>Infectious Disease and Opioids (Elimination Initiative in the House)</i>                  | 13,000            | 19,500              | 6,500             |
| <b>Emerging and Zoonotic Infectious Diseases</b>   | <b>648,272</b>    | <b>678,272</b>      | <b>30,000</b>     |
| <i>Antibiotic Resistance Initiative</i>  | 172,000           | 172,000             | 0                 |
| <i>Vector-borne Diseases</i>   | 42,603            | 42,603              | 0                 |

|  |                  |                  |                |
|--|------------------|------------------|----------------|
| <i>Lyme Disease</i>                                    | 16,000           | 16,000           | 0              |
| <i>Prion Disease</i>                                   | 6,500            | 6,500            | 0              |
| <i>Chronic Fatigue Syndrome</i>                        | 5,400            | 5,400            | 0              |
| <i>Emerging Infectious Diseases</i>                    | 192,997          | 192,997          | 0              |
| <i>Food Safety</i>                                     | 65,000           | 65,000           | 0              |
| <i>National HealthCare Safety Network</i>              | 21,000           | 21,000           | 0              |
| <i>Quarantine</i>                                      | 42,772           | 72,772           | 30,000         |
| <i>Advanced Molecular Detection</i>                    | 30,000           | 30,000           | 0              |
| <i>Harmful Algal Blooms</i>                            | 2,000            | 2,000            | 0              |
| <i>Epidemiology and Lab Capacity Program</i>           | 40,000           | 40,000           | 0              |
| <i>Healthcare–Associated Infections</i>                | 12,000           | 12,000           | 0              |
| <b>Chronic Disease Prevention and Health Promotion</b> | <b>1,276,664</b> | <b>1,452,664</b> | <b>176,000</b> |
| <i>Tobacco</i>   | 237,500          | 237,500          | 0              |
| <i>Nutrition, Physical Activity and Obesity</i>        | 56,920           | 56,920           | 0              |
| <i>School Health</i>                                   | 15,400           | 15,400           | 0              |
| <i>Health Promotion</i>                                | 35,600           | 35,600           | 0              |
| <i>Glaucoma</i>  | 4,000            | 4,000            | 0              |
| <i>Vision and Eye Health</i>                           | 1,000            | 1,000            | 0              |
| <i>Alzheimer's Disease</i>                             | 20,500           | 20,500           | 0              |
| <i>Inflammatory Bowel Diseases</i>                     | 1,000            | 1,000            | 0              |
| <i>Interstitial Cystiti</i>                            | 1,100            | 1,100            | 0              |
| <i>Excessive Alcohol Use</i>                           | 4,000            | 4,000            | 0              |
| <i>Chronic Kidney Disease</i>                          | 2,500            | 2,500            | 0              |
| <i>Chronic Disease Education &amp; Awareness</i>       | 1,500            | 1,500            | 0              |
| <i>Prevention Research Centers</i>                     | 26,961           | 26,961           | 0              |
| <i>Heart Disease and Stroke</i>                        | 143,105          | 143,105          | 0              |
| <i>Diabetes</i>  | 148,129          | 148,129          | 0              |
| <i>National Diabetes Prevention Program</i>            | 29,300           | 29,300           | 0              |
| <i>Cancer Prevention and Control</i>                   | 385,799          | 385,799          | 0              |

|   |         |         |         |
|---|---------|---------|---------|
| <i>Oral Health</i>  | 19,500  | 19,500  | 0       |
| <i>Safe Motherhood/Infant Health</i>                                      | 63,000  | 89,000  | 26,000  |
| <i>Maternal Mortality Review Committees (non-add)</i>                     | 17,000  | 43,000  | 26,000  |
| <i>Preterm Birth</i>  | 2,000   | 2,000   | 0       |
| <i>Arthritis and Other Chronic Disease</i>                                | 11,000  | 11,000  | 0       |
| <i>Racial and Ethnic Approach to Community Health</i>                     | 63,950  | 63,950  | 0       |
| <i>Good Health and Wellness in Indian Country</i>                         | 22,000  | 22,000  | 0       |
| <i>Social Determinants of Health</i>                                      | 3,000   | 153,000 | 150,000 |
| <i>Million Hearts</i>   | 4,000   | 4,000   | 0       |
| <i>National Early Child Care Collaboratives</i>                           | 4,000   | 4,000   | 0       |
| <i>Hospitals Promoting Breastfeeding</i>                                  | 9,500   | 9,500   | 0       |
| <b>Birth Defects, Developmental Disabilities, Disabilities and Health</b> | 167,810 | 172,810 | 5,000   |
| <i>Child Health and Development</i>                                       | 65,800  | 65,800  | 0       |
| <i>Health and Development with Disabilities</i>                           | 72,660  | 72,660  | 0       |
| <i>Public Health Approach to Blood Disorders</i>                          | 6,400   | 6,400   | 0       |
| <i>Hemophilia CDC Activities</i>  | 3,500   | 3,500   | 0       |
| <i>Hemophilia Treatment Centers</i>                                       | 5,100   | 5,100   | 0       |
| <i>Thalassemia</i>  | 2,100   | 2,100   | 0       |
| <i>Neonatal Abstinence Syndrome</i>                                       | 2,250   | 2,250   | 0       |
| <i>Surveillance for Emerging Threats to Mothers and Babies</i>            | 10,000  | 15,000  | 5,000   |
| <b>Environmental Health</b>   | 222,850 | 332,850 | 110,000 |
| <i>Environmental Health Laboratory</i>                                    | 67,750  | 67,750  | 0       |
| <i>Newborn Screening Quality Assurance Program</i>                        | 18,000  | 18,000  | 0       |
| <i>Newborn Screening/Severe Combined Immunodeficiency Diseases</i>        | 1,250   | 1,250   | 0       |
| <i>Environmental Health Activities</i>                                    | 47,600  | 150,600 | 103,000 |

|  |                |                  |                |
|--|----------------|------------------|----------------|
| <i>Safe Water</i>  | 8,600          | 8,600            | 0              |
| <i>Amyotrophic Lateral Sclerosis (ALS) Registry</i>      | 10,000         | 10,000           | 0              |
| <i>Climate and Health</i>                                | 10,000         | 110,000          | 100,000        |
| <i>Environmental and Health Outcome Tracking Network</i> | 34,000         | 34,000           | 0              |
| <i>Asthma</i>  | 30,000         | 30,000           | 0              |
| <i>Trevor's Law</i>                                      | 2,000          | 2,000            | 0              |
| <i>Childhood Lead Poisoning Prevention</i>               | 39,000         | 46,000           | 7,000          |
| <b>Injury Prevention and Control</b>                     | <b>682,879</b> | <b>1,103,169</b> | <b>420,290</b> |
| <i>Intentional Injury</i>                                | 123,550        | 283,550          | 160,000        |
| <i>National Violent Death Reporting System</i>           | 24,500         | 34,500           | 10,000         |
| <i>Unintentional Injury</i>                              | 8,800          | 8,800            | 0              |
| <i>Other Injury Prevention Activities</i>                | 28,950         | 28,950           | 0              |
| <i>Opioid Overdose Prevention and Surveillance</i>       | 475,579        | 713,369          | 237,790        |
| <i>Injury Control Research Centers</i>                   | 9,000          | 9,000            | 0              |
| <i>Firearm Injury and Mortality Prevention Research</i>  | 12,500         | 25,000           | 12,500         |
| <b>Public Health Scientific Services</b>                 | <b>591,997</b> | <b>741,997</b>   | <b>150,000</b> |
| <i>Health Statistics</i>                                 | 175,397        | 175,397          | 0              |
| <i>Surveillance, Epidemiology, and PH Informatics</i>    | 360,600        | 460,600          | 100,000        |
| <i>Public Health Workforce</i>                           | 56,000         | 106,000          | 50,000         |
| <b>Occupational Safety and Health</b>                    | <b>345,300</b> | <b>345,300</b>   | <b>0</b>       |
| <b>Global Health</b>                                     | <b>592,843</b> | <b>697,843</b>   | <b>105,000</b> |
| <i>Global AIDS Program</i>                               | 128,421        | 128,421          | 0              |
| <i>Global Tuberculosis</i>                               | 9,222          | 9,222            | 0              |
| <i>Global Immunization Program</i>                       | 226,000        | 226,000          | 0              |
| <i>Parasitic Diseases and Malaria</i>                    | 26,000         | 31,000           | 5,000          |
| <i>Global Health Protection</i>                          | 203,200        | 303,200          | 100,000        |

|   |                  |                  |                  |
|---|------------------|------------------|------------------|
| <b>Public Health Preparedness and Response</b>                    | <b>842,200</b>   | <b>842,200</b>   | <b>0</b>         |
| <i>Public Health Emergency Preparedness Cooperative Agreement</i> | 695,000          | 695,000          | 0                |
| <i>Academic Centers for Public Health Preparedness</i>            | 8,200            | 8,200            | 0                |
| <i>All Other CDC Preparedness</i>                                 | 139,000          | 139,000          | 0                |
| <b>Buildings and Facilities</b>                                   | <b>30,000</b>    | <b>55,000</b>    | <b>25,000</b>    |
| <b>CDC-Wide Activities and Program Support</b>                    | <b>283,570</b>   | <b>708,570</b>   | <b>425,000</b>   |
| <i>Preventive Health and Health Services Block Grant</i>          | 160,000          | 160,000          | 0                |
| <i>Public Health Leadership and Support</i>                       | 113,570          | 113,570          | 0                |
| <i>Infectious Diseases Rapid Response Reserve Fund</i>            | 10,000           | 35,000           | 25,000           |
| <i>Public Health Infrastructure &amp; Capacity</i>                | 0                | 400,000          | 400,000          |
| <b>Total, Centers for Disease Control Program Level</b>           | <b>7,819,446</b> | <b>9,497,161</b> | <b>1,677,715</b> |

### Key Highlights (CDC):

- **Overall:** The FY22 budget request for CDC is \$9.5 billion, or an approximate \$1.7 billion increase above FY21.
- **CDC Initiatives:** Below are the priorities included in the President’s budget proposal identified for increased funding:
  - Immunization and respiratory diseases, with an increase of \$125 million.
  - HIV/AIDS, viral hepatitis, sexually transmitted diseases, and tuberculosis prevention, with an increase of \$106.6 million.
  - Emerging and zoonotic infectious diseases, with an increase of \$30 million.
  - Chronic disease prevention and health promotion, with an increase of \$176 million.
  - Birth defects, developmental disabilities, disabilities, and health, with an increase of \$5 million
  - Public health scientific services, with an increase of \$150 million.
  - Environmental health, with an increase of \$110 million.
  - Injury prevention and control, with an increase of \$420.3 million.
  - Global health, with an increase of \$105 million.
- **Public Health Infrastructure and Capacity:** a new \$400 million program for core public health infrastructure and capacity investments. This proposed funding would: address the deficit in public health infrastructure nationwide; attract and retain diverse leadership and expertise in public health; respond to new and emerging infections; and support the CDC governmental partners at every level.

- **Public Health Data Modernization:** The budget requests \$150 million for public health data modernization activities, which represents an increase of \$100 million, to bring all core data together, continually improve systems at a pace that can match both technological advancements and shifting public health priorities, and fully harness the power of forecasting and predictive analytics to prevent future crises.
- **Public Health Workforce:** The budget provides an increase of \$50 million for the Public Health Workforce and Career Development program for a total requested amount of \$106 million, which will rebuild the workforce of epidemiologists, contact tracers, lab scientists, community health workers, data analysts, behavioral scientists, and communicators who can help protect every American community.
- **Social Determinants of Health:** The budget provides an increase of \$150 million from \$3 million for the CDC's Social Determinants of Health (SDOH) program. CDC will expand activities to address SDOH in all states and territories, including but not limited to: expanding and implementing accelerator plans; initiating a SDOH implementation program; providing technical assistance to communities and continuing to build the evidence base; and improve data collection to better understand health disparities.
- **State and Local Readiness:** CDC's FY22 request of \$695 million for state and local preparedness and response capability is level with FY2021 enacted. At this level, CDC will further support state, tribal, local, and territorial health departments to ensure their capability, flexibility, and adaptability in the face of naturally occurring or intentional events potentially causing public health emergencies. CDC will continue to fund all 50 states, four large metropolitan areas, and eight U.S. territories and freely associated states through the Public Health Emergency Preparedness (PHEP) cooperative agreement.
  - **Medical Countermeasure Readiness:** Since 2004, the PHEP program's Cities Readiness Initiative (CRI) has enabled state and local jurisdictions to respond to public health emergencies needing life-saving medicines and medical supplies. Specifically, CRI funds 72 cities and metropolitan areas (at least one in every state) to develop, test, and maintain plans to quickly receive medical countermeasures from the Strategic National Stockpile and distribute and dispense them to local communities. In FY 2021, PHEP recipients will receive approximately \$63.7 million in CRI funding, a \$10.8 million increase, to support all-hazards planning for medical countermeasure distribution and dispensing, as well as to support preparedness activities across all 15 Public Health Emergency Preparedness and Response Capabilities within these large metropolitan areas.
- **Ending the HIV Epidemic:** The budget requests an increase of \$100 million for the Ending the HIV Epidemic (EHE) initiative for the CDC to provide increased funding to the 57 EHE focused jurisdictions to implement approaches designed to end the epidemic.
- **Maternal Mortality:** The budget requests an increase of \$26 million for Maternal Mortality Review Committees to implement data collection and data-driven actions to prevent maternal deaths and illness.
- **Firearm Injury and Mortality Prevention Research:** The budget requests an increase of \$12.5 million to support research to identify the most effective ways to prevent firearm related injuries and deaths, and to expand the number of states participating in the FASTER initiative, which will broaden firearm injury data collection.
- **Community Violence Intervention Initiative:** CDC requested \$100 million for a new evidence-based community violence intervention initiative, which aims to prevent intentional violence such as mass casualty violence or gang violence. CDC would support 25 cities with the highest overall number of homicides and the 25 cities with the highest number of homicides per capita.



Included in this proposal is support for modernizing data systems to monitor youth and community violence in real time.

- **Rape Prevention:** The budget requests an increase of \$50 million for rape prevention and education to enhance support to state and territorial health departments to initiate, expand or enhance approved prevention activities. In addition, CDC will support state, territorial, and tribal sexual assault coalitions to coordinate and provide prevention activities and to collaborate with entities engaged in sexual violence prevention.
- **National Violent Death Reporting System:** The budget requests an increase of \$10 million to \$34.5 million for the National Violent Death Reporting System for the CDC to support 52 recipients to collect data and to collect data on gender identity and sexual orientation.
- **Opioid Overdose Prevention and Surveillance:** The budget requests an increase of \$237.8 million for a total of \$713.4 million for opioid overdose and prevention to support the collection and reporting of real-time robust overdose mortality data and to build upon the work of the Overdose Data to Action program.
- **Climate and Health:** The budget requests an increase of \$100 million for the Climate and Health program to expand the program to all states and territories, as well as identify potential health effects associated with climate change and implement health adaptation plans.
- **Immunization and Respiratory Diseases:** The budget requests an increase of \$100 million for Immunization and Respiratory Diseases to expand existing efforts to enhance the adult immunization infrastructure to increase routine vaccination rates, detect and respond to outbreaks of VPDs, and address vaccine hesitancy.
- **Influenza:** The budget requests an increase of \$25 million for Influenza Planning and Response to expand vaccine effectiveness monitoring and evaluation, enhancing virus characterization, and expanding vaccine virus development for use by industry, increasing genomic testing of influenza viruses, and increasing influenza vaccine use.
- **Infectious Disease Rapid Response Reserve Fund:** The budget requests an increase of \$25 million for the Infectious Disease Rapid Response Reserve Fund to ensure that funds will be available when an emerging public health crisis is detected.
- **Chronic Disease Prevention:** The proposed budget specifies that of the proposed \$1.5 billion in funding, \$15 million shall be available to continue and expand community specific extension and outreach programs to combat obesity in counties with the highest levels of obesity.
- **Infectious Diseases Rapid Response Reserve Fund:** CDC's FY 2022 request of \$35 million is \$25 million above the FY 2021 enacted level. Replenishment of this fund ensures that CDC is positioned to respond quickly when an imminent public health emergency is detected.
- **Quarantine and Migration:** The CDC request includes a \$30 million increase over the FY 2021 enacted level for CDC's quarantine program. CDC proposes modernization of the public health program, an expansion of the quarantine network, a modernized and flexible traveler management program, increased capacity for traveler screenings, education at U.S. airports during emergencies, and other surveillance system improvements including addressing maritime public health risks.
- **Childhood Lead Poisoning Prevention Program:** The CDC requests \$7 million for the Childhood Lead Poisoning Prevention program. These funds would continue to support childhood lead poisoning prevention activities in 53 state and local jurisdictions, improve capacity to address health disparities, and build on data modernization activities to rapidly identify and mitigate emerging threats and ensure notification of the public of such potential threats.



**Office of the Secretary (HHS)**  
(\$ in thousands)

|  | <b>FY21 Final</b> | <b>FY22 Request</b> | <b>Δ FY21/F22</b> |
|--|-------------------|---------------------|-------------------|
| <b>Office of the Assistant Secretary of Health</b> | 302,236           | 319,723             | 17,487            |
| <i>Teen Pregnancy Prevention Community Grants</i>  | 101,000           | 101,000             | 0                 |
| <i>Sexual Risk Avoidance</i>                       | 35,000            | 35,000              | 0                 |
| <i>Office of Minority Health</i>                   | 61,835            | 61,835              | 0                 |
| <i>Office on Women's Health</i>                    | 35,140            | 35,140              | 0                 |
| <i>Minority HIV/AIDS prevention and treatment</i>  | 55,400            | 55,400              | 0                 |
| <i>Office of Climate Change and Health Equity</i>  | 0                 | 0                   | 3,000             |

**Key Highlights (HHS):**

- **Planning, Research, and Evaluation:** \$20 million in PHS Evaluation funding above FY2021, for a total of \$84 million, to create the Office of Climate Change and Health Equity in the Office of the Secretary, ensure implementation and compliance with the Executive Order on Health Equity, and to ensure research is at the forefront of leadership decision making.

**Public Health and Social Services Emergency Fund (PHSSEF)**  
(\$ in thousands)

|   | <b>FY21 Final</b> | <b>FY22 Request</b> | <b>Δ FY21/F22</b> |
|---|-------------------|---------------------|-------------------|
| Assistant Secretary for Preparedness and Response             | 2,774,119         | 3,296,008           | 521,889           |
| <i>Hospital Preparedness Program</i>                          | 280,555           | 291,777             | 11,222            |
| <i>HPP formula-based cooperative agreements</i>               | 280,555           | 240,000             | -40,555           |
| <i>Strategic National Stockpile</i>                           | 705,000           | 905,000             | 200,000           |
| <i>Medical Reserve Corps</i>                                  | 6,000             | 6,240               | 240               |
| <i>Pandemic Influenza Preparedness</i>                        | 287,000           | 335,000             | 48,000            |
| Assistant Secretary for Health                                | 0                 | 27,000              | 27,000            |
| <b>Total Public Health and Social Services Emergency Fund</b> | 3,054,674         | 3,523,116           | 468,442           |

### Key Highlights (PHSSEF):

- Strategic National Stockpile:** The budget requests an increase of \$200 million for a total of \$905 million for the Strategic National Stockpile (SNS) to make meaningful investments across several portfolios necessary to ensure readiness for future public health emergencies. The budget prioritizes funding for pandemic preparedness by making targeted investments in critical medical supplies as well as development and sustainment capabilities to prepare for and respond to pandemics as informed by the COVID-19 response. Additionally, funds would be used to support SNS’s ongoing storage and distribution needs, which were expanded and modified to meet the demands of the COVID-19 pandemic.
- Hospital Preparedness Program:** The budget requests an increase of \$11.2 million for the Hospital Preparedness Program (HPP). Within the total, \$240 million is provided for HPP formula-based cooperative agreements to states, territories, and freely associated states, D.C., and three high-risk political subdivisions. This funding will be distributed across all 62 awards. The remaining funds will support Technical Resources, Assistance Center, and Information Exchange, ASPR Recovery program, Critical Infrastructure Protection program, National Emerging Special Pathogens Training and Education Center, 10 Regional Ebola and Other Special Pathogen Treatment Centers, and HPP administration, performance evaluation, and oversight. HPP will also sustain the four Regional Disaster Health Response System demonstration sites.
- Assistant Secretary for Health:** The budget requests a new program for a total of \$27 million for the U.S. Public Health Service Commissioned Corps to continue readiness and training programs supported by COVID-19 supplemental appropriations. Proposed activities include training to ensure Corps is fully trained and ready to respond to any number of public health and medical emergencies; support a dedicated strike team of active duty Corps officers to immediately respond to emergent situations; and continue to build and support a ready reserve of Corps officers.

### HRSA

(\$ in thousands)

| Health Resources and Services Administration                       | FY21 Final | FY22 Request | Δ FY21/F22 |
|--|------------|--------------|------------|
| Bureau of Primary Health Care (BPHC)                               | 5,683,772  | 5,639,120    | -44,652    |
| Bureau of Health Workforce (BHW)                                   | 1,679,320  | 1,810,818    | 131,498    |
| <i>National Health Service Corps (mandatory and discretionary)</i> | 430,000    | 477,330      | 47,330     |
| Maternal and Child Health [MCH] Bureau                             | 1,358,142  | 1,482,942    | 124,800    |
| <i>Maternal and Child Health Block Grant</i>                       | 712,700    | 822,700      | 110,000    |
| <i>Healthy Start</i>   | 128,000    | 128,000      | 0          |
| HIV/AIDS Bureau  | 2,423,781  | 2,554,781    | 131,000    |
| <i>RWHAP Ending HIV Epidemic Initiative</i>                        | 105,000    | 190,000      | 85,000     |
| Health Care Systems  | 129,093    | 136,093      | 7,000      |
| Rural Health   | 329,519    | 400,209      | 70,690     |

|  |                  |                  |                |
|--|------------------|------------------|----------------|
| Family Planning                                    | 286,479          | 340,000          | 53,521         |
| <b>Total HRSA (discretionary budget authority)</b> | <b>7,218,434</b> | <b>7,834,494</b> | <b>616,060</b> |

### Key Highlights (HRSA)

- **Health Centers and Free Clinics:** The budget requests a decrease of \$44.7 million for health centers. Much of the decreases reflect a \$94.7 million reduction through sequestration of direct spending pursuant to Balanced Budget and Emergency Deficit Control Act.
- **Ending the HIV Epidemic Initiative and HIV/AIDS:** The budget requests \$190 million, an increase of \$85 million for the Ending the HIV Epidemic program to support additional HIV care and treatment services in 47 jurisdictions.
- **Maternal and Child Health:** The budget requests an increase of \$110 million for the Maternal and Child Health Block Grant for a total of \$822.7 million.
- **Family Planning:** The budget requests an increase of \$53.5 million for a total of \$340 million to support family planning methods, as well as training, information, education, counseling, and research to improve family planning awareness and service delivery.

### Rural Health

- **Telehealth:** The budget proposes a \$2.5 million increase for a total of \$36.5 million to support the expansion of the Evidence-Based Telehealth Network Program with seven new awards.
- **Rural Health Outreach:** The budget includes a request for a \$7.5 million increase or a total of \$90 million. Of that \$90 million includes \$10.4 million, an increase of \$5 million to support Rural Maternity and Obstetrics Management Strategies grants to expand access and improve maternal health in rural communities.
- **Rural Communities Opioid Response:** The budget includes a total request of \$165 million, an increase of \$55 million, to fund grants to provide substance use/opioid use disorder prevention, treatment, and recovery services to rural residents.

## SAMHSA

(\$ in thousands)

| Substance Abuse and Mental Health Services Administration | FY21 Final | FY22 Request | Δ FY21/F22 |
|---|------------|--------------|------------|
| <b>Mental Health</b>                                      |            |              |            |
| <i>Programs of Regional and National Significance.</i>    | 558,923    | 753,176      | 194,253    |
| <b>Total Mental Health</b>                                | 1,792,275  | 2,936,528    | 1,144,253  |
| <b>Substance Abuse Prevention</b>                         |            |              |            |
| <i>Programs of Regional and National Significance</i>     | 208,219    | 216,667      | 8,448      |
| <b>Total, Substance Abuse Prevention</b>                  | 208,219    | 216,667      | 8,448      |
| <b>Substance Abuse Treatment</b>                          |            |              |            |

|   |           |           |           |
|---|-----------|-----------|-----------|
| <i>Programs of Regional and National Significance</i>       | 496,677   | 650,864   | 154,187   |
| <i>State Opioid Response Grants</i>                         | 1,500,000 | 2,250,000 | 750,000   |
| <i>Set-Aside for Tribes (non-add)</i>                       | 50,000    | 75,000    | 25,000    |
| <i>Substance Abuse Prevention and Treatment Block Grant</i> | 1,858,079 | 3,508,079 | 1,650,000 |
| <b>Total, Substance Abuse Treatment</b>                     | 3,854,756 | 6,408,943 | 2,554,187 |
| <b>Health Surveillance and Program Support.</b>             | 161,758   | 171,873   | 10,115    |
| <b>Total, SAMHSA Program Level</b>                          | 6,017,008 | 9,734,011 | 3,717,003 |

### Key Highlights (SAMHSA):

- **State Opioid Response Grants:** The budget requests an increase of \$750 million for State Opioid Response Grants to address the opioid crisis by increasing access to medication-assisted treatment using FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder.
- **Substance Abuse Prevention and Treatment Block Grant:** The budget requests an increase of \$1.7 billion for Substance Abuse Prevention and Treatment Block Grant (SABG), which helps states address the opioid epidemic and other substance use treatment and prevention needs. This grant supports the prevention, treatment, and other services (e.g., recovery support services) not covered by commercial insurance and non-clinical activities and services that address the critical needs of state substance abuse prevention and treatment service systems. Additionally, the request includes a new 10% set aside within the SABG for recovery support services to significantly expand the continuum of care both upstream and downstream. This new set-aside will support the development of local recovery community support institutions (i.e. recovery community centers, recovery homes, recovery schools, recovery industries, recovery ministries); develop strategies and educational campaigns, trainings, and events to reduce addiction/recovery-related stigma and discrimination at the local level; provide addiction treatment and recovery resources and support system navigation; make accessible peer recovery support services that support diverse populations and are inclusive of all pathways to recovery; and collaborate and coordinate with local private and non-profit clinical health care providers, the faith community, city, county, state, and federal public health agencies, and criminal justice response efforts.
- **Substance Abuse Treatment Programs of National and Regional Significance:** The budget requests an increase of \$154 million for opioid treatment and recovery support activities, services, naloxone training and distribution, services for pregnant and postpartum women, and workforce training to expand access to evidence-based treatment and recovery support services.
- **Community Mental Health Services Block Grant:** The budget requests an increase of \$825 million for the Community Mental Health Services Block Grant to address the needs of adults with serious mental illness and children with serious emotional disturbances.
- **Certified Community Behavioral Health Clinics Expansion Grants:** The budget requests an increase of \$125 million to support a new cohort of 158 grants and 22 continuation grants.

While effective treatment and supportive services exist, many individuals with mental/substance use disorders do not receive the help they need. When they do try to access services, they may face significant delays and/or get connected to incomplete, disconnected, or uncoordinated care. Even people who receive some services, such as medication or psychotherapy, often do not have access to the complete range of supports they need, such as help to get them through a crisis; manage co-occurring physical health problems; find and sustain employment; and maintain a safe place to live in the community.

- **Project Aware:** The budget requests an increase of \$61 million for Project AWARE to support 106 additional grants across the three programs - Project AWARE State Education Agency grants, ReCAST grants, and the Mental Health Awareness Training grants.
- **Suicide Prevention Activities:** The budget requests an increase of \$78 million to support the Suicide Lifeline program. The National Suicide Hotline Designation Act of 2020 requires that the current National Suicide Prevention Lifeline’s 10-digit number be replaced by a new three-digit dialing code 9-8-8 for suicide prevention and mental health crisis services. The 9-8-8 code, an easier number to remember, will be available nationally by July 16, 2022. SAMHSA is working with states to establish 9-8-8 system in their jurisdictions. This number may be available in some areas sooner than 2022. This budget request will provide Lifeline-member call centers with resources to help meet both the operational needs during the pandemic and the implementation of 9-8-8 across the U.S. This funding will be used to strengthen the infrastructure six of the existing Lifeline to increase the capacity of Lifeline centers to answer calls, chats, and texts, and provide specialized services.
- **Substance Abuse Prevention Programs of National and Regional Significance:** The budget requests an increase of \$8 million for activities that address youth substance use, HIV and hepatitis C prevention, tribal behavioral health, and workforce development.

### EPA

(\$ in thousands)

|           | FY21 Final | FY22 Request | Δ FY21/F22 |
|-----------|------------|--------------|------------|
| Total EPA | 14,297.3   | 15,324.1     | 1,026.8    |

#### Key Highlights (EPA):

- **Tackling the Climate Crisis:** The budget requests an increase of \$1.8 billion to tackle the climate crisis while also delivering environmental justice to marginalized and overburdened communities, investing in local economies, and creating jobs. The budget also requests an increase of \$100 million for air quality grants to states and tribes to help expand the efforts of air pollution control agencies to implement their programs and accelerate immediate on-the-ground efforts to reduce greenhouse gases. Furthermore, there is a request for an additional \$60 million to conduct research and deepen our knowledge of the impacts of climate change on human health and the environment. This investment more than doubles EPA’s climate change research while providing additional investments to decrease emissions of methane and hydrofluorocarbons. Half of this increase will fund collaborative research in climate adaptation and resilience with the new Advanced Research Projects Agency for Climate (ARPA-C) that will be located within the Department of Energy. The budget also includes additional investments to decrease emissions of methane and hydrofluorocarbons.

- **Adapting to Climate Impacts through Infrastructure Investment:** The budget requests an increase of \$589 million in several existing water infrastructure programs, including the Clean Water State Revolving Funds (CWSRF), Drinking Water State Revolving Funds (DWSRF), the Water Infrastructure Finance and Innovation Act program, and grant programs authorized in the America’s Water Infrastructure Act of 2018, and the Water Infrastructure Improvements for the Nation Act of 2016. Together, these financing programs will advance the Agency’s ongoing commitment to infrastructure repair and replacement and build climate resilience into the water sector. In addition, the budget requests an increase of \$232 million for the CWSRF program to finance infrastructure improvements for public wastewater systems and projects to improve water quality of which, a portion of the request will provide direct grants to communities in tribal nations and territories. The sanitation infrastructure in these communities often lags the rest of the country, causing significant public health concerns. There is a proposed increase of \$232 million for the DWSRF to help finance critical infrastructure improvements to public drinking water systems, an expansion of the WIFIA credit subsidy (\$12.6 million) to enable EPA to provide up to \$8 billion in direct credit assistance and help spur more than \$16 billion in total infrastructure investments, and an increase of \$299.4 million to support Superfund clean up programs.
- **Tackling the Climate Crisis through Research and Policy:** The budget requests an increase of \$60 million to assist the agency in developing policy and regulatory action to address the climate crisis. This funding will also help assess the consequences of climate change and the vulnerability of communities and ecosystems to its impacts, including wildfires and other extreme events, and identify and evaluate strategies to adapt to and build resilience to these risks. Funding will support work to further characterize disproportionate impacts of climate change and air pollution in communities with environmental justice and equity concerns, identify and evaluate strategies to reduce impacts in those communities, and develop and evaluate innovative multipollutant and sector-based approaches to preventing pollution. In coordination with the Department of Energy, EPA will apply \$30 million to the ARPA model of high-risk accelerated research focused on achieving transformational technology investments needed to address climate change. EPA’s research will provide insights on climate change adaptation, resilience, and mitigation solutions for communities across the country.
- **Advancing Environmental Justice:** The budget request reimagines how the EPA plans to implement their work by considering environmental justice impacts and benefits across programs. EPA will implement the President’s Justice40 Initiative with the goal of delivering 40% of the overall benefits of relevant federal investments to disadvantaged communities. The FY 2022 Budget includes more than \$930 million in funding across programs to launch a new Accelerating Environmental and Economic Justice initiative and cement environmental justice as a core feature of EPA’s mission. Furthermore, the budget requests an increase of \$287 million to create new environmental justice programs. These resources will provide new grant opportunities, including:

  - Environmental Justice Community Grants Program, to competitively award grants to non-profit, community-based organizations to reduce the disproportionate health impacts of environmental pollution in communities with environmental justice concerns.
  - Environmental Justice State Grant Program, to establish or support state environmental justice programs.
  - Tribal Environmental Justice Grant Program, to support work to eliminate disproportionately adverse human health or environmental effects on environmental justice communities in tribal and Indigenous communities.



- A competitive, community-based Participatory Research Grant Program to award competitive grants to higher education institutions that aim to develop partnerships with community entities to improve the health outcomes of residents and workers in communities with environmental justice concerns.

In addition, the EPA Environmental Justice Program will establish an Environmental Justice Training Program to increase the capacity of residents of underserved communities to identify and address disproportionately adverse human health or environmental effects. The program also will establish EPA outreach centers housed in EPA regional offices to connect directly with communities, hold hearings, and support environmental justice efforts at the local level and throughout the country. The Agency's environmental justice program will support the National Environmental Justice Advisory Council and provide funding and support for the White House Environmental Justice Advisory Council to advise the White House Interagency.

- **Supporting State, Tribal, and Local Partners:** Addressing climate change and advancing environmental justice represent foundational challenges the Agency must tackle to deliver on its mission of protecting human health and the environment. A strong coordinated effort with our state, tribal and local partners will be critical for success. EPA will use all of its tools to support its partners, including providing targeted financial assistance to environmental programs, communicating clearly about the Agency's regulatory agenda, and lending technical support to areas of emerging environmental concern.
- **Increasing Support for EPA Partners:** Nearly 50% of the FY 2022 Budget request is specifically allocated to EPA's state and tribal partners through the State and Tribal Assistance Grant (STAG) appropriation. The FY 2022 request allocates \$1.242 billion to support our state and tribal partners through categorical grants, which represents a \$142 million increase above the FY 2021 enacted level. \$100 million of this increase is dedicated to the State and Local Air Quality Management and Tribal Air Quality Management programs to assist state governments and tribes in air monitoring, permitting, and pollution reduction efforts, specifically to accelerate immediate on-the-ground efforts to reduce greenhouse gases.
- **PFAS Technical Assistance to Help Communities:** The budget requests an increase of \$10 million to address PFAS pollution. A total of \$75 million will accelerate toxicity studies and fund research to inform the regulatory developments of designating PFAS as hazardous substances while setting enforceable limits for PFAS under the SDWA. Additional xiii funds for technical assistance grants also have been set aside for state and local governments to deal with PFAS contamination in their communities. To provide the technical assistance needed to our partners, we have established a new EPA Council on PFAS composed of senior EPA career officials to strategize the best ways to use the EPA's authorities, expertise, and partnerships to mitigate and reduce PFAS pollution and protect public health and the environment. The Council will collaborate on cross-cutting strategies; advance new science; develop coordinated policies, regulations, and communications; and engage with affected states, tribes, communities, and stakeholders.



**USDA**  
(\$ in thousands)

|   | <b>FY21 Final</b> | <b>FY22 Request</b> | <b>Δ FY21/F22</b> |
|---|-------------------|---------------------|-------------------|
| <i>Special Supplemental Nutrition Program (WIC)</i> | 6,000,000         | 6,000,000           | 0                 |

**Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)\*:** The President’s Budget calls for \$6 billion for WIC, fully eliminating rescissions featured in prior fiscal years and which is the equivalent of investing an additional \$1.25 billion in WIC services compared to fiscal year 2021. Within this funding, the President’s budget would target \$834 million to extend elevated benefit levels for fruits and vegetables under the American Rescue Plan Act through FY 2022, ahead of USDA action to revise the food packages and promote alignment with the Dietary Guidelines for Americans.

The President’s budget renews prior set-asides at FY 2021 levels, including \$90 million for breastfeeding peer counselors and \$14 million for infrastructure. The President’s Budget would replenish the ongoing Management Information Systems set-aside at \$100 million for multi-year technology costs. The President’s budget would also invest \$200 million in WIC’s underfunded contingency fund.

USDA also calls for statutory changes to provide greater flexibility in WIC program administration, including permanent waiver authority during an emergency or disaster (COVID-related authorities were only available due to the Families First Coronavirus Response Act) and additional statutory flexibility to authorize online ordering, pickup, and delivery.

\*Summary provided by the National WIC Association

**FDA**  
(\$ in thousands)

|  | <b>FY21 Final</b> | <b>FY22 Request</b> | <b>Δ FY21/F22</b> |
|--|-------------------|---------------------|-------------------|
| FDA Foods  | 1,110,471         | 1,194,161           | 83,690            |
| Tobacco  | 681,513           | 780,812             | 99,299            |
| <i>Family Smoking Prevention and Tobacco Control Act</i> | 658,906           | 654,159             | -4,747            |
| <i>FDA Expand Tobacco (Proposed)</i>                     | 0                 | 100,000             | 100,000           |
| <i>FSPTCA Field</i>                                      | 22,607            | 26,653              | 4,046             |
| <b>Total FDA Program Level</b>                           | <b>6,051,298</b>  | <b>6,528,622</b>    | <b>477,324</b>    |

### **Key Highlights (FDA):**

- **Overall:** The budget request is \$6.5 billion, an overall increase of \$477 million compared to FY 21.
- **Data Modernization and Enhanced Technologies:** The budget requests an increase of \$75.9 million to support FDA data modernization by building core programs and infrastructure aligned to the specific needs in both the foods and medical product programs as well as the critical enterprise technology capabilities. The budget supports FDA's coordinated data modernization agenda that includes centralized resources and capabilities, plus program-specific customization. Furthermore, the agency's data infrastructure initiative includes two components: enterprise technology and data (\$44.5 million) and complementary program-specific investments (\$31.4 million). The program-specific projects include: New Era of Smarter Food Safety (\$17.4 million), Modernizing Data Enterprise and Infrastructure at CVM (\$10.3 million), Digital Transformation at CDRH (\$2.8 million), and Regulatory Information Management Modernization at CBER (\$0.9 million).
- **Food Safety:** The budget requests an increase of \$134.3 million, \$44.8 million of which is to support initiatives to advance the New Era of Smarter Food Safety, including \$22.8 million for food safety, as requested as part of FDA's Data Modernization and Enhanced Technologies initiative. The remaining \$37.7 million will support additional critical food safety initiatives including \$18 million for Maternal and Infant Health and Nutrition and \$19.7 million for Emerging Chemical and Toxicology Issues. The budget also includes funding aligned with food safety associated with the requests for Data Modernization and Enhanced Technologies; capacity building; the pay costs; inspections; and infrastructure, buildings, and facilities.
- **Tobacco Regulation:** In FY 22, FDA will continue to invest in product review and evaluation, research, compliance and enforcement, public education campaigns, and policy development. FDA requests an additional \$100 million in user fees and requests authority to include manufacturers and importers of all deemed products among the tobacco product classes for which FDA assesses tobacco user fees. These products represent an increasing share of the tobacco marketplace as well as FDA's tobacco regulatory activities. The additional funding will strengthen FDA actions to combat youth use of tobacco products, including e-cigarettes, through the Youth Tobacco Prevention Plan, which includes compliance and enforcement efforts for all tobacco products, public education campaigns, and science and research programs. To ensure that resources keep up with new tobacco products, the proposal would also index future collections to inflation which will ensure that FDA has the resources to address all regulated tobacco products, including e-cigarettes, which currently have high rates of youth use, as well as new public health threats of tomorrow.