

CRS Report for Congress

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Public Health Service Operating Agencies

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Public Health Service Operating Agencies

Summary

The Public Health Service (PHS) originated in an act of July 16, 1798, that authorized marine hospitals for the care of American merchant seamen. Over the years, the scope and responsibilities of the act and the service have broadened. The Public Health Service Act of July 1, 1944, revised and consolidated into one law all legislation existing at that time relating to programs and activities of the PHS. The act, codified at 42 U.S.C. § 201 et seq., has been amended and extended nearly every year since 1944 and currently includes 28 titles. The most recent title was added under P.L. 107-188, the Public Health Security and Bioterrorism Preparedness and Response Act, to respond to the September 11, 2001, terrorist attacks and the deliberate release of anthrax spores.

The PHS Act is administered by the Department of Health and Human Services through operating agencies. Those agencies are the Agency for Healthcare Research and Quality, the Agency for Toxic Substances and Disease Registry, the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Health Resources and Services Administration, the Indian Health Service (IHS), the National Institutes of Health (NIH), and the Substance Abuse and Mental Health Services Administration. These agencies administer more than 300 programs that cover a wide spectrum of health-related activities. Total appropriations to these agencies for FY2006 totaled more than \$53 billion.

This report provides a short description of the PHS operating agencies. It will be updated as needed.

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Public Health Service Operating Agencies

Background

The Public Health Service Act (PHS Act) authorizes programs for the promotion and coordination of research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man, including water purification, sewage treatment, and pollution of lakes and streams.¹ The Department of Health and Human Services (HHS) is the executive branch department responsible for carrying out the provisions of the act.

The Public Health Service originated in an act of July 16, 1798. That act authorized marine hospitals to care for American merchant seamen. Over the years, the scope and responsibilities of the PHS Act and the service have broadened. The Public Health Service Act of July 1, 1944, revised and consolidated into one law all legislation existing at that time relating to programs and activities of the PHS. The act has been amended and extended nearly every year since 1944 and currently includes 28 titles. A table of contents of the act is provided in **Table 1**.

Reorganization Plan No. 3 of 1966 transferred all statutory power and functions of the Surgeon General and other officers and agencies of the PHS to the Secretary of Health, Education, and Welfare (HEW).² In 1979, the Department of Education Organization Act, P.L. 96-88, provided for a separate Department of Education, and the Department of Health, Education, and Welfare was redesignated as HHS, officially on May 4, 1980. HHS has designated these eight agencies as public health service operating divisions: the Agency for Healthcare Research and Quality, the Agency for Toxic Substances and Disease Registry, the Centers for Disease Control and Prevention, the Food and Drug Administration, the Health Resources and Services Administration, the Indian Health Service, the National Institutes of Health, and the Substance Abuse and Mental Health Services Administration.

In addition, HHS has been designated by presidential directive as the lead federal agency in preparing to combat bioterrorism. HHS is to prevent, identify, and respond to incidents of bioterrorism through the following PHS operating agencies: Centers for Disease Control and Prevention, the Food and Drug Administration, the Health Resources and Services Administration, and the National Institutes of Health.

¹ Section 301 of the PHSA, codified at 42 U.S.C. § 241(a).

² The House and Senate held hearings on President Johnson's reorganization plan, but no further legislative action was taken. The plan became effective June 25, 1966, 80 Stat. 1610.

Table 1. Table of Contents of the Public Health Service Act

Title I	Short Title and Definitions
Title II	Administration and Miscellaneous Provisions
Title III	General Powers and Duties of Public Health Service
Title IV	National Research Institutes
Title V	Substance Abuse and Mental Health Services Administration
Title VI	Assistance for Construction and Modernization of Hospitals and Other Medical Facilities
Title VII	Health Professions Education
Title VIII	Nursing Workforce Development
Title IX	Agency for Healthcare Research and Quality
Title X	Population Research and Voluntary Family Planning Programs
Title XI	Genetic Diseases, Hemophilia Programs, and Sudden Infant Death Syndrome
Title XII	Trauma Care
Title XIII	Health Maintenance Organizations
Title XIV	Safety of Public Water Systems
Title XV	Preventive Health Measures with Respect to Breast and Cervical Cancers
Title XVI	Health Resources Development
Title XVII	Health Information and Health Promotion
Title XVIII	President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research
Title XIX	Block Grants
Title XX	Adolescent Family Life Demonstration Projects
Title XXI	Vaccines
Title XXII	Requirements for Certain Group Health Plans for Certain State and Local Employees
Title XXIII	Research with Respect to Acquired Immune Deficiency Syndrome
Title XXV	Prevention of Acquired Immune Deficiency Syndrome
Title XXIV	Health Services with Respect to Acquired Immune Deficiency Syndrome
Title XXVI	HIV Health Care Services Program
Title XXVII	Assuring Portability, Availability, and Renewability of Health Insurance Coverage
Title XXVIII	National Preparedness for Bioterrorism and Other Public Health Emergencies

Source: Compiled by CRS from U.S. House of Representatives, Committee on Energy and Commerce, *Compilation of Selected Acts Within the Jurisdiction of the Committee on Energy and Commerce*, July 2001, and P.L. 107-188, Public Health Security and Bioterrorism Preparedness and Response Act.

Operating Agencies

Agency for Healthcare Research and Quality (AHRQ)

[<http://www.ahrq.gov>]

Title IX of the act establishes the Agency for Healthcare Research and Quality (AHRQ) to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health system practices, including the prevention of diseases and other health conditions.³ The agency is required to (1) conduct research that develops and presents scientific evidence regarding all aspects of health care; (2) synthesize and disseminate scientific evidence for patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and (3) conduct initiatives to advance private and public efforts to improve health care quality. The agency was created in 1989 as the Agency for Health Care Policy and Research (Omnibus Budget Reconciliation Act, P.L. 101-239). In 1999, it was redesignated as AHRQ and reauthorized until the end of FY2005 (Healthcare Research and Quality Act, P.L.106-129). AHRQ had a workforce of 295 full-time equivalents (FTE) and a program level budget of \$319 million for FY2006.⁴ AHRQ receives its funding under the Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act (L-HHS-ED).

Agency for Toxic Substances and Disease Registry (ATSDR)

[<http://www.atsdr.cdc.gov>]

The Comprehensive Environmental Response, Compensation, and Liability Act of 1980, P.L. 96-510, CERCLA, commonly known as the “Superfund” Act, created ATSDR and provided the congressional mandate to remove or clean up abandoned and inactive hazardous waste sites and to provide federal assistance in toxic emergencies. ATSDR carries out the health-related responsibilities of CERCLA. Further amendments to the Superfund laws authorized ATSDR to provide public health assessments of waste sites, health consultations concerning specific hazardous substances, health surveillance and registries, applied research in support of public health assessments, information development and dissemination, and education and training concerning hazardous substances. The Director of the Centers for Disease Control and Prevention serves as the Administrator of ATSDR. The Superfund Account provides funding for ATSDR activities. ATSDR receives its appropriations under bills that provide funding for the Interior, Environment, and Related Agencies. For FY2006, the agency had a workforce of 429 FTEs and had appropriations of \$75 million.

³ Section 901 of the PHS Act, codified at 42 U.S.C. § 299.

⁴ These figures and all other FY2006 figures referenced in this report come from *Department of Health and Human Services Budget In Brief*, Fiscal Year 2007, available at [<http://www.hhs.gov/budget/07budget/2007BudgetInBrief.pdf>].

Centers for Disease Control and Prevention (CDC)

[<http://www.cdc.gov>]

CDC was established in 1946 as the Communicable Disease Center. Though not established under the PHS Act, CDC is considered an agency of the PHS. The Preventive Health Amendments of 1992, P.L. 102-531, amended several acts, including the PHS Act, to rename the center. It is the agency responsible for the prevention and control of diseases and other preventable conditions and for responding to public health emergencies. CDC provides a system of health surveillance to monitor and prevent disease outbreaks, implements disease prevention strategies, maintains national health statistics, provides immunization services, and monitors workplace safety. Its mission is to promote health and quality of life by preventing and controlling disease, injury, and disability. For FY2006, CDC had a workforce of 8,992 FTEs, and an appropriation of \$5.9 billion under L-HHS-ED.

CDC is also the lead DHHS agency responsible for public health emergency preparedness and response. Additional L-HHS-ED funds are earmarked for CDC to fund the vaccines for children program, the Public Health and Social Service Emergency Fund, and for PHS Evaluation transfers, making its total funding level \$8.4 billion for FY2006. CDC is composed of these organizational components:

- National Center on Birth Defects and Developmental Disabilities (NCBDDDD)
- National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
- National Center for Environmental Health (NCEH)
- The National Center for Health Statistics (NCHS)
- National Center for HIV, STD, and TB Prevention (NCHSTP)
- National Center for Infectious Diseases (NCID)
- National Center for Injury Prevention and Control (NCIPC)
- National Immunization Program (NIP)
- National Institute for Occupational Safety and Health (NIOSH)
- Epidemiology Program Office (EPO)
- Public Health Practice Program Office (PHPPPO)
- Office of the Director (CDC/OD)

Food and Drug Administration (FDA)

[<http://www.fda.gov>]

The origins of the FDA go back to the early 1800s when a group of physicians met to establish the U.S. Pharmacopeia, the first drug compendium of standard drugs for the United States. The Agency was officially established in 1906 under the Food and Drugs Act, 34 Stat. 768, and enforced the food and drug laws under the Department of Agriculture. President Johnson's reorganization plan of 1966 (Plan No. 3) placed the FDA in the Public Health Service, under the Secretary of Health, Education and Welfare. The FDA assures the safety of foods and cosmetics, and the safety and efficacy of pharmaceuticals, biological products and medical devices. It is authorized to set and enforce standards for safety of all domestic and imported

foods, except for meat, poultry, and certain egg products.⁵ FDA is funded through user fee programs and receives appropriations under the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act. For FY2006, FDA had 10,176 FTEs, and a budget of \$1.9 billion. FDA operates through eight centers/offices:

- Center for Biologics Evaluation and Research (CBER)
- Center for Devices and Radiological Health (CDRH)
- Center for Drug Evaluation and Research (CDER)
- Center for Food Safety and Applied Nutrition (CFSAN)
- Center for Veterinary Medicine (CVM)
- National Center for Toxicological Research (NCTR)
- Office of the Commissioner (OC)
- Office of Regulatory Affairs (ORA)

Health Resources and Services Administration (HRSA)

[<http://www.hrsa.gov>]

HRSA was established on September 1, 1982, with the merger of the Health Resources Administration and the Health Services Administration, two free-standing agencies within the PHS. The decision, made within HHS, to combine the two agencies was in response to budgetary reductions made over several years. HRSA's mission is to improve and expand access to quality health care for all. HRSA provides access to essential health services for low-income, uninsured, isolated, vulnerable and special needs populations and to meet their unique health care needs. Among the programs administered by HRSA are the health centers program, the maternal and child health block grant, the health professions program, the Ryan White CARE Act, and rural health policy programs. HRSA received an increase in funding for bioterrorism efforts and with this funding has instituted a Bioterrorism Hospital Preparedness program. HRSA receives its appropriations from L-HHS-ED. For FY2006, HRSA had 1,894 FTEs and a total budget of \$6.6 billion. HRSA operates through four bureaus:

- Bureau of Primary Health Care (BPHC)
- Bureau of Health Professions (BHP)
- Maternal and Child Health Bureau (MCHB)
- HIV/AIDS Bureau (HAB)

Indian Health Service (IHS)

[<http://www.ihs.gov>]

The principal legislation authorizing federal funds for Indian health services is the Snyder Act of 1921 (42 Stat. 208). The IHS was transferred from the Department of the Interior to the former Department of HEW in 1955, P.L. 83-568. IHS provides health services to members of federally-recognized tribes of American Indians and Alaska Natives. Its mission is to raise the physical, mental, social, and spiritual

⁵ CRS Report 98-91, *Food Safety Agencies and Authorities: A Primer*, by Jean Rawson, Alejandro Segarra, and Donna Vogt.

health of American Indians and Alaska Natives to the highest level. IHS receives its funding under appropriations for the Department of the Interior. IHS employed 15,549 FTEs in FY2006 and had a budget of \$3.8 billion.

National Institutes of Health (NIH)

[<http://www.nih.gov>]

Title IV of the act authorizes National Research Institutes.⁶ NIH is the principal biomedical research agency of the federal government. Founded in 1887 as the Hygienic Laboratory, NIH now is composed of 27 centers and institutes, and an Office of the Director. NIH supports more than 35,000 research projects in diseases like cancer, Alzheimer's, diabetes, arthritis, heart ailments, infant mortality, and AIDS. Besides research efforts, NIH provides information through fact sheets, hotlines, Medline, and clinical trials. NIH is principally funded under L-HHS-ED and receives a small amount from VA/HUD for the National Institute of Environmental Health Sciences. In FY2006, NIH had 17,336 FTEs, and a budget of \$28.6 billion. NIH operates through the following institutes or centers:

- National Cancer Institute (NCI)
- National Eye Institute (NEI)
- National Heart, Lung, and Blood Institute (NHLBI)
- National Human Genome Research Institute (NHGRI)
- National Institute on Aging (NIA)
- National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- National Institute of Allergy and Infectious Diseases (NIAID)
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)
- National Institute of Biomedical Imaging and Bioengineering (NIBIB)
- National Institute of Child Health and Human Development (NICHD)
- National Institute on Deafness and Other Communication Disorders (NIDCD)
- National Institute of Dental and Craniofacial Research (NIDCR)
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
- National Institute on Drug Abuse (NIDA)
- National Institute of Environmental Health Sciences (NIEHS)
- National Institute of General Medical Sciences (NIGMS)
- National Institute of Mental Health (NIMH)
- National Institute of Neurological Disorders and Stroke (NINDS)
- National Institute of Nursing Research (NINR)
- National Library of Medicine (NLM)
- Center for Information Technology (CIT formerly DCRT, OIRM, TCB)
- Center for Scientific Review (CSR, formerly DRG)
- John E. Fogarty International Center (FIC)

⁶ Section 401 of the PHSA, 42 U.S.C. § 281.

- National Center for Complementary and Alternative Medicine (NCCAM)
- National Center on Minority Health and Health Disparities (NCMHD)
- National Center for Research Resources (NCRR)
- Warren Grant Magnuson Clinical Center (CC)

Substance Abuse and Mental Health Services Administration (SAMHSA)

[<http://www.samhsa.gov>]

SAMHSA was established under the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) Reorganization Act, P.L. 102-321, on October 1, 1992, and placed under Title V of the PHS Act.⁷ (Its predecessor agency, ADAMHA, was established in 1974.) SAMHSA is the federal agency charged with improving the quality and availability of prevention, treatment, and rehabilitative services to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses. SAMHSA administers categorical, formula, and block grant programs to local communities and states and private entities to address the needs of substance abuse and mental illness. In FY2005, SAMHSA employed 558 FTEs and had a budget of \$3.3 billion. SAMSHA is funded under L-HHS-ED and its centers of operation are as follows:

- Center for Mental Health Services (CMHS)
- Center for Substance Abuse Prevention (CSAP)
- Center for Substance Abuse Treatment (CSAT)

Agency Appropriations

Appropriations are part of a complex federal budget process that includes budget resolutions, appropriations bills, rescissions, and budget reconciliation. **Table 2** below provides appropriations history for these PHS operating agencies.

Table 2. PHS Agency Appropriations History FY2001-FY2006
(\$ in billions)

Agency	FY2002	FY2003	FY2004	FY2005	FY2006
Agency for Healthcare Research and Quality	\$.298	\$.303	\$.304	\$.319	\$.319
Agency for Toxic Substances and Disease Registry	.081	.082	.073	.076	.075
Centers for Disease Control and Prevention	6.5	6.8	6.9	7.9	8.4
Food and Drug Administration	1.6	1.7	1.7	1.8	1.9

⁷ Section 501 of the PHS Act, 42 U.S.C. § 290aa.

Agency	FY2002	FY2003	FY2004	FY2005	FY2006
Health Resources and Services Administration	6.4	6.9	7.2	7.3	6.6
Indian Health Service	2.9	3.5	3.7	3.7	3.9
National Institutes of Health	23.5	27.3	28.0	28.6	28.6
Substance Abuse and Mental Health Services Administration	3.1	3.2	3.4	3.4	3.3
Totals	44.379	49.785	51.277	53.095	53.094

Source: *Department of Health and Human Services Budget In Brief*, Fiscal Year 2007, available at [<http://www.hhs.gov/budget/07budget/2007BudgetInBrief.pdf>].

CRS Reports on Agency Appropriations

CRS Report RL32952. *Labor, Health and Human Services, and Education: FY2006 Appropriations*, by Paul M. Irwin.

CRS Report RL32904. *Agriculture and Related Agencies: Appropriations for FY2006*, by Jim Monke, Coordinator.

CRS Report RL32893. *Interior, Environment and Related Agencies: Appropriations for FY2006*, by Carol Hardy Vincent and Susan Boren, Coordinators.