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Health Resources and Services Administration (HRSA) FY2016 Budget Request and Funding History: Fact Sheet

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May 26, 2015

Congressional Research Service

7-5700

www.crs.gov

R44054

Agency Overview

The Health Resources and Services Administration (HRSA) within the Department of Health and Human Services (HHS) is the federal agency charged with improving the health safety net by providing access to health care for those who are uninsured, isolated, or medically vulnerable. The agency currently awards funding to more than 3,000 grantees, including community-based organizations; colleges and universities; hospitals; state, local, and tribal governments; and private entities to support health services projects, such as training health care workers or providing specific health services.¹

HRSA is organized into five bureaus: (1) Primary Care; (2) Health Workforce;² (3) Maternal and Child Health; (4) HIV/AIDS; and (5) Healthcare Systems. In addition to these bureaus, HRSA has 10 offices. Some offices focus on specific populations or health care issues (e.g., Office of Women's Health, Office of Rural Health Policy), while others provide agency-wide support or technical assistance to HRSA's regional offices (e.g., Office of Planning, Analysis and Evaluation; Office of Regional Operations). This fact sheet focuses on the agency's funding; a number of specific HRSA programs are described in more detail in other CRS reports.³

Funding Sources

HRSA has four major sources of funding, described here in order of magnitude: (1) discretionary appropriations, (2) mandatory funds directly appropriated from the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) and extended in subsequent legislation, (3) Public Health Service (PHS) Program Evaluation Set-Aside funds,⁴ and (4) user fees. HRSA receives its discretionary appropriation through the Labor, Health and Human Services, and Education appropriations act.⁵ HRSA also began receiving mandatory appropriations from the ACA to support specific programs.⁶ For example, the ACA established the Community Health Center Fund (CHCF) to support health centers and the National Health Service Corps.⁷ HRSA programs also receive transfers from the ACA-created Prevention and Public Health Fund (PPHF).⁸ In addition to mandatory and discretionary funding, HRSA programs receive funds from the PHS Program Evaluation Set-Aside and collect user fees.

¹ See HRSA's website at <http://www.hrsa.gov>.

² The Bureau of Health Workforce was created in May 2014 by combining the Bureau of Health Professions, which administered most of HRSA's primary care training programs, and the Bureau of Clinician Recruitment and Service, which administered the NHSC, NURSE Corps, and the Faculty Loan Repayment Program.

³ See CRS Report R43930, *Maternal and Infant Early Childhood Home Visiting (MIECHV) Program: Background and Funding*; CRS Report R43911, *The Community Health Center Fund: In Brief*; CRS Report R43937, *Federal Health Centers: An Overview*; CRS Report R43177, *Health Workforce Programs in Title VII of the Public Health Service Act*; CRS Report R43920, *National Health Service Corps: Changes in Funding and Impact on Recruitment*; and CRS Report R42428, *The Maternal and Child Health Services Block Grant: Background and Funding*.

⁴ For more information, see CRS Report R43304, *Public Health Service Agencies: Overview and Funding*.

⁵ For more information, see CRS Report R43967, *Labor, Health and Human Services, and Education: FY2015 Appropriations*.

⁶ These programs are described in CRS Report R41278, *Public Health, Workforce, Quality, and Related Provisions in ACA: Summary and Timeline*.

⁷ CRS Report R43911, *The Community Health Center Fund: In Brief*.

⁸ See Appendix C of CRS Report R43304, *Public Health Service Agencies: Overview and Funding*.

The President’s FY2016 budget request included new mandatory funding proposals that would have extended ACA funding that had been slated to end in FY2015. After the President’s FY2016 budget request was released, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA, P.L. 114-10) was enacted, which extended mandatory funding for the CHCF (which supports health centers and the National Health Service Corps), Teaching Health Centers, Maternal and Infant Home Visiting, and Family-to-Family Information Centers.⁹ **Table 1** presents enacted funding for HRSA in FY2011 through FY2015. It also shows the President’s request for FY2016, and amounts enacted for FY2016 under MACRA. The FY2016 funding cycle is still in process.

Table 1. Health Resources and Services Administration (HRSA)

(Millions of Dollars, by Fiscal Year)

Bureau or Activity	2011	2012	2013	2014	2015	2016 req.	2016 Enacted ^a
Primary Care	4,149	2,817	2,992	3,636	5,001	4,191	—
Health Centers	2,481	2,672	2,856	3,545	4,901	4,092	—
<i>Discretionary (non-add)</i>	<i>(1,481)</i>	<i>(1,472)</i>	<i>(1,391)</i>	<i>(1,397)</i>	<i>(1,392)</i>	<i>(1,392)</i>	—
<i>CHCF Transfer (non-add)</i>	<i>(1,000)</i>	<i>(1,200)</i>	<i>(1,465)</i>	<i>(2,145)</i>	<i>(3,509)</i>	—	<i>(3,600)</i>
<i>New mandatory proposal, non-add)</i>	—	—	—	—	—	<i>(2,700)</i>	—
Health Center Tort Claims	100	95	89	95	100	100	—
School Based Health Centers (ACA Sec. 4101(a))	50	50	47	—	—	—	—
Health Center Construction (ACA Sec. 10503(c))	1,500	—	—	—	—	—	—
Hansen’s Disease Programs ^b	18	—	—	—	—	—	—
Health Workforce	1,357	1,086	1,001	1,043	1,058	1,799	—
National Health Service Corps (NHSC)	315	295	285	283	287	810	—
<i>Discretionary (non-add)</i>	<i>(25)</i>	—	—	—	—	<i>(287)</i>	—
<i>CHCF Transfer (non-add)</i>	<i>(290)</i>	<i>(295)</i>	<i>(285)</i>	<i>(283)</i>	<i>(287)</i>	—	<i>(310)</i>
<i>New mandatory proposal, (non-add)</i>	—	—	—	—	—	<i>(523)</i>	—
Training for Diversity ^c	95	85	80	81	82	85	—
Primary Care Training and Enhancement	39	39	37	37	39	39	—
Rural Physician Training Grants	—	—	—	—	—	4	—
Interdisciplinary, Community-Based Linkages ^d	72	73	62	72	73	53	—
<i>PPHF Transfer (non-add)</i>	—	<i>(12)</i>	<i>(2)</i>	—	—	—	—
Public Health Workforce Development	30	33	8	18	21	17	—
<i>PPHF Transfer (non-add)</i>	<i>(20)</i>	<i>(25)</i>	—	—	—	—	—
Nursing Workforce Development ^e	242	231	218	224	232	232	—
Children’s Hospital GME Payments	268	265	251	264	265	100 ^f	—

⁹ CRS Report R43962, *H.R. 2: The Medicare Access and CHIP Reauthorization Act of 2015*.

Bureau or Activity	2011	2012	2013	2014	2015	2016 req.	2016 Enacted ^a
GME Targeted Support (new mandatory proposal)	—	—	—	—	—	400 ^f	—
Teaching Health Center GME Payments (ACA Sec.5508(c))	230	—	—	—	—	—	60
Other Health Workforce Programs ^g	41	35	34	37	39	39	—
National Practitioner Data Bank (User Fees)	24	28	27	27	19	20	—
Maternal and Child Health	1,128	1,208	1,193	1,220	1,254	1,352	—
Maternal and Child Health Block Grant	656	639	605	634	637	637	—
Healthy Start	104	104	98	101	102	102	—
Home Visiting (ACA Sec. 2951)	250	350	380	371	400	—	400
Home Visiting (New mandatory proposal) ^h	—	—	—	—	—	500	—
Family-to-Family Health Centers (ACA Sec. 5507)	5	5	5	3	5	2.5 ⁱ	5
Other Maternal and Child Health Programs ^j	113	112	105	110	112	112	—
Ryan White HIV/AIDS	2,337	2,392	2,249	2,313	2,319	2,323	—
<i>PHS Evaluation Fund (non-add)</i>	(25)	(25)	(25)	(25)	—	—	—
Health Care Systems	87	101	95	103	103	118	—
Health Care Systems Programs ^k	82	96	91	75	76	76	—
Hansen's Disease Programs	—	18	17	17	17	17	—
340B Drug Pricing Programs	4	4	4	10	10	25	—
User fee (non-add)	—	—	—	—	—	(7.5)	—
Rural Health	138	138	131	142	147	128	—
Other Activities	467	460	436	446	448	465	—
Family Planning	299	294	278	286	286	300	—
Program Management	162	160	151	153	154	157	—
Vaccine Injury Compensation Program Operations	6	6	6	6	7.5	7.5	—
Total, Program Level	9,663	8,202	8,097	8,902	10,330	10,375	—
Less Funds From Other Sources							
PHS Evaluation Set-Aside	25	25	25	25	—	—	—
User Fees	24	28	27	27	19	28	—
ACA Mandatory Funds: PPHF Transfers	20	37	2	—	—	—	—
ACA Mandatory Funds: CHCF Transfers	1,290	1,495	1,750	2,428	3,796	3,796	3,910
ACA Mandatory Funds: Other	2,035	405	432	374	405	2.5	470
New Mandatory Proposals for FY2016	—	—	—	—	—	4,123	—
Total, Discretionary Budget Authority	6,269	6,212	5,861	6,046	6,112	6,225	N/A

Sources: The funding amounts are from congressional budget justification documents and HHS's *Budget in Brief*, available at <http://www.hhs.gov/budget/>; and from P.L. 114-10.

Note: Individual amounts may not add to subtotals or totals due to rounding.

- a. Shows funds appropriated in Medicare Access and CHIP Reauthorization Act of 2015 (P.L. 114-10). The appropriations process for FY2016 is ongoing; therefore, remaining amounts and totals are not yet available.
- b. Beginning in FY2012, the Hansen's Disease Programs appears under Health Care Systems.
- c. Training for Diversity includes Centers for Excellence, Scholarships for Disadvantaged Students, and the Health Careers Opportunity Program.
- d. Interdisciplinary, Community-Based Linkages include Area Health Education Centers, Geriatric Programs, and Mental and Behavioral Health Education and Training, and Clinical Training for Interdisciplinary Practice.
- e. Nursing Workforce Development include NURSE Corps; Advanced Nursing Education; Nursing Workforce Diversity; Nurse Education, Practice, Quality and Retention; Nurse Faculty Loan Program; and Comprehensive Geriatric Education.
- f. The President's FY2016 budget proposed new mandatory funding for Targeted Support for Graduate Medical Education, which would be used to provide additional support for the Children's Hospital GME Payment Program and full support for the Teaching Health Center GME program.
- g. Other Health Workforce Programs include Health Care Workforce Assessment, Patient Navigator (FY2011 only), and Oral Health Training.
- h. The President's FY2016 budget proposed new mandatory funds to extend and expand the home visiting program through FY2025, including \$500 million for FY2016.
- i. P.L. 113-93 provided \$2.5 million for this program for FY2015, which was repealed when P.L. 114-10 provided a full year of funding (\$5 million) for this program for FY2015.
- j. Other Maternal and Child Health Programs include Autism and Other Developmental Disorders, Traumatic Brain Injury, Sickle Cell Services Demonstration, Universal Newborn Hearing Screening, Emergency Medical Services for Children, and Heritable Disorders.
- k. Health Care Systems Programs include Organ Transplantation, National Cord Blood Inventory, C.W. Bill Young Cell Transplantation Program, and Poison Control Centers.

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