

Health Resources and Services Administration (HRSA) Funding: Fact Sheet

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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 in the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) and 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 in FY2010.⁶ For example, the ACA established the Maternal, Infant, and Early Childhood Home Visiting Program.⁷ HRSA programs also receive transfers from the ACA-created Prevention and Public Health Fund (PPHF).⁸ Finally, in addition to mandatory and discretionary funding, HRSA programs receive or have received funds from the PHS Program Evaluation Set-Aside and collect user fees.

A number of ACA funding sources were set to expire in FY2015, but some were extended in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA, P.L. 114-10) for FY2016 and FY2017.⁹

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 R43911, *The Community Health Center Fund: In Brief*; CRS Report R43937, *Federal Health Centers: An Overview*; CRS Report R43930, *Maternal and Infant Early Childhood Home Visiting (MIECHV) Program: Background and Funding*; CRS In Focus IF10595, *Maternal and Infant Early Childhood Home Visiting Program*; CRS Report R43920, *National Health Service Corps: Background, Funding, and Programs*; CRS Report R44282, *The Ryan White HIV/AIDS Program: Overview and Impact of the Affordable Care Act*; CRS Report RL33644, *Title X (Public Health Service Act) Family Planning Program*; and CRS In Focus IF10051, *Title X Family Planning Program*.

⁴ For more information, see CRS Report R43304, *Public Health Service Agencies: Overview and Funding (FY2010-FY2016)*.

⁵ For more information, see CRS Report R44287, *Labor, Health and Human Services, and Education: FY2016 Appropriations* and CRS Report R44378, *Department of Health and Human Services: FY2017 Budget Request*.

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

⁷ CRS Report R43930, *Maternal and Infant Early Childhood Home Visiting (MIECHV) Program: Background and Funding*; CRS In Focus IF10595, *Maternal and Infant Early Childhood Home Visiting Program*.

⁸ CRS Report R44796, *The ACA Prevention and Public Health Fund: In Brief*.

⁹ CRS Report R43962, *The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA; P.L. 114-10)*.

Funding for these programs is again set to expire at the end of FY2017 (i.e., September 30, 2017), but the President's budget for FY2018 includes proposed mandatory funding extensions for these programs.¹⁰

Table 1 presents enacted funding for HRSA in FY2011 through the amounts included in the FY2018 President's budget request (including mandatory funds enacted in MACRA for FY2016 and FY2017 and proposals to extend these funds for FY2018). The table presents funding levels for selected programs and totals for each of HRSA's bureaus. The President's budget would maintain funding for programs in HRSA's Bureau of Primary Care and Ryan White HIV/AIDs Bureaus and would maintain funding for the Title X Family Planning Program. It proposes to reduce or eliminate funds for a number of Health Workforce, Health Care Systems, and Rural Health Bureau programs.

Table 1. Health Resources and Services Administration (HRSA)

(Budget Authority in Millions, by Fiscal Year)

Bureau or Activity	2011	2012	2013	2014	2015	2016 ^a	FY2017 ^a	FY2018 President's Budget Request ^b
Primary Care	4,149	2,817	2,992	3,636	5,001	5,092	4,997	5,089
Health Centers	2,581	2,767	2,945	3,637	5,001	5,091	4,997	5,089
Discretionary ^c (non-add)	(1,595)	(1,567)	(1,480)	(1,492)	(1,492)	(1,489)	(1,487)	(1,489)
CHCF Transfer (non-add)	(1,000)	(1,200)	(1,465)	(2,145)	(3,509)	(3,600)	(3,509)	(3,600) ^b
School Based Health Centers (ACA Sec. 4101(a))	50	50	47	—	—	—	—	—
Health Center Construction (ACA Sec. 10503(c))	1,500	—	—	—	—	—	—	—
Hansen's Disease Programs ^d	18	—	—	—	—	—	—	—
Health Workforce	1,357	1,086	1,004	1,043	1,058	1,177	1,203	771
National Health Service Corps (NHSC)	315	295	285	283	287	310	289	310 ^b
Discretionary (non-add)	(25)	—	—	—	—	—	—	—
CHCF Transfer (non-add)	(290)	(295)	(285)	(283)	(287)	(310)	(289)	(310)
Training for Diversity ^e	95	85	80	81	82	82	83	—
Primary Care Training and Enhancement	39	39	37	37	39	39	39	—
Oral Health	33	33	33	32	34	36	37	—
Interdisciplinary, Community-Based Linkages ^f	72	73	62	72	73	79	129	—
PPHF Transfer (non-add)	—	(12)	(2)	—	—	—	—	—
Health Care Workforce Assessment	3	3	3	5	5	5	5	5
Public Health Workforce Development	30	33	8	18	21	21	17	—
PPHF Transfer (non-add)	(20)	(25)	—	—	—	—	—	—
Nursing Workforce Development ^g	242	231	218	224	232	229	229	83 ^h

¹⁰ See CRS Insight IN10185, *Congress Faces Calls to Address Expiring Funds for Primary Care*.

Bureau or Activity	2011	2012	2013	2014	2015	2016 ^a	FY2017 ^a	FY2018 President's Budget Request ^b
Children's Hospital GME Payments	268	265	251	264	265	295	300	295
Teaching Health Center GME Payments (ACA Sec. 5508(c))	230	—	—	—	—	60	56	60 ^b
Patient Navigator	5	—	—	—	—	—	—	—
National Practitioner Data Bank (User Fees)	24	28	27	27	19	21	19	18
Maternal and Child Health	1,128	1,208	1,193	1,220	1,254	1,250	1,238	1,200
Maternal and Child Health Block Grant	656	639	605	634	637	637	640	667
Healthy Start	104	104	98	101	102	104	118 ⁱ	128
Home Visiting (ACA Sec. 2951)	250	350	380	371	400	400	372	400 ^b
Family-to-Family Health Centers (ACA Sec. 5507) ⁱ	5	5	5	3	5	5	5	5 ^b
Other Maternal and Child Health Programs ^k	113	112	105	110	112	103	103	—
Ryan White HIV/AIDS	2,337	2,392	2,249	2,313	2,319	2,323	2,313	2,260
PHS Evaluation Fund (non-add)	(25)	(25)	(25)	(25)	—	—	—	—
Health Care Systems	87	118	112	103	103	103	104	99
Other Health Care Systems Programs ^l	82	96	91	75	76	76	77	76
Hansen's Disease Programs ^d	—	18	17	17	17	17	17	14
340B Drug Pricing Programs/Office of Pharmacy Affairs	4	4	4	10	10	10	10	10
Rural Health	138	138	131	142	147	150	156	74
Other Activities	702	647	712	669	683	701	688	715
Family Planning	299	294	278	286	286	286	286	286
Program Management	162	160	151	153	154	154	154	152
Vaccine Injury Compensation Program Operations	6	6	6	6	8	8	8	9
Vaccine Injury Compensation Program Trust Fund	235	187	277	224	235	253	240	268
Total, Program Level	9,898	8,407	8,393	9,126	10,565	10,795	10,699	10,210
Less Funds From Sources Other than the Discretionary Appropriation								
PHS Evaluation Set-Aside	25	25	25	25	—	—	—	—
User Fees	24	28	27	27	19	21	19	18
Trust Fund (Mandatory)	235	187	277	224	235	253	240	268

Bureau or Activity	2011	2012	2013	2014	2015	2016 ^a	FY2017 ^a	FY2018 President's Budget Request ^b
ACA Mandatory Funds: PPHF Transfers	20	37	2	—	—	—	—	—
ACA Mandatory Funds: CHCF Transfers	1,290	1,495	1,750	2,428	3,796	3,910	3,805	3,910 ^b
ACA Mandatory Funds: Other	2,035	405	432	374	405	465	433	465 ^b
Total, Discretionary Budget Authority	6,269	6,230	5,880	6,050	6,112	6,140	6,202	5,549

Sources: The funding amounts for FY2011-FY2015 and FY2018 are from the HRSA congressional budget justification. Congressional budget justifications are available at <http://www.hhs.gov/budget/>. FY2016 and FY2017 discretionary funding amounts are from the FY2017 HRSA Operating Plan at <https://www.hrsa.gov/about/budget/operatingplan.html>. Other HRSA funding amounts for FY2016 and FY2017 are from the FY2018 HRSA congressional budget justification.

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).
- b. Includes proposal for FY2018 mandatory funding for programs that currently receive mandatory funds through FY2017.
- c. Includes funding for Native Hawaiian Programs, Health Center Tort Claims, and Free Clinics Medical Malpractice.
- d. Beginning in FY2012, Hansen's Disease Programs appears under Health Care Systems. Hansen's Disease Programs include Hansen's Disease Center, Payments to Hawaii (for Hansen's Disease) and National Hansen's Disease Program—Buildings and Facilities.
- e. Training for Diversity includes Centers for Excellence, Scholarships for Disadvantaged Students, Faculty Loan Repayment, and the Health Careers Opportunity Program.
- f. Interdisciplinary, Community-Based Linkages include Area Health Education Centers, Geriatric Programs, and Mental and Behavioral Health Education and Training. FY2015 and FY2016 amounts reflect the Behavioral Health Workforce Education and Training Program (a component of the Mental and Behavioral Health Education and Training).
- g. 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.
- h. The FY2018 Budget proposes funding the NURSE Corps program, but does not propose funding for other Nursing Workforce Development programs.
- i. Includes \$15 million appropriated in the Water Infrastructure Improvements for the Nation Act (P.L. 114-322). See CRS Report R44723, *Overview of Further Continuing Appropriations for FY2017 (H.R. 2028)*.
- j. P.L. 113-93 provided \$2.5 million for this program for FY2015, which was superseded by the full year funding (\$5 million) for this program for FY2015 enacted in P.L. 114-10.
- k. 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. In FY2016, the Traumatic Brain Injury program was transferred to the Administration for Community Living, and, therefore was not funded under HRSA.
- l. Other 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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