FY2018 Labor, Health and Human Services, Education Appropriations Summary

NACCHO Priority Public Health Program Funding

On March 23, Congress passed and President Trump signed the Consolidated Appropriations Act, 2018, which provides funding for the government for the rest of FY2018 (through September 30.) An explanatory statement for the bill is available.

Below, NACCHO has provided an analysis of Health and Human Services (HHS) funding.

<table>
<thead>
<tr>
<th>Program ($ in millions)</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019 President</th>
<th>NACCHO Request</th>
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<tr>
<td><strong>HHS</strong></td>
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<tr>
<td>Prevention and Public Health Fund (PPHF)</td>
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<td><strong>Emergency Preparedness</strong></td>
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<tr>
<td>CDC</td>
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<tr>
<td>CDC</td>
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<td>CDC</td>
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<td>195 (40)</td>
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<tr>
<td><strong>Injury Prevention</strong></td>
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<td></td>
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</tr>
<tr>
<td>CDC</td>
<td>Opioid Overdose Prevention and Surveillance</td>
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<td>476</td>
<td>126¹</td>
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<tr>
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<td>Heart Disease and Stroke Prevention (PPHF)</td>
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<tr>
<td>CDC</td>
<td>Diabetes Prevention (PPHF)</td>
<td>140 (73)</td>
<td>148 (52)</td>
<td>*</td>
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</table>

*Could be supported by new America’s Health Block Grant
¹ President’s FY2019 budget contains a $175 allocation for HHS for Opioids.
# Opioid Abuse and Overdose Prevention

<table>
<thead>
<tr>
<th>Program ($ in millions)</th>
<th>FY2017</th>
<th>FY2018</th>
<th>2019 President</th>
<th>NACCHO Request</th>
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<tr>
<td>CDC</td>
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<tr>
<td>Opioid Overdose Prevention and Surveillance</td>
<td>112</td>
<td>476</td>
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<td>SAMHSA</td>
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<tr>
<td>SAMHSA</td>
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<td>SAMHSA</td>
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<tr>
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<td>SAMHSA</td>
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## Overview

The FY2018 Labor, HHS, Education Appropriations bill passed on March 23 includes some good news for public health programs, although most programs remain stagnant at the same levels as FY2017. The bill rejects most cuts proposed by the White House, including a $109 million cut to the public health emergency preparedness program and $28 million cut to the hospital preparedness program. The bill also rejected the proposal from the White House to block grant chronic disease programs at the Centers for Disease Control and Prevention (CDC).

The bill includes a large ($350 million) increase for opioid funding at CDC and a $10 million increase both for emergency preparedness at CDC and the hospital preparedness program administered by the Assistant Secretary for Preparedness and Response. The bill preserves funding for the Title X family planning program and teen pregnancy prevention program (TPPP) after HHS announced last summer that the final two years of five year grant funding would be ended unexpectedly.

The bill includes $900 million in allocations from the Prevention and Public Health Fund (PPHF), with the majority of the funding ($801 million) going to CDC.

### Centers for Disease Control and Prevention

The bill provides $8.30 billion for CDC, an increase of $1.08 billion from FY2017, including $801 million from the PPHF and an additional transfer for CDC Buildings and Facilities of $240 million from the nonrecurring expense fund.

Programs of interest to local health departments at CDC include the following:
- Immunization and Respiratory Diseases - $798 million, an increase of $4 million from FY2017. The total includes $324 million from the PPHF.
Section 317 Immunization Program - $611 million, an increase of $4 million from FY2017; $324 million from the PPHF.

Influenza Planning and Response - $188 million, same as FY2017.

- HIV, Viral Hepatitis, STD, and TB Prevention - $1.13 billion, an increase of $10 million from FY2017.
  - HIV Prevention and Research - $789 million, an increase of $1 million from FY2017.
    - HIV Prevention by Health Departments - $397 million, same as FY2017.
    - Activities to Improve Program Effectiveness - $103 million, same as FY2017.
    - National, Regional, Local Community and other Orgs - $135 million, same as FY2017.
  - HIV Adolescent and School Health - $33 million, same as FY2017.
  - Viral Hepatitis Prevention - $39 million, an increase of $5 million from FY2017.
  - STD Prevention - $157 million, an increase of $5 million from FY2017.

- Emerging and Zoonotic Infectious Diseases – $615 million, an increase of $30 million from FY2017, including $52 million from the PPHF.
  - Core Infectious Diseases - $392 million, a cut of $4 million from FY2017.
    - Vector-borne Diseases - $39 million, an increase of $2 million from FY2017.
    - Emerging Infectious Diseases - $155 million, a cut of $21 million from FY2017.
  - Food Safety - $58 million, an increase of $4 million from FY2017.
  - Epidemiology and Laboratory Capacity Grants - $195 million, same as FY2017, $40 million from PPHF.
  - Advanced Molecular Detection - $30 million, same as FY2017.
  - Healthcare Associated Infections - $12 million from the PPHF, same as FY2017.

- Chronic Disease Prevention and Health Promotion – $1.16 billion, an increase of $47 million from FY2017, including $248 million from the PPHF.
  - Racial and Ethnic Approaches to Community Health – $51 million, same as FY2017, including $16 million for Good Health and Wellness in Indian Country.
  - Tobacco - $210 million, an increase of $5 million from FY2017; $126 million from the PPHF.
  - Million Hearts - $4 million from the PPHF, same as FY2017.
  - Cancer Prevention and Control - $368 million, an increase of $11 million from FY2017.
  - National Early Child Care Collaboratives - $4 million from the PPHF, same as FY2017.
  - Hospitals Promoting Breastfeeding - $8 million from the PPHF, same as FY2017.
  - Safe Motherhood/Infant Health - $46 million, same as FY2017.
    - Nutrition, Physical Activity, and Obesity - $55 million, an increase of $5 million from FY2017.
- High-Rate Obesity Counties - $15 million, an increase of $5 million from FY2017.
  - Heart Disease and Stroke Prevention – $140 million, an increase of $10 million from FY2017; $53 million from the PPHF.
  - Diabetes - $148 million, an increase of $8 million from FY2017; $52 million from the PPHF.
  - Diabetes Prevention Program - $25 million, an increase of $2 million from FY2017.
  - School Health - $15 million, same as FY2017.
- Birth Defects, Developmental Disabilities, Disability and Health - $141 million, an increase of $4 million from FY2017.
  - Public Health Workforce Development - $51 million, an increase of $1 million from FY2017.
- Environmental Health - $206 million, a cut of $9 million from FY2017; $17 million from the PPHF.
  - Environmental Health Activities – $45 million, same as FY2017.
  - Climate Change – $10 million, same as FY2017.
  - Childhood Lead Poisoning (Healthy Homes) - $35 million, an increase of $18 million from FY2017; $17 million from the PPHF.
  - Asthma - $29 million, same as FY2017.
  - Environmental and Health Outcome Tracking Network - $34 million, same as FY2017.
  - Intentional Injury - $103 million, a $5 million increase from FY2017.
    - Rape Prevention - $49 million, a $5 million increase from FY2017.
  - Unintentional Injury - $9 million, same as FY2017.
  - Injury Prevention Activities - $29 million, same as FY2017.
  - Opioid Overdose Prevention and Surveillance - $476 million, an increase of $350 million from FY2017. Funds are to be used to advance the understanding of the opioid overdose epidemic and scale up prevention activities across all 50 States and Washington, D.C. to include the expansion of case-level syndromic surveillance data, improvements of interventions that monitor prescribing and dispensing practices, better timeliness and quality of morbidity and mortality data, as well as the enhancement of efforts with medical examiners and coroner offices. CDC shall promote the use of Prescription Drug Monitoring Programs (PDMPs.) $10 million is for a nationwide education and awareness campaign.
- Office of Public Health Preparedness and Response - $1.45 billion, an increase of $50 million from FY2017.
- Academic Centers for Public Health Preparedness - $8 million, same as FY2017.
- Strategic National Stockpile - $610 million, an increase of $36 million from FY2017. The committee report notes “The agreement appreciates the Secretary's efforts to improve the efficiency of the Department's public health preparedness and response programs and looks forward to considering and evaluating the Department's proposal to shift the funding and oversight of the SNS from CDC to the Assistant Secretary for Preparedness and Response (ASPR), as submitted in the fiscal year 2019 budget request. The Committees note that CDC has unique expertise in public health preparedness and response, science-based policy and decision making, public health communications, and coordination with State and local partners. Should the proposed move be implemented, the Secretary is strongly urged to maintain a strong and central role for CDC in the medical countermeasures enterprise.”
- CDC-Wide Activities and Program Support - $274 million, same as FY2017, including $160 million from PPHF.
  - Public Health Leadership and Support - $114 million, same as FY2017
  - Preventive Health and Health Services Block Grant - $160 million from the PPHF, same as FY2017.

Health Resources and Services Administration
Programs of interest at the Health Resources and Services Administration (HRSA) include the following:
- Community Health Centers - $5.4 billion, an increase of $335 million from FY2017.
- Public Health and Preventive Medicine - $17 million, same as FY2017.
- Maternal and Child Health Block Grant - $652 million, an increase of $10 million from FY2017.
- Ryan White AIDS Programs – $2.3 billion, same as FY2017.
  - Part A Emergency Assistance (cities) - $656 million, same as FY2017.
  - Part B Comprehensive Care (states) - $415 million, same as FY2017.
- Title X Family Planning Program –$286 million, same as FY2017.

Office of the HHS Secretary

Public Health and Social Services Emergency Fund
- Assistant Secretary for Preparedness and Response (ASPR) - $1.64 billion, an increase of $243 million from FY2017. The committee report commends the ASPR for the “work done to develop regional, coalition-based disaster medical response plans. The agreement encourages ASPR to work with States that have demonstrated success in creating statewide disaster healthcare systems to coordinate patient movement, evacuation and field
emergency care, particularly in areas with high incidence of natural disaster disasters, with the goal of establishing best practices and maximizing Federal resources.”

- Hospital Preparedness Program - $265 million, an increase of $10 million from FY2017.
- Biomedical Advanced Research and Development Authority - $537 million, an increase of $25 million from FY2017.
- Project BioShield - $710 million, an increase of $200 million from FY2017.
- Medical Reserve Corps - $6 million, same as FY2017.
- Pandemic Influenza Preparedness - $250 million, an increase of $178 million from FY2017.