



DEPARTMENT of HEALTH and HUMAN SERVICES

**Fiscal Year
2014**

**Health Resources and
Services Administration**

*Executive Summary
Justification of
Estimates for
Appropriations Committees*

MESSAGE FROM THE ADMINISTRATOR

I am pleased to present the FY 2014 Congressional Justification for the Health Resources and Services Administration (HRSA). HRSA is the primary federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. This budget targets critical healthcare needs in underserved areas.

Millions of our fellow Americans will receive access to high quality, comprehensive and cost-effective primary health care through the HRSA funded Health Center program. Additional resources are also being provided for the Ryan White HIV/AIDS program to enhance prevention efforts and treatment for people living with HIV/AIDS. Through the AIDS Drug Assistance Program, life-saving medications will reach approximately 219,000 needy Americans. Increasing collaboration and alignment of programs within HRSA and among our partners expands our capacity and improves our ability to achieve public health goals. Assuring a strong public health and primary care workforce is central to the Nation's health.

HRSA's FY 2014 budget invests resources to increase the number of health care practitioners in areas of the country experiencing shortages. This will help ensure that qualified clinicians will be available to serve underserved populations in the future. The budget also includes \$122 million to improve both access to and the quality of health care in rural areas. This will strengthen regional and local partnerships among rural health care providers, expand community-based programs and promote the modernization of the health care infrastructure in rural areas.

Thanks to the Affordable Care Act (ACA), HRSA has an even broader role. Combined with first of its kind initiatives like the National HIV/AIDS strategy, HRSA's mandate continues to grow. Working with our DHHS partners, HRSA is responsible for 50 individual provisions in the health care law. ; These generally fall into three major categories:

- Expanding the primary care safety net for all Americans – especially those who are geographically isolated, economically disadvantaged or medically vulnerable – for example, through expansion of the Health Center program;
- Training the next generation of primary care professionals, while improving the diversity of the workforce and re-orienting it toward interdisciplinary, patient-centered care. HRSA does this through targeted support to students and clinicians and grants to colleges, universities and other training institutions;
- Working with its partner agencies, HRSA is expected to greatly expand prevention and public health efforts to catch patients' health issues early – before they require major intervention; to improve health outcomes and quality of life; and to help contain health care costs in the years ahead.

Our FY 2014 budget request places a strong emphasis on investing in programs that improve access to health care in underserved areas and allows the Health Resources and Services Administration to take important steps toward implementing healthcare reform and improving healthcare access for underserved populations. We are determined to work with our DHHS and other healthcare partners to assure the health of the Nation.

Mary K. Wakefield, Ph.D., R.N.
Administrator

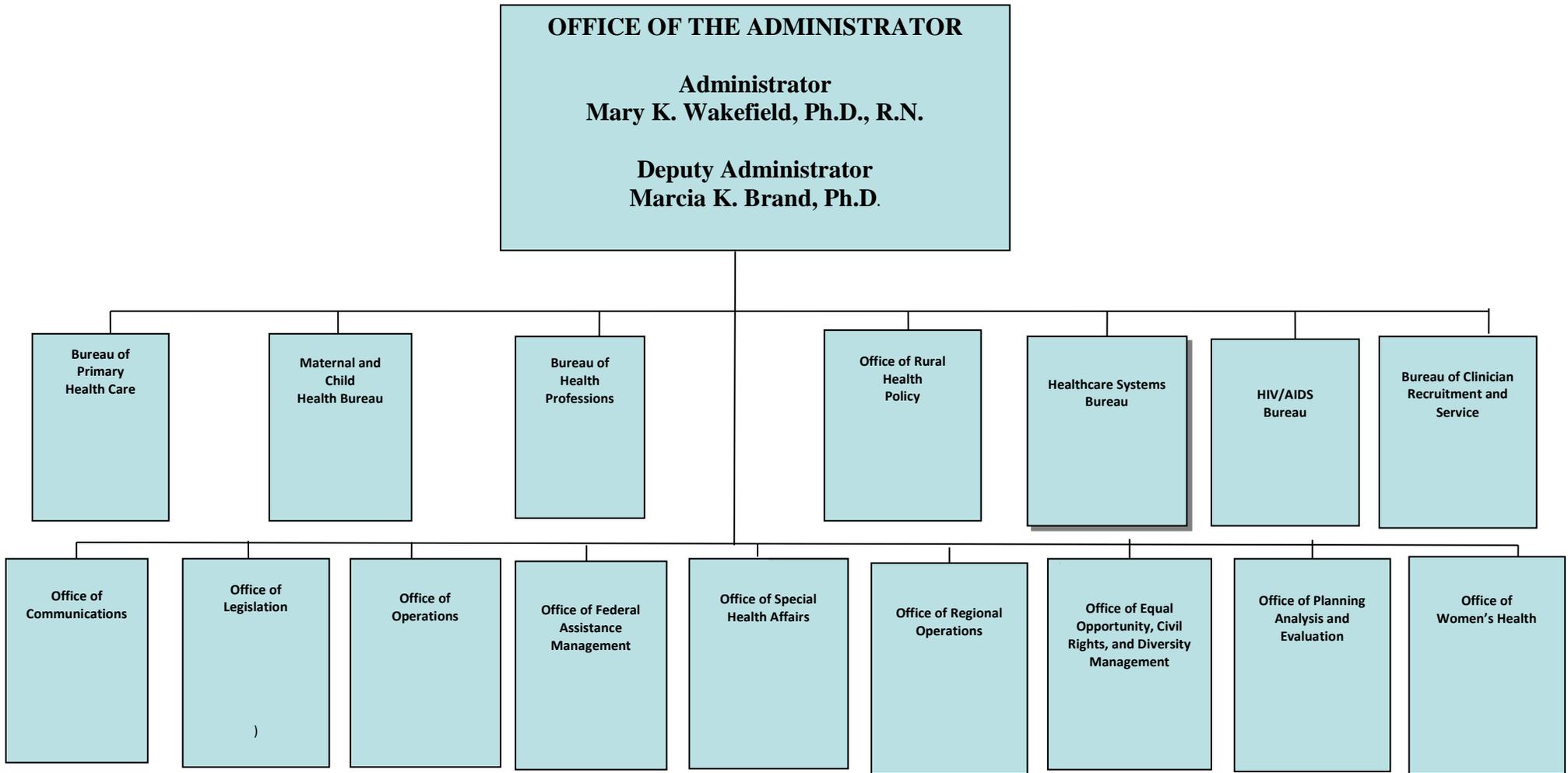
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Organizational Chart



Executive Summary

TAB

INTRODUCTION AND MISSION

The Health Resources and Services Administration (HRSA), an Agency of the U.S. Department of Health and Human Services (DHHS), is the principal Federal Agency charged with increasing access to basic health care for those who are medically underserved. Health care in the United States is among the finest in the world but it is not accessible to everyone. Millions of families still face barriers to quality health care because of their income, lack of insurance, geographic isolation, or language and cultural barriers. The Affordable Care Act provides for substantial expansion of components of the HRSA-supported safety net, including the Health Center Program, the National Health Service Corps, and a variety of health workforce programs, to address these and other access problems. While implementation of health reforms and other factors may affect the structure and function of the safety net, assuring an adequate safety net for individuals and families who live outside the economic and medical mainstream remains a key HRSA role.

HRSA's mission as articulated in its Strategic Plan for 2010-2015 is: To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs. HRSA supports programs and services that target, for example:

- The 50 million Americans who lack health insurance--many of whom are racial and ethnic minorities,
- Over 50 million underserved Americans who live in rural and poor urban neighborhoods where health care providers and services are scarce,
- African American infants who still are 2.4 times as likely as white infants to die before their first birthday,
- The more than 1 million people living with HIV/AIDS,
- The more than 100,000 Americans who are waiting for an organ transplant.

Focusing on these and other vulnerable, underserved groups, HRSA's leadership and programs promote the improvements in access, quality and equity that are essential for a healthy nation.

Overview of Budget Request

The FY 2014 President's program level request of \$9 billion for the Health Resources and Services Administration is a net increase of \$841 million above the comparably adjusted FY 2012 enacted level.¹ HRSA is the principal Federal agency charged with improving access to health care to those in medically underserved areas and enhancing the capacity of the health care workforce. The FY 2014 Budget prioritizes programs that will:

- Reduce barriers to care that contribute to disparities in health care utilization and health status;
- Provide healthcare to uninsured people by linking people to services and supports from other sectors that contribute to good health and wellbeing;
- Provide financial, professional and educational resources to medical, dental, and mental and behavioral health care providers who bring their skills to areas with limited access to health care; and
- Assist States and communities to identify and address unmet service needs and workforce gaps in the health care system.

Discretionary Program Increases:

Pediatric Loan Repayment (+\$5 million)

The FY 2014 President's Budget request include \$5 million to provide loan repayment to individuals in return for delivering pediatric services in areas requiring such services. An estimated 64 2-year awards will be made across the eligible specialties in the first year of implementation.

HIV/AIDS Comprehensive Care, Part B (+\$10 million)

The FY 2014 President's Budget Request includes \$943,299,000 for AIDS drug assistance programs (ADAP) to provide access to life saving HIV related medications. The FY 2014 target is 218,942. This represents an increase of 1,618 clients served given a budget increase of \$10,000,000 over the FY 2012 Enacted Level for ADAP. This significant federal investment will provide increased access to lifesaving pharmaceuticals for people living with HIV/AIDS eligible for ADAP.

HIV/AIDS Early Intervention, Part C (+\$10 million)

The FY 2014 President's Budget Request for the Ryan White HIV/AIDS Part C Program of \$225,086,000 is \$10,000,000 above the FY 2012 Enacted Level. This request will support persons receiving primary care services under the Early Intervention Services programs for almost 269,000 PLWHA at the 357 currently funded Part C grantees.

¹ The comparably adjusted level does not include the Health Education Assistance Loan program (HEAL), which is proposed to be transferred to the Department of Education in FY 2014.

Organ Transplantation (\$+2 million)

The FY 2014 Request will continue support for the Organ Transplantation Program in achieving the FY 2014 performance targets: transplant over 25,000 deceased donor organs and achieve over 4,400 expected life-years gained for the five-year post-transplant period for kidney and kidney/pancreas transplants performed.

340B Drug Pricing Program/Office of Pharmacy Affairs User Fees (+\$6 million)

This reflects the estimate amount of user fees. These funds will be used to enhance oversight of the 340B Drug Pricing Program.

Program Management (+\$1.9 million)

This increase supports increased funding for salaries, benefits and IT expenses.

Family Planning (+\$33.5 million)

This request provides services to nearly 5 million persons, with approximately 90 percent having family incomes at or below 200 percent of the poverty level.

Discretionary Program decreases:

Health Professions Programs -\$39.6 million

This request includes \$4.8M from the Prevention and Public Health fund for Public Health and Preventative Medicine. The FY 2014 request provides funding for an initiative that, when sustained over five years, will increase the primary care workforce by 2,800 primary care providers (1,400 primary care PAs, and 1,400 advanced practice registered nurses (APRNs). No funds are requested for the Health Careers Opportunity Program and the Area Health Education Centers.

Children's Hospital Graduate Medical Education Program (-\$177.2 million)

This request of \$88 million is about one-third of the FY 2012 Enacted Level, which will allow for support of the direct portion of medical expenses for graduate medical education for all participants that are currently in the program. These include direct payment support expenditures related to stipends and fringe benefits for residents; salaries and fringe benefits of supervising faculty; costs associated with providing the GME training program; and allocated institutional overhead costs.

James T. Walsh Universal Newborn Hearing (-\$18.7 million)

Funding for this program is requested from the Prevention and Public Health Fund at \$18.7 million.

Heritable Disorders (-\$9.8 million)

Funding for this program is requested from the Prevention and Public Health Fund at \$9.8 million.

Poison Control (-\$18.8 million)

Funding for this program is requested from the Prevention and Public Health Fund at \$18.8 million.

Rural Hospital Flexibility Grants (-\$14.8 million)

The reduction would result in discontinuation of new grants in FY 2014 for the Small Hospital Improvement Program (SHIP). The budget request focuses on supporting CAHs by maintaining essential support for the Flex program and its focus on working with CAHs to improve quality. The program will award 48 grants in FY 2014.

Rural and Community Access to Emergency Devices (-\$1.1 million)

No funding is requested for this program.

Mandatory Program Increases:

Health Centers (ACA) (+\$1 billion)

This increase will promote steady and sustainable Health Center growth beyond FY 2015 when ACA mandatory funding expires. The ACA funds complement funds the program receives annually in the discretionary budget process. The Budget will enable health centers to continue to provide critical access and services to 22.6 million patients in FY 2014.

National Health Service Corps (ACA) (+\$10 million)

This program is funded from the Affordable Care Act in FY 2014. Funding will support over 200 new scholarships and scholarship continuations, over 2,300 new loan repayment awards, over 2,100 loan repayment continuations, 100 new Students to Service loan repayment awards, and 285 new State loan repayment awards.

Maternal, Infant, and Early Childhood Visiting Program (+\$50 billion)

This program is funded from the Affordable Care Act in FY 2014. Funding will support awards to 53 State and territory grantees and three non-profit organizations, 24 to 26 awards to American Indian tribes, and \$13 million for research, evaluation, and corrective action technical assistance for States not meeting benchmarks.

Mandatory Program decreases:

School Based Health Centers (ACA) (-\$50 million)

The Affordable Care Act appropriated \$200 million over FY 2010-FY 2013 for School Based Health Centers. The No funds are being requested for this program in FY 2014.

Family to Family Health Information Centers (-\$5 million)

The American Taxpayer Relief Act of 2012 appropriated \$5 million for this activity in FY2013. No funds are being requested for this program in FY 2014.

Overview of Performance

This Performance Budget documents the progress HRSA has made and expects to make in meeting the needs of uninsured and medically underserved individuals, special needs populations, and many other Americans. HRSA and its partners work to achieve the vision of “Healthy Communities, Healthy People.” In pursuing that vision, HRSA’s strategic goals are to: improve access to quality health care and services, strengthen the health workforce, build healthy communities, and improve health equity. The performance and expectations for HRSA programs are highlighted below as these relate to HRSA goals and HHS strategic objectives, indicating the close alignment of specific programmatic activities and objectives with broader HRSA and Departmental priorities. The examples illustrate ways HRSA helps states, communities and organizations provide essential health care and related services to meet critical needs.

Highlights of Performance Results and Targets (Planning Level)

HRSA Goals: Improve access to quality health care and services; Improve health equity
HHS Objectives: Ensure access to quality, culturally competent care for vulnerable populations;
Emphasize primary and preventive care linked with community prevention services.

HRSA programs support the direct delivery of health services and health system improvements that increase access to health care and help reduce health disparities.

- In FY 2014, the Health Center program projects that it will serve 22.6 million patients. This is an expected increase of 2.4 million over the 20.2 million persons served in FY 2011.
- HRSA expects to serve 31 million children through the Maternal and Child Health Block Grant (Title V) in FY 2014; 38.7 million were served in FY 2011.
- By reaching out to low-income parents to enroll their children in the Children’s Health Insurance Program (CHIP) and Medicaid, HRSA improves access to critically important health care. In FY 2014, the number of children receiving Title V services that are enrolled in and have Medicaid and CHIP coverage is expected to be 14 million. In FY 2011, the number was 14.8 million.
- In FY 2014, HRSA’s Ryan White HIV Emergency Relief Grants (Part A) and HIV Care Grants to States (Part B) are projected to support, respectively, 2.6 million visits and 2.2 million visits for health-related care (primary medical, dental, mental health, substance abuse, and home health). Approximately 2.6 million visits and 2.2 million visits, respectively, were supported in FY 2010.

- By supporting AIDS Drug Assistance Program (ADAP) services to an anticipated 218,942 persons in FY 2014, HRSA expects to continue its contribution to reducing AIDS-related mortality through providing drug treatment regimens for low-income, underinsured and uninsured people living with HIV/AIDS. More than 211,000 persons were served through ADAP in FY 2011.
- The number of organ donors and the number of organs transplanted have increased substantially in recent years. In FY 2014, HRSA's Organ Transplantation program projects that 25,014 deceased donor organs will be transplanted, up from 24,973 in FY 2011.
- To increase the number of patients from racially and ethnically diverse backgrounds able to find a suitably matched unrelated adult donor for their blood stem cell transplants, HRSA's C.W. Bill Young Cell Transplantation program projects that it will have nearly 3.1 million adult volunteer potential donors of minority race and ethnicity listed on the donor registry in FY 2014. Nearly 2.9 million were listed on the registry in FY 2012.
- In FY 2011, 615,849 persons received direct services through Rural Health Care Services Outreach, Network, and Quality Improvement Grants. The projection for FY 2014 is 400,000.
- In FY 2011, the Black Lung program supported services to more than 12,800 active and retired coal miners with occupation-related respiratory and pulmonary impairments. In FY 2014, an estimated 12,840 miners will be provided diagnostic, treatment and other services provided by Black Lung clinics.

HRSA Goal: Strengthen the health workforce.

HHS Objective: Ensure that the Nation's health care workforce can meet increased demands.

HRSA works to improve health care systems by assuring access to a quality health care workforce in all geographic areas and to all segments of the population through the support of training, recruitment, placement, and retention activities.

- In FY 2012, the National Health Service Corps (NHSC) had a field strength of 9,908 primary care clinicians. The NHSC projects that a field strength of 7,607 primary care clinicians will be in health professional shortage areas in FY 2014.
- In FY 2012, 64% of NURSE Corps (formerly known as the Nursing Education Loan Repayment and Scholarship Program) participants extended their service contracts and committed to work at a critical shortage facility for an additional year. The FY 2014 target is 52%.
- In FY 2012, 7,375 health care providers were deemed eligible for FTCA malpractice coverage through the Free Clinics Medical Malpractice program, which encourages providers to volunteer their time at sponsoring free clinics. The projection for this number is 7,600 in FY 2014.

HRSA Goal: Improve access to quality health care and services.
HHS Objective: Improve health care quality and patient safety.

Virtually all HRSA programs help improve health care quality, including those programs or program components that focus on improving the infrastructure of the health care system.

- In FY 2014, 95.7% of Ryan White program-funded primary care providers will have implemented a quality management program, comparable to the figure in FY 2011.
- In FY 2014, 85% of Critical Access Hospitals (supported by the Rural Hospital Flexibility Grants program) will report at least one quality-related measure to Hospital Compare. This will be an increase from 72.6% in FY 2010.

HRSA Goal: Improve health equity.

HHS Objective: Accelerate the process of scientific discovery to improve patient care.

- The National Hansen's Disease Program seeks to prevent and manage Hansen's disease (leprosy) through both clinical care and scientific research. The Program is conducting research that will ultimately permit development of the full animal model (armadillo) that will advance understanding of the disease in humans. In 2011, the Program used DNA evidence to link leprosy transmission from armadillos to humans. In 2014, the Program will continue to pursue a relevant animal model for human leprosy.

In the ways highlighted above and others, HRSA will continue to strengthen the Nation's healthcare safety net and improve Americans' health, health care, and quality-of-life.

Performance Management

Achieving a high level of performance is a Strategic Plan principle and a major priority for HRSA. Performance management is central to the agency's overall management approach and HRSA routinely uses performance-related information to improve the agency's operations and those of its grantees. HRSA's performance management process has several integrated elements, including priority setting, action planning, and regular monitoring and review with follow-up.

Each year, HRSA sets priorities through the process of establishing performance plans for Senior Executive Service (SES) personnel. This process identifies key goals that are supported, to the greatest extent possible, by quantitative or qualitative measures and targets. Goal leaders plan for the major actions that must be accomplished to achieve goals. Many of the goals are outcome-oriented and their achievement is largely dependent upon the direct actions of grantees, supported by HRSA. Other goals relate to internal processes and organizational functioning that reflect standards for how HRSA does its business.

Performance monitoring is done by:

- (a) Assessing achievement of performance measure targets,
- (b) Monitoring, through the work of project officers and progress reports, grantees' interim progress and challenges associated with goal achievement, and
- (c) Tracking key milestones that indicate, for example, the advancement or completion of major deliverables linked to accomplishment of goals.

Regular reviews of performance occur between goal leaders and the Administrator/Deputy Administrator. These reviews include monthly one-on-one meetings, mid-year and year-end SES performance reviews, and ad hoc meetings called to address emerging issues/problems. The meetings cover progress, successes, challenges, and possible course-corrections. Focused discussions of performance, particularly related to cross-cutting goals, are also held at Senior Staff meetings.

HRSA will continue to produce an Annual Performance Report that will show trends in performance related to priority goals and other goals of HRSA's Bureaus and Offices. The Report, posted on-line, will provide information for performance assessment purposes and also give transparency to HRSA's performance results.

All Purpose Table

(Dollars in Thousands)

Program	FY 2012 Enacted	FY 2013 Annualized CR	FY 2014 President's Budget	FY 2014 +/- FY 2012
<u>PRIMARY CARE:</u>				
Health Centers	1,471,999	1,491,943	1,471,999	-
Community Health Center Fund (ACA)	1,200,000	1,500,000	2,200,000	1,000,000
Health Center Tort Claims	94,893	95,474	94,893	-
Total, Health Centers	2,766,892	3,087,417	3,766,892	1,000,000
School-Based Health Centers - Facilities (ACA)	50,000	50,000	-	-50,000
Free Clinics Medical Malpractice	40	40	40	-
Subtotal, PL Bureau of Primary Health Care (BPHC)	2,816,932	3,137,457	3,766,932	950,000
<i>Subtotal, Mandatory BPHC (non-add)</i>	<i>1,250,000</i>	<i>1,550,000</i>	<i>2,200,000</i>	<i>950,000</i>
<i>Subtotal, Discretionary BA BPHC (non-add)</i>	<i>1,566,932</i>	<i>1,587,457</i>	<i>1,566,932</i>	<i>-</i>
<u>HEALTH WORKFORCE:</u>				
CLINICIAN RECRUITMENT & SERVICE				
National Health Service Corps (ACA)	295,000	300,000	305,000	10,000
Total, NHSC	295,000	300,000	305,000	10,000
NURSE Corps	83,135	83,644	83,135	-
Loan Repayment/Faculty Fellowships	1,243	1,264	1,243	-
Pediatric Loan Repayment	-	-	5,000	5,000
Subtotal, Clinician Recruitment & Service	379,378	384,908	394,378	15,000
HEALTH PROFESSIONS				
Health Professions Training for Diversity:				
Centers of Excellence	22,909	23,049	22,909	-
Scholarships for Disadvantaged Students	47,452	47,742	47,452	-
Health Careers Opportunity Program	14,779	15,064	-	-14,779
Health Professions Training for Diversity	85,140	85,855	70,361	-14,779
Health Care Workforce Assessment 1/ <i>PHS Evaluation Funds (non-add)</i>	2,782 -	2,827 -	5,000 -	2,218 -
Primary Care Training and Enhancement	38,962	39,200	50,962	12,000
Oral Health Training Programs	32,392	32,919	32,392	-
Interdisciplinary, Community-Based Linkages:				
Area Health Education Centers	27,230	30,269	-	-27,230
Geriatric Programs	30,629	31,127	30,629	-
Alzheimers Prevention Fund	2,000	-	5,300	3,300
Subtotal, Geriatric Programs	32,629	31,127	35,929	3,300
Mental and Behavioral Health <i>PHS Evaluation Funds (non-add)</i>	2,892 -	2,939 -	2,892 -	- -
Mental and Behavioral Health Prevention Fund	10,000	-	-	-10,000
Subtotal, Mental and Behavioral Health	12,892	2,939	2,892	-10,000
Subtotal, Interdisciplinary, Community-Based Linkages	72,751	64,335	38,821	-33,930
Public Health Workforce Development:				
Public Health/Preventive Medicine	8,144	8,243	3,226	-4,918
Public Health/Preventive Medicine Prevention Fund	25,000	-	4,776	-20,224
Subtotal, Public Health/Prevention Medicine	33,144	8,243	8,002	-25,142
Nursing Workforce Development:				

Program	FY 2012 Enacted	FY 2013 Annualized CR	FY 2014 President's Budget	FY 2014 +/- FY 2012
Advanced Education Nursing	63,469	64,316	83,469	20,000
<i>PHS Evaluation Funds (non-add)</i>	-	-	-	-
Subtotal, Advanced Education Nursing	63,469	64,316	83,469	20,000
Nursing Workforce Diversity	15,819	16,077	15,819	-
Nurse Education, Practice and Retention	39,638	39,820	39,638	-
Nurse Faculty Loan Program	24,553	24,953	24,553	-
Comprehensive Geriatric Education	4,485	4,558	4,485	-
Subtotal, Nursing Workforce Development	147,964	149,724	167,964	20,000
Children's Hospitals Graduate Medical Education Program	265,171	269,488	88,000	-177,171
Subtotal, Bureau of Health Professions	678,306	652,591	461,502	-216,804
<i>Health Workforce Evaluation Funding</i>	-	-	-	-
<i>National Practitioner Data Bank (User Fees)</i>	28,016	28,016	28,016	-
Subtotal, PL Health Workforce (BCRS, BHPr)	1,085,700	1,065,515	883,896	-201,804
<i>Subtotal, Discretionary Health Professions (non-add)</i>	641,306	652,591	451,426	-189,880
<i>Subtotal, Discretionary Health Workforce (non-add)</i>	725,684	737,499	540,804	-184,880
<i>Subtotal, Discretionary Health Workforce (excludes GME)</i>	460,513	468,011	452,804	-7,709
<u>MATERNAL & CHILD HEALTH:</u>				
Maternal and Child Health Block Grant	638,646	649,046	638,646	-
Autism and Other Developmental Disorders	47,142	47,909	47,142	-
Traumatic Brain Injury	9,760	9,919	9,760	-
Sickle Cell Service Demonstrations	4,665	4,741	4,665	-
James T. Walsh Universal Newborn Hearing Screening	18,660	18,963	-	-18,660
James T. Walsh Universal Newborn Hearing Screening Prevention Fund	-	-	18,660	18,660
Subtotal, James T. Walsh Universal Newborn Screening	18,660	18,963	18,660	-
Emergency Medical Services for Children	21,116	21,460	21,116	-
Healthy Start	103,532	105,218	103,532	-
Heritable Disorders	9,834	9,994	-	-9,834
Heritable Disorders Prevention Fund	-	-	9,834	9,834
Subtotal, Heritable Disorders	9,834	9,994	9,834	-
Family to Family Health Information Centers (ACA)	5,000	5,000	-	-5,000
Maternal, Infant and Early Childhood Visiting Program (ACA)	350,000	400,000	400,000	50,000
Subtotal, Maternal and Child Health Bureau	1,208,355	1,272,250	1,253,355	45,000
<i>Subtotal, Discretionary MCHB (non add)</i>	853,355	867,250	824,861	-28,494
<i>Subtotal, Prevention Fund MCHB (non add)</i>	-	-	28,494	28,494
<i>Subtotal, Mandatory MCHB (non add)</i>	355,000	405,000	400,000	45,000
<u>HIV/AIDS:</u>				
Emergency Relief - Part A	666,071	675,366	666,071	-
Comprehensive Care - Part B	1,360,827	1,328,722	1,370,827	10,000
<i>AIDS Drug Assistance Program (Non-Add)</i>	933,299	903,797	943,299	10,000
Early Intervention - Part C	215,086	206,431	225,086	10,000
Children, Youth, Women & Families - Part D	77,167	77,639	77,167	-
AIDS Education and Training Centers - Part F	34,542	34,753	34,542	-
Dental Reimbursement Program Part F	13,485	13,568	13,485	-

Program	FY 2012 Enacted	FY 2013 Annualized CR	FY 2014 President's Budget	FY 2014 +/- FY 2012
Subtotal, HIV/AIDS	2,367,178	2,336,479	2,387,178	20,000
<i>SPNS Evaluation Funding</i>	<i>25,000</i>	<i>25,153</i>	<i>25,000</i>	<i>-</i>
Subtotal, HIV/AIDS Bureau	2,392,178	2,361,632	2,412,178	20,000
<u>HEALTHCARE SYSTEMS:</u>				
Organ Transplantation	24,015	25,001	26,015	2,000
National Cord Blood Inventory	11,887	11,960	11,887	-
C.W. Bill Young Cell Transplantation Program	23,330	23,473	23,330	-
Poison Control Centers	18,830	18,945	-	-18,830
Poison Control Centers Prevention Fund	-	-	18,830	18,830
Subtotal, Poison Control	18,830	18,945	18,830	-
340b Drug Pricing Program/Office of Pharmacy Affairs	4,472	4,499	4,472	-
<i>340b Drug Pricing Program/Office of Pharmacy Affairs User Fees</i>	<i>-</i>	<i>-</i>	<i>6,000</i>	<i>6,000</i>
Hansen's Disease Center	16,045	16,143	16,045	-
Payment to Hawaii	1,960	1,972	1,960	-
National Hansen's Disease Program - Buildings and Facilities	127	130	127	-
Subtotal, Healthcare Systems Bureau	100,666	102,123	108,666	8,000
<u>Rural Health:</u>				
Rural Health Policy Development	9,866	9,926	9,866	-
Rural Health Outreach Grants	55,553	55,893	55,553	-
Rural & Community Access to Emergency Devices	1,100	2,511	-	-1,100
Rural Hospital Flexibility Grants	41,040	41,291	26,200	-14,840
State Offices of Rural Health	10,036	10,097	10,036	-
Radiation Exposure Screening and Education Program	1,935	1,947	1,935	-
Black Lung	7,140	7,184	7,140	-
Telehealth	11,502	11,572	11,502	-
Subtotal, Office of Rural Health Policy	138,172	140,421	122,232	-15,940
Program Management	159,894	162,500	161,794	1,900
Family Planning	293,870	298,655	327,402	33,532
HRS Program Level	8,195,767	8,540,553	9,036,455	840,688
Appropriation Table Match	6,205,751	6,232,384	6,015,039	-190,712
Less Mandatory Programs	1,937,000	2,255,000	2,962,400	1,025,400
<i>Subtotal Affordable Care Act</i>	<i>1,900,000</i>	<i>2,255,000</i>	<i>2,905,000</i>	<i>1,005,000</i>
<i>Subtotal Public Health Prevention Fund</i>	<i>37,000</i>	<i>-</i>	<i>57,400</i>	<i>20,400</i>
Discretionary Program Level:				
HRS	6,258,767	6,285,553	6,074,055	-184,712
Funds Appropriated to Other HRSA Accounts:				
Health Education Assistance Loans:²				
Liquidating Account	1,000	1,000	-	-1,000
HEAL Credit Reform - Direct Operations	2,807	2,853	-	-2,807
Subtotal, Health Education Assistance Loans	3,807	3,853	-	-3,807

² The FY 2014 Budget include a General Provision language that would transfer the Health Education Assistance Loan (HEAL) program to the Department of Education. Funding for the administration of the HEAL program is reflected in the Department of Education.

Program	FY 2012 Enacted	FY 2013 Annualized CR	FY 2014 President's Budget	FY 2014 +/- FY 2012
Vaccine Injury Compensation:				
Vaccine Injury Compensation Trust Fund (HRSA Claims)	235,000	235,000	235,000	-
VICTF Direct Operations – HRSA	6,477	6,517	6,477	-
Subtotal, Vaccine Injury Compensation	241,477	241,517	241,477	-
Discretionary Program Level:				
HRS	6,258,767	6,285,553	6,074,055	-184,712
HEAL Direct Operations	2,807	2,853	-	-2,807
Vaccine Direct Operations	6,477	6,517	6,477	-
Total, HRSA Discretionary Program Level	6,268,051	6,294,923	6,080,532	-187,519
Mandatory Programs:	1,937,000	2,255,000	2,962,400	1,025,400
Total, HRSA Program Level	8,205,051	8,549,923	9,042,932	837,881
Less Programs Funded from Other Sources Mandatory:				
Prevention and Public Health Fund	37,000	-	-57,400	-20,400
Less Programs Funded from Other Sources:				
<i>Evaluation - Special Projects of National Significance (SPNS)</i>	-25,000	-25,153	-25,000	-
<i>Evaluation - Health Workforce</i>	-	-	-	-
<i>National Practitioner Data Bank (User Fees)</i>	28,016	-28,016	-28,016	-
<i>340b Drug Pricing Program/Office of Pharmacy Affairs (User Fees)</i>	-	-	-6,000	-6,000
Total HRSA Discretionary Budget Authority	6,215,035	6,241,754	6,021,516	-193,519