



Fiscal Year 2019

Budget in Brief

U.S. Department of Health and Human Services
Health Resources and Services Administration
www.HRSA.gov

Health Resources and Services Administration



<i>dollars in millions</i>	2017 /1	2018 /2	2019	2019 +/- 2018
Primary Health Care				
Health Centers	4,898	4,981	4,991	+9
<i>Discretionary Budget Authority</i>	1,387	1,381	4,991	+3,609
<i>Current Law Mandatory</i>	3,511	550	--	-550
<i>Proposed Law Mandatory</i>	--	3,050	--	-3,050
Health Centers Tort Claims	100	99	100	+1
Free Clinics Medical Malpractice	1	1	1	--
Subtotal, Primary Care	4,999	5,081	5,092	+10
Health Workforce				
National Health Service Corps	289	310	310	--
<i>Discretionary Budget Authority</i>	--	--	310	+310
<i>Current Law Mandatory</i>	289	65	--	-65
<i>Proposed Law Mandatory</i>	--	245	--	-245
Training for Diversity	83	82	-	-82
Training in Primary Care Medicine	39	39	-	-39
Oral Health Training	37	36	-	-36
Teaching Health Centers Graduate Medical Education	56	60	60	--
<i>Discretionary Budget Authority</i>	--	--	60	+60
<i>Current Law Mandatory</i>	56	30	--	-30
<i>Proposed Law Mandatory</i>	--	30	--	-30
Area Health Education Centers	30	30	-	-30
Health Care Workforce Assessment	5	5	5	--
Public Health and Preventive Medicine Programs	17	17	-	-17
Nursing Workforce Development	229	228	83	-145
Children's Hospital Graduate Medical Education/3	299	298	-	-298
National Practitioner Data Bank User Fees	19	18	19	+1
Other Workforce Programs	99	98	0	-98
Subtotal, Health Workforce	1,200	1,221	477	-744
Maternal and Child Health				
Maternal and Child Health Block Grant	640	637	628	-10
Sickle Cell Demonstration Program	4	4	-	-4
Autism and Other Developmental Disorders	47	47	-	-47
Heritable Disorders	14	14	-	-14
Healthy Start	118	103	104	+1
Universal Newborn Hearing Screening	18	18	-	-18
Emergency Medical Services for Children	20	20	-	-20
Family-to-Family Health Information Centers	5	5	5	--
<i>Discretionary Budget Authority</i>	--	--	5	+5
<i>Current Law Mandatory</i>	5	--	--	--
<i>Proposed Law Mandatory</i>	--	5	--	-5
Home Visiting	372	400	400	--
<i>Discretionary Budget Authority</i>	--	--	400	+400
<i>Current Law Mandatory</i>	372	--	--	--
<i>Proposed Law Mandatory</i>	--	400	--	-400
Subtotal, Maternal and Child Health	1,239	1,248	1,136	-112

<i>dollars in millions</i>	2017 /1	2018 /2	2019	2019 +/- 2018
Ryan White HIV/AIDS Program				
Emergency Relief - Part A	654	651	656	+4
Comprehensive Care - Part B	1,312	1,306	1,315	+9
<i>AIDS Drug Assistance Program [non-add]</i>	900	894	900	+6
Early Intervention - Part C	201	200	201	+1
Children, Youth, Women, and Families - Part D	75	75	75	--
AIDS Education and Training Centers - Part F	34	33	-	-33
Dental Services - Part F	13	13	13	--
Special Projects of National Significance	25	25	-	-25
Subtotal, Ryan White HIV/AIDS	2,313	2,303	2,260	-43
Healthcare Systems				
Organ Transplantation	23	23	24	+1
Cord Blood Stem Cell Bank	12	12	12	--
C.W. Bill Young Cell Transplantation Program	22	22	22	--
Poison Control Centers	19	19	19	--
340B Drug Pricing Program	10	10	26	+16
<i>Discretionary Budget Authority</i>	10	10	10	--
<i>User Fees</i>	-	-	16	+16
Hansen's Disease Programs	17	17	14	-3
Subtotal, Healthcare Systems	104	103	117	+13
Rural Health				
Rural Outreach Grants	65	65	51	-14
Rural Hospital Flexibility Grants	44	43	-	-43
Telehealth	18	18	10	-8
Rural Health Policy Development	9	9	5	-4
State Offices of Rural Health	10	10	-	-10
Radiation Exposure Screening and Education	2	2	2	--
Black Lung Clinics	7	7	7	--
Subtotal, Rural Health	156	155	75	-80
Other Activities				
Family Planning	286	285	286	+1
Program Management	154	153	152	-1
Vaccine Injury Compensation Program Direct Operations	8	8	9	+1
Subtotal, Other Activities	448	445	448	+2

<i>dollars in millions</i>	2017 /1	2018 /2	2019	2019 +/- 2018
HRSA Budget Totals				
Total, Discretionary Budget Authority	6,207	6,164	9,569	+3,405
User Fees	19	18	35	+17
Current Law Mandatory	4,232	645	--	-645
Proposed Law Mandatory	--	3,730	--	-3730
Total, Program Level	10,458	10,557	9,604	-953
Additional Opioids Allocation/4	--	--	550	+550
Total with Additional Opioids Allocation/4	10,458	10,557	10,154	-403
1/ Reflects FY 2017 enacted, post required and permissive transfers and rescissions.				
2/ Reflects the annualized level of the Continuing Resolution (P.L. 115-96), including any applicable funding anomalies and directed or permissive transfers (where applicable).				
3/ Discretionary funding for Children’s Hospitals Graduate Medical Education is discontinued in FY 2019. As part of a larger Graduate Medical Education reform, funding for children’s hospitals in FY 2019 will be provided through mandatory resources in a new consolidated GME program.				
4/ This funding is part of the \$10 billion proposal to combat the opioid epidemic and address serious mental illness.				

The Health Resources and Services Administration (HRSA) is the primary Federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable. HRSA works to improve health through access to quality services, a skilled health workforce and innovative programs.

Tens of millions of Americans receive quality, affordable health care and other services through the Health Resources and Services Administration’s (HRSA) programs and more than 3,000 grantees across the United States. HRSA works across diverse programs—serving everyone from infants to the elderly—to assure that people in the United States have access to a broad range of essential health care and public health services. HRSA also supports the training of health professionals, the distribution of providers to areas where they are needed most, and improvements in health care delivery. In addition, HRSA oversees organ, bone marrow, and cord blood donation. It compensates individuals harmed by vaccination, and maintains databases that protect against health care malpractice, waste, fraud, and abuse.

The Fiscal Year (FY) 2019 President’s Budget total program level for HRSA is \$9.6 billion, \$953 million below the FY 2018 Continuing Resolution. This total includes \$9.6 billion in discretionary budget authority and \$35 million in user fees. The FY 2019 Budget shifts mandatory funding for the following programs to discretionary funding: Health Centers, National Health Service Corps, Teaching Health Center Graduate Medical Education, Home Visiting, and Family- to-Family Health Information Centers. At this

funding level, HRSA will continue to prioritize the delivery of critical direct health care services to those Americans that are in most need. In addition, the Budget provides HRSA an initial allocation of \$550 million to fight the opioid crisis.

ENSURING ACCESS TO DIRECT HEALTH CARE SERVICES

Health Centers

One in 12 people across every state and territory receive health care services from a health center. Health centers deliver affordable, accessible, quality, and cost-effective primary health care and preventive services to patients regardless of their ability to pay. Health centers advance a model of coordinated, comprehensive, and patient-centered primary health care, integrating a wide range of medical, dental, behavioral and patient services.

The FY 2019 Budget provides a total of \$5.1 billion for Health Centers in discretionary resources, an increase of \$10 million above the FY 2018 Continuing Resolution. The Health Center Program provides funding and other support to nearly 1,400 health centers across the United States, which operate more than 11,000 health care delivery sites, providing care to more than 25 million individuals every year. Those

served include 1 in 10 children, 1 in 6 Americans living in rural areas, and 1 in 3 individuals living in poverty. More than 200,000 health center staff serve patients and help them stay healthy through preventive care, while reducing costs to health systems. The health center model of care has been shown to reduce the use of costlier providers of care, such as emergency departments and hospitals.

Ryan White HIV/AIDS Programs

The Ryan White HIV/AIDS Program enables cities, states, and community-based organizations to support a comprehensive system of primary medical care, medication, and essential support services to more than half a million people living with HIV in the United States. In 2016, more than 551,000 clients received services from funded providers.

The FY 2019 Budget provides a total of \$2.3 billion, \$43 million below the FY 2018 Continuing Resolution, to continue serving more than 50 percent of all people living with diagnosed HIV in the United States. At this funding level, the Budget provides \$900 million for the AIDS Drug Assistance Program and discontinues funding for the Ryan White HIV/AIDS Part F AIDS Education and Training Programs and Special Project of National Significance. The FY 2019 Budget also proposes to reauthorize the Ryan White HIV/AIDS Program to ensure that Federal funds are allocated to target populations experiencing high or increasing levels of HIV infections and diagnoses while continuing to support Americans already living with HIV across the Nation.

The proposed reauthorization will include data-driven programmatic changes and will simplify, modernize, and standardize certain statutory requirements and definitions to be consistent across the Ryan White Parts to reduce burden on recipients.

The Ryan White HIV/AIDS Program helps to ensure that individuals with HIV are linked to and retained in care, able to adhere to medication regimens, and remain virally suppressed. These goals are critical to ensuring optimal HIV health outcomes among people living with HIV, as well as preventing further transmission of the virus, and ultimately, ending the HIV epidemic. Toward this goal, HRSA and the Centers for Disease Control and Prevention are collaborating to accelerate the elimination of perinatal HIV transmission in the United States. Perinatal HIV transmission, also known as

mother-to-child transmission, has declined by more than 90 percent since the early 1990s.

SECRETARY'S PRIORITIES

HRSA's Response to Substance Misuse and the Opioid Epidemic

Research shows that drug overdose deaths are 45 percent higher in rural areas compared to urban communities. In FY 2017, HRSA awarded \$3 million to focus on the treatment, prevention, and awareness of opioid abuse in rural communities. The Substance Abuse Treatment Telehealth Network Grant Program works to improve access to health care services, particularly substance abuse treatment, in rural communities using telehealth networks. The Rural Health Opioid Program seeks to increase access to treatment and recovery services for opioid abuse within rural communities especially in hard hit areas such as Kentucky, Maine, and Ohio. Rural residents struggling with substance abuse issues, particularly opioid use disorder, often face unique challenges such as isolation and stigma. Both programs aim to strengthen interventions to overcome these challenges.

Additionally, only three percent of rural primary care physicians have the Drug Enforcement Administration waiver necessary to prescribe buprenorphine to treat opioid addiction. In FY 2019, HRSA will expand substance abuse treatment in underserved areas by awarding enhanced loan repayment to National Health Service Corps behavioral health applicants with DATA 2000 waivers. These waivers enable clinicians to provide medication-assisted treatment services in treatment settings other than opioid treatment programs.

OPTIMIZING THE NATION'S HEALTH WORKFORCE

The FY 2019 Budget provides a total of \$477 million for HRSA health workforce programs, which is \$744 million below the FY 2018 Continuing Resolution. HRSA's health workforce programs strengthen the health workforce and connect skilled professionals to communities in need. The FY 2019 Budget continues to prioritize health workforce programs that require service commitments in underserved areas and maintains funding for the National Center for Health Workforce Analysis, a national resource for health workforce research, information, and data.

National Health Service Corps

The National Health Service Corps builds healthy communities by supporting qualified health care providers dedicated to working in areas of the United

States with limited access to care. The FY 2019 Budget provides a total of \$310 million in discretionary funding for the National Health Service Corps. Today, nearly 10,200 primary care medical, dental, and mental and behavioral health National Health Service Corps providers are working nationwide to provide essential health services to approximately 10.7 million Americans. HRSA will continue to assess potential changes to enhance the ability of the National Health Service Corps to support the Administration's efforts to end the opioid abuse epidemic and to expand access to services for individuals with serious mental illness.

NURSE Corps Scholarship and Loan Repayment Program

The NURSE Corps supports nursing students, registered nurses, and advanced practice registered nurses who agree to work full-time in a health care facility with a critical shortage of nurses in return for nursing school scholarships or for repayment of qualifying nursing educational loans.

The FY 2019 Budget provides \$83 million, an increase of \$1 million above the FY 2018 Continuing Resolution, to continue supporting approximately 202 scholarships and 1,015 loan repayments. Over 85 percent of NURSE Corps participants continue providing care at a critical shortage facility after completion of their service commitment.

Teaching Health Center Graduate Medical Education

The Teaching Health Center Graduate Medical Education Program supports primary care medical and dental residency programs in community-based ambulatory patient care settings. Teaching Health Centers are located predominantly in Federally Qualified Health Centers, Rural Health Clinics, and Tribal health centers, which prioritize care for underserved communities. The FY 2019 Budget provides \$60 million in discretionary funding for Teaching Health Center Graduate Medical Education.

Over half of Teaching Health Center Graduate Medical Education program training sites are in Medically Underserved Communities. Training in these communities increases health care services and primary care workforce in underserved communities. In FY 2019, HRSA anticipates supporting approximately 57 residency programs.

Health Workforce Program Discontinuation

The FY 2019 Budget discontinues a number of workforce programs and continues to prioritize programs that provide scholarships and loan repayments to health care students and professionals willing to meet service requirements in health professional shortage areas.

The FY 2019 Budget also discontinues discretionary funding for the Children's Hospital Graduate Medical Education Program. The FY 2019 Budget proposes to better target Federal spending on graduate medical education and increase transparency and accountability. The Budget consolidates graduate medical education spending in Medicare, Medicaid, and the Children's Hospital Graduate Medical Education Program into a new mandatory graduate medical education capped grant program. The grant program would be jointly operated by the CMS and HRSA Administrators. Funding would be distributed to hospitals that are committed to building a strong medical workforce and would be targeted to address medically underserved communities and health professional shortages. Comprehensive reform will ensure the important work of children's hospitals in supporting graduate medical education continues.

KEEPING FAMILIES AND COMMUNITIES HEALTHY

Maternal and Child Health

The FY 2019 Budget continues to prioritize direct health care services and provides states and communities the flexibility to meet local needs. This funding helps to improve the health of all mothers, children, and their families, in particular those with low incomes. Additionally, the Budget identifies \$112 million in savings by discontinuing smaller maternal and child health programs and not making new awards within the Maternal and Child Health Block Grant's Special Projects of Regional and National Significance (SPRANS). States may continue to support these activities with their Maternal and Child Health Block Grant awards.

The FY 2019 Budget requests \$628 million in funding for the Maternal and Child Health Block Grant. This funding supports services to more than half of the pregnant women and nearly one-third of all infants and children in the country. The request maintains funding for state grants, as well as existing competitive and non-formula grants and contracts that support critical

components of the maternal and child health system, but does not provide funding for new SPRANS awards.

Across the country, there continues to be significant disparities in infant mortality. For that reason, the FY 2019 Budget requests \$104 million for Healthy Start, which connects individuals with services that can reduce infant mortality and improve perinatal outcomes. This program provides grantees with flexibility to tailor services according to community need.

The Budget provides \$400 million in discretionary resources for grants to states to provide home visiting services to at-risk pregnant women, mothers, and their families. These services build upon decades of scientific research that shows that home visits by a nurse, social worker, or early childhood educator during pregnancy and in the first years of life have the potential to improve children's health, development, and ability to learn. Additionally, research shows that home visits provide a positive return on investment by reducing reliance upon emergency room visits and public benefits receipt, decreasing interaction with child protective services and increasing parental earnings.

Family Planning

Since 1970, the Title X Family Planning Program has aided individuals and families with comprehensive family planning and related health services, such as the treatment and prevention of sexually transmitted diseases and the screening of cervical cancer.

The FY 2019 Budget maintains funding for this program at \$286 million. With at least one Title X services grantee in every state, the District of Columbia, and in each of the territories, the Family Planning Program will serve approximately 4 million patients in FY 2019, of which 90 percent have family incomes at or below 200 percent of the Federal poverty level.

Rural Health

The FY 2019 Budget provides \$75 million for HRSA's Federal Office of Rural Health Policy, which is \$80 million below the FY 2018 Continuing Resolution. The Budget maintains the discontinuations proposed in the FY 2018 President's Budget and continues to prioritize funding for critical direct health care services and rural health activities.

Fighting the Opioid Epidemic

The Budget provides \$10 billion in new resources across HHS to combat the opioid epidemic. As part of this effort, the Budget provides an initial allocation totaling \$550 million in HRSA that includes \$150 million to address substance abuse, including opioid abuse, and the overdose crisis in highest risk rural communities. This funding will allow communities to develop plans to address local needs. Additionally, this funding will provide additional loan repayment awards through the National Health Service Corps to support the recruitment and retention of health professionals needed in rural areas to provide evidence-based substance abuse treatment and prevent overdose deaths. In addition, \$400 million is allocated for community health centers, of which \$200 million is set aside to provide quality improvement incentive payments to community health centers that implement evidence-based models to address behavioral health, including opioid addiction, issues to meet the health needs of the population served by the health center.

OTHER PROGRAMS

340B Drug Pricing Program

The FY 2019 Budget provides a total of \$26 million for the 340B Drug Pricing Program, of which \$10 million is discretionary budget authority and \$16 million is available through a new user fee on drug purchases by covered entities, for an increase of \$16 million above the FY 2018 Continuing Resolution.

The 340B Drug Pricing Program enables over 12,500 covered entities across the United States to gain as much value from Federal resources as possible through the purchase of discounted prescription drugs, to reach more eligible patients, and provide more comprehensive services. The new user fee will help improve the program's operations and oversight.

The FY 2019 Budget proposes to improve 340B Program integrity and ensure that the benefits of the program are used to help low-income and uninsured patients. This proposal includes broad regulatory authority for the 340B Drug Pricing Program to set enforceable standards of program participation and requires all covered entities to report on use of program savings.

Program Management

The FY 2019 Budget provides \$152 million for program management activities, \$1 million below the FY 2018 Continuing Resolution. At this funding level, HRSA will maintain oversight of grant and contract recipients, support program integrity efforts, reduce improper payments, as well as develop and maintain its information technology infrastructure.

Health Resources and Services Administration

FY 2019

All Purpose Table

(dollars in thousands)

Program	FY 2017	FY 2018	FY 2019	FY 2019
	Final	Annualized CR	President's Budget	President's Budget +/- FY 2018 Annualized CR
<u>PRIMARY CARE:</u>				
Health Centers:				
Health Centers	1,387,036	1,381,185	4,990,629	+3,609,444
Health Centers Mandatory	3,510,661	550,000	-	-550,000
Health Centers Proposed Mandatory	-	3,050,000	-	-3,050,000
Health Center Tort Claims	99,893	99,215	99,893	+678
Subtotal, Health Centers	4,997,590	5,080,400	5,090,522	+10,122
Free Clinics Medical Malpractice	1,000	993	1,000	+7
Subtotal, Bureau of Primary Health Care (BPHC)	4,998,590	5,081,393	5,091,522	+10,129
<i>Subtotal, Mandatory BPHC (non-add)</i>	<i>3,510,661</i>	<i>3,600,000</i>	<i>-</i>	<i>-3,600,000</i>
<i>Subtotal, Discretionary BPHC (non add)</i>	<i>1,487,929</i>	<i>1,481,393</i>	<i>5,091,522</i>	<i>+3,610,129</i>
<u>HEALTH WORKFORCE:</u>				
National Health Service Corps (NHSC):				
NHSC	-	-	310,000	+310,000
NHSC Mandatory	288,610	65,000	-	-65,000
NHSC Proposed Mandatory	-	245,000	-	-245,000
Subtotal, NHSC	288,610	310,000	310,000	-
Loan Repayment/Faculty Fellowships	1,187	1,182	-	-1,182
Health Professions Training for Diversity:				
Centers of Excellence	21,659	21,564	-	-21,564
Scholarships for Disadvantaged Students	45,859	45,658	-	-45,658
Health Careers Opportunity Program	14,155	14,093	-	-14,093
Subtotal, Health Professions Training for Diversity	81,673	81,315	-	-81,315
Health Care Workforce Assessment	4,652	4,631	4,663	+32
Primary Care Training and Enhancement	38,830	38,660	-	-38,660
Oral Health Training Programs	36,587	36,424	-	-36,424
Interdisciplinary, Community-Based Linkages:				
Area Health Education Centers	30,177	30,045	-	-30,045
Geriatric Programs	38,644	38,474	-	-38,474
Behavioral Health Workforce Education and Training	50,000	49,660	-	-49,660
Mental and Behavioral Health	9,892	9,849	-	-9,849
Subtotal, Interdisciplinary, Community-Based Linkages	128,713	128,028	-	-128,028
Public Health Workforce Development:				
Public Health/Preventive Medicine	16,949	16,885	-	-16,885
Nursing Workforce Development:				
Advanced Nursing Education	64,425	64,142	-	-64,142
Nursing Workforce Diversity	15,306	15,239	-	-15,239
Nurse Education, Practice and Retention	39,817	39,642	-	-39,642
Nurse Faculty Loan Program	26,436	26,320	-	-26,320
NURSE Corps Scholarship and Loan Repayment Program	82,935	82,570	83,135	+565
Subtotal, Nursing Workforce Development	228,919	227,913	83,135	-144,778
Children's Hospital Graduate Medical Education	299,289	297,963	-	-297,963

Health Resources and Services Administration

FY 2019

All Purpose Table

(dollars in thousands)

Program	FY 2017	FY 2018	FY 2019	FY 2019
	Final	Annualized CR	President's Budget	President's Budget +/- FY 2018 Annualized CR
Teaching Health Center Graduate Medical Education (THCGME):				
THCGME	-	-	60,000	+60,000
THCGME Mandatory	55,860	30,000	-	-30,000
THCGME Mandatory Proposed	-	30,000	-	-30,000
Subtotal, THCGME	55,860	60,000	60,000	-
<i>National Practitioner Data Bank (User Fees)</i>	<i>18,814</i>	<i>18,000</i>	<i>18,814</i>	<i>+814</i>
Subtotal, Bureau of Health Workforce (BHW)	1,200,083	1,221,001	476,612	-744,389
<i>Subtotal, User Fees BHW (non-add)</i>	<i>18,814</i>	<i>18,000</i>	<i>18,814</i>	<i>+814</i>
<i>Subtotal, Discretionary BHW (non-add)</i>	<i>836,799</i>	<i>833,001</i>	<i>457,798</i>	<i>-375,203</i>
<i>Subtotal, Mandatory BHW (non-add)</i>	<i>344,470</i>	<i>370,000</i>	<i>-</i>	<i>-370,000</i>
<u>MATERNAL & CHILD HEALTH:</u>				
Maternal and Child Health Block Grant	640,163	637,342	627,700	-9,642
Autism and Other Developmental Disorders	46,985	46,779	-	-46,779
Sickle Cell Service Demonstrations	4,444	4,425	-	-4,425
James T. Walsh Universal Newborn Hearing Screening	17,775	17,697	-	-17,697
Emergency Medical Services for Children	20,113	20,025	-	-20,025
Healthy Start	118,251	102,797	103,500	+703
Heritable Disorders	13,850	13,789	-	-13,789
Family-to-Family Health Information Centers:				
Family-to-Family Health Information Centers	-	-	5,000	+5,000
Family-to-Family Health Information Centers Mandatory	4,655	-	-	-
Family-to-Family Health Information Centers Proposed Mandatory	-	5,000	-	-5,000
Subtotal, Family-to-Family Health Information Centers	4,655	5,000	5,000	-
Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)				
MIECHV	-	-	400,000	+400,000
MIECHV Mandatory	372,400	-	-	-
MIECHV Proposed Mandatory	-	400,000	-	-400,000
Subtotal, MIECHV	372,400	400,000	400,000	-
Subtotal, Maternal and Child Health Bureau (MCHB)	1,238,636	1,247,854	1,136,200	-111,654
<i>Subtotal, Discretionary MCHB (non-add)</i>	<i>861,581</i>	<i>842,854</i>	<i>1,136,200</i>	<i>+293,346</i>
<i>Subtotal, Mandatory MCHB (non-add)</i>	<i>377,055</i>	<i>405,000</i>	<i>-</i>	<i>-405,000</i>

Health Resources and Services Administration

FY 2019

All Purpose Table

(dollars in thousands)

Program	FY 2017	FY 2018	FY 2019	FY 2019
	Final	Annualized CR	President's Budget	President's Budget +/- FY 2018 Annualized CR
<u>HIV/AIDS:</u>				
Emergency Relief - Part A	654,296	651,422	655,876	+4,454
Comprehensive Care - Part B	1,311,837	1,306,075	1,315,005	+8,930
<i>AIDS Drug Assistance Program (non-add)</i>	900,313	894,199	900,313	+6,114
Early Intervention - Part C	200,585	199,713	201,079	+1,366
Children, Youth, Women & Families - Part D	74,907	74,578	75,088	+510
AIDS Education and Training Centers - Part F	33,530	33,383	-	-33,383
Dental Reimbursement Program Part F	13,090	13,033	13,122	+89
Special Projects of National Significance (SPNS)	24,940	24,830	-	-24,830
Subtotal, HIV/AIDS Bureau	2,313,185	2,303,034	2,260,170	-42,864
<u>HEALTHCARE SYSTEMS:</u>				
Organ Transplantation	23,492	23,389	23,549	+160
National Cord Blood Inventory	12,239	12,183	12,266	+83
C.W. Bill Young Cell Transplantation Program	22,056	21,959	22,109	+150
Poison Control Centers	18,801	18,718	18,846	+128
340B Drug Pricing Program/Office of Pharmacy Affairs	10,213	10,168	10,238	+70
<i>340B Drug Pricing Program User Fees</i>	-	-	16,000	+16,000
Hansen's Disease Center	15,169	15,103	11,653	-3,450
Payment to Hawaii	1,853	1,844	1,857	+13
National Hansen's Disease Program - Buildings and Facilities	122	121	-	-121
Subtotal, Healthcare Systems Bureau (HSB)	103,945	103,485	116,518	13,033
<i>Subtotal, Discretionary HSB (non-add)</i>	103,945	103,485	100,518	-2,967
<i>Subtotal, User Fees HSB (non-add)</i>	-	-	16,000	+16,000
<u>RURAL HEALTH:</u>				
Rural Health Policy Development	9,328	9,287	5,000	-4,287
Rural Health Outreach Grants	65,347	65,055	50,811	-14,244
Rural Hospital Flexibility Grants	43,509	43,313	-	-43,313
State Offices of Rural Health	9,977	9,932	-	-9,932
Radiation Exposure Screening and Education Program	1,830	1,822	1,834	+12
Black Lung	7,250	7,217	7,266	+49
Telehealth	18,459	18,374	10,000	-8,374
Subtotal, Federal Office of Rural Health Policy	155,700	155,000	74,911	-80,089
PROGRAM MANAGEMENT	153,629	152,954	151,993	-961
FAMILY PLANNING	286,479	284,534	286,479	+1,945

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FY 2019
All Purpose Table
(dollars in thousands)

Program	FY 2017	FY 2018	FY 2019	FY 2019
	Final	Annualized CR	President's Budget	President's Budget +/- FY 2018 Annualized CR
HRSA Program Level	10,450,247	10,549,255	9,594,405	-954,850
Appropriation Table Match	6,199,247	6,156,255	9,559,591	3,403,336
Less Mandatory Programs	4,232,186	4,375,000	-	-4,375,000
Discretionary Program Level:				
HRSA	6,218,061	6,174,255	9,594,405	+3,420,150
Funds Appropriated to Other HRSA Accounts:				
Vaccine Injury Compensation:				
Vaccine Injury Compensation Trust Fund (HRSA Claims)	282,000	308,000	308,000	-
VICTF Direct Operations - HRSA	7,750	7,697	9,200	+1,503
Subtotal, Vaccine Injury Compensation	289,750	315,697	317,200	+1,503
Discretionary Program Level:				
HRSA	6,218,061	6,174,255	9,594,405	+3,420,150
Vaccine Direct Operations	7,750	7,697	9,200	+1,503
Total, HRSA Discretionary Program Level	6,225,811	6,181,952	9,603,605	+3,421,653
Mandatory Programs:	4,232,186	4,375,000	-	-4,375,000
Total, HRSA Program Level	10,457,997	10,556,952	9,603,605	-953,347
Less Programs Funded from Other Sources:				
<i>User Fees</i>	-18,814	-18,000	-34,814	-16,814
<i>Mandatory Programs</i>	-4,232,186	-4,375,000	-	+4,375,000
Total, HRSA Discretionary Budget Authority	6,206,997	6,163,952	9,568,791	+3,404,839
<i>Opioids Proposed</i>	-	-	550,000	+550,000
Total, HRSA Program Level with Opioids	10,457,997	10,556,952	10,153,605	-403,347