

FY20 President's Budget Proposal

A Public Health Snapshot

The White House recently released President Trump's FY20 proposed budget, "[A Budget for a Better America](#)." The budget outlines the Administration's funding priorities for the upcoming fiscal year. Congress has the authority to approve, reject, or modify the budget's recommendations. It is important to note that Congress has rejected the deep cuts and program eliminations proposed in the last two budget submissions. ASTHO expects these cuts will once again be rejected by Congress.

The information below is meant to provide a snapshot of the President's budget by comparing FY19 enacted levels to the proposed allocations in FY20 for the [Centers for Disease Control and Prevention](#) (CDC), the [Health Resources and Services Administration](#) (HRSA), the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA), the [Assistant Secretary for Preparedness and Response](#) (ASPR), the [HHS Office of the Secretary](#), the [U.S. Food and Drug Administration](#) (FDA), the [Environmental Protection Agency](#) (EPA), and the [U.S. Department of Agriculture](#) (USDA).

This summary memo does not encompass all programmatic or funding level proposals. Additional information about these programs is included in the Congressional justifications referenced above.

The text below was taken directly from the budget documents.

Most public health programs are funded through the annual appropriations bills and, therefore, are discretionary programs. However, there are some programs that are part of mandatory funding authorized by the Affordable Care Act, which include the Prevention and Public Health Fund, the Maternal, Infant, and Early Childhood Home Visiting program, and Family-to-Family Information Centers. In addition, partial funding for Community Health Centers and the National Health Service Corps is also mandatory. This year, Congress will have to extend mandatory funding for Community Health Centers, Family-to-Family Information Centers, and the National Health Service Corps because they expire. The inclusion of the extension of the mandatory funding for the programs listed above is an important signal the Administration is sending to Congress.

If you have any questions or require additional information, please contact [Carolyn McCoy](#), ASTHO's senior director of government affairs.

CDC
(\$ in thousands)

	FY19 Enacted	FY20 President's Budget	Difference PBR/FY19
Immunization and Respiratory Diseases	798,405	730,231	-68,174
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention	1,125,056	1,318,056	193,000
Emerging and Zoonotic Infectious Diseases	612,372	509,472	-102,900
Chronic Disease Prevention and Health Promotion	1,187,771	951,250	-236,521
Birth Defects, Developmental Disabilities, Disabilities and Health	155,560	112,000	-43,560
Public Health Scientific Services	504,397	468,000	-36,397
Environmental Health	209,350	157,000	-52,350
Injury Prevention and Control	648,559	628,839	-19,720
Occupational Safety and Health	336,300	190,000	-146,300
Global Health	495,843	456,984	-38,859
Public Health Preparedness and Response	855,200	825,000	-30,200
Buildings and Facilities	30,000	30,000	0
Preventive Health and Health Services Block Grant	160,000	0.00	-160,000
Total, CDC Program Level	7,282,383	6,531,832	-750,551

Key Highlights (CDC)

- **Overall:** The FY20 budget request for CDC is \$6.51 billion, or \$751 million below FY19. Any increased funding proposals were paid for with proposed decreases in other programs.
- **CDC Initiatives:** Below are the priorities included in the President's budget proposal identified for increased funding:
 - Ending the HIV Epidemic: A Plan for America, with an increase of \$140 million.
 - Infectious Diseases and the Opioid Epidemic, with an increase of \$53 million.
 - Global Health Security, with an increase of \$49.8 million.
 - Modernizing Influenza Vaccines, with an increase of \$10 million.
 - An increase of \$10 million for acute flaccid myelitis (AFM).
 - An additional \$50 million for the Infectious Diseases Rapid Response Reserve Fund.

- **America's Health Block Grant:** The budget proposes to create the America's Health Block Grant with \$500 million; however, other chronic disease programs were eliminated or cut deeply to create this block grant. This block grant "will provide flexibility to grantees and focus on the top public health challenges faced by states, tribes, localities, and territories." Congress has rejected this proposal for the past two years.
- **Maternal Mortality:** The budget includes new programs, including maternal mortality review committees, surveillance for emerging threats to mothers and babies, and neonatal abstinence syndrome.
- **Prevention and Public Health Fund:** The budget request includes an approximate \$894 million in funding from the Prevention and Public Health Fund (PPHF) to fund various programs throughout the CDC. The proposed America's Health Block Grant is fully funded by the PPHF.

Select Proposed Reductions and Eliminations (CDC)

- **Chronic Disease Prevention and Health Promotion:** -\$236.5 million
- **Emerging and Zoonotic Infectious Diseases:** -\$102.9 million
- **Immunization:** -\$78.2 million
 - Includes \$10 million dedicated to support acute flaccid myelitis.
 - CDC will continue to provide funding to the 64 immunization awardees for state infrastructure awards and vaccine direct assistance, but at a reduced level.
 - CDC will also continue providing technical assistance and laboratory support to states and local communities responding to vaccine-preventable disease investigations, including outbreaks, but at a reduced level.
- **Environmental Health:** -\$52.4 million
 - Includes elimination of the climate and health program.
- **Birth Defects, Developmental Disabilities, Disability and Health:** -\$43.6 million
 - This funding level includes dedicated funding for surveillance for emerging threats to mothers and babies and neonatal abstinence syndrome.
- **Public Health Preparedness and Response:** -\$30.2 million
 - Reduces this line by \$22 million and proposed elimination of the Academic Centers for Public Health Preparedness.
 - Proposes to keep the Public Health Emergency Preparedness (PHEP) cooperative agreement level funding at \$675 million.
- **Injury Prevention and Control:** -\$19.7 million
 - The request reduces funding for unintentional injury and injury prevention activities.
 - CDC will continue its emphasis on opioid abuse and overdose prevention and will focus its injury prevention portfolio on core public health activities that protect America's health.
- **Cross-Cutting Activities and Program Support:** -\$168.6 million
 - Proposed elimination of the Preventive Health and Health Services Block Grant.
- **Agency for Toxic Substances and Disease Registry:** -\$12.7 million
- **Global Tuberculosis:** The budget proposes to consolidate its Global Tuberculosis (TB) funding within the Center for Global Health/Division of Global HIV/AIDS to "better coordinate Global TB activities across the agency and leverage resources for maximum impact."

Public Health and Social Services Emergency Fund (PHSSEF)
(\$ in thousands)

	FY19 Enacted	FY20 President's Budget	Difference PBR/FY19
Preparedness and Emergency Operations	24,654	24,654	0
National Disaster Medical System	57,404	77,404	20,000
Hospital Preparedness Cooperative Agreement Grants	264,555	257,555	-7,000
<i>HPP Formula Grants</i>	231,500	231,500	0
Biomedical Advanced Research and Development Authority (BARDA)	561,700	561,700	0
Strategic National Stockpile	610,000	620,000	10,000
Medical Reserve Corps	6,000	3,900	-2,100
ASPR Pandemic Influenza Preparedness	2,600	2,600	0
Total Assistant Secretary for Preparedness and Response	2,561,119	2,587,019	25,900

Key Highlights (PHSSEF)

- **Strategic National Stockpile:** The budget requests \$620 million for the Strategic National Stockpile (SNS), which is \$10 million above FY19. This increased investment will allow ASPR to replace the highest priority expiring SNS countermeasures in FY20 with guidance and recommendations from the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) from previous fiscal years.
- **Hospital Preparedness Program (HPP):** The budget requests \$257.55 million for HPP, which is \$7 million below FY19. Within the total, \$231.5 million will be provided for HPP formula-based cooperative agreements to states, territories, and freely associated states, the District of Columbia, and three high risk political subdivisions. The remaining funds support HPP administration and performance evaluation and oversight, as well as other programs at ASPR that directly support the mission of HPP, including Technical Resources, Assistance Center, and Information Exchange (TRACIE), Emergency Care Coordination Center (ECCC), the Recovery program, and the Critical Infrastructure Protection (CIP) program.

Office of the Secretary (HHS)
(\$ in thousands)

	FY19 Enacted	FY20 President's Budget	Difference PBR/FY19
Immediate Office of the ASH (Regional Health Admins, Public Health Service Corps, Surgeon General)	11,678	14,678	3,000
Teen Pregnancy Prevention Community Grants	101,000	0	-101,000
Teen Pregnancy Prevention Initiative (OASH)	6,800	6,800	0
Sexual Risk Avoidance	35,000	0	-35,000
Office of Minority Health	56,670	51,798	-4,872
Office on Women's Health	32,140	27,316	-4,824
Minority HIV/AIDS Prevention and Treatment	53,900	53,900	0

Key Highlights (HHS)

- U.S. Public Health Service Commissioned Corps:** The budget proposes to transform the United States Public Health Service Commissioned Corps into a leaner and more efficient organization that will be better prepared to respond to public health emergencies and provide vital health services. The budget significantly reduces the number of Commissioned Corps officers working in non-mission critical positions and increases the number of officers working in mission critical positions. The Immediate Office of the Assistant Secretary for Health (ASH) will also begin the planning phase to establish the Ready Reserve of the United States Public Health Service Commissioned Corps. The Ready Reserve would provide surge capacity for public health emergencies, to deploy in response to a public health emergency and/or backfill critical positions left vacant during Regular Corps deployments.

Planning activities include:

- Research and development of new policies.
- Requirements gathering for IT system modifications.
- Management and infrastructure support plans.
- Training requirements gathering and curriculum development.

HRSA
(\$ in thousands)

	FY19 Enacted	FY20 President's Budget	Difference PBR/FY19
Bureau of Primary Health Care (mandatory + discretionary funding)	5,626,522	5,626,522	0
Health Workforce	1,552,009	760,028	-791,981
<i>National Health Service Corps (mandatory and discretionary funding)</i>	430,000	415,000	-15,000
Maternal and Child Health (MCH) Bureau	1,332,789	1,189,200	-143,589
<i>Maternal and Child Health Block Grant</i>	677,700	660,700	-17,000
Maternal, Infant and Early Childhood Home Visiting Program (mandatory funding)	400,000	400,000	0
Healthy Start	122,500	122,500	0
Ryan White HIV/AIDS Program			
<i>Part A</i>	655,876	655,876	0
<i>Part B</i>	1,315,005	1,315,005	0
<i>Part C</i>	201,079	201,079	0
<i>Part D</i>	75,088	75,088	0
<i>Part F AIDS Ed. CTRS</i>	33,611	33,611	0
<i>Part F Dental</i>	13,122	13,122	0
<i>Part F SPNS</i>	25,000	25,000	0
<i>RWHAP Ending HIV Epidemic Initiative</i>	0	70,000	70,000
Health Care Systems Bureau	115,193	130,018	14,825
Rural Health	317,794	188,645	-129,149
Family Planning	286,479	286,479	0
Total HRSA (discretionary budget authority)	6,871,517	5,890,366	-981,151

Key Highlights (HRSA)

- **Ending the HIV Epidemic Initiative:** Proposes \$70 million for an opportunity to eliminate new HIV infections in our nation. The “Ending the HIV Epidemic: A Plan for America” will work to reduce new infections by 75 percent in the next five years and by 90 percent in the next ten years, averting more than 250,000 HIV infections in that span.
- **Opioid Crisis Response:** Maintains critical resources to help communities combat the opioid crisis through funding for health centers and the national health service corps, and investments in rural communities.
- **Health Center Funding:** Extends mandatory funding for health centers, national health service corps, teaching health centers graduate medical education and family to family health information centers.
- **Maternal Mortality:** Supports evidence-based interventions to address critical gaps in maternity care service delivery and reduce maternal mortality.

SAMHSA (\$ in thousands)

	FY19 Enacted	FY20 President's Budget	Difference PBR/FY19
Mental Health	1,558,013	1,506,086	-51,927
<i>Programs of Regional and National Significance</i>	459,661	429,734	-29,927
<i>Community Mental Health Services Block Grant</i>	722,571	722,571	0
Substance Abuse Prevention	205,469	244,090	38,621
<i>Programs of Regional and National Significance</i>	205,469	144,090	-61,379
<i>Drug Free Communities</i>	0	100,000	100,000
Substance Abuse Treatment	3,818,756	3,787,967	-30,789
<i>Programs of Regional and National Significance</i>	460,677	429,888	-30,789
<i>Substance Abuse Prevention and Treatment Block Grant</i>	1,858,079	1,858,079	0
<i>State Opioid Response Grants</i>	1,500,000	1,500,000	0
Health Surveillance and Program Support	161,758	140,957	-20,801
Total SAMHSA Budget Authority	5,596,829	5,534,908	-61,921

Key Highlights (SAMHSA)

- **State Opioid Response Grant:** The budget request includes \$1.5 billion for the State Opioid Response Grant. This program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder, including prescription opioids, heroin and illicit fentanyl and fentanyl analogs. Funding was established to award grants to states and territories via formula.
 - **Set-Asides:** The program also includes a 15 percent set-aside for the 10 states with the highest mortality rates related to drug overdose deaths. The program also includes a \$50 million set-aside for tribes. SAMHSA intends to continue to support the Secretary's five-prong strategy to address the opioid crisis priorities through regulatory activities, ongoing training, certification, and technical assistance to provider groups and communities impacted by the opioid crisis.
 - **Technical Assistance:** This effort also includes a tailored approach to the delivery of technical assistance via teams of local experts of clinicians, preventionists, and recovery specialists. These teams work to meet the unique needs of practitioners, providers, communities, and states.

FDA (\$ in thousands)

	FY19 Enacted	FY20 President's Budget	Difference PBR/FY19
FDA Foods	1,070,187	1,122,047	51,860
Tobacco	626,663	761,739	135,076
<i>Family Smoking Prevention and Tobacco Control Act</i>	611,979	747,055	35,076
<i>FDA Expand Tobacco (Proposed)</i>		100,000	100,000
<i>FSPTCA Field</i>	14,684	14,684	0
Total FDA Program Level	5,500,499	6,142,086	641,587

Key Highlights (FDA)

- **Overall:** The budget request is \$6.1 billion, an overall increase of 12 percent or \$643.1 million compared to FY19. The request includes \$3.3 billion for budget authority, or \$361.9 million compared to FY19 and \$2.8 billion for user fees, or \$281.1 million compared to FY19.
- **Tobacco User Fees:** The Center for Tobacco Products amount in this request is \$747 million. Currently, the Tobacco Control Act does not provide a means for FDA calculation of user fees for ENDS products and certain other deemed products. These products represent an increasing share of the tobacco marketplace as well as FDA's tobacco regulatory activities. This proposal includes a request to enable FDA to include all deemed products in the tobacco user fee assessments. FDA requests an additional \$100 million and requests authority to include

manufacturers and importers of all deemed products among the tobacco product classes for which FDA assesses tobacco user fees. To ensure that resources keep up with new tobacco products, the proposal would also index future collections to inflation.

- In FY20, CTP will continue implementing the FDA-wide Comprehensive Plan for Tobacco and Nicotine Regulation, which the Center has incorporated into its six strategic priorities:
 - Comprehensive Nicotine and Tobacco Regulatory Policy
 - Premarket and Post market Controls: Regulations and Product Reviews
 - Product Standards
 - Public Education
 - Compliance and Enforcement
 - Investing in Human Capital

Environmental Protection Agency (EPA)
(\$ in thousands)

	FY19 Enacted	FY20 President's Budget	Difference PBR/FY19
Total EPA	8,824,488	6,068,490	-2,755,998

A more detailed summary of the EPA budget, including the proposed funding for state and tribal assistance grants, can be found [here](#) thanks to the Environmental Council of the States (ECOS).

Key Highlights (EPA)

- **Overall:** This budget proposes \$6.068 billion, a \$2.76 billion, or 31 percent reduction from FY19.

USDA
(\$ in thousands)

	FY19 Enacted	FY20 President's Budget	Difference PBR/FY19
Food and Nutrition Service	103,429	81,771	-21,658
<i>Special Supplemental Nutrition Program (WIC)</i>	6,175	5,750	-425

Key Highlights (USDA)

- **WIC:** The budget proposes \$5.75 billion for WIC to serve all eligible participants projected to seek WIC benefits. The WIC program has been experiencing lower-than-expected participation rates, due to continued flat or declining birth rates, particularly among mothers under the age of 30, as well as a projected decline in per-person costs. In 2020, an average of 6.6 million low-income women, infants and children are expected to participate in the program each month.
- **Supplemental Nutrition Assistance Program (SNAP):** SNAP will continue to respond to economic need. In 2020, participation is estimated to fall to an average level of 37.75 million participants per month from 40.8 million in 2019. The participation rate among eligible SNAP recipients was 83 percent in 2015, unchanged from 2014. FNS will work to provide better

customer service to participants by providing States flexibility to test new ways to administer programs.

- **SNAP Employment & Training (E&T):** SNAP E&T is a state administered program designed to help participants move toward self-sufficiency. States have flexibility in designing E&T programs that meet the needs of their participants and local economy. To promote self-sufficiency, the Agriculture Improvement Act of 2018 supports E&T activities that engage able-bodied adults in education and skills-based training and encourages State and local innovations in training, case management, and program design that promotes self-sufficiency and achieves long-term stability in employment.
- **Able Bodied Adults:** The budget includes bold proposals to help able-bodied adults participating in the Supplemental Nutrition Assistance Program (SNAP) enter the job market and work toward self-sufficiency.
- **America's Harvest Box:** The budget continues the America's Harvest Box proposal, allowing innovative partnerships with the private sector to combine the traditional SNAP EBT benefits with 100 percent American grown foods provided directly to households. The proposal ensures that Americans in need have access to a nutritious diet while significantly reducing the cost to taxpayers. States maintain the ability to provide choice to their recipients, including innovative approaches for the inclusion of fresh products. The Budget also includes proposals to reserve benefits for those most in need, promote efficiency in state operations, and strengthen program integrity.

Medicaid

Key Highlights

- **Medicaid per Capita Cap Block Grant:** The budget request proposes to give states additional flexibility over their Medicaid programs by transferring control of Medicaid transformation efforts locally where it belongs. The Administration recognizes that the only way to reform Medicaid and set it on a sound fiscal path is by putting states on equal footing with the federal government to implement comprehensive Medicaid financing reform through a per capita cap or block grant. A new federal-state partnership is necessary to eliminate inefficient Medicaid spending, including repeal of the Medicaid expansion, and reducing financing gimmicks such as provider taxes. The Budget would empower states to design state-based solutions that prioritize Medicaid dollars for the most vulnerable and support innovation. More detail can be found in the overall White House summary [here](#).