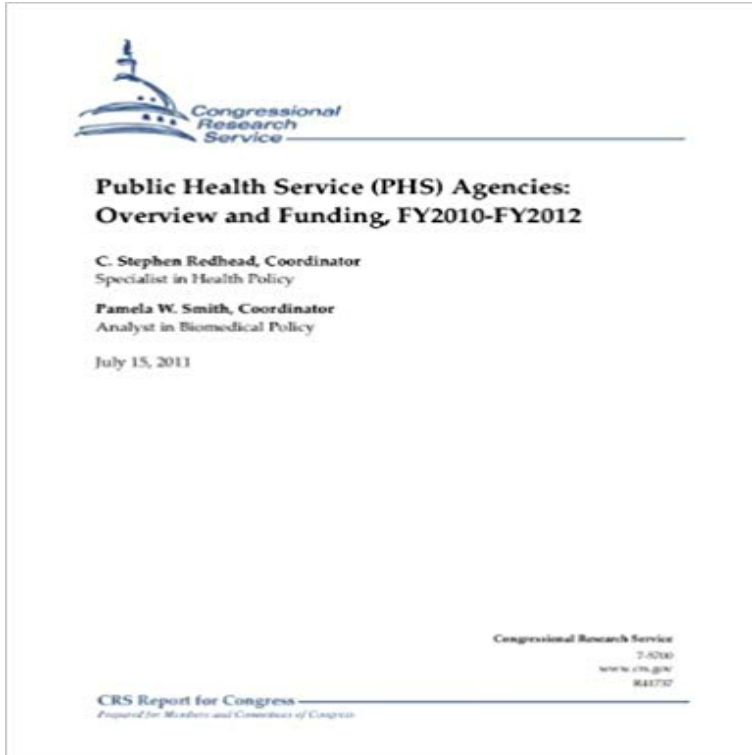


Public Health Service (PHS) Agencies: Overview and Funding, FY2010-FY2012



Within the Department of Health and Human Services (HHS), eight agencies are designated components of the U.S. Public Health Service (PHS): (1) the Agency for Healthcare Research and Quality (AHRQ), (2) the Agency for Toxic Substances and Disease Registry (ATSDR), (3) the Centers for Disease Control and Prevention (CDC), (4) the Food and Drug Administration (FDA), (5) the Health Resources and Services Administration (HRSA), (6) the Indian Health Service (IHS), (7) the National Institutes of Health (NIH), and (8) the Substance Abuse and Mental Health Services Administration (SAMHSA). This report gives a brief overview of each agency and summarizes its funding for FY2010 and FY2011, as well as its FY2012 budget request. The total amount of funding available to the agency (i.e., total program level) includes discretionary budget authority provided in annual appropriations acts, plus additional funding from other sources. These include mandatory funding provided in laws other than annual appropriations acts, notably the Patient Protection and Affordable Care Act (PPACA). AHRQ and NIH are primarily research agencies. AHRQ conducts and supports health services research to improve the quality of health care. For FY2011, AHRQ's total program level is \$392 million, which is \$11 million (2.7%) below the FY2010 amount. NIH conducts and supports basic, clinical, and translational biomedical and behavioral research. For FY2011, NIH's total program level is \$30.926 billion, which is \$317 million (1.0%) lower than FY2010. Three PHS agencies—IHS, HRSA, and SAMHSA—provide health care services or help fund systems that do so. IHS supports a health care delivery system for American Indians and Alaska Natives. For FY2011, IHS's total program level is \$5.134 billion, which is \$34 million (0.7%) above the FY2010 amount. HRSA funds programs

and systems to improve access to health care among the uninsured and medically underserved. For FY2011, HRSAs discretionary budget authority is \$6.272 billion, and its total program level is \$9.665 billion. Budget authority decreased by \$1.221 billion (16.3%) from FY2010 to FY2011, but this drop was more than offset by an increase in mandatory funding from PPACA and funds from other sources. Overall, HRSAs total program level increased by \$1.598 billion (19.8%) from FY2010 to FY2011. SAMHSA funds mental health and substance abuse prevention and treatment services. For FY2011, SAMHSAs discretionary budget authority is \$3.380 billion, which is \$52 million (1.5%) below the FY2010 level. With the slight increase in PPACA funds, however, SAMHSAs FY2011 total program level of \$3.599 billion is \$16 million (0.4%) above the FY2010 amount. CDC, the federal governments lead public health agency, coordinates and supports a variety of population-based programs to prevent and control disease, injury, and disability. For FY2011, CDCs discretionary budget authority (including ATSDR) is \$5.726 billion, and its total program level is \$10.870 billion. Budget authority decreased by \$741 million (11.5%) from FY2010 to FY2011. However, that cut was largely offset by PPACA funds and funding from other sources. Overall, CDCs program level decreased by only \$6 million. FDA, which regulates drugs, medical devices, food, and tobacco products, receives a significant portion of its funding from industry user fees. For FY2011, FDA has a total program level of \$3.690 billion, which includes \$2.457 billion in direct appropriations and \$1.233 billion in user fees. Relative to FY2010, these amounts represent a 4.0% increase in direct appropriations and a 33.7% increase in user fees, which now account for one-third of FDAs funding.

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