

The Administration’s FY18 Budget

On Tuesday, May 23, the White House released the FY18 president’s detailed budget, “[A New Foundation for American Greatness](#).” The president’s budget is a document that outlines the administration’s funding priorities for the upcoming fiscal year and Congress has the authority to approve, reject, or modify the recommendations included in the budget. Importantly, the president’s budget compares the funding request to the FY17 continuing resolution (CR) funding levels and does not account for the FY17 Omnibus Appropriations bill that Congress approved recently, which means some of the cuts may be greater than (or less than) as they appear below. To minimize confusion, ASTHO is using the funding levels included in the president’s budget request as our baseline. ASTHO will be updating this analysis below with the FY17 appropriated levels soon.

This budget does not adhere to the discretionary caps established by the *Budget Control Act of 2011* and instead requests a \$54 billion increase to defense by cutting non-defense discretionary spending by the same amount. Overall, the budget proposes a 16.2 percent cut to HHS from the FY17 CR level. ASTHO’s official statement on the budget can be found [here](#).

The information below is meant to provide a snapshot of the budget proposal and does not encompass all programmatic and funding level proposals. Specifically, the FY18 president’s budget proposes the following:

CDC \$5.98 billion, a decrease of \$1.2 billion from FY17 level of \$7.19 billion
<ul style="list-style-type: none"> • Eliminates the Preventive Health and Health Services Block Grant. • Chronic Disease Prevention and Health Promotion: \$952 million, a decrease of \$222 million from FY17 CR level of \$1.17 billion. <ul style="list-style-type: none"> ○ Eliminates several line items including but not limited to tobacco (-\$204 million); nutrition, physical activity and obesity (-\$49.9 million); heart disease (-\$103 million); diabetes (-\$140 million); and many other line items. ○ Creates a new \$500 million <i>America’s Health Block Grant</i> funded by the Prevention and Public Health Fund to “provide flexibility for each state to implement specific interventions to address its population’s unique public health issues. States could use this funding to support interventions such as tobacco prevention and control; diabetes; heart disease and stroke; nutrition, physical activity and obesity and arthritis.” It is important to note, the U.S. House of Representatives approved the American Health Care Act (AHCA), which eliminates this fund in FY19. • Immunization and Respiratory Disease: \$701 million, a decrease of \$82 million from FY17 CR level of \$782 million. <ul style="list-style-type: none"> ○ Prioritizes influenza prevention and control program. • HIV/AIDS, Viral Hepatitis, STIs and TB Prevention: \$934 million, a decrease of \$186 million from FY17 CR level of \$1.1 billion. <ul style="list-style-type: none"> ○ Decreases the Domestic HIV/AIDS Prevention and Research Program by \$147 million • Emerging and Zoonic Infectious Diseases: \$514 million, a decrease of \$65 million from FY17 CR level of \$579 million.

- Reduces funding for the antibiotic resistance initiative by approximately \$22 million, proposes a total \$137 million in funding from the Prevention and Public Health Fund.
- Eliminates prion disease and chronic fatigue syndrome programs.
- **Birth Defects, Developmental Disabilities, Disability and Health:** \$100 million, a decrease of \$35 million from FY17 CR level of \$135.5 million.
 - Eliminates 18 current categorical programs in the birth defects center and states “CDC will focus its birth defects and developmental disabilities portfolio on core public health activities that align with CDC’s mission and have proven interventions to make an impact on America’s health.”
- **Environmental Health:** \$157 million, a decrease of \$59 million from FY17 CR level \$217 million.
 - Eliminates the Amyotrophic Lateral Sclerosis Registry and climate change.
 - Reduces Environmental and Health Outcome Tracking Network by \$9 million.
 - Level funds the lead poisoning program at \$17 million and moves the funding mechanism from the Prevention and Public Health Fund to budget authority.
- **Injury Prevention and Control:** \$216 million, a decrease of \$19.4 million from FY17 CR level \$235.6 million.
 - Eliminates the elderly falls program and the injury research control centers.
 - Level funds opioid abuse and overdose prevention at \$74 million.
- **Public Health Scientific Services:** \$460 million, a decrease of \$30.6 million from the FY17 level of \$490.6 million.
- **Occupational Safety and Health:** \$200 million, a decrease of \$138 million from the FY17 CR level of \$338.5 million.
- **Public Health Preparedness and Response:** \$1.26 billion, a decrease of \$136 million from the FY17 CR level of \$1.4 billion.
 - Reduces the Public Health Emergency Preparedness Cooperative Agreement by \$107.7 million.
- Proposes allocating \$840 million of the Prevention and Public Health Fund (PPHF) to the following programs. The topline funding levels above reflect the inclusion of the PPHF:
 - \$203.6 million for the Immunization program
 - \$137 million for the Emerging and Zoonotic Infectious Diseases to combat antibiotic resistant (AR) pathogens.
 - \$500 million for the new America’s Health Block Grant.

Note: the House approved American Health Care Act (AHCA) eliminates PPHF in FY19.

**Assistant Secretary for Preparedness and Response (ASPR)
\$1.63 billion, an increase of \$133 million from \$1.533 billion.**

- **Creates a new Emergency Response Fund** to “enable a swift response to emerging public health threats that have significant potential to affect the health and security of United States citizens.” It is funded via a HHS department wide transfer authority in the case of a natural or man-made disaster or threat.

<p align="center">Health Resources and Services Administration (HRSA) \$5.5 billion, a decrease of \$602 million from the FY17 CR level of \$6.15 billion</p>
<ul style="list-style-type: none"> • Maternal and Child Health Bureau: \$1.2 billion, a decrease of \$35 million from the FY17 CR level of \$1.236 billion. <ul style="list-style-type: none"> ○ Increases funding for the Title V Maternal and Child Health Block Grant by \$30 million. ○ Increases funding for the Healthy Start program by \$10 million. ○ Eliminates the sickle cell demonstration program; autism and other developmental disorders; heritable disorders; universal newborn hearing screening and emergency medical services for children. • Primary Health Care: \$5.089 billion, an increase of \$89 million from the FY17 CR level of \$5 billion. <ul style="list-style-type: none"> ○ Increases mandatory funding by \$89 million for Community Health Centers. • Health Workforce: \$771 million, a decrease of \$377 million from the FY17 CR level of \$1.15 billion. <ul style="list-style-type: none"> ○ Eliminates the following programs: training diversity; training in primary care medicine; oral health training; area health education centers; public health and preventive medicine programs and other workforce programs. • Ryan White HIV/AIDS Program: \$2.26 billion, a decrease of \$59 million from the FY17 CR level of \$2.3 billion <ul style="list-style-type: none"> ○ Eliminates the AIDS Education and Training Centers Part F and the special projects of national significance. • Healthcare Systems: \$99 million, a decrease of \$4 million from the FY17 CR level of \$103 million <ul style="list-style-type: none"> ○ Eliminates the Hansen’s disease program. • Rural Health: \$74 million, a decrease of \$75 million from the FY17 CR level of \$149 million <ul style="list-style-type: none"> ○ Eliminates the rural hospital flexibility grants and the state offices of rural health. ○ Funding is targeted for “critical rural health activities such as the Rural Health Outreach Network and Quality Improvement Grants, Rural Health Policy Development, Black Lung Clinics and Telehealth. These investments will improve access to quality health care services in rural and underserved areas. Rural Hospital Flexibility Grants and State Offices of Rural Health are discontinued to prioritize programs that provide direct services.
<p align="center">Substance Abuse and Mental Health Services Administration (SAMHSA) \$3.7 billion a decrease of \$374 million from FY17 CR level of \$4.14 billion</p>
<ul style="list-style-type: none"> • Reduces the community mental health services block grant by \$116 million and the programs of regional and national significance by \$136 million. • Level funds substance abuse treatment programs. • Reduces health surveillance and support programs by \$74 million. • Continues second year of funding of \$500 million for State Targeted Response to the Opioid Crisis Grants that was appropriated in the 21st Century Cures Act.

Other Federal Agencies

Below please find the overall proposed funding levels for the following agencies and programs. ASTHO will be conducting an additional analysis on these in the next couple of weeks.

- USDA: \$18.0 billion, a reduction of \$4.6 billion or 20.5 percent.
- EPA: \$5.7 billion, a reduction of \$2.6 billion or 31.4 percent.
- Transportation: \$16.2 billion, a reduction of \$2.4 billion or 12.7 percent.
- Census: \$1.5 billion, an increase of \$129 million or 9.5 percent.
- ONDCP: \$18 million, a reduction of \$2 million.
 - High Intensity Drug Trafficking Areas: \$247 million, a reduction of \$3 million.
- HUD: \$40.7 billion, a reduction of \$6.2 billion or 13.2 percent.

Impact on State and Territorial Health Agencies

The proposed reductions would have negative impacts on funding at the federal levels, and by extension, state and territorial health agencies.

For more information, please contact Carolyn Mullen, chief of government affairs and public relations, at cmullen@astho.org or 571-318-5402.