



CONSORTIUM *of* SOCIAL SCIENCE ASSOCIATIONS

President's FY 2019 Budget Request for HHS Agencies, NIH—Additional Details | April 27, 2018

In mid-April, additional details of the President's fiscal year (FY) 2019 budget request for the Department of Health and Human Services (HHS), including the National Institutes of Health (NIH), were released. [Preliminary details](#) were unveiled on February 12 with the rest of the President's FY 2019 budget. Full details are not yet available for some agencies and offices, including the Office of the NIH Director.

Outlined below are additional FY 2019 budget details for the:

- National Institutes of Health
- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- And other HHS offices

It is important to keep in mind that these numbers simply represent the president's request for next year. Congress has already begun its work on the FY 2019 appropriations bills which may or may not endorse the President's recommendations. Stay tuned to COSSA's coverage of FY 2019 science funding [here](#).

HHS's FY 2019 budget request can be found at: <https://www.hhs.gov/about/budget/index.html>

National Institutes of Health

The FY 2019 budget request for the National Institutes of Health (NIH) totals roughly \$35.5 billion. Included in this amount is:

- \$33.5 billion in base NIH funding;
- \$711 million authorized through the *21st Century Cures Act*;
- Funding resulting from a transfer of three HHS agencies into NIH; and
- \$750 million as part of an HHS-wide initiative addressing the opioid epidemic.

The request includes the full amount (\$711 million) authorized in the *21st Century Cures Act* for trans-NIH initiatives. In FY 2019, the Cures funding would be used for the **Beau Biden Cancer Moonshot initiative** (\$400 million transferred to the National Cancer Institute); the **BRAIN Initiative** (\$57.5 million transferred to both the National Institute of Neurological Disorders and Stroke and the National Institute of Mental Health); the **Precision Medicine Initiative's All of Us Research Program**; and **Regenerative Medicine**.

FY 2019 budget request details are not yet known for the NIH Office of the Director, which houses the Office of Behavioral and Social Sciences Research (OBSSR), Office of Research on Women's Health, and other trans-NIH activities.

Transfers & Proposed Institutes

Similar to his FY 2018 budget request, the Trump Administration once again proposes a consolidation of non-NIH HHS agencies into the NIH as new institutes:

- The **Agency for Healthcare Research and Quality (AHRQ)** would become the National Institute for Research on Safety and Quality, as proposed in FY 2018, with a budget of \$256 million (*see the AHRQ section below for details*);
- The **National Institute for Occupational Safety and Health (NIOSH)** within CDC would be moved to NIH with a budget of \$255 million; and
- The **National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)**, which is currently administered by the HHS Administration for Community Living, would be moved to NIH with a budget of \$95 million.

Unlike last year, the Administration did not propose elimination of the Fogarty International Center; Congress played an active role in maintaining funding for Fogarty in the final FY 2018 appropriation.

NIH's FY 2019 budget request can be found at: <https://officeofbudget.od.nih.gov>.

The budget requests for individual NIH institutes and centers are available at: https://officeofbudget.od.nih.gov/insti_center_subs.html.

	FY 2017 Enacted	FY 2018 Enacted	FY 2019 Request	FY 2019 vs. FY 2018
National Institutes of Health	34084.0	37084	35517.0	-4.2%
NIH Office of the Director	1729.0	1803.3	2004	11.1%
John E. Fogarty International Center for Advanced Study in the Health Sciences	72.0	75.7	70.0	-7.6%
National Cancer Institute	5660.0	5664.8	5626.0	-0.7%
National Center for Advancing Translational Sciences	704.0	742.4	685.0	-7.7%
National Center for Complementary and Integrative Health	134.0	142.2	131.0	-7.9%
National Eye Institute	731.0	772.3	711.0	-7.9%
National Heart, Lung, and Blood Institute	3210.0	3383.2	3112.0	-8.0%
National Human Genome Research Institute	528.0	556.9	513.0	-7.9%
National Institute on Aging	2049.0	2574.1	1988.0	-22.8%
National Institute on Alcohol Abuse and Alcoholism	482.0	509.6	469.0	-8.0%
National Institute of Allergy and Infectious Diseases	4906.0	5260.2	4762.0	-9.5%
National Institute of Arthritis and Musculoskeletal and Skin Diseases	557.0	586.7	545.0	-7.1%
National Institute of Biomedical Imaging and Bioengineering	357.0	377.9	347.0	-8.2%
<i>Eunice Kennedy Shriver</i> National Institute of Child Health and Human Development	1377.0	1452.0	1340.0	-7.7%
National Institute on Deafness and Other Communication Disorders	436.0	460.0	424.0	-7.8%
National Institute of Dental and Craniofacial Research	425.0	447.7	413.0	-7.8%
National Institute of Diabetes and Digestive and Kidney Diseases	2010.0	1970.8	1965.0	-0.3%
National Institute on Drug Abuse	1071.0	1383.6	1137.0	-17.8%
National Institute of Environmental Health Sciences	790.0	751.1	747.0	-0.6%
National Institute of General Medical Sciences	2646.0	2785.4	2573.0	-7.6%
National Institute of Mental Health	1605.0	1711.8	1612.0	-5.8%
National Institute on Minority Health and Health Disparities	288.0	303.2	281.0	-7.3%
National Institute of Neurological Disorders and Stroke	1779.0	2145.1	1839.0	-14.3%
National Institute of Nursing Research	150.0	158.0	146.0	-7.6%
National Institute for Research on Safety and Quality	n/a	n/a	380.0	+\$380.0m
National Institute for Occupational Safety and Health	n/a	n/a	255.0	+\$255.0m
National Institute on Disability, Independent Living, and Rehabilitation Research	n/a	n/a	95.0	+\$95.0m
National Library of Medicine	407.0	428.6	395.0	-7.8%

Agency for Healthcare Research and Quality

As was the case in the FY 2018 request, under the President's FY 2019 proposal, the Agency for Healthcare Research and Quality (AHRQ) would be absorbed into the National Institutes of Health (NIH) as a new institute: the National Institute for Research on Safety and Quality (NIRSQ). The stated rationale for the change is "to reduce potential overlap and streamline Federal health research." However, AHRQ's applied, systems-level approach to research on the health care system is unique, and it would remain to be seen how well that would integrate with NIH's approach. Congressional action is likely required to create a new NIH institute, so this is not a policy action the Administration could easily take on its own. The [FY 2018 omnibus spending agreement](#) included funding for a study of the federal government's health services and primary care research, including identifying "research gaps and areas for consolidation," to be completed a year from the bill's enactment (i.e. March 2019). Therefore, Congress is unlikely to take action to enact the President's proposal before this study is finished.

The request would allocate \$256 million to the new Institute, which would constitute a cut of \$78 million, or 23.4 percent, from AHRQ's FY 2018 appropriation. Not included in this total is \$123.4 million in mandatory transfers from the Patient-Centered Outcomes (PCOR) Research Trust Fund, which would support dissemination of findings from the Patient-Centered Outcomes Research Institute. FY 2019 is the final year of authorization for the PCOR Trust Fund, so Congressional action is needed to continue this funding into FY 2020.

The agency's portfolio of **Patient Safety** research would receive \$69.8 million, roughly flat with its FY 2018 appropriation of \$70.3 million. This total includes \$35.8 million for research grants on preventing healthcare-associated infections (HAIs), including \$12 million to support the Combatting Antibiotic-Resistant Bacteria initiative.

Health Services Research, Data, and Dissemination would receive \$50.1 million under the President's budget, a \$44.2 million cut compared to the FY 2018 enacted level. The budget does not include funding for any new investigator-initiated research grants and is intended to "re-focus support to only the highest priority research programs." It would eliminate Quality Indicators, Consumer Assessment of Healthcare Providers and Systems (CAHPS), data analytics support, and all dissemination and implementation contracts. The request sets aside \$4.5 million for new research contracts to accelerate evidence on preventing and treating opioid abuse in primary care.

The President's budget includes \$7.4 million in funding for support of the **U.S. Preventive Services Task Force** (USPSTF), a \$4.2 million cut compared to FY 2018. According to the request, the proposed funding would "allow the USPS to make recommendations on approximately 6 topics, 6 fewer than the historical average for the Task Force."

The request would eliminate AHRQ's portfolio of research on **Health Information Technology**, funded at \$16.5 million in FY 2018. Research in this area would need to compete for funding within the patient safety and health services research portfolios.

The **Medical Expenditure Panel Survey** (MEPS) is actually proposed for a \$2.2 million increase under the President's budget, at a requested level of \$72.2 million. The increase would be used to expand the capacity of the survey in two ways. First, the sample would be expanded by 1,000 households and redistributed across states in order to improve national estimates and enhance the survey's capability to make estimates for rural and less populous states. Second, the agency would partner with HHS operating

divisions to develop mental health questionnaires (one for adults and one for children) that would “address critical issues with mental health care, including access to care, barriers to care, experiences with care, and use of peer support, school-based services, community services, and other human services involved in mental health.”

AHRQ/NIRSQ’s FY 2019 funding request can be found at:
<https://www.ahrq.gov/cpi/about/mission/budget/2019/index.html>.

	FY 2017 Enacted	FY 2018 Enacted	FY 2019 Request	FY 2019 vs. FY 2018
National Institute for Research on Safety and Quality (Agency for Healthcare Research and Quality)	324.0	334.0	256.0	-23.4%
Research on Health Costs, Quality, and Outcomes	187.2	197.2	127.3	-35.4%
Patient Safety	70.3	70.3	69.8	-0.7%
Health Services Research, Data, and Dissemination	88.7	94.3	50.1	-46.8%
Health Information Technology	16.5	16.5	0.0	-100.0%
U.S. Preventive Services Task Force	11.6	11.6	7.4	-36.5%
Medical Expenditure Panel Surveys	66.0	70.0	72.2	3.1%

Centers for Disease Control and Prevention

The FY 2019 budget request for the Centers for Disease Control and Prevention (CDC) calls for a total of **\$5.7 billion in discretionary funding**, which includes \$5.5 billion in budget authority and \$135.8 million in Public Health Services (PHS) Evaluation transfers. This amount represents a decrease of \$2.3 billion (29.3 percent) from the FY 2018 appropriation. The request does not include transfers from the Prevention and Public Health Fund, which totaled \$800.9 million in FY 2018.

The FY 2019 request recommends transferring the **National Institute for Occupational Safety and Health (NIOSH)** to the National Institutes of Health (NIH) as a new institute. Details on how NIOSH’s research priorities would differ as a result of the transfer are not yet available.

The Administration’s proposal calls for a decrease of \$1.1 billion for **HIV/AIDS, Viral Hepatitis, Sexually Transmitted Infections, and Tuberculosis Prevention**, a decrease of \$10 million compared to FY 2018. The request includes \$40 million for a new Infection Disease Elimination Initiative. Some of the additional funding would be used to enhance public health surveillance systems and identify structural and system-level interventions to improve access to prevention and services.

The budget request for **Chronic Disease Prevention and Health Promotion** is \$939.3 million, \$223.3 million below the FY 2018 enacted level. The request carries forward a proposal from the FY 2018 budget for a new \$500 million block grant program, the *America’s Health* Block Grant. The grants are intended to “provide flexibility for states, tribes, localities, and territories to focus on the top public health challenges present in their jurisdiction.”

The request eliminates a number of programs that “could be supported by the new *America’s Health* Block Grant.” These programs include Tobacco Prevention and Control; Nutrition, Physical Activity, and Obesity; Heart Disease and Stroke; Diabetes; and Arthritis. In addition, the budget request would also

eliminate dedicated funding for Colorectal, Prostate, and Skin Cancer; the Racial and Ethnic Approaches to Community Health program; the Million Hearts initiative; National Early Child Care Collaboratives; Prevention Research Centers; Hospitals Promoting Breastfeeding; Glaucoma, Visual Screening Education, Inflammatory Bowel Disease; Interstitial Cystitis; Excessive Alcohol Use; Chronic Kidney Disease; Epilepsy; and the National Lupus Patient Registry. The budget proposes an expansion of the National Comprehensive Cancer Control Program “to more effectively address the overall risk factors associated with specific types of cancers.”

The request includes \$155 million for the **National Center for Health Statistics (NCHS)**, a cut of \$5.4 million from FY 2018. Within the total requested for NCHS, \$135.8 million would be in the form of PHS Evaluation transfers, a funding mechanism often criticized by Members of Congress. The reduction in funds would mean that NCHS would limit the content of its core data systems to “the most critical public health issues,” and decrease sample sizes to “the lowest sample size which permits the production of estimates on key health indicators at the national level.” Given the rising costs of conducting surveys and several years of flat or near-flat funding for NCHS, even a small cut to its budget could severely compromise NCHS’ ability to produce its core data products.

The request for **Environmental Health** totals \$157 million, 23.7 percent below the FY 2018 appropriation. The budget would eliminate funding for the Climate and Health program, which funds research on the health effects of climate change, and the ALS registry.

Under the President’s request, the CDC’s **Injury Prevention and Control** programs would receive a total of \$266.3 million in FY 2019, a proposal that does not reflect \$350 million in new funding provided to the agency under the FY 2018 omnibus agreement for activities related to opioid prescription drug overdose prevention. The Administration’s budget does recommend allocating \$175 million of its proposed \$10 billion opioid initiative to the CDC, but it does not specify how much of that funding would be directed to the Center for Injury Prevention and Control. The FY 2019 request carries proposals from the FY 2018 budget that would eliminate the Elderly Falls Program from the CDC’s Unintentional Injury Prevention program as well as the CDC’s Injury Control Research Centers.

Within the request for **Global Health**, the budget again proposes a significant reduction in funding for Global HIV/AIDS, a decrease of 45.8 percent compared to its FY 2017 allocation (details on FY 2018 funding are not yet available for this sub-account). According to the request, “To achieve transformative epidemic impact, CDC will concentrate on controlling the epidemic in countries that are closest to reaching epidemic control.” Within Global Disease Detection and Other Programs, the budget requests \$58.8 million in funding (to be available over two years) for support of the Global Health Security Agenda, which is currently funded through a supplemental appropriation set to expire in FY 2019. Like last year’s request, the Administration again proposes to eliminate funding for the Academic Centers for Public Health Preparedness, funded within the CDC’s **Public Health Preparedness and Response** programs.

CDC’s FY 2019 funding request can be found at: <https://www.cdc.gov/budget/fy2019/congressional-justification.html>.

	FY 2017 Enacted	FY 2018 Enacted	FY 2019 Request	FY 2019 vs. FY 2018
Centers for Disease Control and Prevention	7184.8	8005.8	5660.8	-29.3%
HIV, Viral Hepatitis, STI, and TB Prevention	1117.3	1127.3	1117.3	-0.9%
Chronic Disease Prevention, Health Promotion	1115.6	1162.9	939.3	-19.2%
National Center for Health Statistics	160.4	160.4	155.0	-3.4%
Environmental Health	215.8	205.8	157.0	-23.7%
Injury Prevention and Control	286.1	648.6	266.3	-58.9%
Occupational Safety and Health	335.2	335.2	*	-100.0%
Global Health	435.1	488.6	408.8	-16.3%
Public Health Preparedness and Response	1405.0	1450.0	800.0	-44.8%

* The President's request proposes to transfer the National Institute of Occupational Safety and Health to the NIH at a level of \$255 million.

Office of the Assistant Secretary for Health

The FY 2019 budget request for the Office of the Assistant Secretary for Health (OASH) is \$122.2 million, \$168.8 million or 58 percent below the FY 2017 enacted level (details on OASH's FY 2018 funding are not yet available). Of this amount, \$4.3 million would be provided through Public Health Services (PHS) Evaluation transfers. OASH supports 12 core public health offices that coordinate public health and science policy across the Department.

Under the proposal, the most of OASH's core public health offices, including the Office of Human Research Protection and the Office of Research Integrity, would receive flat funding. The majority of the decrease reflects proposed eliminations of the \$100.8 million Teen Pregnancy Prevention (TPP) program and the \$53.8 million Secretary's Minority HIV/AIDS Initiative Fund (SMAIF). Smaller reductions would come from the Offices of Adolescent Health, Women's Health, and Minority Health.

Assistant Secretary for Planning and Evaluation

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) advises the Department on policy development and conducts research and evaluation to support HHS decision-making. **The FY 2019 request would provide \$43.2 million for ASPE, a \$2 million increase compared to the FY 2017 enacted level** (details on ASPE's FY 2018 funding are not yet available). ASPE's funding comes through internal Public Health Services (PHS) Evaluation transfers within HHS (not through Congressionally appropriated dollars). The additional funds would be used to produce economic analysis and reports on drug pricing. In FY 2019, ASPE plans to continue to coordinate HHS' implementation of the *21st Century Cures Act* and maintain support for its academically based poverty research center.

	FY 2017 Enacted	FY 2018 Enacted	FY 2019 Request	FY 2019 vs. FY 2018
Office of the Assistant Secretary for Health	291.0	TBA	122.2	n/a
Assistant Secretary for Planning and Evaluation	41.2	TBA	43.2	n/a