Prevention and Public Health Fund: In Brief

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In 2010, Section 4002 of the Patient Protection and Affordable Care Act (ACA. P.L. 111-148, as amended) established a new Prevention and Public Health Fund (PPHF).[1] Prior to enactment, public health advocates had sought a guaranteed federal investment in prevention and wellness that was not subject to the annual appropriations process.[2] The PPHF ACA Section provides a permanent annual mandatory appropriation,[3]

> to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs.

This CRS report provides an overview of the PPHF since ACA enactment, including its legislative and policy history. The report also provides an analysis examining whether the PPHF has provided for expanded investment in public health and prevention as authorized in statute.

PPHF appropriations are *mandatory spending* meaning that the authorizing law that establishes the PPHF also provides an appropriation of funds each fiscal year. The annual appropriation is permanent, meaning that the law is to provide an annual appropriation each fiscal year without a termination date.[4] As enacted, the law began with $500 million appropriated in FY2010 with increasing amounts each subsequent fiscal year until $2 billion was to be appropriated in FY2015 and each year thereafter. Subsequent amendments have reduced the actual annual appropriations amounts (see **Table 1**).

Per the authorizing statute, the fund is to be administered through the Department of Health and Human Services (HHS) Office of the Secretary. The Secretary is to transfer fund amounts to increase funding over the FY2008 level for "prevention, wellness, and public health activities including prevention research, health screenings, and initiatives, such as the Community Transformation grant program, the Education and Outreach Campaign Regarding Preventive Benefits, and immunization programs."[5] Since FY2014, annual appropriations laws have limited this transfer ability as discussed in this report.

For FY2010 through FY2013, the HHS Secretary determined the distribution of PPHF funds, transferring the majority of total PPHF appropriations for those years to the Centers for Disease Control and Prevention (CDC) as shown in **Table 2**.

For FY2013, the Secretary used almost half of the available PPHF appropriation to implement ACA insurance exchanges, prompting objections from both supporters and opponents of the fund.[6] Since FY2014, Congress has determined annual PPHF allocations using the annual appropriations process, providing most of each annual appropriation to the CDC also shown in **Table 2**.

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[1] The original Patient Protection and Affordable Care Act (P.L. 111-148) was subsequently amended by the Health Care and Education Reconciliation Act of 2010 (HCERA; P.L. 111-152) a week later. The laws together are commonly considered the Affordable Care Act (ACA).

[2] Michael Fraser, "A Brief History of the Prevention and Public Health Fund: Implications for Public Health Advocates," *American Journal of Public Health*, vol. 109, no. 4 (April 2019), pp. 572-577.

[3] 42 U.S.C. §300u-11(a).

[4] For more information, see CRS Report R44582, *Overview of Funding Mechanisms in the Federal Budget Process, and Selected Examples*.

[5] Language under current law. See ACA Section 4002(c) [42 U.S.C. §300u-11(c)].

[6] See for example "HHS Takes $454 Million from Prevention Fund for Insurance Enrollment," *Inside CMS,* April 17, 2013. https://insidehealthpolicy.com/inside-cms/hhs-takes-454-million-prevention-fund-insurance-enrollment, and Avik Roy, "Obamacare's Slush Fund Fuels a Broader Lobbying Controversy," *Forbes*, May 30, 2013.

Congressionally determined PPHF allocations for specific HHS programs have remained fairly consistent since FY2014 as shown in **Table 3**.

The PPHF currently provides one source of budget authority for certain HHS agencies that also receive discretionary budget authority. In this report, CRS explores whether the PPHF has effectively increased federal public health funding since enactment. Using CDC as a main example, CRS analysis shows that the CDC has not seen an overall increase in its program funding level after FY2010 when adjusting for inflation. From FY2011 though FY2023, the percentage of CDC's program level comprising PPHF transfers has ranged from 7.3% to 12.7%.

Prevention and Public Health Fund: Current Status

Table 1 provides a legislative history of PPHF appropriations, beginning with appropriations as enacted in the ACA, funding levels as amended, and then a summary of appropriations under current law. Current law amounts do not reflect reductions due to budget sequestration (see **Table 2** for a summary of sequestrations).[7] The rightmost column shows final PPHF total transfers made available each fiscal year after sequestration.

Table 1. Legislative History of PPHF Appropriations

Budget authority in millions, by fiscal year

	Total Appropriation							
Fiscal Year	ACA, P.L. 111-148, 2010	P.L. 112-96, 2012	P.L. 114-255, 2016	P.L. 115-96, 2017	P.L. 115-123, 2018	P.L. 117-328, 2023	Current Law	Final Transfers
2010	500	—	—	—	—	—	500	**500**
2011	750	—	—	—	—	—	—	**750**
2012	1,000	—	—	—	—	—	1,000	**1,000**
2013	1,250	1,000	—	—	—	—	1,000	**949**
2014	1,500	1,000	—	—	—	—	1,000	**928**
2015	2,000	1,000	—	—	—	—	1,000	**927**
2016	2,000	1,000	—	—	—	—	1,000	**932**
2017	2,000	1,000	—	—	—	—	1,000	**931**
2018	2,000	1,250	900	—	—	—	900	**841**
2019	2,000	1,250	900	800	900	—	900	**844**
2020	2,000	1,500	1,000	800	950	—	950	**894**
2021	2,000	1,500	1,000	800	950	—	950	**896**
2022	2,000	—	1,500	1,250	1,000	—	1,000	**943**
2023	2,000	—	1,000	1,000	1,000	—	1,000	**943**
2024	2,000	—	1,700	1,700	1,300	—	1,300	NA
2025	2,000	—	2,000	2,000	1,300	—	1,300	NA

[7] White House, *The Budget for Fiscal Year 2024, HHS Appendix*, p. 476, https://www.whitehouse.gov/wp-content/uploads/2023/03/hhs_fy2024.pdf.

Fiscal Year	Total Appropriation							
	ACA, P.L. 111-148, 2010	P.L. 112-96, 2012	P.L. 114-255, 2016	P.L. 115-96, 2017	P.L. 115-123, 2018	P.L. 117-328, 2023	Current Law	Final Transfers
2026	2,000	—	—	—	1,800	1,525	1,525	NA
2027	2,000	—	—	—	—	1,525	1,525	NA
2028	2,000	—	—	—	—	1,725	1,725	NA
2029	2,000	—	—	—	—	1,725	1,725	NA
2029 and each subsequent fiscal year	2,000	—	—	—	—	—	2,000	NA

Source: Prepared by Congressional Research Service from texts of laws cited. Current law is as of January 2, 2024. Final amounts based on **Table 2** and accompanying sources.

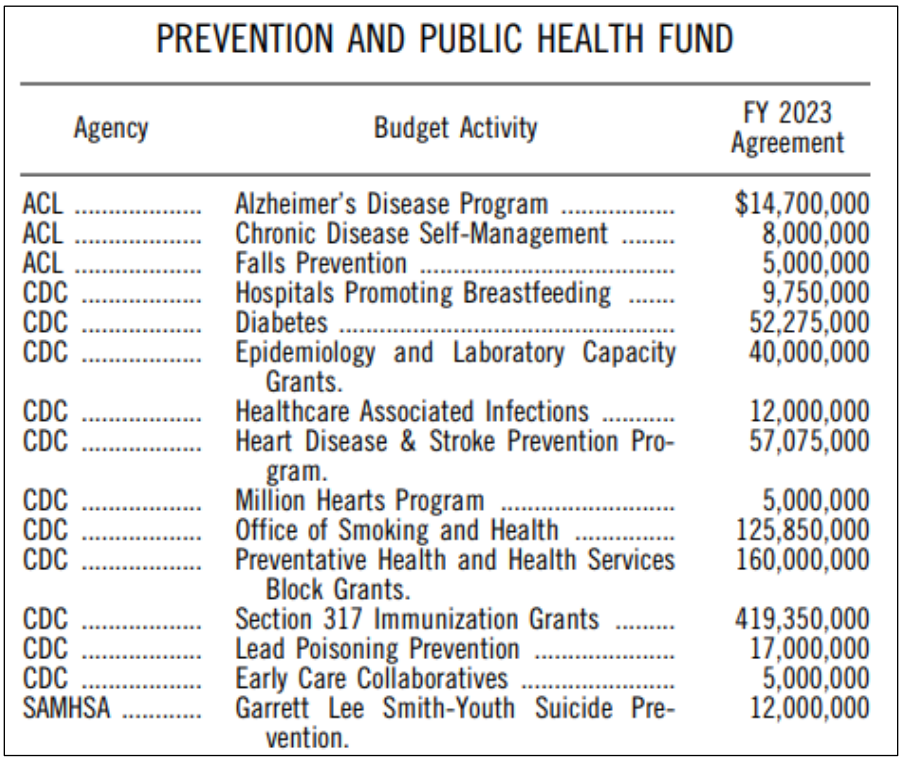
Notes: Current law amounts do not reflect reductions due to sequestration. Final transfer amounts reflect total PPHF transfers for each fiscal year. NA= not available.

As shown in the table, in three years did PPHF receive the same funding level as originally enacted. In most years, PPHF has received less funding than originally enacted.

Congress has further specified PPHF allocations through annual appropriations laws in recent years. **Figure 1** shows PPHF allocations for FY2023 as directed in the explanatory statement accompanying the FY2023 Departments of Labor, HHS, and Education and Related Agencies (LHHS) appropriations law.

Figure 1. PPHF Allocations in FY2023 LHHS Appropriations

From the Explanatory Statement Accompanying FY2023 appropriations



PREVENTION AND PUBLIC HEALTH FUND

Agency	Budget Activity	FY 2023 Agreement
ACL	Alzheimer's Disease Program	$14,700,000
ACL	Chronic Disease Self-Management	8,000,000
ACL	Falls Prevention	5,000,000
CDC	Hospitals Promoting Breastfeeding	9,750,000
CDC	Diabetes	52,275,000
CDC	Epidemiology and Laboratory Capacity Grants.	40,000,000
CDC	Healthcare Associated Infections	12,000,000
CDC	Heart Disease & Stroke Prevention Program.	57,075,000
CDC	Million Hearts Program	5,000,000
CDC	Office of Smoking and Health	125,850,000
CDC	Preventative Health and Health Services Block Grants.	160,000,000
CDC	Section 317 Immunization Grants	419,350,000
CDC	Lead Poisoning Prevention	17,000,000
CDC	Early Care Collaboratives	5,000,000
SAMHSA	Garrett Lee Smith-Youth Suicide Prevention.	12,000,000

Source: "Explanatory Statement Accompanying Consolidated Appropriations Act, 2023," *Congressional Record*, vol. 168 (December 20, 2022), p. S8895.

Note: ACL= Administration for Community Living; CDC= Centers for Disease Control and Prevention; SAMHSA= Substance Abuse and Mental Health Services Administration.

As shown, most of the post-sequester PPHF funding went to CDC ($903.3 million total) with smaller amounts for the Substance Abuse and Mental Health Services Administration (SAMHSA; $12 million) and the Administration for Community Living (ACL; $27.7 million total).[8] The FY2023 appropriations law required the Secretary to transfer FY2023 PPHF funds in accordance with the table in the explanatory statement and prohibited further transfers.[9]

[8] The Substance Abuse and Mental Health Services Administration (SAMHSA) is the federal agency primarily responsible for supporting community-based mental health and substance abuse treatment and prevention services. See CRS Report R46426, *Substance Abuse and Mental Health Services Administration (SAMHSA): Overview of the Agency and Major Programs*. The Administration for Community Living (ACL) is focused on maximizing the "independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers." See ACL, *About ACL*, https://acl.gov/about-acl.

[9] Consolidated Appropriations Act, 2023, P.L. 117-328, Division H, Title II, Section 222.

Prevention and Public Health Fund: History

Before and During Enactment

Public health advocates had previously sought a guaranteed federal investment in prevention and wellness that was not subject to the annual appropriations process.[10] Prior to enactment of the ACA, a House-reported health care reform bill (H.R. 3200, 111th Congress) would have established a prevention and wellness trust that authorized annual appropriations for specific activities. Additionally, the Senate Committee on Health, Education, Labor had Pensions (HELP) had originally proposed $80 billion in mandatory appropriations over the first 10 years for the PPHF in the committee-reported bill (S. 1679, 111th Congress). The final ACA text included $15 billion in mandatory appropriations over the first ten years.[11] The final ACA text was not accompanied by committee reports in each chamber that would have further clarified policy intentions for the PPHF.

FY2010-FY2013: HHS Secretary Determined Allocations

From FY2010 through FY2013, the HHS Secretary determined how PPHF funds were allocated as shown in **Table 2**.

As noted earlier, the PPHF authorizing statute allowed the HHS Secretary to allocate funds for "prevention, wellness, and public health activities including prevention research, health screenings, and initiatives, such as the Community Transformation grant program, the Education and Outreach Campaign Regarding Preventive Benefits, and immunization programs."[12] The statute also granted the House and Senate Appropriations Committees authority to transfer funds for eligible activities authorized in the PPHF statute.[13]

The Secretary generally used the PPHF to fund a mix of preexisting activities and activities newly authorized under the ACA. For example, in FY2012, the HHS Secretary allocated some of the PPHF funding to CDC programs that predated the ACA, including viral hepatitis programs ($10 million), immunization programs ($190 million), and tobacco use prevention programs ($83 million), among others. The Secretary also allocated funding towards new ACA programs, for example, in FY2012, HHS allocated $226 million of the PPHF towards CDC Community Transformation grants authorized in ACA Section 4201.[14] Through this program, CDC funded state and local health agencies and organizations to implement community intervention projects that involved cross-sectoral approaches to improving health, such as through promoting better sidewalks for safe walking or by supporting local farmers to increase access to healthy food.[15]

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[10] Michael Fraser, "A Brief History of the Prevention and Public Health Fund: Implications for Public Health Advocates," *American Journal of Public Health*, vol. 109, no. 4 (April 2019), pp. 572-577.

[11] The original law provided increasing amounts for FY2010-FY2014 and $2 billion for FY2015 and each fiscal year thereafter. P.L. 111-148, § 4002(b).

[12] Language under current law. See ACA Section 4002(c) [42 U.S.C. §300u-11(d)].

[13] See ACA Section 4002(d) [42 U.S.C. §300u-11(c)].

[14] HHS, "FY2012 Allocation of PPHF Funds," https://web.archive.org/web/20221209234350/https://www.hhs.gov/open/prevention/fy2012-allocation-pphf-funds.html.

[15] CDC, "Investments in Community Health: Community Transformation Grant Program," https://www.cdc.gov/nccdphp/dch/programs/communitytransformation/funds/index.htm.

Some Members of Congress raised concerns with this use of the PPHF and also with the scope of the HHS Secretary's ability to allocate funds.[16]

Much of the funding in FY2010 through FY2012 went to CDC and the Health Resources and Services Administration (HRSA) for public health and health workforce programs respectively. As noted, in 2013, $454 million of the PPHF was allocated to support health insurance enrollment at the Centers for Medicare & Medicaid Services (CMS).[17] According to the PPHF FY2013 report,[18]

> Studies have also shown that insurance coverage can lead to better health. It helps people obtain the primary care, preventive services, prescription drugs and mental health services they need to stay healthy, prevent disease before it starts or stop it from worsening. Those who are uninsured are less likely to get recommended screenings (e.g. mammograms and colonoscopies) or have a regular source of care, and generally have poorer control of chronic conditions such as hypertension. New coverage options available in the Marketplaces will increase access to preventive care and help improve health outcomes for the millions of individuals who will be able to enroll in affordable health plans. Assisting these individuals in gaining affordable health care aligns with the purpose of the Prevention Fund - to support the necessary infrastructure to prevent disease, detect it early, and manage conditions before they become severe, and help states and communities promote healthy living.

As noted earlier, CMS's use of the fund for health insurance program purposes prompted objections from both supporters and opponents of the fund.[19]

FY2014-FY2023: Congress Determined Allocations

Starting in FY2014 appropriations, Congress began to direct PPHF allocations through annual LHHS appropriations laws.[20] In FY2014, the congressionally directed PPHF allocations mostly went towards programs that the HHS Secretary had previously funded using PPHF appropriations. Congress stopped funding certain PPHF-funded programs, including the CDC Community Transformation Grants program.[21] Since FY2014, Congress has specified PPHF allocations through report or explanatory statement tables accompanying appropriations laws (see

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[16] See for example "Repealing the Prevention and Public Health Fund," House debate, *Congressional Record*, vol. 157, April 13, 2011, pp. H2633-H2644.

[17] See HHS, "FY2013 Allocation of PPHF Funds," https://web.archive.org/web/20221209234714/https://www.hhs.gov/open/prevention/fy2013-allocation-pphf-funds.html. The Consolidated Appropriations Act, 2012, required HHS to establish a publicly available website to provide detailed information on the use of PPHF funds (P.L. 112-74, §220, 125 Stat. 1085, December 23, 2011). This instruction was carried forward in subsequent appropriations acts. HHS is required to post on the PPHF website specific information on the program or activity receiving funds; announcements of funding opportunities; and each grant, cooperative agreement, or contract with a value of $25,000 or more awarded using PPHF funds. Annual and semiannual reporting requirements also apply. The last reported funding allocation table was published for FY2016. The website was established at https://www.hhs.gov/open/prevention.

[18] HHS, "The Affordable Care Act and the Prevention and Public Health Fund Report to Congress for FY2013," https://web.archive.org/web/20221007153727/http://www.hhs.gov/sites/default/files/open/prevention/fy-2013-aca-pphf-report-to-congress.pdf.

[19] See for example "HHS Takes $454 Million from Prevention Fund for Insurance Enrollment," *Inside CMS*, April 17, 2013. https://insidehealthpolicy.com/inside-cms/hhs-takes-454-million-prevention-fund-insurance-enrollment and Avik Roy, "Obamacare's Slush Fund Fuels a Broader Lobbying Controversy," *Forbes*, May 30, 2013.

[20] Consolidated Appropriations Act, 2014, P.L. 113-76, Division H, Title II, Section 219.

[21] For FY2014 PPHF allocations see *Congressional Record*, Volume 160, Issue 9, Book II (January 15, 2014), pp. H1041-H1042, http://www.gpo.gov/fdsys/pkg/CREC-2014-01-15/content-detail.html.

example in **Figure 1**) and has prohibited further transfers through general provisions in LHHS appropriations acts.

As shown in **Table 3**, congressionally directed PPHF allocations have been fairly consistent since this practice began. Most of the allocations have gone toward HHS programs within CDC, SAMHSA and ACL, including some established by the ACA. In many cases, the same programs that receive PPHF transfers also receive some discretionary appropriations.[22] For example, in FY2023, PPHF transfers accounted for about 27% of the funds for the Garrett Lee Smith suicide prevention grants to states, administered by SAMHSA.[23] For some programs, the PPHF contribution made up more than half of total program funding in FY2023. Examples include the CDC immunization program (61%) and tobacco prevention activities (51%). Some programs are funded entirely by PPHF transfers. For example, the CDC Preventive Health and Health Services Block Grant program received 100% of its FY2023 funding from the PPHF.[24]

PPHF Amendments as an Offset

As shown in **Table 1**, the PPHF has been amended five times since enactment. In most of these laws, the PPHF amendments were included in "offset" or "savings" portions of the laws. As mentioned, only one law that amended the PPHF provided increases to the appropriations in some years, but still had the overall net effect of decreasing future PPHF appropriations (P.L. 115-123, §53119). In total, these laws have had the effect of reducing total appropriations made available in the PPHF ACA section as shown in **Table 1**.

Has the PPHF Increased Funding for Public Health and Prevention?

Per its statutory authorization, the PPHF is to "provide for expanded and sustained national investment in prevention and public health programs." Public health stakeholders have argued that the PPHF has been used to supplant rather than supplement discretionary appropriations for the CDC and other HHS agencies.[25]

Figure 2 shows a CRS analysis of CDC's core public health program funding levels as adjusted for inflation from FY2005 through FY2023 with the percentage of the overall program level comprised of PPHF allocations.[26] Because CDC has received the largest portion of PPHF funds throughout the fund's history, the agency can serve as a main example for examining whether the PPHF has provided for expanded investment in public health.

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[22] See, for example, CDC, *Operating Plan FY2023,* https://www.cdc.gov/budget/documents/fy2023/FY-2023-CDC-Operating-Plan.pdf to see how PPHF transfers fit within CDC's overall budget.

[23] SAMHSA, *Operating Plan FY2023,* https://www.samhsa.gov/sites/default/files/fy23-operating-plan.pdf.

[24] CDC, *Operating Plan FY2023,* https://www.cdc.gov/budget/documents/fy2023/FY-2023-CDC-Operating-Plan.pdf.

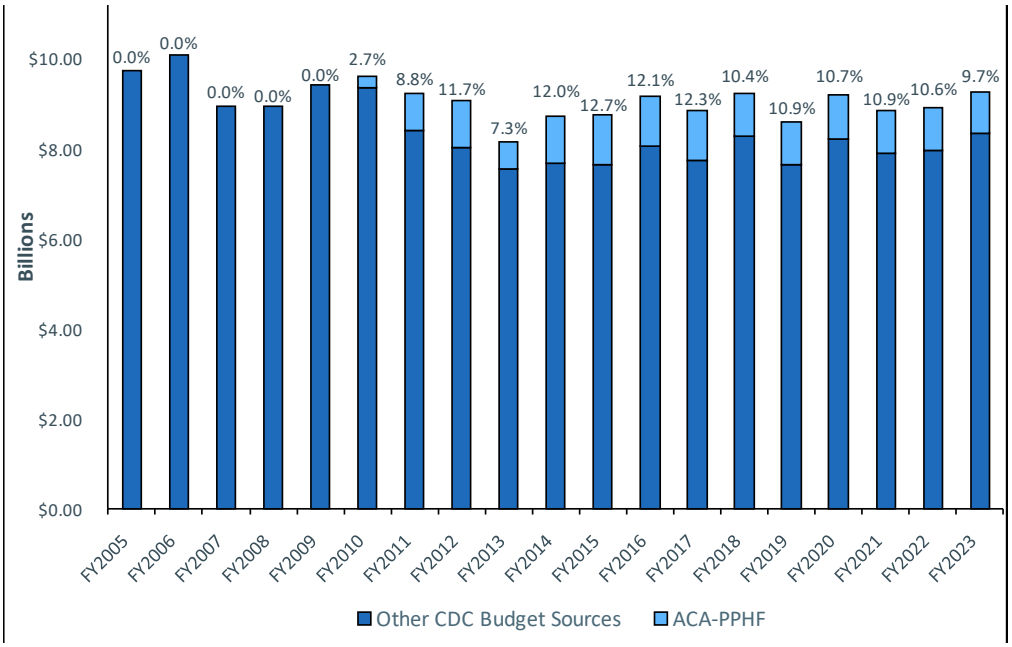
[25] Michael R. Fraser, "A Brief History of the Prevention and Public Health Fund: Implications for Public Health Advocates," *American Journal of Public Health,* vol. 109, no. 4 (April 2019), p. 572–577.

[26] In this report, CDC's "core public health program level" comprises discretionary budget authority for CDC and the Agency for Toxic Substances and Diseases Registry (ATSDR) and other transfers and one-time mandatory appropriations the agency received for public health programs. The core public health program level does not include emergency supplemental appropriations or other one-time appropriations in the American Rescue Plan Act. The core public health program level does not include other mandatory appropriations that CDC receives for specific health services, such as for the Vaccines for Children program and the World Trade Center Health Program. For more background, see CRS Report R47207, *Centers for Disease Control and Prevention (CDC) Funding Overview*.

The analysis shows that CDC saw a slight increase in its overall program level in the first year the agency received PPHF transfers in FY2010, from $9.62 billion in FY2010 compared to $9.45 billion in FY2009. Since then, CDC's inflation-adjusted program level has varied from year to year. From FY2011 though FY2023, the percentage of CDC's program level comprising PPHF transfers has ranged from 7.3% to 12.7%. During the same period, CDC's total program funding level has not exceeded FY2010 levels when adjusting for inflation. Thus, CDC has not seen an overall inflation-adjusted increase in its program level since PPHF enactment.

Figure 2. Trends in PPHF Funding as a Percentage of CDC Core Public Health Program Levels, Inflation Adjusted

Adjusted to 2023 dollars with the GDP Deflator



Source: CRS analysis drawing on data from CDC Congressional Budget Justifications from FY2007 to FY2024. "*All Purpose Table*", Accessed at https://www.cdc.gov/budget/congressional-justifications/index.html. GDP Deflator index values from FRED, *Gross Domestic Product: Implicit Price Deflator*, Accessed at https://fred.stlouisfed.org/series/GDPDEF.

Notes: Amounts reflect final appropriations after transfers and other adjustments and may therefore differ from amounts as enacted. Amounts shown may not reflect all post-appropriations transfers. CDC's other budget sources comprise discretionary budget authority for CDC and the Agency for Toxic Substances and Diseases Registry (ATSDR), other transfers, and one-time mandatory appropriations the agency received for public health programs. Amounts shown do not include emergency supplemental appropriations (e.g., Coronavirus Disease 2019 supplemental appropriations) or other one-time appropriations such as those provided in The American Rescue Plan Act. The core public health program level does not include other mandatory appropriations that CDC receives for specific health services programs, such as for the Vaccines for Children program and the World Trade Center Health Program. For more background, see CRS Report R47207, Centers for Disease Control and Prevention (CDC) Funding Overview.

Acronyms: CDC = Centers for Disease Control and Prevention; LHHS = Labor, Health and Human Services, Education, and Related Agencies appropriations bill; ATSDR = Agency for Toxic Substances and Disease Registry; PPHF = Prevention and Public Health Fund; PHSSEF = Public Health and Social Services Emergency Fund; PHS = Public Health Service.

Concluding Observations

As with the ACA as a whole, the PPHF has sparked some controversy. In the immediate years following enactment, there were concerns as to the broad discretion of the Secretary to administer a sizeable permanent appropriation and also around specific uses of the fund, such as for community infrastructure projects and ACA health insurance implementation activities.[27] As noted, since FY2014, annual appropriations laws have limited the HHS Secretary's discretion in allocating the fund. Since the ACA was enacted in 2010, Congress has considered several proposals to repeal the fund and rescind any unobligated balance.[28]

Since FY2014, Congress has directed annual PPHF allocations to HHS agencies. The PPHF currently provides one source of budget authority for certain HHS agencies that also receive discretionary budget authority. The programs that have received PPHF funding have remained relatively consistent since FY2014 as shown in **Table 3**. In this report, CRS has explored whether the PPHF has increased public health funding since enactment. Using CDC as a main example, CRS analysis shows that the CDC has not seen an overall increase in its program funding level after FY2010 when adjusting for inflation. From FY2011 though FY2023, the percentage of CDC's program level comprising PPHF transfers has ranged from 7.3% to 12.7%.

Public health advocates have opposed further PPHF recissions. For example, in September 2023, a group of 111 health organizations sent a letter to the Senate HELP Committee opposing further PPHF recissions in proposed legislation (S. 2840).[29] The letter stated, "The Prevention Fund currently comprises more than 10 percent of the Centers for Disease Control and Prevention's (CDC) entire annual operating budget. Cuts to the Prevention Fund will translate into funding shortfalls in programs that states have long relied upon to keep their residents healthy and safe."

If providing additional support for public health and prevention remains a priority, Congress could consider whether the PPHF has had the desired effect as currently structured. Congress could examine whether statutory changes might help the fund achieve intended policy goals, for example, by further specifying programs eligible to receive PPHF funding. Congress could also examine the role of agency discretion in the fund's history, and whether more or less agency discretion is desirable moving forward. Congress could also consider whether greater oversight mechanisms might ensure that the fund is spent as intended.

Alternatively, if Congress decides to repeal or rescind PPHF appropriations, Congress could consider the overall effect on CDC and other HHS agency budgets. In recent years, PPHF has become one source of budget authority for CDC, SAMHSA and ACL. If repealed entirely or reduced below FY2023 levels, all else being equal, these agencies would see decreases in their annual program funding levels relative to current levels.

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[27] See for example "Repealing the Prevention and Public Health Fund," House debate, *Congressional Record*, vol. 157, April 13, 2011, pp. H2633-H2644.

[28] CRS Report R43289, *Legislative Actions in the 112th, 113th, and 114th Congresses to Repeal, Defund, or Delay the Affordable Care Act*, out of print; available to congressional clients on request.

[29] Letter to The Honorable Bernie Sanders and Bill Cassidy, Chair and Ranking Member, Health, Education, Labor and Pensions Committee, September 20, 2023, https://www.lung.org/getmedia/1dd82516-6e00-44ba-afe6-f821d5c65ba3/PPHF-Sign-on-9-20-23.pdf.

Table 2. PPHF Transfers, by HHS Agency: FY2010-FY2023

Budget authority in millions, by fiscal year

Agency	2010 Actual	2011 Actual	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2016 Actual	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Actual	2022 Actual	2023 Actual	Agency Total 2010-2023	Agency % of Total 2010-2023
ACL	0	0	20	9	28	28	28	28	28	28	28	28	28	28	306	2.4
AHRQ	6	12	12	6	7	0	0	0	0	0	0	0	0	0	43	0.3
CDC	192	611	809	463	831	887	892	891	801	805	854	856	903	903	10,699	82.6
CMS	0	0	0	454	0	0	0	0	0	0	0	0	0	0	454	3.5
HRSA	271	20	37	2	0	0	0	0	0	0	0	0	0	0	330	2.5
OS	12	19	30	0	0	0	0	0	0	0	0	0	0	0	61	0.5
SAMHSA	20	88	92	15	62	12	12	12	12	12	12	12	12	12	385	3.0
Total Transfers	500	750	1,000	949	928	927	932	931	841	844	894	896	943	943	12,278	94.8
Sequestered	—	—	—	*51*	*72*	*73*	*68*	*69*	*59*	*55*	*56*	*54*	*57*	*57*	*671*	*4.6*

Sources: Prepared by Congressional Research Service based on HHS agency congressional budget justifications for FY2012 through FY2024, http://www.hhs.gov/budget/ ; HHS, "Prevention and Public Health Fund," funding distribution tables, https://www.hhs.gov/open/prevention; White House President's Budget Appendices, and Office of Management and Budget (OMB) Sequestration Reports and Orders.

Notes: All numbers rounded. Individual amounts may not add to totals due to rounding. ACL is the Administration for Community Living. AHRQ is the Agency for Healthcare Research and Quality. CDC is the Centers for Disease Control and Prevention. CMS is the Centers for Medicare & Medicaid Services. HRSA is the Health Resources and Services Administration. OS is the Office of the HHS Secretary. PB is President's Budget. SAMHSA is the Substance Abuse and Mental Health Services Administration.

Table 3. Congressionally Directed PPHF Transfers: FY2014-FY2023

Budget authority in millions, by fiscal year

Agency/Program	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023
ACL Total	**27.7**	**27.7**	**27.7**	**27.7**	**27.7**	**27.7**	**27.7**	**27.7**	**27.7**	**27.7**
ACL/Alzheimer's Disease (non-add)	*(14.7)*	*(14.7)*	*(14.7)*	*(14.7)*	*(14.7)*	*(14.7)*	*(14.7)*	*(14.7)*	*(14.7)*	*(14.7)*
ACL/Chronic Disease Self-management (non-add)	*(8.0)*	*(8.0)*	*(8.0)*	*(8.0)*	*(8.0)*	*(8.0)*	*(8.0)*	*(8.0)*	*(8.0)*	*(8.0)*
ACL/Falls Prevention (non-add)	*(5.0)*	*(5.0)*	*(5.0)*	*(5.0)*	*(5.0)*	*(5.0)*	*(5.0)*	*(5.0)*	*(5.0)*	*(5.0)*
AHRQ Total	**7.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
AHRQ/USPSTF (non-add)	*(7.0)*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*
CDC Total	**831.3**	**887.3**	**892.3**	**891.3**	**800.9**	**804.5**	**854.3**	**856.2**	**902.3**	**903.3**
CDC/Hospitals Promote Breastfeeding (non-add)	*(8.0)*	*(8.0)*	*(8.0)*	*(8.0)*	*(8.0)*	*(8.0)*	*(9.0)*	*(9.5)*	*(9.8)*	*(9.8)*
CDC/Cancer (non-add)	*(104.0)*	*(104.0)*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CDC/Diabetes Prevention (non-add)	*(73.0)*	*(73.0)*	*(73.0)*	*(72.0)*	*(52.3)*	*(52.3)*	*(52.3)*	*(52.3)*	*(52.3)*	*(52.3)*
CDC/Epidemiology and Laboratory Capacity (non-add)	*(40.0)*	*(40.0)*	*(40.0)*	*(40.0)*	*(40.0)*	*(40.0)*	*(40.0)*	*(40.0)*	*(40.0)*	*(40.0)*
CDC/Healthcare-associated Infections (non-add)	*(12.0)*	*(12.0)*	*(12.0)*	*(12.0)*	*(12.0)*	*(12.0)*	*(12.0)*	*(12.0)*	*(12.0)*	*(12.0)*
CDC/Heart Disease, Stroke (non-add)	*(73.0)*	*(73.0)*	*(73.0)*	*(73.0)*	*(53.3)*	*(57.1)*	*(57.1)*	*(57.1)*	*(57.1)*	*(57.1)*
CDC/Million Hearts (non-add)	*(4.0)*	*(4.0)*	*(4.0)*	*(4.0)*	*(4.0)*	*(4.0)*	*(4.0)*	*(4.0)*	*(4.0)*	*(5.0)*

Agency/Program	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023
CDC/Early Care Collaboratives (non-add)	*(4.0)*	*(4.0)*	*(4.0)*	*(4.0)*	*(4.0)*	*(4.0)*	*(4.0)*	*(4.0)*	*(4.0)*	*(5.0)*
CDC/Nutrition, Physical Activity, Obesity (non-add)	*(35.0)*	*(35.0)*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CDC/Smoking and Health (non-add)	*(105.0)*	*(111.0)*	*(126.0)*	*(126.0)*	*(126.0)*	*(128.6)*	*(126.6)*	*(128.1)*	*(127.9)*	*(125.9)*
CDC/Preventive Health and Health Services Block Grant (non-add)	*(160.0)*	*(160.0)*	*(160.0)*	*(160.0)*	*(160.0)*	*(160.0)*	*(160.0)*	*(160.0)*	*(160.0)*	*(160.0)*
CDC/Racial and Ethnic Approaches to Community Health (REACH) (non-add)	*(30.0)*	*(30.0)*	*(51.0)*	*(51.0)*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*
CDC/Section 317 Immunization (non-add)	*(160.3)*	*(210.3)*	*(324.4)*	*(324.4)*	*(324.4)*	*(320.6)*	*(370.3)*	*(372.2)*	*(419.4)*	*(419.4)*
CDC/Lead Poisoning Prevention (non-add)	*(13.0)*	*(13.0)*	*(17.0)*	*(17.0)*	*(17.0)*	*(17.0)*	*(17.0)*	*(17.0)*	*(17.0)*	*(17.0)*
SAMHSA Total	**62.0**	**12.0**	**12.0**	**12.0**	**12.0**	**12.0**	**12.0**	**12.0**	**12.0**	**12.0**
SAMHSA/Access to Recovery (non-add)	*(50.0)*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SAMHSA/Garrett Lee Smith Suicide Prevention (non-add)	*(12.0)*	*(12.0)*	*(12.0)*	*(12.0)*	*(12.0)*	*(12.0)*	*(12.0)*	*(12.0)*	*(12.0)*	*(12.0)*

Sources: Prepared by Congressional Research Service using explanatory statements accompanying appropriations laws and President's Budget account tables.

Notes: Individual amounts may not add to totals due to rounding. ACL is the Administration for Community Living. AHRQ is the Agency for Healthcare Research and Quality. CDC is the Centers for Disease Control and Prevention. PB is President's Budget. SAMHSA is the Substance Abuse and Mental Health Services Administration. USPSTF is the U.S. Preventive Services Task Force.

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