

Executive Summary

Fiscal Year 2015

**Justification of Estimates
for Appropriations
Committees**

**Health Resources and
Services Administration**

Introduction and Mission

The Health Resources and Services Administration (HRSA), an Agency of the U.S. Department of Health and Human Services (DHHS), is the principal Federal agency charged with increasing access to basic health care for those who are medically underserved. Health care in the United States is among the finest in the world but it is not accessible to everyone. Millions of families still face barriers to quality health care because of their income, lack of insurance, geographic isolation, or language and cultural barriers. The Affordable Care Act provided for substantial expansion of components of the HRSA-supported safety net, including the Health Center Program, the National Health Service Corps, and a variety of health workforce programs, to address these and other access problems. In addition, the expansion of health care coverage to many of the populations HRSA serves may result in savings that will allow some HRSA programs to reinvest resources in new areas. While implementation of health reforms and other factors may affect the structure and function of the safety net, assuring an adequate safety net for individuals and families who live outside the economic and medical mainstream remains a key HRSA role.

HRSA's mission as articulated in its Strategic Plan for 2010-2015 is: To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs. HRSA supports programs and services that target, for example:

- Americans who have trouble accessing health care--many of whom are racial and ethnic minorities,
- Over 50 million underserved Americans who live in rural and poor urban neighborhoods where health care providers and services are scarce,
- African American infants who still are 2.4 times as likely as white infants to die before their first birthday,
- The more than 1 million people living with HIV infection,
- The more than 100,000 Americans who are waiting for an organ transplant.

Focusing on these and other vulnerable, underserved groups, HRSA's leadership and programs promote the improvements in access, quality and equity that are essential for a healthy nation.

Overview of Budget Request

The FY 2015 President's program level request of \$10.8 billion for the Health Resources and Services Administration (HRSA) is a net increase of \$1.8 billion above the FY 2014 enacted level.

Highlights of the major programs are listed below:

Increases:

Health Centers +\$1.455B in mandatory funding; -\$495M in discretionary funding; total program \$4.6B – This funding level is projected to serve approximately 31 million patients at the FY 2015 Budget Request level. This request is projected to provide approximately \$800 million for major and minor capital development grants. In addition, this request is projected to support 150 new access point grants, and continuation activities for over 1,200 existing health centers, including recognition of centers performing at exceptional levels. This funding level also includes \$3.6B appropriated under the Affordable Care Act.

Healthcare Workforce +\$957M in mandatory funding; -\$257M in discretionary funding; +\$62M in Evaluation Funding; -\$9M in User Fees; total program +\$1.8B –

- +\$527M for the National Health Service Corps. The combined appropriation request of \$810M for the NHSC will support a field strength of 15,000 health care providers.
- -\$14M for the Health Careers Opportunity Program. No funding is requested for this program.
- +\$4M for Rural Physician Training Grants. This request will support a new grant program that will establish, expand and improve rural-focused physician training programs. The Rural Physician Training Grants Program will focus on recruiting and training physician students in rural settings with the goal of increasing the number of medical school graduates who practice in rural communities
- +\$530M for the new Targeted Support for the Graduate Medical Education Program, funded by a transfer from the Medicare Hospital Insurance Trust Fund. The program supports training residents in high need specialties in addition to primary care, in community-based ambulatory care settings that provide a range of training experiences to address key health care workforce development needs. Approximately 13,025 residents will complete their training over ten years.
- -\$30M for the Area Health Education Centers. No funding is requested for this program.
- +\$10M for Clinical Training in Interpersonal Practice. This new program will increase the capacity of community-based primary health care teams to deliver care.

This funding will support approximately 19 awards of approximately \$500,000 per year for five years.

- -\$265M for the Children's Graduate Medical Education Program. In FY 2015, HRSA will establish a new Targeted Support for Graduate Medical Education Program to expand residency training, with a focus on ambulatory and preventive care, in order to advance higher value health care that reduces long term costs. The Targeted Support for Graduate Medical Education program will incorporate the CHGME program, and \$100 million will be set aside specifically for children's hospitals in FY 2015.
- Advanced Education Nursing funding is funded through the PHS Evaluation Fund in this request. As a result, discretionary funding is decreased by \$62M and PHS Evaluation Funds are increased by +\$62M.
- -\$9M for the National Practitioner Data Bank User Fees.

Maternal and Child Health +\$126M Mandatory; total program \$1.3B – This funding level supports an increase of \$129M to extend and expand the Maternal, Infant, and Early Childhood Home Visiting program, and a decrease of \$2.5M for Family to Family Health Information Centers, discontinuing the program. The Budget proposes to extend and expand the home visiting program beginning in FY 2015 by providing a substantial new investment of \$15 billion through FY 2024 to ensure that our most vulnerable Americans are on track from birth, and that later educational investments, including Early Head Start, high quality child care, and high quality preschool, rest upon a strong foundation.

HIV/AIDS + \$4M Discretionary; total program \$2.298B – The FY 2015 request proposes to consolidate Part D to part C, increasing the budget by \$4M. The Part C program will emphasize care across all lifecycles, gender, and ages thus assuring services for women, infants, children, and youth throughout the program.

Healthcare Systems +\$7.5 in discretionary funding; +\$7M in user fees, +\$.5M for the Organ Transplantation program; total programs \$111M - HRSA is proposing a 340B discretionary user fee program and is requesting an additional +\$7M, maintaining an 0.1 percent fee on participating entities. The request also includes +\$.5M for the Organ Transplantation program.

Program Management +\$4M; total program \$157M – This request supports program management activities for programs budgeted of \$11B. In addition, funding is requested to support a new consolidated facility that will improve efficiency over time.

Vaccine +\$1M; total program \$7.5M - HRSA requests using \$7.5M from the Trust Fund to cover the costs of internal medical claims review, external medical claims review by outside consultants (including, where warranted, expert testimony to the Court), professional and administrative support to the Advisory Commission on Childhood Vaccines, meeting specific administrative requirements of the National Childhood Vaccine Injury Act of 1986, processing

award payments, maintaining necessary records, and informing the public of the availability of the National Vaccine Injury Compensation Program.

Decreases:

Rural Health -\$18M; total program \$125M- The majority of rural health programs are requested at the same level as the FY 2014 enacted level, with the exception of the Rural and Community Access to Emergency Device program, and the Rural Hospital Flexibility Grants program. No funding is requested for the Rural and Community Access to Emergency Device program. Activities related to access to emergency medical devices and training in FY 2015 may be addressed through other funding sources available to grantees, such as the Rural Outreach and Rural Network Development programs. This request will continue to support 45 Flex grant programs to support critical access hospitals and 3 grants to support rural veterans.

Health Education Assistance Loans -\$2.7M; total program \$0. The Budget reflects the transfer of the HEAL Program from the Department of Health and Human Services to the Department of Education in FY 2014.

Overview of Performance

This Performance Budget documents the progress HRSA has made and expects to make in meeting the needs of uninsured and medically underserved individuals, special needs populations, and many other Americans. HRSA and its partners work to achieve the vision of “Healthy Communities, Healthy People.” In pursuing that vision, HRSA’s strategic goals are to: improve access to quality health care and services, strengthen the health workforce, build healthy communities, and improve health equity. The performance and expectations for HRSA programs are highlighted below, categorized by HRSA goals and HHS strategic objectives to indicate the close alignment of specific programmatic activities and objectives with broader HRSA and Departmental priorities. The examples illustrate ways HRSA helps states, communities and organizations provide essential health care and related services to meet critical needs.

Highlights of Performance Results and Targets

HRSA Goals: *Improve access to quality health care and services, Improve health equity*

HHS objectives for information through 2013 (Strategic Plan, 2010-2015):

Ensure access to quality, culturally competent care for vulnerable populations (1.E)

Emphasize primary and preventive care linked with community prevention services (1.C)

HHS objectives for information after 2013 (Strategic Plan, 2014-2018):

Ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations (1.E)

Emphasize primary and preventive care linked with community prevention services (1.C)

HRSA programs support the direct delivery of health services and health system improvements that increase access to health care and help reduce health disparities.

- In FY 2015, the Health Center program projects that it will serve 31 million patients. This is an expected increase of 9.9 million over the 21.1 million persons served in FY 2012.
- HRSA expects to serve 32 million children through the Maternal and Child Health Block Grant (Title V) in FY 2015; 35.9 million were served in FY 2012.
- By reaching out to low-income parents to enroll their children in the Children’s Health Insurance Program (CHIP) and Medicaid, HRSA improves access to critically important health care. In FY 2015, the number of children receiving Title V services that are enrolled in and have Medicaid and CHIP coverage is expected to be 14.5 million. In FY 2012, the number was 14.2 million.
- In FY 2015, HRSA’s Ryan White HIV Emergency Relief Grants (Part A) and HIV Care Grants to States (Part B) are projected to support, respectively, 1.963 million visits and 1.63 million visits for health-related care (primary medical, dental, mental health, substance abuse, and home health). Approximately 1.99 million visits and 1.09 million visits, respectively, were supported in FY 2011.

- By supporting AIDS Drug Assistance Program (ADAP) services to an anticipated 212,107 persons in FY 2015, HRSA expects to continue its contribution to reducing AIDS-related mortality through providing drug treatment regimens for low-income, underinsured and uninsured people living with HIV/AIDS. More than 217,000 persons were served through ADAP in FY 2012.
- The number of organ donors and the number of organs transplanted have increased substantially in recent years. In FY 2015, HRSA's Organ Transplantation program projects that 25,400 deceased donor organs will be transplanted, up from 24,557 in FY 2012.
- To increase the number of patients from racially and ethnically diverse backgrounds able to find a suitably matched unrelated adult donor for their blood stem cell transplants, HRSA's C.W. Bill Young Cell Transplantation program projects that it will have 3.26 million adult volunteer potential donors of minority race and ethnicity listed on the donor registry in FY 2015. Nearly 3.1 million were listed on the registry in FY 2013.
- In FY 2012, the Black Lung program supported services to more than 12,500 active and retired coal miners and others with occupation-related respiratory and pulmonary impairments. In FY 2015, an estimated 13,000 miners and others will be served.

HRSA Goal: Strengthen the health workforce

HHS Objective for information through 2013 (Strategic Plan, 2010-2015):

Ensure that the Nation's health care workforce can meet increased demands (5.B)

HHS Objective for information after 2013 (Strategic Plan, 2014-2018):

Ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations (1.E)

HRSA works to improve health care systems by assuring access to a quality health care workforce in all geographic areas and to all segments of the population through the support of training, recruitment, placement, and retention activities.

- In FY 2013, the National Health Service Corps (NHSC) had a field strength of 8,899 primary care clinicians. The NHSC projects that a field strength of more than 15,400 primary care clinicians will be in health professional shortage areas in FY 2015.
- In FY 2013, 70% of NURSE Corps (formerly known as the Nursing Education Loan Repayment and Scholarship Program) participants extended their service contracts and committed to work at a critical shortage facility for an additional year.
- In FY 2013, 6,780 health care providers were deemed eligible for FTCA malpractice coverage through the Free Clinics Medical Malpractice program, which encourages providers to volunteer their time at sponsoring free clinics. The projection for this number is 7,800 in FY 2015.

HRSA Goal: *Improve access to quality health care and services.*
HHS Objective for information before 2013 (Strategic Plan, 2010-2015):
Improve health care quality and patient safety (1.B)
HHS Objective for information after 2013 (Strategic Plan, 2014-2018):
Improve health care quality and patient safety (1.B)

Virtually all HRSA programs help improve health care quality, including those programs or program components that focus on improving the infrastructure of the health care system.

- In FY 2015, 95.7% of Ryan White program-funded primary care providers will have implemented a quality management program, comparable to the figure in FY 2011.
- In FY 2015, 90% of Critical Access Hospitals (supported by the Rural Hospital Flexibility Grants program) will report at least one quality-related measure to Hospital Compare. This will be an increase from 79.7% in FY 2011.

HRSA Goal: *Improve health equity.*
HHS Objective for information through 2013 (Strategic Plan, 2010-2015):
Accelerate the process of scientific discovery to improve patient care (2.A)
HHS Objective for information after 2013 (Strategic Plan, 2014-2018):
Accelerate the process of scientific discovery to improve patient care (2.A)

- The National Hansen's Disease Program seeks to prevent and manage Hansen's disease (leprosy) through both clinical care and scientific research. The Program is conducting research that will ultimately permit development of the full animal model (armadillo) that will advance understanding of the disease in humans. In 2012, the Program defined parameters of nerve dysfunction in armadillos infected with the leprosy bacillus. In 2015, the Program will continue to pursue a relevant animal model for human leprosy.

In the ways highlighted above and others, HRSA will continue to strengthen the Nation's healthcare safety net and improve Americans' health, health care, and quality-of-life.

Performance Management

Achieving a high level of performance is a Strategic Plan principle and a major priority for HRSA. Performance management is central to the agency's overall management approach and performance-related information is routinely used to improve HRSA's operations and those of its grantees. HRSA's performance management process has several integrated elements, including priority setting, action planning, and regular monitoring and review with follow-up.

Priority setting is done each fiscal year in which goals, that are linked to HRSA's Strategic Plan, are defined through the process of establishing performance plans for Senior Executive Service (SES) personnel. This process identifies goals that are supported, to the greatest extent possible, by quantitative or qualitative measures and targets. Goal leaders plan for the major actions that must be accomplished to achieve goals. Many of the goals are outcome-oriented and their achievement is largely dependent upon the direct actions of grantees, supported by HRSA. Other goals relate to internal processes and organizational functioning that reflect standards for how

HRSA does its business.

Performance monitoring is done by:

- (a) Assessing achievement of performance measure targets,
- (b) Monitoring, through the work of project officers and progress reports, grantees' interim progress and challenges associated with goal achievement, and
- (c) Tracking key milestones that indicate, for example, the advancement or completion of major deliverables linked to accomplishment of goals.

Regular reviews of performance occur between goal leaders and the Administrator/Deputy Administrator. These reviews include monthly one-on-one meetings, mid-year and year-end SES performance reviews, and ad hoc meetings called to address emerging issues/problems. The meetings cover progress, successes, challenges, and possible course-corrections. Focused discussions of performance, particularly related to cross-cutting goals, are also held at Senior Staff meetings.

HRSA produces an *Annual Performance Report* that shows trends in performance of HRSA's Bureaus and Offices. The Report, posted on-line, provides information for performance assessment purposes and also gives transparency to HRSA's performance results.

All-Purpose Table
Health Resources and Services Administration

(Dollars in Thousands)

	FY 2013	FY 2014	FY 2015	
Program	Final	Enacted	President's Budget	FY 2015 +/- FY 2014
<u>PRIMARY CARE:</u>				
Health Centers	1,390,507	1,400,343	911,017	-489,326
Community Health Center Fund (mandatory)	1,465,397	2,144,716	3,600,000	+1,455,284
Health Center Tort Claims	88,983	94,893	88,983	-5,910
<i>Subtotal, Health Centers</i>	<i>2,944,887</i>	<i>3,639,952</i>	<i>4,600,000</i>	<i>+960,048</i>
School-Based Health Centers - Facilities (mandatory)	47,450	-	-	-
Free Clinics Medical Malpractice	38	40	40	-
<i>Subtotal, PL Bureau of Primary Health Care (BPHC)</i>	<i>2,992,375</i>	<i>3,639,992</i>	<i>4,600,040</i>	<i>+960,048</i>
<i>Subtotal, Mandatory BPHC (non-add)</i>	<i>1,512,847</i>	<i>2,144,716</i>	<i>3,600,000</i>	<i>+1,455,284</i>
<i>Subtotal, Discretionary BA BPHC (non add)</i>	<i>1,479,528</i>	<i>1,495,276</i>	<i>1,000,040</i>	<i>-495,236</i>
<u>HEALTH WORKFORCE:</u>				
<u>CLINICIAN RECRUITMENT & SERVICE</u>				
National Health Service Corps	-	-	100,000	+100,000
National Health Service Corps Fund (mandatory)	284,700	283,040	710,000	+426,960
<i>National Health Service Corps Fund - (proposed)(non-add)</i>			<i>400,000</i>	<i>+400,000</i>
<i>Subtotal, NHSC</i>	<i>284,700</i>	<i>283,040</i>	<i>810,000</i>	<i>+526,960</i>
NURSE Corps Scholarship and Loan Repayment Program	77,957	79,986	79,986	-
Loan Repayment/Faculty Fellowships	1,177	1,190	1,190	-
<i>Subtotal, Clinician Recruitment & Service</i>	<i>363,834</i>	<i>364,216</i>	<i>891,176</i>	<i>+526,960</i>
<u>HEALTH PROFESSIONS</u>				
Health Professions Training for Diversity:				
Centers of Excellence	21,482	21,711	21,711	-
Scholarships for Disadvantaged Students	44,497	44,970	44,970	-
Health Careers Opportunity Program	14,039	14,189	-	-14,189
<i>Subtotal, Health Professions Training for Diversity</i>	<i>80,018</i>	<i>80,870</i>	<i>66,681</i>	<i>-14,189</i>

	FY 2013	FY 2014	FY 2015	
Program	Final	Enacted	President's Budget	FY 2015 +/- FY 2014
Health Care Workforce Assessment	2,635	4,663	4,663	-
Primary Care Training and Enhancement	36,535	36,924	36,924	-
Oral Health Training Programs	30,681	32,008	32,008	-
Rural Physician Training Grants	-	-	4,000	+4,000
Targeted Support for Graduate Medical Education (proposed mandatory transfer)	-	-	530,000	+530,000
<i>Children's Hospital Set-Aside (non-add)</i>	-	-	<i>100,000</i>	<i>+100,000</i>
Interdisciplinary, Community-Based Linkages:				
Area Health Education Centers	28,211	30,326	-	-30,326
Geriatric Programs	29,011	33,321	33,321	-
Alzheimer's Prevention Fund	1,847	-	-	-
Subtotal, Geriatric Programs	30,858	33,321	33,321	-
Mental and Behavioral Health	2,740	7,916	7,916	-
Subtotal, Mental and Behavioral Health	2,740	7,916	7,916	-
Clinical Training in Interprofessional Practice	-	-	10,000	+10,000
Subtotal, Interdisciplinary, Community-Based Linkages	61,809	71,563	51,237	-20,326
Public Health Workforce Development:				
Public Health/Preventive Medicine	7,683	18,177	18,177	-
Nursing Workforce Development:				
Advanced Education Nursing	59,943	61,581	61,581	-61,581
<i>PHS Evaluation Funds (non-add)</i>	-	-	<i>61,581</i>	<i>+61,581</i>
Nursing Workforce Diversity	14,984	15,343	15,343	-
Nurse Education, Practice and Retention	37,113	38,008	38,008	-
Nurse Faculty Loan Program	23,256	24,562	24,562	-
Comprehensive Geriatric Education	4,248	4,361	4,361	-
Subtotal, Nursing Workforce Development	139,544	143,855	143,855	-
Children's Hospitals Graduate Medical Education Program	251,166	265,000	-	-265,000
Subtotal, Bureau of Health Professions	610,071	653,060	825,964	+172,904
<i>Health Workforce Evaluation Funding</i>	-	-	<i>61,581</i>	<i>+61,581</i>

	FY 2013	FY 2014	FY 2015	
Program	Final	Enacted	President's Budget	FY 2015 +/- FY 2014
<i>National Practitioner Data Bank (User Fees)</i>	27,451	27,456	18,814	-8,642
Subtotal, PL Health Workforce (BCRS, BHPr)	1,001,356	1,044,732	1,797,535	+752,803
<i>Subtotal, Discretionary Health Workforce (non-add)</i>	687,358	734,236	477,140	-257,096
<i>Subtotal, Mandatory Health Workforce (non-add)</i>	284,700	283,040	1,240,000	+956,960
<u>MATERNAL & CHILD HEALTH:</u>				
Maternal and Child Health Block Grant	604,917	634,000	634,000	-
Autism and Other Developmental Disorders	44,652	47,218	47,218	-
Traumatic Brain Injury	9,245	9,344	9,344	-
Sickle Cell Service Demonstrations	4,419	4,466	4,466	-
James T. Walsh Universal Newborn Hearing Screening	17,674	17,863	17,863	-
Emergency Medical Services for Children	20,000	20,213	20,213	-
Healthy Start	98,064	101,000	101,000	-
Heritable Disorders	9,314	11,913	11,913	-
Family to Family Health Information Centers (mandatory)	4,745	2,500	-	-2,500
Maternal, Infant and Early Childhood Visiting Program (mandatory)	379,600	371,200	500,000	+128,800
<i>MIECHV (Proposed) (non-add)</i>	-	-	500,000	
Subtotal, Maternal and Child Health Bureau	1,192,630	1,219,717	1,346,017	+126,300
<i>Subtotal, Discretionary MCHB (non add)</i>	808,285	846,017	846,017	-
<i>Subtotal, Mandatory MCHB (non add)</i>	384,345	373,700	500,000	+126,300
<u>HIV/AIDS:</u>				
Emergency Relief - Part A	624,262	655,876	655,876	-
Comprehensive Care - Part B	1,287,535	1,315,005	1,315,005	-
<i>AIDS Drug Assistance Program (Non-Add)</i>	886,313	900,313	900,313	-
Early Intervention - Part C	194,444	201,079	280,167	+79,088
Children, Youth, Women & Families - Part D	72,361	75,088	-	-75,088
AIDS Education and Training Centers - Part F	32,390	33,611	33,611	-
Dental Reimbursement Program Part F	12,646	13,122	13,122	-
Subtotal, HIV/AIDS	2,223,638	2,293,781	2,297,781	+4,000

	FY 2013	FY 2014	FY 2015	
Program	Final	Enacted	President's Budget	FY 2015 +/- FY 2014
<i>SPNS Evaluation Funding</i>	25,000	25,000	25,000	-
Subtotal, HIV/AIDS Bureau	2,248,638	2,318,781	2,322,781	+4,000
<u>HEALTHCARE SYSTEMS:</u>				
Organ Transplantation	23,301	23,549	24,015	+466
National Cord Blood Inventory	11,147	11,266	11,266	-
C.W. Bill Young Cell Transplantation Program	21,877	22,109	22,109	-
Poison Control Centers	17,657	18,846	18,846	-
340b Drug Pricing Program/Office of Pharmacy Affairs	4,193	10,238	17,238	+7,000
<i>340b Drug Pricing Program User Fees (non-add)</i>	-	-	7,000	+7,000
Hansen's Disease Center	15,045	15,206	15,206	-
Payment to Hawaii	1,838	1,857	1,857	-
National Hansen's Disease Program - Buildings and Facilities	122	122	122	-
Subtotal, Healthcare Systems Bureau	95,180	103,193	110,659	+7,466
<u>RURAL HEALTH:</u>				
Rural Health Policy Development	9,252	9,351	9,351	-
Rural Health Outreach Grants	52,093	57,000	57,000	-
Rural & Community Access to Emergency Devices	2,340	3,364	-	-3,364
Rural Hospital Flexibility Grants	38,484	40,609	26,200	-14,409
State Offices of Rural Health	9,411	9,511	9,511	-
Radiation Exposure Screening and Education Program	1,815	1,834	1,834	-
Black Lung	6,695	6,766	6,766	-
Telehealth	10,786	13,900	13,900	-
Subtotal, Office of Rural Health Policy	130,876	142,335	124,562	-17,773
PROGRAM MANAGEMENT	151,450	153,061	157,061	+4,000
FAMILY PLANNING	278,349	286,479	286,479	-
HRS Program Level	8,090,854	8,908,290	10,745,134	+1,836,844
Appropriation Table Match	5,854,664	6,054,378	5,292,739	-761,639

	FY 2013	FY 2014	FY 2015	
Program	Final	Enacted	President's Budget	FY 2015 +/- FY 2014
Less Mandatory Programs	2,183,739	2,801,456	5,340,000	+2,538,544
<i>Subtotal Proposed Mandatory(non-add)</i>	-	-	1,430,000	
<i>Subtotal Public Health Prevention Fund</i>	1,847	-	-	-
Discretionary Program Level:				
HRS	5,907,115	6,106,834	5,405,134	-701,700
Funds Appropriated to Other HRSA Accounts:				
Vaccine Injury Compensation:				
Vaccine Injury Compensation Trust Fund (HRSA Claims)	235,000	235,000	235,000	-
VICTF Direct Operations - HRSA	6,464	6,464	7,500	+1,036
Subtotal, Vaccine Injury Compensation	241,464	241,464	242,500	+1,036
Discretionary Program Level:				
HRS	5,907,115	6,106,834	5,405,134	-701,700
Vaccine Direct Operations	6,464	6,464	7,500	+1,036
Total, HRSA Discretionary Program Level	5,913,579¹	6,113,298¹	5,412,634	-700,664
Mandatory Programs:	2,183,739	2,801,456	5,340,000	+2,538,544
Total, HRSA Program Level	8,097,318¹	8,914,754¹	10,752,634	+1,837,880
Less Programs Funded from Other Sources Mandatory:				
Prevention and Public Health Fund	-1,847	-	-	-
Less Programs Funded from Other Sources:				
<i>Evaluation - Special Projects of National Significance (SPNS)</i>	-25,000	-25,000	-25,000	-
<i>Evaluation - Health Workforce</i>	-	-	-61,581	-61,581
<i>National Practitioner Data Bank (User Fees)</i>	-27,451	-29,334	-18,814	+10,520
<i>340b Drug Pricing Program (User Fees)</i>	-	-	-7,000	-7,000
Total HRSA Discretionary Budget Authority	5,861,128	6,060,842	5,300,239	-760,603

¹ For comparability purposes, the totals for FY 2013 and FY 2014 do not include funding for the Health Education Assistance Loans Program, which was transferred to the Department of Education pursuant to P.L. 113-76.