Biden’s FY 2022 Budget Proposes Major Funding Increases for NIH, CDC, HRSA & AHRQ

The Biden Administration released its detailed fiscal year (FY) 2022 budget proposal on Friday afternoon. The $6 trillion budget request combines Biden’s $2.3 trillion infrastructure plan, his $1.8 trillion families proposal, and $1.5 trillion in discretionary spending to fund federal agencies for the upcoming fiscal year. The Administration is projecting a $1.8 trillion budget deficit in FY 2022. Highlights of the proposal follow:
HHS:

The Biden proposal includes $133.7 billion for the Department of Health and Human Services, a 23.4% increase from the fiscal 2021 enacted level of $108.6 billion.

- **Opioid Epidemic:** The Administration is proposing to spend $10.7 billion in discretionary funding to help end the opioid epidemic, an increase $3.9 billion over the FY 2021 enacted level (+57.35%).
- **Firearm Violence Research:** The Administration is proposing to double funding for firearm violence research at NIH and the CDC, from $12.5 million to $25 million at each agency.

NIH:

The Biden Administration is requesting an FY 2022 appropriation for the National Institutes of Health (NIH) of $52.0 billion, which is $9.0 billion (+21%) more than the FY 2021 enacted level.

- **FIC:** The Administration is proposing to increase the budget of the Fogarty International Center to $96 million, an increase of $12 million (+14.3%).
- **Grants:** The Administration estimates that NIH will support 44,343 research project grants in FY 2022, an increase of 2,260 competitive awards.
- **ODP:** The proposed budget provides $13.991 million to the NIH Office of Disease Prevention, an increase of $220,000 (+1.2%).
- **ARPA-H:** As expected, the Administration is proposing to create the Advanced Research Project for Health (ARPA-H) within NIH and proposes an initial $6.5 billion budget for the entity. The Administration said, “With an initial focus on cancer and other diseases such as diabetes and Alzheimer’s, this major investment in Federal research and development would drive transformational innovation in health research and speed application and implementation of health breakthroughs.”

CDC:

The Administration is proposing to provide the CDC in FY 2022 with $15.413 billion in program level funding, an increase of $1.444 billion (+10.3%). The proposal includes $400 million “in new, flexible funding to support core public health infrastructure.”

- **Prevention Research Centers:** The proposal would level fund the Prevention Research Centers at $26.961 million.
- **NIOSH:** CDC’s FY 2022 request of $345.3 million for NIOSH is level with FY 2021. Within the NIOSH account, the proposed budget would level fund the Agriculture, Forestry, Fishing Centers ($26.5 million) and the Education and Research Centers ($30 million) programs.
- **Injury Control Centers:** The proposal would level fund the Injury Control Centers at $9.0 million.
- **Academic Preparedness Centers:** CDC’s FY 2022 request of $8.2 million for the Academic Preparedness Centers is level with FY 2021 enacted level.
- **SDoH:** The Administration is proposing $153 million for the CDC’s Social Determinants of Health program.
• **Global Health:** The proposal includes an additional $105 million for global health programs at CDC, for a total of $303 million.

**HRSA:**

The Administration is proposing to provide the Health Resources and Services Administration with total program funding in FY 2022 of $12.553 billion, an increase of $616 million (+8.5%).

• **PHTCs:** The Biden Administration is proposing to fund the Public Health Training Centers Program at $10,200,258 in FY 2022, an increase of $500,000 (+5.2%).
• **Title X Family Planning:** The Administration is proposing a $340 million appropriation for the Title X Family Planning Program, a 19% increase.
• **Maternal Health:** The Administration is proposing a $92 million increase in maternal health, to $138 million.

**AHRQ:**

President Biden is proposing a $42 million increase (+12%) funding for the Agency for Healthcare Research and Quality, bringing discretionary funding for the agency up to $380 million.

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**Links to Key Budget Documents**

- [Summary of the President’s Budget](#)
- [Budget Fact Sheet](#)
- [HHS Budget in Brief](#)
- Congressional Justification Volumes: [CDC, NIH, HRSA, AHRQ, Dept. of State & USAID, EPA](#)

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**House FY 2022 Spending Bill Markups Expected in June, July**

*CQ* [formerly *Congressional Quarterly*] reported earlier this week that House appropriators are planning to pass all 12 fiscal year 2022 spending bills before the scheduled August recess. The tentative schedule calls for subcommittee markups to begin June 24 and be conducted over four of the six working days before the House breaks for the July 4th holiday. Full committee markups are scheduled for June 29-July and July 13-16.

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**House Panel Holds Hearing on CDC’s FY 2022 Funding**

The House Labor-HHS-Education Appropriations Subcommittee on May 26 held a [hearing](#) on the Center for Disease Control and Prevention’s (CDC) fiscal year (FY) 2022 appropriation. In April, President Biden called for Congress to provide CDC and ATSDR $8.7 billion, an increase of $1.6 billion over the enacted
FY 2021 level. CDC Director Walensky said, “This is the largest increase in budget authority for CDC in nearly two decades and defends Americans’ health in four ways: 1) building public health infrastructure, 2) reducing health disparities, 3) using public health approaches to reduce violence, and 4) defeating other diseases and epidemics.”

In her prepared testimony, Dr. Walensky said, “The US needs a workforce of qualified public health professionals who will prepare for, respond to, and prevent public health crises...The FY 2022 request includes an increase to build a diverse and culturally competent workforce who can rapidly develop innovative approaches in surveillance and detection, risk communications, laboratory science, data systems, and disease containment. With this funding, CDC will support critical training programs for public health professionals that develop strategic and systems thinking, data science, communication, and policy evaluation. Existing cooperative agreement mechanisms will be leveraged to support public health jobs that meet current needs and attract new personnel to work in underserved and rural areas.”

Senator Burr Calls for “Structural Reforms” at CDC

Senator Richard Burr (R-NC), the ranking GOP member of the Senate Health, Education, Labor and Pensions Committee, this week released a five-page briefing memo calling for major structural reforms at CDC. The memo makes the following recommendations:

- “CDC needs strong, effective leadership to lead cultural change at the agency, ensuring its scientific integrity and relationship with the public as a trusted source for public health information are preserved. A key aspect of ensuring this type of leadership is accountability to Congress. While Congress engages with and oversees the agency through authorizations and appropriations for its specific programs and hearings, more should be done to strengthen this relationship and enhance the accountability of CDC and its leaders.”
- “CDC needs a strategic plan to guide and prioritize the agency’s work to align with strategically set goals and include accompanying performance measures. Such a plan must consider statutory requirements, overall mission, and how each program fits within the larger agency mission. By having a clear, focused strategy and performance measures in place, Americans can be assured that CDC’s mission is well-defined and the actions being taken by the agency align with this mission.”
- “CDC must keep pace with scientific advancement and better fulfill its mission to protect the public health during future responses by developing more frequent and effective partnerships with private industry and academic institutions. Effective partnerships with non-governmental actors will help CDC leverage their capacities and capabilities, especially regarding the need for new technology and information systems. CDC should evaluate areas in which strategic partnerships could advance its public health preparedness mission for the future and encourage the establishment and success of these partnerships.”

Senators Patty Murray (D-WA), chair of the HELP Committee, and Senator Burr, the ranking member, have a history of advancing bipartisan legislation. They are expected to seek to advance a bipartisan public health infrastructure bill later in the Congressional session.
House and Senate Panels Hold Hearings on NIH’s FY 2022 Funding

The House and Senate Labor-HHS-Education Appropriations Subcommittees this week held lengthy hearings on the National Institutes of Health’s fiscal year 2022 funding. NIH Director Francis Collins testified at both hearings (House, Senate), along with various institute and center directors.

Rep. Tom Cole (R-OK), the top Republican on the House panel, said he supports President Biden’s requested top-line funding request for the National Institutes of Health, Centers for Disease Control and Prevention, and the Strategic National Stockpile. President Biden in April requested $51 billion for NIH in fiscal 2022, a $9 billion increase over fiscal 2021; $8.7 billion for the CDC, a $1.6 billion increase; and $905 million for the Strategic National Stockpile, a $200 million increase over the amount in the fiscal 2021 omnibus spending bill.

While members from both sides of the aisle competed to express admiration for NIH, the members were less effusive about the Administration’s $6.5 billion proposal to create – within NIH – the Advanced Research Project for Health (ARPA-H). Ranking Member Cole suggested that it be funded at a lower level, at least at the start. Chairwoman DeLauro also questioned the proposal, including the narrow range of diseases that would be the focus of ARPA-H and how it would be different from the National Center for Advancing Translational Sciences (NCATS).

Referencing the DARPA model that is being copied for ARPA-H, Dr. Collins told the House panel, “...we think there is a subset of biomedical research that would also be amenable to this kind of approach. This would involve program managers who are given the flexibility to identify in an area of opportunity ways that you could bring together partners who might not normally write an NIH grant, those might be academics, they might be small businesses, and figure out how to create the kind of momentum with appropriate financial support to move things forward at unprecedented speed.”

Dr. Collins said that no final decision has been made concerning the future home of NCATS. It may be folded into AHRP-H or remain as a free-standing center. The director of NCATS, Chris Austin, recently left NIH. The new issue of the NIH Record features an article on Dr. Austin’s accomplishments at NCAT.

Education Department Announces Higher Education Regulatory Agenda

The Biden Administration on May 24 announced the start of a lengthy and extensive revision of regulations affecting higher education. The initial step in the process is a set of virtual public hearings scheduled for June 21, 23 and 24 followed by the appointment of various rulemaking committees. The Department of Education listed the following rulemaking topics:

- Ability to benefit
- Borrower defense to repayment
- Certification procedures for participation in federal financial aid programs
- Change of ownership and change in control of institutions of higher education
- Closed school discharges
- Discharges for borrowers with a total and permanent disability
- Discharges for false certification of student eligibility
- Financial responsibility for participating institutions of higher education, such as events that indicate heightened financial risk
- Gainful employment
- Income-contingent loan repayment plans
- Mandatory pre-dispute arbitration and prohibition of class action lawsuits provisions in institutions’ enrollment agreements
- Pell Grant eligibility for prison education programs
- Public service loan forgiveness
- Standards of administrative capability

**Personnel Briefs:**

- **Lander Confirmed:** The Senate on Friday confirmed Eric Lander to lead the White House Office of Science and Technology Policy.
- **More HHS Appointments:** The Department of Health and Human Services on May 25 announced numerous additional political appointments. None of the positions require confirmation. Among the appointments, Steve Cha has been named Counselor to the Secretary for AHRQ/FDA/NIH, and Steven Lopez has been named Counselor to the Secretary for Equity/OASH/HRSA/HIS.
- **General Counsel at Education:** President Biden this week announced the nomination of Lisa Brown to be General Counsel at the Department of Education. She is currently VP and General Counsel at Georgetown University. She served in the White House during the Obama Administration.
- **NIH Appoints a New Chief Officer for Scientific Workforce Diversity:** NIH Director Dr. Francis S. Collins this week announced the appointment of Marie A. Bernard, MD, as NIH's next Chief Officer for Scientific Workforce Diversity (COSWD). She “will lead NIH’s effort to promote diversity, inclusiveness, and equity throughout the biomedical research enterprise.” She has been serving as the acting COSWD since October 2020, after the retirement of Hannah A. Valantine, MD. Dr. Bernard has served as the deputy director of the National Institute on Aging since October 2008.

**Covid-19 Briefs:**

- **Biden Tasks Intelligence Community with Covid-18 Origin Review:** President Biden on May 26 announced that he has asked the intelligence community “to prepare a report on their most up-to-date analysis of the origins of Covid-19, including whether it emerged from human contact with an infected animal or from a laboratory accident.”
- **“If the Lab-Leak Theory Is Right, What’s Next?”:** The Atlantic earlier this week posted a provocative article about the implications of the recently renewed discussion of Covid-19’s origin. The author writes, “The project to identify the source of the coronavirus pandemic surely has moral, legal, and political significance; but with regard to global public health—and to the crucial project of
pandemic-proofing for the future—its outcome matters only at the margins. To say that we’ll need to know the exact origin of SARS-CoV-2 in order to set policies for staving off SARS-CoV-3 commits us to the path of hindsight bias: It’s a pledge to keep on fighting the last war against emerging pathogens, if not a blueprint for constructing the next Maginot Line.”

- **Efforts to Limit Public Health Authority:** The Network for Public Health Law and the National Association of County and City Health Officials released a monograph this week, “Proposed Limits on Public Health Authority: Dangerous for Public Health.” The report “provides a brief history of public health authority and an overview of the forces seeking to limit public health authority. It offers examples of specific laws that would limit public health authority, and key arguments to counter proposed legislation. It is intended as a resource for public health officials, advocates, and policymakers.” The report notes, “In recent months, at least 15 state legislatures have passed or are considering measures to limit severely the legal authority of public health agencies to protect the public from serious illness, injury, and death. Other states may consider such legislation in the future. It is foreseeable that these laws will lead to preventable tragedies.”

- **Misusing VAERS:** *Science* on May 26 reported that antivaccine activists are using the Vaccine Adverse Event Reporting System (VAERS) to mislead and scare the public. The article reports, “One of VAERS’s strengths—its openness—is also a potential weakness in the politicized Covid-19 era. Anyone who receives a vaccine authorized in the United States can report an adverse event to VAERS, as can doctors, family members, and others. That openness ensures VAERS receives plentiful reports—228,000 for Covid-19 vaccines alone since December 2020, more than four times the number received in all of last year for all vaccines. Some worry this might make it easy to post false reports.”

- **Pandemic Treaty Discussion Delayed:** It appears that the US succeeded in delaying discussion of a possible pandemic treaty during the World Health Assembly this week. Separately, a commentary by a dozen notable public health leaders, published in the new issue of *Lancet Public Health*, calls for “A global public health convention for the 21st Century.”

**Other News:**

- **Tobacco’s Predatory Marketing Aimed at Women and Girls:** The Campaign for Tobacco-Free Kids has released a new report, “A Lifetime of Damage: How Big Tobacco’s Predatory Marketing Harms the Health of Women and Girls.” The report details the tobacco industry’s long history of developing cigarette brands and marketing campaigns that target women and girls and the devastating consequences tobacco has had on women’s health.

- **Historical Trends in Global Health Funding:** KFF (formerly the Kaiser Family Foundation) has released a new brief documenting the historical trends in US funding for global health.

- **State Funding and Enrollment Data:** A new report from the State Higher Education Executive Officers Association finds that state higher education funding increased by 2.9% in fiscal year 2020, the eighth consecutive year of increases. However, the report also finds that enrollment declined for the ninth straight year.

- **EPA Officially Ends “Secret Science” Rule:** The Environmental Protection Agency (EPA) on May 26 finalized a rule that officially kills the previous administration’s “secret science” rulemaking effort.
The final regulation implements a federal court decision that found the prior effort lacked a legal basis.

Distribution of the ASPPH Advocacy and Policy Newsletter

This newsletter is a benefit of ASPPH membership. It is distributed only to ASPPH primary representatives and section members. We encourage primary representatives to redistribute the newsletter to faculty and staff as they see fit.