

Summary of the FY 2023 Omnibus

Internal

On Dec. 29, 2022, President Biden signed the *Consolidated Appropriations Act of 2023* ([H.R. 2617](#)) into law. The \$1.7 trillion omnibus spending bill is comprised of all 12 annual appropriations bills that will fund the government through Sept. 30, 2023. The bill provides a 6% increase in nondefense discretionary spending totaling \$772.5 billion. The following summarizes selected provisions of the omnibus bill of most interest to children's hospitals.

Medicaid and CHIP

- Requires states to cover 12 months of **continuous eligibility for children under 19** (effective Jan. 1, 2024).
- **Delinks the current enhanced Federal Medical Assistance Percentage (FMAP)** from the continuous coverage requirement under the Public Health Emergency (PHE); delineates the phase out process and related requirements.
 - Phase out of enhanced FMAP:
 - 6.2% enhanced FMAP is in place until end of March.
 - 5% enhanced FMAP is in place April 1 – June 30.
 - 2.5% enhanced FMAP is in place July 1 – Sept. 30.
 - 1.5% enhanced FMAP is in place Oct. 1 – Dec. 31.
 - States will begin **redeterminations of eligibility** on April 1.
 - States must submit a baseline report, subsequent monthly reports on redeterminations and outline parameters for corrective action.
 - States are required to submit data on renewals initiated, total number of people renewed, number of disenrollments and other data required by HHS. States are also required to submit data related to marketplace transfers and performance indicator data.
 - There will be a 0.25% reduction in FMAP for each quarter the state fails to report.
 - If a state is deemed to be out of compliance regarding federal eligibility redetermination requirements, CMS may require a state corrective action plan (CAP). Failure to submit or implement a CAP will result in suspension of the state's disenrollment process and civil monetary penalties.
- Extends funding for CHIP and related provisions to fiscal year (FY) 2029:
 - **Pediatric Quality Measures Program:** adds two additional years of funding (\$15 million per year).
 - **Qualifying States Option:** allows states that expanded children's coverage in Medicaid prior to enactment of CHIP to fund a portion of such Medicaid child expansions.
 - **Outreach and Enrollment Program:** a grant program that provides funding to community-based organizations, states and local governments to conduct outreach and enrollment strategies aimed at educating families about the availability of Medicaid and CHIP. This program also funds efforts that directly assist families with the application and renewal process.
 - **Child Enrollment Contingency Fund:** a fund that was established for states that predict a funding shortfall based on higher than expected enrollment.
 - **Express Lane Eligibility Option:** a state option that allows states to use the eligibility findings from other public programs like the Supplemental Nutrition Assistance Program (SNAP) to streamline enrollment and/or renewal for children in Medicaid and CHIP.

- **Assurance of Affordability Standard for Children and Families:** requires states to maintain their CHIP eligibility standards for children and families whose income does not exceed 300% of the poverty line (as required under the ACA's maintenance of effort requirements to receive CHIP matching funds).
- Makes permanent the state option to extend **Medicaid/CHIP postpartum coverage** from 60 days to 12 months.
- Requires accurate, updated and searchable provider directories under Medicaid and CHIP, including Medicaid managed care.
- Provides \$7 billion and extends the Medicaid Improvement Fund through FY 2028 for the oversight of contracts and evaluation of demonstration projects.
- Provides five years of funding for Puerto Rico's Medicaid program and provides permanent enhanced Medicaid funding for all other territories.
- Establishes state option to provide **Medicaid and CHIP coverage to justice-involved youth** (pending disposition of charges) starting January 1, 2025.
 - Remove previous limitations for states to use federal matching funds for inmates who are eligible juveniles pending disposition of charges.

Medicaid/CHIP Mental Health Provisions

- Requires HHS to establish guidance and a technical assistance center on the continuum of crisis response services under Medicaid and CHIP.
 - Notes this needs to be done in consultation with stakeholders, including providers, by July 1, 2025.
 - Provides \$8 million in funding.
 - Notes that crisis response centers should partner with pediatricians and other primary care providers.
- Requires state Medicaid plans, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans and primary care case management entities who enroll Medicaid beneficiaries to publish (and update on a quarterly basis) a searchable directory of network providers on a public website. Network providers include physicians, hospitals, pharmacies, long-term care providers and mental and behavioral health providers (Effective July 1, 2025).
- Establishes Medicaid and CHIP requirements for states to provide health screenings, referrals and case management services for eligible juveniles in public institutions starting January 1, 2025. State plans must provide the following:
 - Certain screenings and diagnostic services in accordance with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements, including behavioral health screenings or diagnostic services to eligible juvenile youth in public institutions. These must be provided in the 30 days prior to release, or within one week or soon as practicable after release.
 - Targeted case management services, including referrals to appropriate care and services. These must be provided in the 30 days prior to release and for at least 30 days following release.
 - Medicaid federal financial participation available under the provision for these activities.
 - Section 5121(c) aligns CHIP rules with existing Medicaid rules regarding suspension rather than termination of coverage while a child is an inmate of a public institution and related requirements regarding redeterminations of coverage.

Funding For Children's Mental Health

- Substance Abuse and Mental Health Services Administration (SAMHSA) funding for children and youth:
 - \$94 million for the **National Child Traumatic Stress Initiative**, an increase of \$12 million over the FY 2022 enacted level.

- \$15 million for **Infant and Early Childhood Mental Health**, an increase of \$5 million over the FY 2022 enacted level.
- \$13 million, an increase of \$2 million over the FY 2022 level, for **Pediatric Mental Health Access**.
- \$130 million, an increase of \$5 million over the FY 2022 level, for the **Children’s Mental Health Services Program**.
 - Explanatory statement mentions an agreement to expand training for mental health activities and practices.
- \$93.9 million for the **National Child Traumatic Stress Network**, an increase of \$12 million over the FY 2022 level.
- \$140 million for **Project AWARE**, a \$20 million increase over the FY 2022 enacted level.
- Provides \$15 million for NIH research on **Health Impacts on Children of Technology and Social Media Use**.
 - Funds to be used to conduct or support research on smartphone and social media use by adolescents and its effects on their health and development.
 - A report on findings from this research is due to Congress no later than five years after enactment.

Other Mental Health Program Funding

- Funds SAMHSA at \$7.5 billion, an increase of \$970 million over FY 2022, with \$2.8 billion targeted for mental health, an increase of \$707 million over the FY 2022 enacted level, including:
 - A total of approximately \$1 billion for the **Community Mental Health Services Block Grant**. Funds include:
 - \$986.5 million in appropriated funds, a \$150 million increase over the FY 2022 enacted level.
 - Additional set-aside monies for program evaluation and implementation from Public Health Services’ Evaluation Set-Aside funding.
 - \$385 million for **Certified Community Behavioral Health Clinics**, a \$70 million increase above the FY 2022 enacted level.
 - \$502 million for **988 and Behavioral Health Crisis Services**, an increase of \$390 million over the FY 2022 enacted level, to support the new 988 number and services.
 - \$20 million for **Mental Health Crisis Response Grants**, an increase of \$10 million over the FY 2022 enacted level, to help communities create mobile behavioral health crisis response teams.
- Maternal mental health
 - Provides \$7 million, an increase of \$3 million over the FY 2022 level, for the **Maternal Mental Health Hotline**.

Other Mental Health Provisions

- The bill reauthorizes the **Community Mental Health Services Block Grant** for five years with an authorization of \$857.6 million and requires 5% of the funds to be used for crisis care services.
 - Requires the secretary to submit a biennial report to Congress, beginning in 2025, on state crisis care strategies and programs.
- **Mental Health Parity**
 - Eliminates the mental health parity opt out for non-federal governmental health plans.
 - Provides \$10 million for grants to states for mental health and substance use disorders parity implementation.
- Establishes a task force to make recommendations to coordinate and improve federal activities related to **maternal mental health** conditions.
- Reauthorizes the **State Pilot Grant Program for Treatment for Pregnant and Postpartum Women**.

- Reauthorizes **Screening and Treatment for Maternal Mental Health and Substance Use Disorders** grants to states, Tribes and Tribal organizations to establish, improve or maintain maternal mental health and substance use disorder programs for pregnant or postpartum women.
- Reauthorizes the **Interdepartmental Serious Mental Illness Coordinating Committee** through 2027.
 - Requires the committee to meet at least two times per year and to submit reports to Congress, one year and five years after enactment, on the effect that federal programs related to serious mental illness have on public health outcomes. Report must also include recommended actions agencies can take to better coordinate the administration of mental health services for adults and children with a serious mental illness or disturbance.
 - Report will examine impact of federal programs on suicide rates, prevalence of serious mental illnesses and disturbances, emergency hospitalizations, emergency department boarding, preventable emergency department visits and quality of treatment services, among other issues.
 - Committee members must include individuals who have been treated for a diagnosis of a serious mental illness; a parent or legal guardian of a child with a history of a serious mental illness or emotional disturbance; a mental health professional with a specialty treating children and adolescents with a serious emotional disturbance; a law enforcement officer with extensive experience with adults or children with a serious mental illness or disturbance or individuals in a mental health crisis; and an individual who works with homeless adults or children with a serious emotional illness or disturbance.
- Requires the secretary, in consultation with the Attorney General, the Secretary of Labor and the Secretary of Housing and Urban Development, to submit a report to Congress on the direct and indirect health care and other **costs of serious mental illness**. Study must be submitted within two years of enactment.
 - Study must include data that is disaggregated by demographics, including pediatric subgroups.
- Requires SAMHSA to support the continued access to mental health and substance use disorder services during, or in response to, a public health emergency.
 - Requires biennial report to Congress on progress and activities.

CHGME/Workforce

- Provides \$385 million, an increase of \$10 million over FY 2022, for **Children’s Hospitals Graduate Medical Education**.
- Provides \$10 million for the **Pediatric Subspecialty Loan Repayment Program**, a \$5 million increase over FY 2022.
- Authorizes the Health Resources and Services Administration (HRSA) to increase educational opportunities in physical therapy, occupational therapy, respiratory therapy, audiology and speech-language pathology professions for individuals from disadvantaged backgrounds or individuals who are underrepresented in such professions.
- Eliminates the annual Medicare cap on total payments for nursing and allied health education payments for 2010 through 2019.
- Provides \$300 million, an increase of \$20 million over FY 2022, for the **Title VIII Nursing Program**, the primary source of federal funding for nursing education at all levels.
- Provides \$509 million, an increase of \$51 million over FY 2022, for the **Title VII Health Professions Education and Training Program**, which supports the education and training pipeline for professionals and pre-professionals to work in the medical, dental, public health and allied health professions. Title VII provides grants and contracts to institutions and direct assistance to individuals.
- Provides \$59.4 million for the **Nurse Education, Practice, Quality and Retention Program**, which provides grants to schools of nursing, nursing centers, academic health centers, state or local governments and other public or private nonprofit entities to strengthen and enhance the capacity for nurse education, practice and retention to address the nursing shortage.

Mental health workforce

- Provides \$153 million for the **HRSA Behavioral Health Workforce Education and Training Programs** and reauthorizes the program, which provides training grants to institutions of higher education and professional training programs for the establishment or expansion of mental and behavioral health workforce training programs.
 - Adds pediatric-specific language that clarifies that funds can be used for training to increase skills and capacity to meet the needs of children and adolescents who have experienced trauma.
- Includes \$40 million, an increase of \$16 million over FY 2022, for the **Substance Use Treatment and Recovery Loan Repayment Program**.
- Reauthorizes **HRSA's Training Demonstration Program**, which supports the training of residents, fellows, nurse practitioners, physician assistants, psychologists and social workers in the integration of mental and substance use disorder services and primary care.
 - Adds entities that serve pediatric populations as eligible training sites.
 - Updates eligibility to include nurses and counselors.
 - Increases authorization level to \$31.7 million each year through FY 2027, an annual increase of \$21.7 million over the current level.
- Reauthorizes **SAMHSA's Minority Fellowship Program** supporting individuals pursuing masters or doctoral degrees in various fields of mental health and substance use disorder counseling.
- Provides for the distribution of 200 additional GME residency positions with one-half dedicated to psychiatry or psychiatry subspecialty residencies.

Baby Formula

- Provides flexibility to FDA to waive the 90-day premarket submission requirement for infant formula when there is a supply disruption and apply a 30-day premarket submission requirement, which will remain in effect for 90 days beginning on the date that FDA distributes manufacturer notifications of infant formula shortages.
- Requires FDA to:
 - Publish a list on its website detailing which infant formula products may be appropriate substitutes for infant formula products in shortage that are relied on by individuals with amino acid and metabolic conditions.
 - Participate in meetings with representatives from other countries to discuss harmonizing regulatory requirements for infant formula.
 - Develop and issue within 90 days of the omnibus enactment a national strategy on infant formula in consultation with the Secretary of Agriculture to:
 - Increase the resiliency of the infant formula supply chain.
 - Protect against future contamination and other potential causes of shortages.
 - Ensure parents and caregivers have access to formula and information they need.
- Reports and studies:
 - No later than one year after enactment, the FDA is required to submit a report to Congress on the timelines related to FDA's review of premarket submissions for infant formula.
 - Requires study by the National Academies of Sciences, Engineering, and Medicine (NASEM) of challenges in supply, market competition and regulation of infant formula in the United States, and any differences from infant formula marketed in the European Union. It requires FDA to conduct annual inspections of each manufacturer of infant formula in accordance with a risk-based approach and ensure coordination among the investigators and Center for Food Safety and Applied Nutrition.
 - Infant formula manufacturers must submit a report to FDA promptly after the initiation of a recall. The report must include a plan of actions the manufacturer will take to address the recall.

- FDA must submit the report to Congress, along with information concerning the current domestic supply of infant formula. If the recall impacts over 10% of the domestic production of infant formula intended for sale in the United States, the report must detail actions that FDA will take to increase production.

Mitigating Drug and Supply Shortages

- Clarifies that all foreign manufacturers and processors of drug and medical devices intended to be marketed in the United States must register with FDA, including products manufactured at an establishment that are not directly imported into the United States.
- Requires FDA to issue or revise guidance for drug sponsors regarding the submission of stability data in applications and establishment of the longest feasible and scientifically supported expiration dates.
- Requires FDA to issue guidance to facilitate voluntary notifications of supply disruptions of certain critical medical devices.
- Strengthens FDA enforcement authority against, and increases the penalties for, selling counterfeit medical devices, including PPE in the United States.
- Codifies FDA's Coronavirus Treatment Acceleration Program to ensure expedited action for the development and review of countermeasures during future public health emergencies.
- Clarifies FDA's authority to consult with third parties to evaluate and make recommendations with respect to in vitro diagnostic tests offered for use during a public health emergency. It also requires FDA to issue guidance to facilitate such consultations with third parties.
- Requires FDA to publish a report on best practices within the administration for the development, issuance and use of guidance documents and communications with product sponsors and other stakeholders. The report must include a plan for implementing the best practices.

Telehealth

- Extends Medicare telehealth flexibilities that were first expanded during the COVID-19 PHE for another two years. These flexibilities include:
 - Temporary suspension of the geographic site requirement.
 - Continuing to allow the home as an eligible originating site.
 - Allowing certain providers, including FQHCs and RHCs, to continue to be eligible telehealth providers during this period.
 - Continuing to allow audio-only to be used to provide some services.
 - Delaying in-person requirements for mental health services provided via telehealth.
- Extends safe harbor that allows high-deductible health plans paired with Health Savings Accounts to cover telehealth services before the deductible is met.
- Requires a study on telehealth and Medicare program integrity for the period between Jan. 1, 2022 and Dec. 31, 2024 that will examine types of services furnished, where they were furnished and duration of services.

340B

- HRSA is directed to provide a briefing to Congress within 120 days of the omnibus bill's enactment on actions taken to safeguard 340B covered entities' "lawful access" to discounted drugs.

Pandemic and Disaster Response

Assistant Secretary for Preparedness and Response (ASPR) Programs

- Provides \$129 million for the **ASPR Public Health and Social Services Emergency Fund**, which supports programs to prepare for, respond to and recover from the consequences of a wide range of natural and man-made medical and public health security threats. Funds include:

- \$7 million, an increase of \$1 million over FY 2022, for the **Pediatric Disaster Care Centers of Excellence (COEs)** to improve regional capacity to provide pediatric care in large-scale crises and serve as hubs for disaster-focused education, training and resource deployment.
 - Funding supports the addition of a new COE (Gulf 7-Pediatric Disaster Network) to the existing two centers (Western Regional Alliance for Pediatric Emergency Management and Region V for Kids).
- \$24.4 million for the **National Disaster Medical System** to restore caches of medical supplies used during hurricane response efforts and expand the number of field hospitals to address large-scale and multiple disaster events.
- \$305 million, an increase of \$10 million over the FY 2022 level, for the **Hospital Preparedness Program**, which supports a variety of programs to strengthen the preparedness and response of the health care sector.
- Amends the **National Advisory Committee on Children and Disasters** composition to include at least four non-federal members representing childcare settings, state or local educational agencies, individuals with expertise in children with disabilities and parents.
 - Requires the committee to provide advice and consultation on the continuity of care and education for all children, and on supporting parents and caregivers during all-hazards emergencies.
- Encourages ASPR to increase its support of real-time data tracking to improve overarching hospital and other provider capacity issues during community, state, regional and national emergencies. Encourages ASPR to identify lessons learned and tools that have been developed for hospital data collection during the COVID-19 response for all-hazards hospital data collection and public health situational awareness.
- Requires ASPR to support state efforts to coordinate and improve emergency medical services and trauma care during a public health emergency, including:
 - Disseminating information on evidence-based or evidence-informed trauma care practices.
 - Issuing guidance to support the coordinated medical triage and evacuation to appropriate medical institutions based on patient medical need, taking into account regionalized systems of care.
- Encourages the implementation of an advisory committee, as recommended in the 2021 National Academy of Sciences report, “Ensuring an Effective Public Health Emergency Medical Countermeasures Enterprise,” that would include private sector and non-federal stakeholders and focus on enhancing transparency and communication, identifying and closing gaps and building collaborative solutions.

Health Resources and Services Administration Programs (HRSA)

- Provides \$25 million for the **Regional Pediatric Pandemic Network**, an increase of \$7 million over FY 2022, to support an expanded network of children’s hospitals focused on improving and expanding research-informed responses to future pandemics in pediatric readiness of the emergency care system, inpatient settings and out-of-hospital care settings.

Other Provisions

- Authorizes the secretary to coordinate with other departments and agencies in leading the federal public health and medical response to a public health emergency.
- Establishes an **Office of Pandemic Preparedness and Response Policy** within the Executive Office of the President to advise on pandemic preparedness and response policy and to support coordination and communication within the federal government related to preparedness and response.
 - Establishes an Industry Liaison to work with affected industries during responses.
 - Requires a Preparedness Outlook Report every five years. Requires a report every two years on federal gaps and inefficiencies related to preparedness and response and any plans and associated barriers to address such findings.

Strategic National Stockpile (SNS)

- Requires the secretary to issue guidance on how states, territories and Tribes can access the SNS and other countermeasures and factors the secretary considers when making decisions related to product distribution.

- Requires the secretary to convene annual meetings with public health officials, the private sector and other stakeholders to share information around the maintenance and use of the SNS and future procurement plans.
- Authorizes the secretary to enter into contracts to enhance surge capacity and supply chain flexibility for supplies intended for the SNS.
- Authorizes a pilot program to support states in establishing, expanding or maintaining stockpiles of medical supplies needed to respond to a public health emergency or disaster.
- Requires HHS to issue guidance to all states on best practices and strategies for maintaining stockpiles, including the types of products that may be appropriate to maintain in a stockpile.

Maternal and Infant/Child Health

- Reauthorizes the **Maternal, Infant and Early Childhood Home Visiting Program** through Sept. 30, 2027, and provides \$3.1 billion in total funding from FY 2023 to FY 2027.
 - Requires the secretary to create an annually updated, publicly available website containing information on individual and family outcomes for states, territories and tribes.
 - Allows for virtual visits if certain conditions are met.
- Provides \$823 million for the **Maternal and Child Health Block Grant**, an increase of \$87 million over the FY 2022 enacted level.
- Provides \$55 million, an increase of \$26 million over the FY 2022 level, for **State Maternal Health Innovation Grants**, which assist states in collaborating with maternal health experts, and optimizing resources to address disparities in maternal health and improve maternal health outcomes.
- Provides \$24.3 million for the **Emergency Medical Services for Children program**, a \$2 million increase over FY 2022.
- Provides \$5.6 million for **Vaccines for Children**, a \$60,000 increase over FY 2022.
- Provides \$3 million for the **Children's Interagency Coordinating Council** to foster greater coordination and transparency on child policy across agencies and examine and periodically report on a broad array of cross-cutting issues affecting child well-being.
 - Requires the council to prepare a report to Congress jointly with the NASEM analyzing federal policies that have affected child poverty.
- Provides \$176 million for the **Child Abuse Prevention and Treatment Act (CAPTA) State Grants** and **Community Based Child Abuse Prevention (CBCAP)** programs, an increase of \$15 million over the FY 2022 enacted level.
 - CAPTA state grants support the prevention, assessment, investigation, prosecution and treatment of child abuse and neglect.
 - CBCAP supports community-based efforts to develop, operate, expand, enhance and coordinate initiatives, programs and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect.

Medicare

- Mental Health Provisions:
 - Establishes Medicare coverage for services provided by marriage and family therapists and licensed professional counselors beginning on Jan. 1, 2024.
 - Establishes a 50% payment increase over the 2022 level in Medicare Physician Fee Schedule payments rates for crisis psychotherapy services when furnished by a mobile unit and settings other than a facility or physician office beginning on Jan. 1, 2024.
 - Revises Medicare's partial hospitalization benefit beginning on Jan. 1, 2024 to provide coverage of intensive outpatient services.
 - Directs HHS to begin collecting (no later than Oct. 1, 2023) data and other information necessary to revise the existing Medicare prospective payment system for inpatient psychiatric hospitals and psychiatric units.

- Requires HHS to conduct outreach to physicians and other health care providers on the availability of behavioral health integration services as a covered benefit under the Medicare program.
- Adds a new exception to the Stark Law to allow for hospitals and other entities to provide evidence-based programs for physicians to improve their mental health, increase resiliency and prevent suicide among physicians.
- Extends the **Acute Hospital Care at Home** waivers through Dec. 31, 2024.
- Extends incentive payments for participation in advanced alternative payment models through 2025.
- Increases Medicare Physician Fee Schedule payments by 2.5% for services furnished in 2023 and a 1.25% increase in 2024 over the 2022 levels.
- Extends the temporary blended payment rates provided under the CARES Act for durable medical equipment, prosthetics, orthotics and supplies in certain non-competitive bid areas through Dec. 31, 2023.

Social Determinants of Health

- Food Insecurity – provides the Department of Agriculture with:
 - \$6 billion in discretionary funding for the **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**, level funding as in FY 2022.
 - \$154 billion for the **Supplemental Nutrition Assistance Program**, an increase of \$13.4 billion over FY 2022.
 - \$338.6 million in funding for the **Commodity Supplemental Food Program**, an increase of \$6.6 million over FY 2022.
 - \$410.7 million in funding for the **Emergency Food Assistance Program**, an increase of \$11 million over FY 2022.
 - \$28.5 billion in funding for **Child Nutrition Programs**, an increase of \$1.66 billion over FY 2022, to support school nutrition, summer EBT program, school kitchen equipment grants and school breakfast expansion grants.
 - Makes the **Summer Electronic Benefit Transfer (EBT) program** permanent and nationwide for students who receive free and reduced price meals during the school year.
- Housing – provides Department of Housing and Urban Development with:
 - \$12.6 billion for new affordable housing, critical health, safety and maintenance improvements to ensure the safety and quality of public and low-income housing.
 - \$3.6 billion in efforts to reduce homelessness through Homeless Assistance Grants, including for youth experiencing homelessness.
 - Establishes awards to support **community health and community health workers** in medically underserved communities. Authorizes appropriation of \$50 million for FY 2023 through 2027. Requires the secretary to disseminate best practices to relevant stakeholders and submit a report to Congress no later than four years after enactment.

Agency for Healthcare Research and Quality (AHRQ)

- Provides \$373.5 million for AHRQ, an increase of \$23.1 million over FY 2022.

CDC

- Provides \$9.2 billion in total funding to the CDC, an increase of \$760 million from FY 2022, including \$903 million in transfers from the Prevention and Public Health Fund. Specific program funding includes:
 - \$350 million for public health infrastructure and capacity nationwide, an increase of \$150 million over FY 2022.
 - \$175 million to modernize public health data surveillance and analytics at CDC and state and local health departments, an increase of \$75 million over FY 2022.
 - \$108 million for safe motherhood and infant health, an increase of \$25 million over FY 2022.

- This funding will support activities related to Perinatal Quality Collaboratives, Maternal Mortality Review Committees to Promote Representative Community Engagement, Enhancing Reviews and Surveillance to Eliminate Maternal Mortality and the Pregnancy Risk Assessment Monitoring System.
- \$197 million for the antibiotic resistance initiative, an increase of \$15 million over FY 2022.

National Institutes of Health (NIH)

- Provides a total of \$47.5 billion for NIH, an increase of \$2.5 billion over the FY 2022 enacted level.
- Provides \$1.74 billion for the National Institute of Child Health and Human Development (NICHD), an increase of \$66 million over the FY 2022 enacted level.
- Includes a total of \$10 million, an increase of \$2.5 million over FY 2022, for NICHD to support additional research into multisystem inflammatory syndrome in children (MIS-C) and other ways in which COVID-19 affects children.
- Includes \$12.5 million, the same level as FY 2022, to conduct research on firearm injury and mortality prevention.
- Reauthorizes programs that require the NIH to identify the drugs of highest priority for study in pediatric populations, publish a list of drugs/needs in pediatric therapeutics and fund studies in the prioritized areas.
- Establishes the Advanced Research Projects Agency for Health (ARPA–H) within NIH.

FDA

- Provides FDA with \$3.5 billion in discretionary funding, an increase of \$226 million over the FY 2022 enacted level. Total funding for FDA, including revenue from user fees, is \$6.6 billion. Funding includes:
 - \$50 million to accelerate medical product development as authorized in the 21st Century Cures Act.
 - \$26 million for medical product safety.
 - \$121 million for cross-cutting initiatives supporting both medical and food safety, which include additional funding for inspections, information technology, laboratory safety and other essential services.
- Reauthorizes the Pediatric Device Consortia Program, which supports the continued development of medical devices intended specifically for children.