



THE SECRETARY OF HEALTH AND HUMAN SERVICES

WASHINGTON, D.C. 20201

March 17, 2023

The Honorable Rosa L. DeLauro
Ranking Member
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Representative DeLauro:

Thank you for your letter regarding the House Republican Leadership's reported plan to cap fiscal year 2024 discretionary spending at the fiscal year 2022 enacted level. We appreciate the questions raised in your letter and agree that the American people and Members of Congress deserve to know the true impacts of this policy.

President Biden's FY24 Budget lays out a detailed plan to invest in America, continues to lower costs for families, protects and strengthens Social Security and Medicare, and reduces the deficit. Meanwhile, Congressional Republicans have proposed unprecedented cuts in FY 2024 funding for key services, programs, and protections such as education, public safety, research, nutrition and more. Cuts on this scale would have very real and damaging impacts on our families, our communities, our economy, and our competitiveness—undermining a broad range of critical services the American people rely on in their everyday lives.

As the FY 2024 appropriations process gets underway, the Department of Health and Human Services (HHS) has assessed the potential impacts of this policy on the programs and services provided by HHS. A few of these impacts are detailed below.

Reductions of this level would have disastrous impacts on young children:

- Funding **Head Start** at FY 2022 Enacted levels would eliminate at least 170,000 slots for children. A 22% reduction would eliminate more than 200,000 slots. As a result, low-income children would begin school ill prepared to learn and less likely to succeed academically and socially, according to numerous studies.
- If funding for **Child Care** is returned to FY 2022 levels, 105,000 child care slots would be eliminated, from a baseline of 1,843,000 in FY 2023. With a 22% reduction, 101,000 slots would disappear. Parents in these families would likely be unable to attend school or go to work.

There would be detrimental health care impacts across a variety of programs:

- A 22% reduction to **988 Suicide Lifeline** funding would cut contact responses by 900,000, to approximately 3.3 million contacts. Nearly 1 million people facing a

suicidal, mental health or substance use crisis would be unable to access support and stabilization services.

- With a 22% cut to the **State Opioid Response** grant program, more than 29,000 people would lose admission to opioid use disorder treatment, denying them a potentially life-saving path to recovery. An estimated 46.3 million Americans aged 12 or older had a substance use disorder and 106,000 people died from a drug-related overdose in 2021.
- The reduction would also impede the **Centers for Medicare & Medicaid Services** (CMS) efforts to meet Zero Trust Architecture requirements, increasing risks of a major cybersecurity breach and would impair processing millions of statutorily required eligibility determinations for Medicaid.
- A 22% reduction in the discretionary **Health Center Program** appropriation would cut off access to health centers and their critical health care for an estimated 2 million of the nation's most vulnerable individuals and families. The Health Resources and Services Administration's health centers provide care to one in three people living in poverty and one in five rural residents.
- At the 2022 funding level, the **Indian Health Service** would reduce inpatient admissions by over 4,000, outpatient services by nearly 1.6 million visits, dental visits by nearly 120,000, mental health visits by nearly 90,000 and at a 22 percent reduction would reduce inpatient admissions by over 10,000 and outpatient visits by nearly 4 million, dental visits by over 275,000, and mental health visits by over 200,000.

Older adults would see significant reductions in vital services:

If funding for **Nutrition Services**, managed by the Administration for Community Living, is returned to FY 2022 Enacted levels, 400,000 people would lose meals they depend on. A 22% reduction would result in more than a million older adults no longer receiving meals. For some, these services provide their only meal of the day.

- If funding for **CMS** is returned to FY 2022 Enacted levels, CMS would be unable to complete 38% of the required health and safety recertification surveys of nursing homes and home health agencies, leaving thousands of seniors at greater risk of dangerous and unsanitary conditions. A 22% reduction in CMS discretionary funding would lead to even further reductions in surveys and also cause at least 40% longer wait times for approximately 24 million beneficiaries that reach out to the Medicare call center annually.

These cuts would also impact other crucial programs like:

- If funding for the **Low Income Home Energy Assistance Program (LIHEAP)** is cut, states could reduce household funding by holding the number of recipients constant and cutting benefits, or by cutting recipients and holding benefits constant. Accordingly, if benefits were returned to their 2022 level, the average annual heating benefit could be cut

from \$529 to \$501 (just over half the amount needed to heat the average home with natural gas and less than 25 percent of the amount needed to heat the average home with heating oil) or cut off benefits for nearly 260,000 households. A 22% reduction in LIHEAP funding could similarly reduce the average annual heating benefit to \$413 (less than half the amount needed to heat the average home with natural gas and less than 20 percent of the amount needed to heat the average home with heating oil) or cut off benefits for nearly 1,150,000 households. Without LIHEAP funding, many households would be dangerously unable to heat their homes.

- A 22% reduction in funding would force the **National Institutes of Health** to support an estimated 5,000 fewer grants, which will slow discoveries to cure disease and save lives.

Thank you for your continued interest in, and support of, the mission and activities of HHS. If you or your staff have any further questions, please feel free to contact Clarisse Saunders in the Office of the Assistant Secretary for Financial Resources, at (202) 381-7713.

Sincerely,

Xavier Becerra