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Labor, Health and Human Services, and Education: FY2018 Appropriations

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Summary

This report offers an overview of actions taken by Congress and the President to provide FY2018 appropriations for accounts funded by the Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) appropriations bill. This bill includes all accounts funded through the annual appropriations process at the Departments of Labor (DOL) and Education (ED). It also provides annual appropriations for most agencies within the Department of Health and Human Services (HHS), with certain exceptions (e.g., the Food and Drug Administration is funded via the Agriculture bill). Finally, the LHHS bill provides funds for more than a dozen related agencies, including the Social Security Administration (SSA).

As of the date of this report, FY2018 annual appropriations for LHHS have not been enacted into law. The House and Senate appropriations committees have reported their respective versions of the LHHS bill to their parent chambers (H.R. 3358 and S. 1771). While the LHHS bill has not yet received initial floor consideration in the Senate, the text of the House committee-reported version was initially considered as part of the omnibus appropriations bill, the Make America Secure and Prosperous Appropriations Act, 2018 (H.R. 3354), which passed the House on September 14, 2017. (As bill-wide numbers that incorporate the budgetary effects of the LHHS-related floor amendments to H.R. 3354 are generally not available, the House budget numbers in this report are based on H.R. 3358 as reported by the House Appropriations Committee. The LHHS-related amendments that were offered during floor consideration of H.R. 3358 are discussed in **Appendix B**.)

FY2018 Continuing Resolutions: Temporary funding for LHHS has been provided by four continuing resolutions (CRs). The first was enacted on September 8, 2017 (H.R. 601, Division D; P.L. 115-56). With limited exceptions, this CR generally funded discretionary LHHS programs through December 8, 2017, at FY2017 levels minus a reduction of about two-thirds of one percent (-0.6791%). A second CR extended the expiration date of the first CR through December 22, 2017 (H.J.Res. 123; P.L. 115-90). A third CR extended the expiration date through January 19, 2018 (H.R. 1370; P.L. 115-96). After a funding gap that commenced on January 20, 2018, a fourth CR was enacted two days later that extended funding through February 8, 2018 (H.R. 195).

FY2018 LHHS House Action: The House Appropriations Committee's version of the FY2018 LHHS appropriations bill was ordered reported by the full committee on July 19, 2017, by a vote of 28-22, and reported to the House on July 24 (H.R. 3358). This bill would provide \$168.9 billion in discretionary LHHS funds, a 2.6% decrease from FY2017 enacted levels. This amount is 13.4% more than the FY2018 President's request. In addition, the House committee bill would provide an estimated \$817.4 billion in mandatory funding, for a combined total of \$986.3 billion for LHHS as a whole. The distribution of discretionary funding is as follows:

- **DOL:** \$10.6 billion, 12.6% less than FY2017.
- **HHS:** \$77.6 billion, 0.7% less than FY2017.
- **ED:** \$66.0 billion, 3.2% less than FY2017.
- **Related Agencies:** \$14.7 billion, 1.1% less than FY2017.

FY2018 LHHS Senate Action: The Senate Appropriations Committee reported its version of the FY2018 LHHS appropriations bill on September 7, 2017, by a vote of 29-2 (S. 1771). This bill would provide \$174.4 billion in discretionary LHHS funds. This is 0.6% more than FY2017, and 17.2% more than the FY2018 President's request. In addition, the Senate committee bill would provide an estimated \$817.4 billion in mandatory funding, for a combined total of \$991.9 billion for LHHS as a whole. The distribution of discretionary funding is as follows:

- **DOL:** \$12.0 billion, 0.5% less than FY2017.
- **HHS:** \$79.8 billion, 2.1% more than FY2017.
- **ED:** \$68.3 billion, 0.04% more than FY2017.
- **Related Agencies:** \$14.4 billion, 3.6% less than FY2017.

FY2018 President's Budget Request: On May 23, 2017, the Trump Administration released the FY2018 President's budget. The President requested \$148.9 billion in discretionary funding for accounts funded by the LHHS bill, which is a decrease of 14.1% from FY2017 levels. In addition, the President requested \$815.8 billion in annually appropriated mandatory funding, for a total of \$964.7 billion for the LHHS bill as a whole. The distribution of discretionary funding is as follows:

- **DOL:** \$9.7 billion, 19.4% less than FY2017.
- **HHS:** \$63.0 billion, 19.3% less than FY2017.
- **ED:** \$62.9 billion, 7.8% less than FY2017.
- **Related Agencies:** \$13.2 billion, 11.1% less than FY2017.

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Introduction

This report provides an overview of FY2018 appropriations actions for accounts traditionally funded in the appropriations bill for the Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS). This bill provides discretionary and mandatory appropriations to three federal departments: the Department of Labor (DOL), the Department of Health and Human Services (HHS), and the Department of Education (ED). In addition, the bill provides annual appropriations for more than a dozen related agencies, including the Social Security Administration (SSA).

Discretionary funds represent less than one-quarter of the total funds appropriated in the LHHS bill. Nevertheless, the LHHS bill is typically the largest single source of discretionary funds for domestic non-defense federal programs among the various appropriations bills (the Department of Defense bill is the largest source of discretionary funds among all federal programs). The bulk of this report is focused on discretionary appropriations because these funds receive the most attention during the appropriations process.

The LHHS bill typically is one of the more controversial of the regular appropriations bills because of the size of its funding total and the scope of its programs, as well as various related policy issues addressed in the bill, such as restrictions on the use of federal funds for abortion and for research on human embryos and stem cells.

See the Key Policy Staff table at the end of this report for information on which analysts to contact at the Congressional Research Service (CRS) with questions on specific agencies and programs funded in the LHHS bill.

Report Roadmap and Useful Terminology

This report is divided into several sections. The opening section provides an explanation of the scope of the LHHS bill (and hence, the scope of this report) and an introduction to important terminology and concepts that carry throughout the report. Next is a series of sections describing major congressional actions on FY2018 appropriations and (for context) a review of the conclusion of the FY2017 appropriations process. This is followed by a high-level summary and analysis of proposed appropriations for FY2018, compared to FY2017 funding levels. The body of the report concludes with overview sections for each of the major titles of the bill: DOL, HHS, ED, and Related Agencies. These sections provide selected highlights from FY2018 proposed funding levels compared to FY2017. (Note that the distribution of funds is sometimes illustrated by figures, which in all cases are based on the House Appropriations Committee-reported version of the LHHS bill.¹)

Finally, **Appendix A** provides a summary of budget enforcement activities for FY2018. This includes information on the Budget Control Act of 2011 (BCA; P.L. 112-25) and sequestration, action associated with the FY2018 budget resolution, the subcommittee spending allocations, and current-year spending levels. This is followed by **Appendix B**, which provides an overview of the LHHS-related floor amendments that were offered in the House during its consideration of H.R. 3358.

¹ The dollars and percentages in each figure also are generally illustrative, except as noted, of the parallel distribution of funds enacted in FY2017 and proposed by both the FY2018 President's budget and Senate Appropriations Committee-reported bill.

Scope of the Report

In general, this report is focused strictly on appropriations to agencies and accounts that are subject to the jurisdiction of the Labor, Health and Human Services, Education, and Related Agencies subcommittees of the House and Senate appropriations committees (i.e., accounts traditionally funded via the LHHS bill). Department “totals” provided in this report do not include funding for accounts or agencies that are traditionally funded by appropriations bills under the jurisdiction of other subcommittees.

The LHHS bill provides appropriations for the following federal departments and agencies:

- the Department of Labor;
- most agencies at the Department of Health and Human Services, except for the Food and Drug Administration (funded through the Agriculture appropriations bill), the Indian Health Service (funded through the Interior-Environment appropriations bill), and the Agency for Toxic Substances and Disease Registry (also funded through the Interior-Environment appropriations bill);
- the Department of Education; and
- more than a dozen related agencies, including the Social Security Administration, the Corporation for National and Community Service, the Corporation for Public Broadcasting, the Institute of Museum and Library Services, the National Labor Relations Board, and the Railroad Retirement Board.

Note also that funding totals displayed in this report do not reflect amounts provided outside of the annual appropriations process. Certain direct spending programs, such as Old-Age, Survivors, and Disability Insurance and parts of Medicare, receive funding directly from their authorizing statutes; such funds are not reflected in the totals provided in this report because they are not provided through the annual appropriations process (see related discussion in the “Important Budget Concepts” section).

Important Budget Concepts

Mandatory vs. Discretionary Budget Authority²

The LHHS bill includes both discretionary and mandatory budget authority. While all discretionary spending is subject to the annual appropriations process, only a portion of mandatory spending is provided in appropriations measures.

Mandatory programs funded through the annual appropriations process are commonly referred to as *appropriated entitlements*. In general, appropriators have little control over the amounts provided for appropriated entitlements; rather, the authorizing statute controls the program parameters (e.g., eligibility rules, benefit levels) that entitle certain recipients to payments. If Congress does not appropriate the money necessary to meet these commitments, entitled recipients (e.g., individuals, states, or other entities) may have legal recourse.³

² For definitions of these and other budget terms, see U.S. Government Accountability Office (GAO), *A Glossary of Terms Used in the Federal Budget Process*, GAO-05-734SP, September 1, 2005, <http://www.gao.gov/products/GAO-05-734SP>. (Terms of interest may include appropriated entitlement, direct spending, discretionary, entitlement authority, and mandatory.)

³ Sometimes appropriations measures include amendments to laws authorizing mandatory spending programs and (continued...)

Most mandatory spending is not provided through the annual appropriations process, but rather through budget authority provided by the program’s authorizing statute (e.g., Old-Age, Survivors, and Disability Insurance). The funding amounts in this report do not include budget authority provided outside of the appropriations process. Instead, the amounts reflect only those funds, discretionary and mandatory, that are provided through appropriations acts.

Note that, as displayed in this report, mandatory amounts for the Trump Administration’s budget submission reflect current-law (or current services) estimates; they generally do not include the President’s proposed changes to a mandatory spending program’s authorizing statute that might affect total spending. (In general, such proposals are excluded from this report, as they typically would be enacted in authorizing legislation.)

Note also that the report focuses most closely on discretionary funding. This is because discretionary funding receives the bulk of attention during the appropriations process. (As noted earlier, although the LHHS bill includes more mandatory funding than discretionary funding, the appropriators generally have less flexibility in adjusting mandatory funding levels than discretionary funding levels.)

Mandatory and discretionary spending is subject to budget enforcement processes that include sequestration. In general, sequestration involves largely across-the-board reductions that are made to certain categories of discretionary or mandatory spending. However, the conditions that trigger sequestration, and how it is carried out, differ for each type of spending. This is discussed further in **Appendix A**.

Total Budget Authority Provided in the Bill vs. Total Budget Authority Available in the Fiscal Year

Budget authority is the amount of money a federal agency is legally authorized to commit or spend. Appropriations bills may include budget authority that becomes available in the current fiscal year, in future fiscal years, or some combination. Amounts that become available in future fiscal years are typically referred to as *advance appropriations*.

Unless otherwise specified, appropriations levels displayed in this report refer to the total amount of *budget authority provided in an appropriations bill* (i.e., “total in the bill”), regardless of the year in which the funding becomes available.⁴ In some cases, the report breaks out “current-year” appropriations (i.e., the amount of *budget authority available for obligation in a given fiscal year*, regardless of the year in which it was first appropriated).⁵

As the annual appropriations process unfolds, the amount of current-year budget authority is measured against 302(b) allocation ceilings (budget enforcement caps for appropriations subcommittees that traditionally emerge following the budget resolution process). The process of measuring appropriations against these spending ceilings takes into account *scorekeeping adjustments*, which are made by the Congressional Budget Office (CBO) to reflect conventions

(...continued)

thereby change the amount of mandatory appropriations needed. Because such amendments are legislative in nature, they may violate parliamentary rules separating authorizations and appropriations. For more information, see CRS Report R42388, *The Congressional Appropriations Process: An Introduction*.

⁴ Such figures include advance appropriations provided in the bill for future fiscal years, but do not include advance appropriations provided in prior years’ appropriations bills that become available in the current year.

⁵ Such figures exclude advance appropriations for future years, but include advance appropriations from prior years that become available in the given fiscal year.

and special instructions of Congress.⁶ Unless otherwise specified, appropriations levels displayed in this report do not reflect additional scorekeeping adjustments.

FY2018 LHHS Appropriations Status

Table 1 provides a timeline of major legislative actions, and the remainder of this section provides additional detail on these and other steps toward full-year FY2018 LHHS appropriations.

Table 1. Status of Full-Year LHHS Appropriations Legislation, FY2018

Subcommittee Approval		Full Committee Approval		Resolution of House and Senate Differences					
House	Senate	House	Senate	House Initial Passage	Senate Initial Passage	Conf. Report	House Final Passage	Senate Final Passage	Public Law
7/13/17 9-6	9/6/17 voice vote	H.R. 3358 H.Rept. 115-244 7/24/17 28-22	S. 1771 S.Rept. 115-150 9/7/17 29-2	H.R. 3354, Division F 9/14/17 211-198					

Source: CRS Appropriations Status Table.

FY2018 Continuing Resolutions

Full-year appropriations were not enacted by the start of FY2018 (October 1, 2017). As a consequence, temporary funding for LHHS was provided by a CR that was enacted on September 8, 2017 (H.R. 601, Division D; P.L. 115-56). A second CR, which extended the funding in the first CR, was enacted on December 8, 2017 (H.J.Res. 123; P.L. 115-90). A third CR, which further extended funding, was enacted on December 22, 2017 (H.R. 1370; P.L. 115-96). After a funding gap that commenced on January 20, 2018, a fourth CR was enacted two days later that extended funding through February 8, 2018 (H.R. 195).

With limited exceptions, these CRs generally fund discretionary LHHS programs through January 19, 2018, at FY2017 levels minus a reduction of about two-thirds of one percent (-0.6791%). Mandatory programs covered by the CRs are generally continued at current-law levels, less sequestration (where applicable). CR provisions specifically affecting LHHS programs are carried in Sections 101(a)(8), 135-139, and 145-146 of P.L. 115-56, as amended by P.L. 115-96.

For more information about the FY2018 continuing appropriations, see CRS Report R44978, *Overview of Continuing Appropriations for FY2018 (P.L. 115-56)*.

⁶ For more information on scorekeeping, see CRS Report 98-560, *Baselines and Scorekeeping in the Federal Budget Process*. See also a discussion of key scorekeeping guidelines included in the joint explanatory statement accompanying the conference report to the Balanced Budget Act of 1997 (H.Rept. 105-217, pp. 1007-1014).

Congressional Action on an LHHS Bill

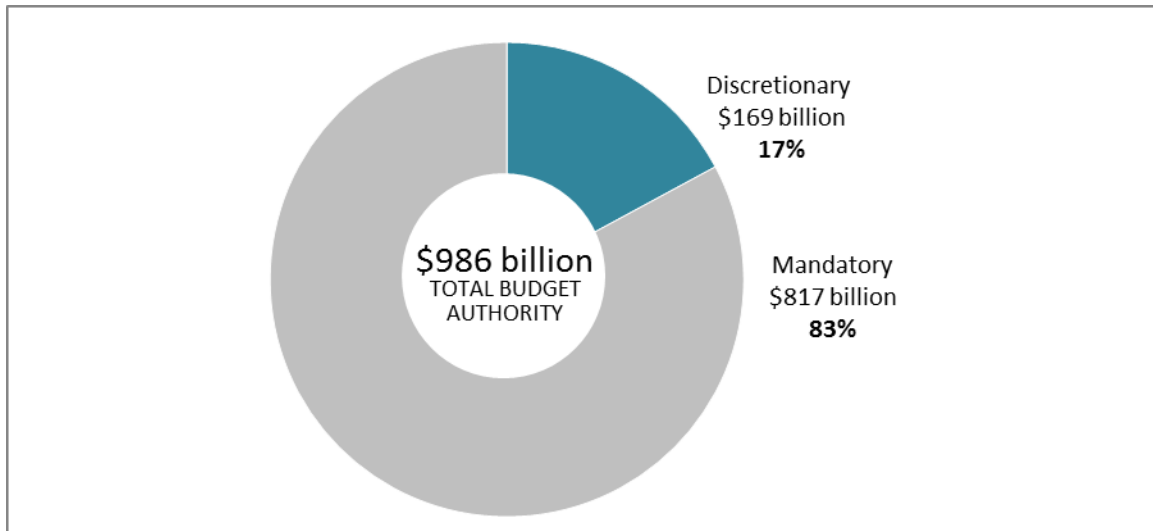
FY2018 LHHS Action in the House

The House Appropriations Committee’s version of the FY2018 LHHS appropriations bill was ordered reported by the full committee on July 19, 2017, by a vote of 28-22, and reported to the House on July 24 (H.R. 3358). It was previously approved in subcommittee on July 13 by a vote of 9-6.

As reported by the full committee, this bill would provide \$168.9 billion in discretionary LHHS funds, a 2.6% decrease from FY2017 enacted levels. This amount is 13.4% more than the FY2018 President’s request. In addition, the House committee bill would provide an estimated \$817.4 billion in mandatory funding, for a combined total of \$986.3 billion for LHHS as a whole. See **Figure 1** for the breakdown of discretionary and mandatory LHHS appropriations in the FY2018 House committee bill.⁷

While H.R. 3358 has not received floor consideration in the House, the text of this measure (with minor alterations) was included in an omnibus appropriations bill, the Make America Secure and Prosperous Appropriations Act, 2018 (H.R. 3354), which passed the House on September 14, 2017. As bill-wide numbers that incorporate the budgetary effects of the LHHS-related floor amendments to H.R. 3354 are generally not available, the House budget numbers in this report are based on H.R. 3358, as reported by the House Appropriations Committee. The LHHS-related amendments that were offered in the House during consideration of H.R. 3358 are discussed in **Appendix B**.

Figure 1. FY2018 House Committee-Reported LHHS Appropriations Bill



Source: Amounts for the FY2018 House Appropriations Committee-reported LHHS bill (H.R. 3358) are generally based on data in H.Rept. 115-244. For consistency with source materials, these amounts generally do not reflect mandatory spending sequestration.

⁷ While the dollars and percentages in this figure were calculated based on amounts in the House committee bill, they are generally also illustrative—within one percentage point—of the share of funds directed to each bill title in FY2017, and under both the FY2018 President’s budget and Senate proposal.

Notes: Details may not add to totals due to rounding. Amounts in this figure (1) reflect all budget authority appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

FY2018 LHHS Action in the Senate

The Senate Appropriations Committee reported its version of the FY2018 LHHS appropriations bill on September 7, 2017, by a vote of 29-2 (S. 1771). The LHHS subcommittee had reported the bill the previous day (September 6) by a voice vote.

This bill would provide \$174.4 billion in discretionary LHHS funds. This is 0.6% more than FY2017, and 17.2% more than the FY2018 President's request. In addition, the Senate committee bill would provide an estimated \$817.4 billion in mandatory funding, for a combined total of \$991.9 billion for LHHS as a whole.

FY2018 President's Budget Request

On May 23, 2017, the Trump Administration released the FY2018 President's budget. The President requested \$148.9 billion in discretionary appropriations for accounts funded by the LHHS bill, which is a decrease of 14.1% from FY2017 levels. In addition, the President requested \$815.8 billion in annually appropriated mandatory funding, for a total of \$964.7 billion for the LHHS bill as a whole.

Conclusion of the FY2017 Appropriations Process

On May 5, 2017, President Trump signed into law the Consolidated Appropriations Act, 2017 (P.L. 115-31). This bill was agreed to in the House on May 3 and the Senate on May 4. The bill provided regular, full-year appropriations for 11 of the 12 annual appropriations acts, including LHHS (Division H).⁸

The law provided a total of \$173.3 billion in discretionary funding for LHHS.⁹ This total was roughly \$3.1 billion (+1.8%) more than FY2016 levels and \$900 million (+0.5%) more than the Obama Administration's FY2017 request. The omnibus also provided \$760.6 billion in mandatory funding, for a combined FY2017 LHHS total of \$934.0 billion.

⁸ The one annual appropriations bill not included in the omnibus—the Military Construction, Veterans Affairs, and Related Agencies appropriations act—received its full-year appropriations earlier in the fiscal year in Division A of P.L. 114-223.

⁹ While most funds provided by the second FY2017 CR were prorated for the duration of the CR, certain funds appropriated to carry out activities authorized by the 21st Century Cures Act (P.L. 114-255) and the Water Infrastructure Improvements for the Nation Act (P.L. 114-322) were provided for the full fiscal year, or longer. For further information about these appropriations, see CRS Report R44723, *Overview of Further Continuing Appropriations for FY2017 (H.R. 2028)*.

Summary of FY2018 LHHS Appropriations

Dollars and Percentages in this Report

Amounts displayed in this report are typically rounded to the nearest million or billion (as labeled). Dollar and percentage changes discussed in the text of this report are based on unrounded amounts.

Unless otherwise specified, appropriations levels displayed in this report refer to the total amount of budget authority provided in an appropriations bill (i.e., “total in the bill”), regardless of the year in which the funding becomes available.

Funding levels are generally drawn from (or estimated based on) the following congressional documents:

- Amounts for FY2017 enacted,¹⁰ the FY2018 request, and the FY2018 House Appropriations Committee-reported LHHS bill (H.R. 3358) are generally based on data in H.Rept. 115-244.
- Amounts for the FY2018 Senate Appropriations Committee-reported LHHS bill (S. 1771) are generally based on data in S.Rept. 115-150.

Throughout this report, the FY2018 House Appropriations Committee-reported LHHS bill and Senate Appropriations Committee-reported LHHS bill are commonly referred to as the House and Senate “committee bills.”

For consistency with source materials, the FY2017 and FY2018 numbers in this report generally do reflect actual or anticipated post-enactment budgetary adjustments, except as noted.¹¹

Table 2 displays FY2018 discretionary and mandatory LHHS budget authority proposed, by bill title, along with FY2017 enacted levels. The amounts shown in this table reflect total budget authority provided in the bill (i.e., all funds appropriated in the bill, regardless of the fiscal year in which the funds become available), not total budget authority available for the current fiscal year. (For a comparable table showing current-year budget authority, see **Table A-2** in **Appendix A**.)

¹⁰ The amounts shown for FY2017 enacted follow source material display conventions with regard to certain full-year appropriations provided by the second FY2017 CR, which were in addition to amounts provided by the FY2017 omnibus. Specifically, for Healthy Start at the Health Resources and Services Administration (HRSA), the FY2017 enacted column of the table displays the \$104 million from the omnibus, but not the \$15 million appropriation from the second FY2017 CR. Similarly, for Environmental Health at the Centers for Disease Control and Prevention (CDC), the FY2017 enacted column includes \$164 million from the omnibus, but not the \$35 million appropriation from the second FY2017 CR. However, the entire \$352 million listed for the National Institutes of Health (NIH) Innovation Account in the FY2017 enacted column was enacted in the second FY2017 CR. In addition, the \$500 million for the State Response to the Opioid Abuse Crisis account within the Office of the Secretary listed in the FY2017 enacted column also was provided by the second FY2017 CR. (The FY2017 Substance Abuse and Mental Health Services Administration (SAMHSA) operating plan indicates that these funds were subsequently transferred to SAMHSA.) No further funds were appropriated to these accounts in the FY2017 omnibus.

¹¹ The general practice for CRS reports on the LHHS bill has been to reflect conventions used in source materials. These have varied over the years. For instance, CRS reports on LHHS appropriations for FY2012-FY2015 generally relied on source materials that adjusted appropriations amounts in the prior-year column to reflect sequestration, re-estimates of mandatory spending, transfers, reprogramming, and other adjustments for comparability. However, the FY2016 version of this report broke from that practice due to differing display conventions in source documents, and did not reflect any such adjustments (except sequestration for the Prevention and Public Health Fund; PPHF). The FY2017 version of this report differed from both of these prior practices, in that it reflected a smaller subset of transfers (generally concentrated at the National Institutes of Health) and other adjustments for comparability (e.g., program moves from one account to another), but not reprogramming of funds or mandatory sequestration (except sequestration of the PPHF). Due to the display conventions in the FY2018 source materials, the current version of this report generally does not reflect any transfers or other budgetary adjustments except PPHF sequestration.

Table 2. LHHS Appropriations Overview by Bill Title, FY2017-FY2018

(Total budget authority provided in the bill, in billions of dollars)

Bill Title	FY2017 Enacted	FY2018 Request	FY2018 House Cmte. (H.R. 3358)	FY2018 Senate Cmte. (S. 1771)	FY2018 Enacted
Title I: Labor	13.7	11.3	12.1	13.6	
Discretionary	12.1	9.7	10.6	12.0	
Mandatory	1.6	1.6	1.6	1.6	
Title II: HHS	780.2	820.8	837.0	839.2	
Discretionary	78.1	63.0	77.6	79.8	
Mandatory	702.0	757.8	759.4	759.4	
Title III: Education	71.6	66.3	69.5	71.7	
Discretionary	68.2	62.9	66.0	68.3	
Mandatory	3.4	3.5	3.5	3.5	
Title IV: Related Agencies	68.5	66.2	67.7	67.4	
Discretionary	14.9	13.2	14.7	14.4	
Mandatory	53.6	53.0	53.0	53.0	
Total BA in the Bill	934.0	964.7	986.3	991.9	
Discretionary	173.3	148.9	168.9	174.4	
Mandatory	760.6	815.8	817.4	817.4	
Memoranda:					
Advances for Future Years (provided in current bill) ^a	168.9	181.9	183.3	183.3	
Advances from Prior Years (for use in current year) ^a	158.5	168.9	168.9	168.9	
Additional Scorekeeping Adjustments ^b	-10.3	-11.8	-10.9	-8.5	

Source: Amounts for FY2017 enacted, the FY2018 request, and the FY2018 House Appropriations Committee-reported LHHS bill (H.R. 3358) are generally based on data in H.Rept. 115-244. Amounts for the FY2018 Senate Appropriations Committee-reported LHHS bill (S. 1771) are generally based on data in S.Rept. 115-150. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills. No amounts are shown for Title V, because this title consists solely of general provisions.

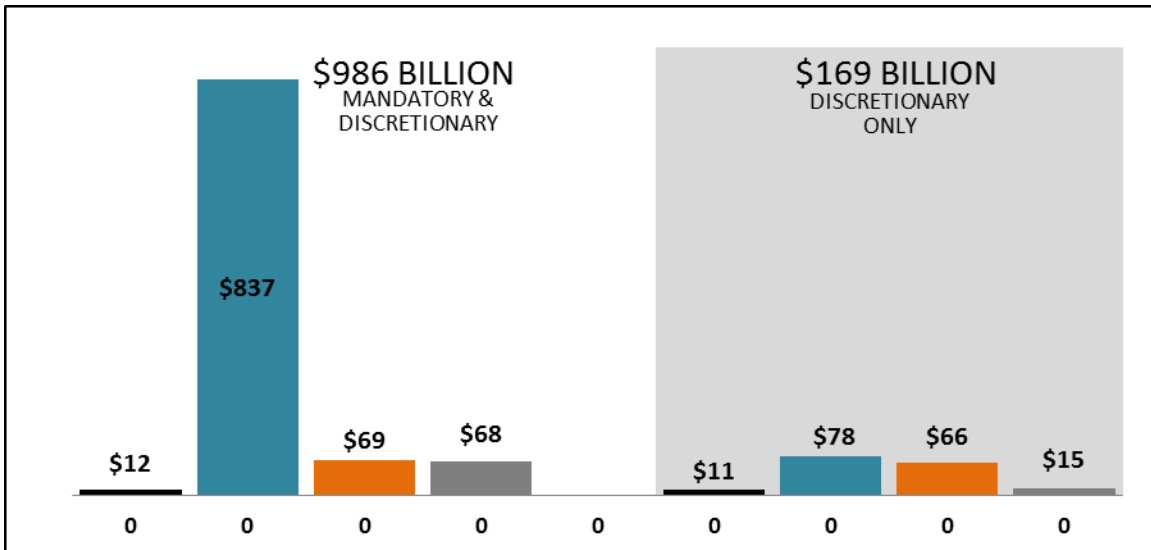
- a. Totals in this table are based on budget authority provided in the bill (i.e., they exclude advance appropriations from prior bills and include advance appropriations from this bill made available in future years). The calculation for total budget authority available in the current year is as follows: Total BA in the Bill, minus Advances for Future Years, plus Advances from Prior Years.
- b. Totals in this table have generally not been adjusted for further scorekeeping. (To adjust for scorekeeping, add this line to the total budget authority.)

Figure 2 displays the FY2018 House committee-reported discretionary and mandatory LHHS funding levels, by bill title. (While the dollars and percentages discussed in this section were calculated based on amounts in the House committee bill, they are generally also illustrative—within one percentage point—of the share of funds directed to each bill title in FY2017 and under the FY2018 Senate proposal. The distribution of funds within the President’s budget differs to a greater degree from the House committee-reported funding levels illustrated below. See **Table 2** for the discretionary and mandatory spending amounts proposed by the President’s budget.)

As this figure demonstrates, HHS accounts for the largest share of total proposed FY2018 LHHS appropriations: \$837.0 billion, or 84.9%. This is due to the large amount of mandatory funding included in the HHS appropriation, the majority of which is for Medicaid grants to states and payments to health care trust funds. After HHS, ED and the Related Agencies represent the next-largest shares of total proposed LHHS funding, accounting for 7.0% and 6.9%, respectively. (The majority of the ED appropriations each year are discretionary, while the bulk of funding for the Related Agencies goes toward mandatory payments and administrative costs of the Supplemental Security Income program at the Social Security Administration.) Finally, DOL accounts for the smallest share of total LHHS funds, 1.2%.

When looking only at discretionary appropriations, however, the overall composition of LHHS funding is noticeably different. HHS accounts for a comparatively smaller share of total discretionary appropriations (45.9%), while ED accounts for a relatively larger share (39.1%). Together, these two departments represent the majority (85.0%) of discretionary LHHS appropriations. DOL and the Related Agencies account for a roughly even split of the remaining 15.0% of discretionary LHHS funds.

Figure 2. FY2018 House Committee-Reported LHHS Appropriations by Title



Source: Amounts for the FY2018 House Appropriations Committee-reported LHHS bill (H.R. 3358) are generally based on data in H.Rept. 115-244. For consistency with source materials, these amounts do not reflect sequestration or re-estimates of mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

Notes: Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

Department of Labor (DOL)

Note that all amounts in this section are based on regular LHHS appropriations only. Amounts in this section do not include mandatory funds provided outside of the annual appropriations process (e.g., direct appropriations for Unemployment Insurance benefits payments). All amounts in this section are rounded to the nearest million or billion (as labeled). The dollar changes and percentage changes discussed in the text are based on unrounded amounts. For consistency with source materials, amounts do not reflect sequestration or re-estimates of mandatory spending programs, where applicable.

About DOL

DOL is a federal department comprised of multiple entities that provide services related to employment and training, worker protection, income security, and contract enforcement. Annual LHHS appropriations laws direct funding to all DOL entities (see the text box).¹³ The DOL entities fall primarily into two main functional areas—workforce development and worker protection. First, there are several DOL entities that administer workforce employment and training programs—such as the Workforce Innovation and Opportunity Act (WIOA) state formula grant programs, Job Corps, and the Employment Service—that provide direct funding for employment activities or administration of income security programs (e.g., for the Unemployment Insurance benefits program). Also included in this area is the Veterans’ Employment and Training Service (VETS), which provides employment services specifically for the veteran population. Second, there are several agencies that provide various worker protection services. For example, the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA), and the Wage and Hour Division (WHD) provide different types of regulation and oversight of working conditions. DOL entities focused on worker protection provide services to ensure worker safety, adherence to wage and overtime laws, and contract compliance, among other duties. In addition to these two main functional areas, DOL’s Bureau of Labor Statistics (BLS) collects data and provides analysis on the labor market and related labor issues.

DOL Entities Funded via the LHHS Appropriations Process

Employment and Training Administration (ETA)
Employee Benefits Security Administration (EBSA)
Wage and Hour Division (WHD)
Office of Federal Contract Compliance Programs (OFCCP)
Office of Labor-Management Standards (OLMS)
Office of Workers’ Compensation Programs (OWCP)
Occupational Safety and Health Administration (OSHA)
Mine Safety and Health Administration (MSHA)
Bureau of Labor Statistics (BLS)
Office of Disability Employment Policy (ODEP)
Departmental Management (DM)¹²

FY2018 DOL Appropriations Overview

Table 3 displays FY2018 discretionary and mandatory DOL budget authority proposed, along with FY2017 enacted levels. Compared to FY2017 enacted levels, the President’s FY2018 budget

¹² Departmental Management includes the DOL salaries and expenses, Veterans Employment and Training Service (VETS), IT Modernization, and the Office of the Inspector General.

¹³ The Pension Benefit Guaranty Corporation (PBGC) is funded primarily through insurance premiums and related fees from companies covered by the PBGC.

request would reduce discretionary appropriations for DOL by 19.4%. This was a larger percentage reduction in discretionary appropriations than was proposed by the House and Senate committee bills (-12.6% and -0.5%, respectively). Of the combined total funding provided in the bill for DOL, roughly 88% is discretionary.

Table 3. DOL Appropriations Overview
(Dollars in billions)

Funding	FY2017 Enacted	FY2018 Request	FY2018 House Cmte. (H.R. 3358)	FY2018 Senate Cmte. (S. 1771)	FY2018 Enacted
Discretionary	12.1	9.7	10.6	12.0	
Mandatory	1.6	1.6	1.6	1.6	
Total BA in the Bill	13.7	11.3	12.1	13.6	

Source: Amounts for FY2017 enacted, the FY2018 request, and the FY2018 House Appropriations Committee-reported LHHS bill (H.R. 3358) are generally based on data in H.Rept. 115-244. Amounts for the FY2018 Senate Appropriations Committee-reported LHHS bill (S. 1771) are generally based on data in S.Rept. 115-150. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

Selected DOL Highlights

The following sections present highlights from FY2017 enacted appropriations and FY2018 proposed appropriations for selected DOL accounts and programs.¹⁴

Table 4 displays funding for DOL programs and activities discussed in this section.

Employment and Training Administration (ETA)

ETA administers the primary federal workforce development law, the Workforce Innovation and Opportunity Act (WIOA, P.L. 113-128). The WIOA, which replaced the Workforce Investment Act, was signed into law in July 2014 and authorizes appropriations for its programs through FY2020. WIOA’s provisions went into effect in FY2015 and FY2016.

Title I of the WIOA, which authorizes more than half of all funding for the programs authorized by the four titles of WIOA, includes three state formula grant programs serving Adults, Youth, and Dislocated Workers. While the FY2018 Senate committee bill would provide the same funding levels for the three WIOA state formula grant programs compared to FY2017, the FY2018 House committee bill and the President’s budget would reduce funding for all three of the state formula grant programs. The FY2018 House committee bill would decrease funding collectively by \$86 million (-3.2%), while the President’s budget would decrease funding by \$1.1 billion (-39.9%), compared to the FY2017 enacted levels.

¹⁴ DOL budget materials can be found at <http://www.dol.gov/dol/aboutdol/#budget>.

The FY2017 omnibus provided \$221 million for the Dislocated Workers Activities National Reserve (DWA National Reserve), which was the same level proposed by the FY2018 Senate committee bill. The FY2018 President's budget and the House committee bill would reduce funding by \$104 million (-47.0%) and \$91 million (-41.1%), respectively. In the report accompanying the House committee bill, the committee recommended eliminating the advance appropriation for FY2019 and rescinding the advance provided for that purpose in the FY2017 omnibus.¹⁵ Finally, all three proposals would direct that a portion of the DWA National Reserve be used to provide enhanced services for certain groups of dislocated workers. The FY2018 President's budget and the FY2018 House committee bill would direct that \$66 million of the funding be used to assist dislocated workers in the Appalachian region. The FY2018 Senate committee bill would direct \$30 million of the DWA National Reserve for enhanced training for workers dislocated in both the Appalachian and Delta regions. The FY2017 omnibus contained a set-aside of \$20 million within the appropriation to provide employment and training assistance to workers dislocated from coal mines and coal-fired power plants.

The FY2018 Senate committee bill would provide the same amount for the Apprenticeship Grant program as it received FY2017 (\$95 million), whereas the President's budget would decrease this amount to \$90 million. The FY2018 House committee bill would provide no funding for the program. In the report accompanying the House committee bill, the committee encourages ETA to work with the authorizing committees of jurisdiction to "enact an appropriate apprenticeship program authorization."¹⁶

While the FY2018 Senate committee bill would maintain the FY2017 funding level of \$400 million for the Community Service Employment for Older Americans (CSEOA) program, the President's budget and the House committee bill would provide no funds for the program. In the report accompanying the House committee bill, the committee recommends transferring CSEOA to the Administration for Community Living (ACL) in HHS.¹⁷

The FY2017 Senate committee bill would provide \$686 million for the Employment Service (ES), which is \$5 million less than its FY2017 level. The FY2018 President's budget request would provide \$436 million for the ES, and the House committee bill would provide \$20 million.

Bureau of International Labor Affairs (ILAB)

The FY2018 Senate committee bill would provide the same funding, \$86 million, for ILAB as was provided in FY2017. The FY2018 President's budget and the House committee bill would decrease funding by \$68 million (-78.5%) and \$60 million (-69.2%), respectively, for ILAB, which provides research, advocacy, technical assistance, and grants to promote workers' rights in different parts of the world. Language in the committee report indicated that the proposed reduction was intended to return ILAB to "its original mission of research, advocacy, and technical assistance."¹⁸

¹⁵ U.S. Congress, House Committee on Appropriations, *Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, 2018*, report to accompany H.R. 3358, 115th Cong., 1st sess., July 24, 2017, H.Rept. 115-244 (Washington: GPO, 2017), p. 7.

¹⁶ *Ibid.*, p. 5.

¹⁷ *Ibid.*, p. 9.

¹⁸ *Ibid.*, p. 17.

Labor-Related General Provisions

Annual LHHS appropriations acts regularly contain general provisions related to certain labor issues. This section highlights selected DOL general provisions in the FY2018 funding proposals. (See also the “Selected Related Agencies Highlights” section of this report for a brief discussion of a continuing restriction on funding for the National Labor Relations Board contained in the FY2018 proposals.)

The FY2018 Senate and House committee bills would continue an FY2017 omnibus provision that directs the Secretary of Labor to accept private wage surveys as part of the process of determining prevailing wages in the H-2B program, even in instances in which relevant wage data are available from the Bureau of Labor Statistics.¹⁹ The H-2B program allows for the temporary employment of foreign workers in non-agricultural sectors and requires these workers to be paid the “prevailing wage” (i.e., the average wage paid to similar workers in the local area). Under DOL regulations, private employer surveys may be considered only if the employer meets certain conditions.

The FY2018 Senate and House committee bills would also continue an FY2017 omnibus provision to exempt certain insurance claims adjusters from overtime protection for two years following a “major disaster.”²⁰

Table 4. Detailed DOL Appropriations

(Dollars in millions)

Agency or Selected Program	FY2017 Enacted	FY2018 Request	FY2018 House Cmte. (H.R. 3358)	FY2018 Senate Cmte. (S. 1771)	FY2018 Enacted
ETA—Mandatory^a	849	790	790	790	
ETA—Discretionary	9,125	6,870	7,718	9,056	
<u>Discretionary ETA Programs:</u>					
Training and Employment Services:	3,339	2,054	3,043	3,335	
<u>State Formula Grants:</u>	2,710	1,630	2,624	2,710	
Adult Activities Grants to States	816	490	777	816	
Youth Activities Grants to States	873	524	832	873	
Dislocated Worker Activities (DWA) Grants to States	1,021	615	1,016	1,021	
<u>National Activities:</u>	629	424	419	625	
DWA National Reserve	221	117	130	221	
Native Americans	50	50	50	50	
Migrant and Seasonal Farmworkers	82	0	72	82	
Women in Apprenticeship	0	0	0	0	
YouthBuild	85	84	85	85	

¹⁹ See §112 of P.L. 115-31.

²⁰ See §109 of P.L. 115-31.

Agency or Selected Program	FY2017 Enacted	FY2018 Request	FY2018 House Cmte. (H.R. 3358)	FY2018 Senate Cmte. (S. 1771)	FY2018 Enacted
Technical Assistance	3	5	0	0	
Reintegration of Ex-Offenders	88	78	82	88	
Workforce Data Quality Initiative	6	0	0	5	
Apprenticeship Grants	95	90	0	95	
Job Corps	1,704	1,448	1,688	1,699	
Community Service Employment for Older Americans	400	0	0	400	
<u>State Unemployment Insurance and Employment Service Operations (SUI/ESO):</u>	3,524	3,213	2,831	3,463	
Unemployment Compensation	2,702	2,648	2,679	2,651	
Employment Service	691	436	20	686	
Foreign Labor Certification	62	62	62	62	
One-Stop Career Centers	68	68	70	63	
ETA Program Administration	159	154	156	159	
Employee Benefits Security Administration	181	184	176	181	
<i>Pension Benefit Guaranty Corp, (PBGC) program level (non-add)^b</i>	(520)	(523)	(424)	(424)	
Wage and Hour Division	228	230	218	228	
Office of Labor-Management Standards	38	47	41	40	
Office of Federal Contract Compliance Programs	104	88	95	103	
Office of Workers' Compensation Programs— Mandatory^c	730	764	764	764	
Office of Workers' Compensation Programs— Discretionary	118	115	117	118	
Occupational Safety & Health Administration	553	543	531	553	
Mine Safety & Health Administration	374	375	360	374	
Bureau of Labor Statistics	609	608	609	609	
Office of Disability Employment Policy	38	27	37	38	
Departmental Management	720	655	667	727	
Salaries and Expenses	335	260	273	337	
<i>International Labor Affairs (non-add^d)</i>	86	19	27	86	
Veterans Employment and Training	279	280	284	284	
IT Modernization	19	30	21	19	
Office of the Inspector General	88	86	89	88	
Total, DOL BA in the Bill	13,667	11,297	12,122	13,581	
Subtotal, Mandatory	1,579	1,554	1,554	1,554	

Agency or Selected Program	FY2017 Enacted	FY2018 Request	FY2018 House Cmte. (H.R. 3358)	FY2018 Senate Cmte. (S. 1771)	FY2018 Enacted
Subtotal, Discretionary	12,088	9,742	10,567	12,027	
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	13,670	12,197	12,323	13,582	
Total, BA Advances for Future Years (provided in current bill)	1,788	888	1,587	1,787	
Total, BA Advances from Prior Years (for use in current year)	1,791	1,788	1,788	1,788	

Source: Amounts for FY2017 enacted, the FY2018 request, and the FY2018 House Appropriations Committee-reported LHHS bill (H.R. 3358) are generally based on data in H.Rept. 115-244. Amounts for the FY2018 Senate Appropriations Committee-reported LHHS bill (S. 1771) are generally based on data in S.Rept. 115-150. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

- a. Mandatory funding within ETA goes to Federal Unemployment Benefits and Allowances (FUBA) and Advances to the Unemployment Trust Fund (UTF), if any. FUBA funds Trade Adjustment Assistance for Workers (TAA).
- b. PBGC funding is provided outside the LHHS Appropriations Act.
- c. Mandatory programs in the Office of Workers' Compensation Programs include Special Benefits (comprising the Federal Employees' Compensation Benefits and the Longshore and Harbor Workers' Benefits), Special Benefits for Disabled Coal Miners, Energy Employees Occupational Illness Compensation (Administrative Expenses), and the Black Lung Disability Trust Fund.
- d. The funding for International Labor Affairs is included in the Salaries and Expenses total.

Department of Health and Human Services (HHS)

Note that all amounts in this section are based on regular LHHS appropriations only; they do not include funds for HHS agencies provided through other appropriations bills (e.g., funding for the Food and Drug Administration) or outside of the annual appropriations process (e.g., direct appropriations for Medicare or pre-appropriated mandatory funds provided by authorizing laws, such as the Patient Protection and Affordable Care Act [ACA, P.L. 111-148]).²¹ All amounts in this section are rounded to the nearest million or billion (as labeled). The dollar changes and percentage changes discussed in the text are based on unrounded amounts. For consistency with

²¹ The ACA was subsequently amended by the Health Care and Education Reconciliation Act (P.L. 111-152). These two laws are collectively referred to as the ACA in this report. (Previous CRS reports on the Patient Protection and Affordable Care Act used the acronym PPACA to refer to the statute, but newer reports will use "ACA," in conformance with the more widely used acronym for the law.) For information on funding directly appropriated by the ACA, see the tables in CRS Report R41301, *Appropriations and Fund Transfers in the Affordable Care Act (ACA)*.

source materials, amounts do not reflect sequestration or re-estimates of mandatory spending programs, where applicable.

About HHS

HHS is a large federal department composed of multiple agencies working to enhance the health and well-being of Americans. Annual LHHS appropriations laws direct funding to most (but not all) HHS agencies (see text box for agencies supported by the LHHS bill).²² For instance, the LHHS bill directs funding to five Public Health Service (PHS) agencies: the Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Substance Abuse and Mental Health Services Administration (SAMHSA), and Agency for Healthcare Research and Quality (AHRQ).²³ These public health agencies support diverse missions, ranging from the provision of health care services and supports (e.g., HRSA, SAMHSA), to the advancement of health care quality and medical research (e.g., AHRQ, NIH), to the prevention and control of infectious and chronic diseases (e.g., CDC). In addition, the LHHS bill provides funding for annually appropriated components of CMS,²⁴ which is the HHS agency responsible for the administration of Medicare, Medicaid, the State Children's Health Insurance Program (CHIP), and consumer protections and private health insurance provisions of the ACA.

HHS Agencies Funded via the LHHS Appropriations Process

Health Resources and Services Administration (HRSA)
Centers for Disease Control and Prevention (CDC)
National Institutes of Health (NIH)
Substance Abuse and Mental Health Services Administration (SAMHSA)
Agency for Healthcare Research and Quality (AHRQ)
Centers for Medicare & Medicaid Services (CMS)
Administration for Children and Families (ACF)
Administration for Community Living (ACL)
Office of the Secretary (OS)

The LHHS bill also provides funding for two HHS agencies focused primarily on the provision of social services: the Administration for Children and Families (ACF) and the Administration for Community Living (ACL). ACF's mission is to promote the economic and social well-being of vulnerable children, youth, families, and communities. ACL was formed with a goal of increasing access to community supports for older Americans and people with disabilities.²⁵ Finally, the LHHS bill also provides funding for the HHS Office of the Secretary (OS), which encompasses a broad array of management, research, oversight, and emergency preparedness functions in support of the entire department.

²² Three HHS public health agencies receive annual funding from appropriations bills other than the LHHS bill: the Food and Drug Administration (funded through the Agriculture appropriations bill), the Indian Health Service (funded through the Interior-Environment appropriations bill), and the Agency for Toxic Substances and Disease Registry (funded through the Interior-Environment appropriations bill).

²³ For more information on HHS PHS agencies, see CRS Report R44916, *Public Health Service Agencies: Overview and Funding (FY2016-FY2018)*.

²⁴ Much of the funding for CMS activities is provided through mandatory appropriations in authorizing legislation, and thus is not subject to the annual appropriations process.

²⁵ ACL is a relatively new agency within HHS—it was established in April 2012 by bringing together the Administration on Aging, the Office of Disability, and the Administration on Developmental Disabilities (renamed the Administration on Intellectual and Developmental Disabilities) into one agency. See the HHS Secretary's press release from April 16, 2012: <http://www.hhs.gov/news/press/2012pres/04/20120416a.html>. For more information on the ACL, see <http://www.hhs.gov/acl/>.

FY2018 HHS Appropriations Overview

Table 5 displays proposed FY2018 funding levels for HHS, along with FY2017 levels. In general, discretionary funds account for about 10% of HHS appropriations in the LHHS bill. Compared to FY2017 enacted, the House committee bill would decrease HHS discretionary appropriations by 0.7%, whereas the Senate committee bill would increase those appropriations by 2.1%. In contrast, the President requested a 19.3% decrease in discretionary HHS funding.

Table 5. HHS Appropriations Overview

(Dollars in billions)

Funding	FY2017 Enacted	FY2018 Request	FY2018 House Cmte. (H.R. 3358)	FY2018 Senate Cmte. (S. 1771)	FY2018 Enacted
Discretionary	78.1	63.0	77.6	79.8	
Mandatory	702.0	757.8	759.4	759.4	
Total BA in the Bill	780.2	820.8	837.0	839.2	

Source: Amounts for FY2017 enacted, the FY2018 request, and the FY2018 House Appropriations Committee-reported LHHS bill (H.R. 3358) are generally based on data in H.Rept. 115-244. Amounts for the FY2018 Senate Appropriations Committee-reported LHHS bill (S. 1771) are generally based on data in S.Rept. 115-150. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration.

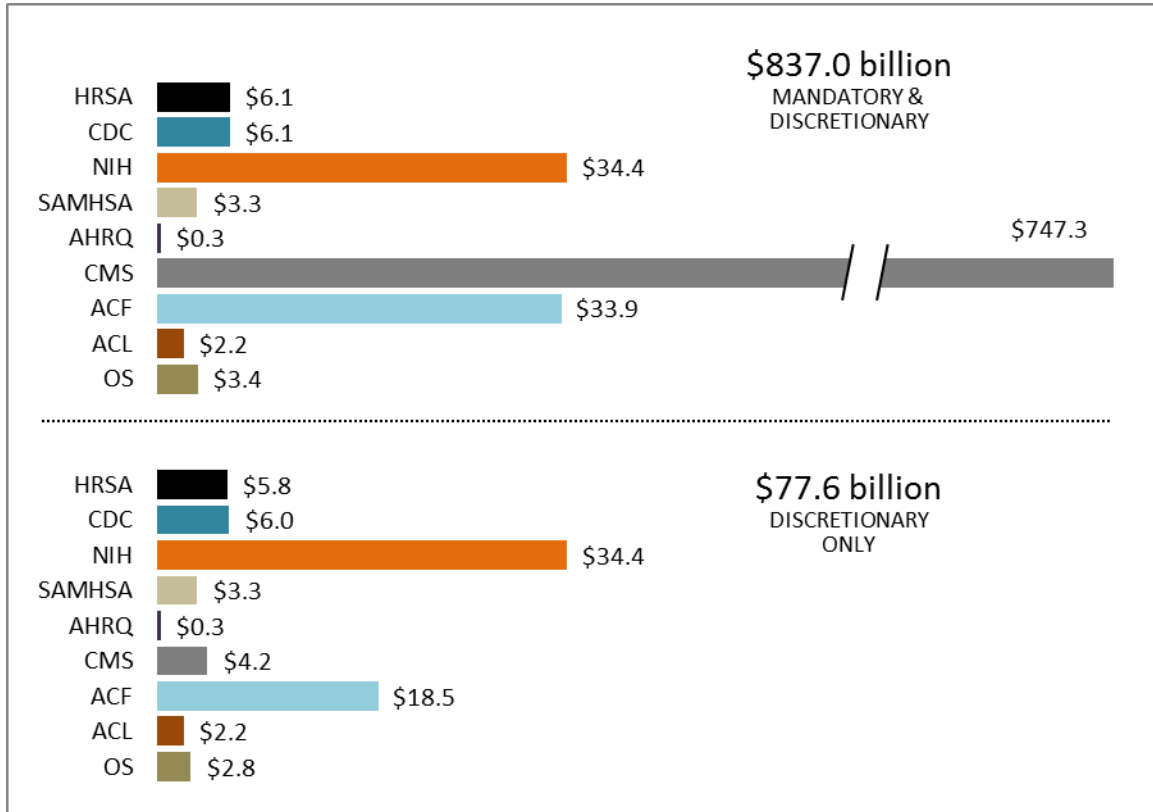
Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

Figure 3 provides an HHS agency-level breakdown of appropriations proposed in the FY2018 House committee bill. As this figure demonstrates, annual HHS appropriations are dominated by mandatory funding, the majority of which goes to CMS to provide Medicaid benefits and payments to health care trust funds. When taking into account both mandatory and discretionary funding, CMS accounts for \$747.3 billion, which is 89% of all proposed appropriations for HHS. ACF and NIH account for the next-largest shares of total HHS appropriations, receiving about 4% apiece.

By contrast, when looking exclusively at discretionary appropriations, funding for CMS constitutes only about 5% of HHS appropriations proposed in the House committee bill. Instead, the bulk of discretionary appropriations went to the PHS agencies, which combined account for 64% of discretionary appropriations proposed for HHS. NIH typically receives the largest share of all discretionary funding among HHS agencies (44% in the House committee bill), with ACF accounting for the second-largest share (24%).²⁶

²⁶ For further information about PHS agency funding, see CRS Report R44916, *Public Health Service Agencies: Overview and Funding (FY2016-FY2018)*.

Figure 3. FY2018 House Committee-Reported HHS Appropriations by Agency



Source: Amounts for the FY2018 House Appropriations Committee-reported LHHS bill (H.R. 3358) are generally based on data in H.Rept. 115-244. For consistency with source materials, these amounts do not reflect sequestration or re-estimates of mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

Notes: Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

Special Public Health Funding Mechanisms

Annual appropriations for HHS public health service agencies are best understood in the context of certain additional funding mechanisms: the Public Health Service (PHS) Evaluation Set-Aside and the Prevention and Public Health Fund (PPHF). In recent years, LHHS appropriations have used these funding mechanisms to direct additional support to certain programs and activities.

Public Health Service Evaluation Tap

The PHS Evaluation Set-Aside, also known as the PHS Evaluation Tap, is a unique feature of HHS appropriations. It is authorized by Section 241 of the Public Health Service Act (PHSA), and allows the Secretary of HHS, with the approval of appropriators, to redistribute a portion of eligible PHS agency appropriations across HHS for program evaluation purposes.

The PHSA limits the set-aside to not less than 0.2% and not more than 1% of eligible program appropriations. However, LHHS appropriations acts have commonly established a higher

maximum percentage for the set-aside and distributed specific amounts of “tap” funding to selected HHS programs. Since FY2010, this higher maximum set-aside level has been 2.5% of eligible appropriations. For FY2018, the House committee bill proposed that the set-aside be reduced to 2.4% of eligible appropriations. In contrast, both the Senate committee bill and the Trump Administration proposed an increase in the set-aside to 2.9% of eligible appropriations.²⁷

Before FY2015, the PHS tap traditionally provided more than a dozen HHS programs with funding beyond their annual appropriations and, in some cases, was the sole source of funding for a program or activity. However, since FY2015, LHHS appropriations laws have directed tap funds to about a half dozen programs or activities within three HHS agencies (NIH, SAMHSA, and OS) and have not provided any tap transfers to AHRQ, CDC, and HRSA. This has been particularly notable for AHRQ, which had been funded primarily through tap transfers from FY2003 to FY2014, but has received discretionary appropriations since then.²⁸ The House committee bill generally would maintain this distributional practice for FY2018. However, both the Senate committee bill and the President’s budget proposed to expand the activities and agencies funded by the PHS tap to include the Public Health Scientific Services at the CDC.

Display of Evaluation Tap Transfers

Readers should note that, by convention, tables in this report show only the amount of PHS Evaluation Tap funds received by an agency (i.e., tables do not subtract the amount of the evaluation tap from donor agencies’ appropriations). That is to say, tap amounts shown in the following tables are in addition to amounts shown for budget authority, but the amounts shown for budget authority have not been adjusted to reflect potential “transfer-out” of funds to the tap.

An additional change from past precedent occurred in FY2015, in which LHHS appropriations laws began to direct the largest share of tap transfers to NIH. As a result, NIH went from being by far the largest net donor of tap funds to a net recipient of tap funds.²⁹ The FY2018 House committee bill proposed that the NIH transfers be continued at FY2017 levels (\$824 million), whereas the Senate committee bill would increase the transfer by \$250 million (+30.3%). In contrast, the President’s request proposed that the transfer be reduced by \$44 million (-5.4%).

²⁷ The last time an appropriations act set the PHS tap percentage at a level other than 2.5% was in FY2009, when it was 2.4% (see P.L. 111-8). For FY2018 provisions proposed by the House and Senate appropriations committees, see §204 of H.R. 3358 and S. 1771. The President’s budget, House Appropriations Committee, and Senate Appropriations Committee all would retain changes to this provision, first included in the FY2014 omnibus, allowing tap transfers to be used for the “evaluation and the implementation” of programs funded in the HHS title of the LHHS appropriations act. Previously, such provisions had restricted tap funds to the “evaluation of the implementation” of programs authorized under the Public Health Service Act.

²⁸ Until FY2015, AHRQ had not received a discretionary appropriation in an annual appropriations act in more than a decade. FY2009 was the exception to this general pattern, as AHRQ received a supplemental appropriation from the American Recovery and Reinvestment Act that year. In recent years, AHRQ has also received some transfers from the Prevention and Public Health Fund and the Patient-Centered Outcomes Research Trust Fund, though these transfers were generally much smaller than the transfers AHRQ received from the tap. For more information, see CRS Report R44136, *The Agency for Healthcare Research and Quality (AHRQ) Budget: Fact Sheet*.

²⁹ The joint explanatory statement accompanying the FY2015 omnibus explained this shift as being intended to ensure that tap transfers are a “net benefit to NIH rather than a liability” and noted that this change was in response to a growing concern at the loss of NIH funds to the tap. Joint Explanatory Statement, Proceedings and Debates of the 113th Congress, Second Session, *Congressional Record*, vol. 160, no. 151, Book II, December 11, 2014, p. H9832.

Prevention and Public Health Fund

The ACA both authorized and appropriated mandatory funding to three multibillion dollar trust funds to support programs and activities within the PHS agencies.³⁰ One of these, the Prevention and Public Health Fund (PPHF, ACA §4002, as amended), was provided a permanent, annual appropriation that was intended to provide support each year to prevention, wellness, and related public health programs funded through HHS accounts.³¹

The ACA initially appropriated \$2 billion in mandatory funds to the PPHF for FY2018, but this amount has been reduced by subsequent laws. The Middle Class Tax Relief and Job Creation Act of 2012 (P.L. 112-96) decreased total PPHF appropriations by \$6.25 billion over the course of FY2013-FY2021. Later, the 21st Century Cures Act (P.L. 114-255) further reduced PPHF appropriations by \$6.3 billion for FY2018 through FY2024. In addition, the FY2018 PPHF appropriation was subject to a 6.6% reduction due to sequestration of nonexempt mandatory spending. (For more information on sequestration, see the budget enforcement discussion in **Appendix A**.) This means that, after sequestration, the total PPHF appropriation that is available is \$840.6 million in FY2018, a \$90 million reduction relative to FY2017.

PPHF funds are intended to supplement (sometimes quite substantially) the funding that selected programs receive through regular appropriations, and to fund new programs, particularly those newly authorized by the ACA. The ACA instructs the HHS Secretary to transfer amounts from the PPHF to HHS agencies for prevention, wellness, and public health activities. The President's annual

budget request sets out the intended distribution and use of PPHF funds for each fiscal year. The Secretary determined how to distribute these funds for FY2010 through FY2013. However, starting with FY2014, provisions in annual appropriations acts and accompanying reports have explicitly directed the distribution of PPHF funds and prohibited the Secretary from making further transfers for those years.³²

The CDC commonly receives the largest share of annual PPHF funds, and the President's budget, House committee bill, and Senate committee bill all would have continued this practice in FY2018, although at reduced levels relative to FY2017 (\$891 million). Both the President's budget request and the House committee bill proposed to reduce the PPHF transfer to the CDC by \$51 million (-5.7%), whereas the Senate committee bill proposed a larger reduction of \$90 million (-10.1%).

Display of PPHF Transfers

Readers should note that the PPHF transfer amounts displayed in the HHS tables in this report are in addition to amounts shown for budget authority provided in the bill. For consistency with source materials, the amounts shown for PPHF transfers in these tables reflect the estimated effects of mandatory spending sequestration; this is not true for other mandatory spending shown in this report.

³⁰ For more information, see CRS Report R41301, *Appropriations and Fund Transfers in the Affordable Care Act (ACA)*.

³¹ For more information about the PPHF and funding distributions for FY2018, see CRS Report R44796, *The ACA Prevention and Public Health Fund: In Brief*; and Appendix B in CRS Report R44505, *Public Health Service Agencies: Overview and Funding (FY2015-FY2017)*.

³² See, for FY2017, Explanatory Statement Submitted by Mr. Frelinghuysen of New Jersey Regarding H.R. 244, Division H—Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2016, General Provisions, "Prevention and Public Health Transfer Table," *Congressional Record*, daily edition, vol. 163, no. 76, Book III, (May 3, 2017), p. H3955.

Selected HHS Highlights by Agency

This section begins with a limited selection of FY2018 discretionary funding highlights by HHS agency. The discussion is largely based on the proposed appropriations levels in the FY2018 House and Senate committee bills and the FY2018 President's budget, compared to FY2017 enacted levels.³³ These summaries are followed by a brief overview of significant provisions from annual HHS appropriations laws that restrict spending in certain controversial areas, such as abortion and stem cell research. The section concludes with two tables (**Table 6** and **Table 7**) presenting more-detailed information on FY2017 enacted and FY2018 proposed funding levels for HHS.

HRSA

The FY2018 Senate committee bill proposes a slight increase of \$4 million (+0.1%) in discretionary HRSA funding when compared to the FY2017 enacted level (\$6.2 billion). In contrast, the FY2018 House committee bill proposes a reduction of \$397 million (-6.4%), and the FY2018 President's budget request proposed an even greater reduction—\$673 million (-10.8%)—compared to HRSA's FY2017 enacted discretionary funding.³⁴

Much of the difference between the FY2018 House and Senate committee bills is due to differences in proposed FY2018 funding for the Title X Family Planning Program. The House committee bill would eliminate funding for the Family Planning Program authorized in Title X of the PHSA. Section 226 of the House committee bill would further prohibit the use of HHS funds in the bill to carry out Title X of the PHSA. The Senate committee bill and the President's budget request, however, would each provide \$286 million for the Title X Family Planning Program, the same amount as FY2017.

To accomplish the total reduction to HRSA funds proposed by the President's budget, funding for a number of programs would be substantially reduced or eliminated. For instance, the President's budget proposes to reduce funding for Health Professions programs authorized under Title VII of PHSA by \$305 million (-98.5%), Health Professions programs authorized under Title VIII of the PHSA by \$146 million (-63.8%), and Rural Health Programs by \$82 million (-52.3%). Also, the President's budget proposes eliminating funding for the Autism and Other Developmental Disorders program, which received \$47 million in FY2017.

CDC

For CDC, the FY2018 House committee bill would provide \$283 million less (-4.5%) and the FY2018 Senate committee bill would provide \$25 million more (+0.4%) than the discretionary appropriations provided in FY2017 (\$6.3 billion). Both committee bills would provide more than the President's discretionary budget request (\$5.0 billion), which represents a \$1.3 billion reduction (-20.5%) from FY2017 discretionary budget levels.

Compared to FY2017, the FY2018 House committee bill proposes the largest percentage decreases in CDC discretionary funding to Emerging and Zoonotic Diseases (-6.3%), Environmental Health (-12.8%), and the National Institute for Occupational Safety and Health (-3.0%). The House bill also reduces discretionary funding for Public Health Scientific Services

³³ HHS budget materials can be found at <http://www.hhs.gov/budget/>.

³⁴ For information about HRSA's other funding sources, including the status of that funding at the start of FY2018, see CRS Report R44054, *Health Resources and Services Administration (HRSA) Funding: Fact Sheet*.

by \$161 million (-32.8%), although its proposed PHS tap funding allocation of \$151 million lessens the net reduction to the program. The FY2018 Senate committee bill either maintains FY2017 levels or provides small increases, with the exception of a small decrease in funding for Global Health. Neither committee bill adopts the President’s proposal to combine many Chronic Disease programs into a block grant.

In recent practice (since FY2015), the House and Senate committee bills have not directed PHS tap funds to CDC. As mentioned above, the FY2018 Senate committee bill would continue this practice, but the House committee bill would direct \$151 million in PHS tap funds to CDC. (The FY2018 President’s Budget requests \$143 million in tap funds.)

NIH

Both the House and Senate committee bills would provide more discretionary funding to NIH compared to the FY2017 enacted appropriation of \$33.3 billion. The House bill proposes \$34.4 billion in discretionary funding—an increase of \$1.1 billion (+3.3%) compared to FY2017, while the Senate bill proposes \$35.0 billion—an increase of 1.8 billion (+5.3%) compared to FY2017. The President’s budget requested \$25.8 billion in discretionary funding for NIH, which is a decrease of \$7.4 billion (-22.4%) from FY2017.

Consistent with FY2017, the House and Senate committee bills and the President’s request each propose that the entirety of the PHS tap transfer funds received by NIH be allocated to the National Institute of General Medical Sciences (NIGMS). The House bill proposes \$824 million in PHS tap transfers to NIH—the same as FY2017—while the Senate bill proposes \$1.1 billion in tap transfers to NIH—an increase of \$250 million (+30.3%) over FY2017. The President’s request proposes \$780 million in PHS tap transfers to NIH—a decrease of \$44 million (-5.4%) compared to FY2017.

The House- and Senate-proposed discretionary totals, as well as those in the President’s budget, include \$496 million in the NIH Innovation Account, to be appropriated pursuant to the 21st Century Cures Act (P.L. 114-255).³⁵ Projects authorized by the act are the Precision Medicine Initiative, the Brain Research through Application of Innovative Neurotechnologies (BRAIN) Initiative, cancer research, and regenerative medicine using adult stem cells. Both committee reports direct NIH to transfer from the Innovation Account \$300 million to the National Cancer Institute (NCI) to support cancer research, and \$43 million each to the National Institute of Neurological Disorders and Stroke (NINDS) and the National Institute of Mental Health (NIMH) to support the BRAIN Initiative. Under the 21st Century Cures Act, of the remaining \$110 million, \$100 million is to be spent on the Precision Medicine Initiative, and \$10 million is to be spent on regenerative medicine.

As was the case in FY2016 and FY2017, the House and Senate committee reports would direct NIH to reserve \$1.8 billion for Alzheimer’s research to the National Institute on Aging (NIA), referring to it as an increase of \$400 million from FY2017.³⁶ A dollar amount reservation for a specific disease or area of research at NIH would continue a significant departure from past precedent.³⁷

³⁵ The Cures Act created the NIH Innovation account and specified that funds in the account must be appropriated in order to be available for expenditure.

³⁶ H.Rept. 115-244, p. 59; and S.Rept. 115-150, p. 97.

³⁷ The explanatory statement on the FY2015 omnibus stipulated, “In keeping with longstanding practice, the agreement does not recommend a specific amount of NIH funding for this purpose or for any other individual disease. Doing so (continued...)”

SAMHSA

Compared to the FY2017 enacted level (\$3.6 billion), the Senate committee bill would slightly increase discretionary budget authority for SAMHSA by \$13 million (+0.3%), while the House committee bill would decrease it by \$286 million (-7.9%). This total House reduction relative to FY2017 is generally apportioned amongst the Mental Health Block Grant program (-26.1%), Mental Health Programs of Regional & National Significance (PRNS) (-20.1%), and Substance Abuse Prevention PRNS (-25.9%). The President's budget proposed an even larger reduction, of \$349 million (-9.6%), to SAMHSA's discretionary funding relative to FY2017.

Both of the committee bills and the President's budget would continue to provide evaluation tap transfers to SAMHSA, with the Senate providing \$134 million (the same as the FY2017 level), the House committee bill reducing those transfers by \$8 million, and the President's budget reducing them by \$14 million. (All of these proposals would spread these tap transfers across the same four SAMHSA programs and activities.) In addition, the Senate committee bill would transfer \$12 million in PPHF funds (the same as FY2017) to SAMHSA to help support Grant Lee Smith Youth Suicide Prevention activities, while neither the House committee bill nor the President's budget would transfer any PPHF funds to SAMHSA.

As in FY2017, the House committee bill, the Senate committee bill, and the President's budget would provide \$500 million, to remain available until expended, for grants to support state responses to the opioid crisis, as authorized in the 21st Century Cures Act.³⁸ The bills would appropriate these funds to an account within the HHS Office of the Secretary, but would authorize the Secretary to transfer these funds elsewhere.³⁹ However, for consistency with source materials, the \$500 million is included in totals for the HHS Office of the Secretary (not SAMHSA) in **Table 6** and **Table 7**.

AHRQ

The House committee bill would provide \$300 million in discretionary funding for AHRQ, which would be a 7.4% reduction from the FY2017 level of \$324 million. The Senate committee bill proposes \$324 million, the same as AHRQ's discretionary funding relative to the prior year.⁴⁰

(...continued)

would establish a dangerous precedent that could politicize the NIH peer review system. Nevertheless, in recognition that Alzheimer's disease poses a serious threat to the Nation's long-term health and economic stability, the agreement expects that a significant portion of the recommended increase for NIA should be directed to research on Alzheimer's. The exact amount should be determined by scientific opportunity of additional research on this disease and the quality of grant applications that are submitted for Alzheimer's relative to those submitted for other diseases." See *Congressional Record*, daily edition, vol. 160, no. 151, Book II (December 11, 2014), p. H9832.

³⁸ P.L. 114-255, §1003, authorized \$500 million for each of FY2017 and FY2018. For more information on the 21st Century Cures Act, see CRS Report R44720, *The 21st Century Cures Act (Division A of P.L. 114-255)*.

³⁹ The House committee report (H.Rept. 115-244, p. 77), the Senate committee report (S.Rept. 115-150, pp. 120-121), and the President's budget (SAMHSA, *FY 2018 Congressional Justification—Budget Estimates for Appropriations Committees*, May 23, 2017, pp. 207-208) all discuss these funds within their SAMHSA sections. For FY2017, the SAMHSA operating plan indicated that these funds were transferred to SAMHSA, <https://www.samhsa.gov/sites/default/files/fy2017-samhsa-operating-plan.pdf>.

⁴⁰ In addition to funds provided through the annual appropriations process, AHRQ is also scheduled in FY2018 and FY2019 to receive annual transfers of certain mandatory funds that were authorized and appropriated to the Patient-Centered Outcomes Research Trust Fund (PCORTF) by the ACA. Transfers to AHRQ from the PCORTF are to be used to disseminate the results of patient-centered outcomes research. (PCORTF funds are generally not displayed in this report, as they are not provided by or modified through annual LHHS appropriations bills.) For more information on the PCORTF, see Appendix D of CRS Report R44916, *Public Health Service Agencies: Overview and Funding* (continued...)

Neither the House committee bill nor the Senate committee bill would direct any PHS tap transfers to AHRQ, which is in keeping with practices since FY2015 but contrasts with earlier years (FY2003-FY2014) in which AHRQ had been funded primarily with tap transfers.⁴¹ The President's request proposed zero funding for AHRQ, proposing instead to continue funding many of AHRQ's activities through a new National Institute for Research on Safety and Quality (NIRSQ) in the National Institutes of Health.⁴²

The FY2018 Senate and House committee bills would continue a provision to transfer to AHRQ 1% of the funds provided to NIH for National Research Service Awards (NRSA).⁴³

CMS

Both the President's budget and the House committee bill would reduce CMS discretionary appropriations relative to FY2017 enacted levels (\$4.4 billion) by \$56 million (-1.3%) and \$199 million (-4.5%), respectively. The Senate, however, would provide an increase of \$20 million (+0.5%).

All three proposals would increase the funds for the Health Care Fraud and Abuse Control (HCFAC) account relative to FY2017 (\$725 million). The President's budget would increase the account by \$26 million (+3.6%), while both the House and Senate committee bills would increase it by \$20 million (+2.8%). The Senate committee report notes that for every dollar spent on health care fraud and abuse, \$2 is recovered by the Treasury. The House and Senate committee bills would designate a portion of the HCFAC appropriation as spending that is effectively exempt from discretionary budget caps (\$311 million in the House committee bill and \$434 million in the Senate committee bill).

The Senate committee bill would maintain the CMS program management account at FY2017 enacted levels (\$3.670 billion). The President's budget proposed reducing the account by \$82 million (-2.2%), while the House would reduce the account to a greater degree—by \$219 million (-6.0%). This account supports CMS program operations (e.g., claims processing, information technology investments, provider and beneficiary outreach and education, and program implementation), in addition to federal administration and other activities related to the administration of Medicare, Medicaid, the State Children's Health Insurance Program, and private health insurance provisions established by the ACA. Notably, the House committee bill would eliminate a general provision (included in LHHS appropriations acts since FY2014) authorizing HHS to transfer additional funds into this account from the Medicare trust funds, provided such funds are used to support activities specific to the Medicare program. The Senate committee bill would maintain this general provision, authorizing transfers of up to \$305 million and explicitly prohibiting such transfers from being used to support or supplant funding for ACA implementation.

(...continued)

(FY2016-FY2018).

⁴¹ For more information on AHRQ's funding history, see CRS Report R44916, *Public Health Service Agencies: Overview and Funding (FY2016-FY2018)*; and CRS Report R44136, *The Agency for Healthcare Research and Quality (AHRQ) Budget: Fact Sheet*.

⁴² HHS, NIH, National Institute for Research on Safety and Quality, *FY 2018 Congressional Justification—Budget Estimates for Appropriations Committees*, May 23, 2017, <https://www.ahrq.gov/sites/default/files/wysiwyg/cpi/about/mission/budget/2018/NIRSQ.pdf>. The President's request would have funded NIRSQ at \$272 million for FY2018. Both the Senate and House committee bills would fund AHRQ as its own operating division and would reject the President's proposal to consolidate AHRQ into the NIH.

⁴³ S. 1771, §217; H.R. 3358, §217.

The House and Senate committee bills would each continue the general provision, included in annual LHHS appropriations since FY2015, preventing certain funds from being used to make risk corridor payments associated with health insurance exchanges.⁴⁴ The ACA requires HHS to administer a risk corridor program for qualified health plans offered through health insurance exchanges in calendar years 2014-2016.⁴⁵ Through this program, HHS must make payments to insurers who experience high losses, while insurers who experience high gains must remit a portion of those gains to HHS.⁴⁶ The House and Senate committee bills for FY2018 continue to prohibit HHS from making risk corridor payments with funds appropriated to the CMS Program Management account from the Federal Hospital Insurance Trust Fund or the Federal Supplemental Medical Insurance Trust Fund, or with funds transferred to the CMS Program Management account from other accounts funded in the LHHS bill.

Both the House and Senate committee bills also would redirect certain offsetting collections from Recovery Audit Contractors toward specified activities, including efforts to support the Office of Medicare Appeals in reducing its backlog.

ACF

All three FY2018 proposals call for decreases in discretionary ACF appropriations compared to the FY2017 level of \$19.3 billion. The House and Senate committee bills propose relatively modest reductions (-3.9% and -0.9%, respectively) compared to the President's budget, which would decrease ACF discretionary funding by roughly one-quarter relative to the prior year (-25.9%).

The FY2018 President's budget would achieve much of its proposed reduction by eliminating certain programs within ACF, such as the Low Income Home Energy Assistance Program (LIHEAP, which received \$3.4 billion in FY2017), Preschool Development Grants (\$250 million in FY2017), and the Community Services Block Grant (CSBG, \$715 million in FY2017). Both the House and Senate committee bills would fund LIHEAP and the Preschool Development

⁴⁴ See §225 in Division G of P.L. 114-113 for the FY2016 provision. See §227 in Division G of P.L. 113-235 for the FY2015 provision.

⁴⁵ Qualified health plans offered both inside and outside the exchanges participate in the risk corridors program. For more information regarding qualified health plans and the health insurance exchanges, see CRS Report R44065, *Overview of Health Insurance Exchanges*.

⁴⁶ On October 1, 2015, CMS announced that for calendar year 2014, collections from insurers who had experienced high gains (\$362 million) fell short of the amount needed to pay insurers who had experienced high losses (\$2.87 billion). A CMS press release stated, "As a result, consistent with our guidance, insurers will be paid approximately 12.6% of their risk corridors payment requests at this time." On September 9, 2016, CMS announced that "all 2015 benefit year collections will be used towards remaining 2014 benefit year risk corridor payments, and no funds will be available at this time for 2015 benefit year risk corridor payments. For more information, see <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-10-01.html> and <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/Risk-Corridors-for-2015-FINAL.PDF>. On November 15, 2017, CMS announced that 2016 risk corridor collections will be used to make additional payments toward outstanding 2014 payment balances. For more information, see <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/Risk-Corridors-Amounts-2016.pdf>. Multiple lawsuits seeking recovery of amounts that insurers were not paid because of the limitation on funds imposed in the FY2015 and FY2016 bills have been filed in the U.S. Court of Federal Claims, with varying results. For example, see *Health Republic Ins. Co. v. United States*, 129 Fed. Cl. 757 (Fed. Cl. 2017) (denying defendant's motion to dismiss); *Moda Health Plan, Inc. v. United States*, 130 Fed. Cl. 436 (Fed. Cl. 2017) (entering summary judgment for plaintiff); *Me. Cmty. Health Options v. United States*, 133 Fed. Cl. 1 (Fed. Cl. 2017) (dismissing suit); and *Molina Healthcare of Cal., Inc. v. United States*, 133 Fed. Cl. 14 (Fed. Cl. 2017) (entering summary judgment for plaintiff). Appeals are pending in several of these cases.

Grants at FY2017 levels. However, the Senate and the House would reduce CSBG by 2.1% and 16.1%, respectively.

The FY2018 President's budget and the House and Senate Committee bills also would reduce funding for Refugee and Entrant Assistance Programs relative to the FY2017 level of \$1.7 billion. The Senate committee bill would reduce these programs by 10.0%, the President's budget would reduce them by 13.0%, and the House committee bill would reduce them by 38.9%. Within the Refugee and Entrant Assistance Programs, each of the FY2018 proposals would completely eliminate funding for three activities (Social Services, Preventative Health, and Targeted Assistance). The House proposal also would reduce funding for the Unaccompanied Alien Children program by 47.5%, to \$450 million, whereas the President's budget and Senate committee bill would fund that program at its FY2017 enacted level of \$948 million.⁴⁷

ACL

The House committee bill would provide \$2.2 billion in discretionary budget authority for ACL, \$271 million (+13.8%) more than FY2017 and \$386 million (+20.8%) more than the FY2018 President's request.⁴⁸ This funding increase is largely due to the proposed transfer of the Senior Community Service Employment Program (SCSEP) from DOL to ACL, discussed below. The Senate committee bill would provide \$2.0 billion in discretionary budget authority for ACL, the same as FY2017 and \$115 million (+6.2%) more than the President's request. The Senate committee bill would fund all ACL programs at FY2017 levels.

The Senate committee bill proposes that \$28 million in PPHF transfers be directed to ACL for Alzheimer Disease demonstrations, chronic disease self-management, and elder falls prevention (the same as FY2017). The House committee bill and the President's budget would not direct any PPHF transfers to ACL, opting to fund these programs through discretionary funding instead.

The House committee bill would transfer the Senior Community Service Employment Program (SCSEP) from DOL to ACL, and would reduce SCSEP funding to \$300 million—\$100 million (-25.0%) less than FY2017. The Senate committee bill would maintain SCSEP in DOL and fund it at the FY2017 level. The President's budget would eliminate the SCSEP program.

The House committee bill and the President's budget would eliminate discretionary funding for the State Health Insurance Assistance Program (SHIP), which provides one-on-one personalized insurance counseling and assistance to Medicare beneficiaries and their families.⁴⁹ The House committee report cites budget constraints and states that other federal programs provide similar services.⁵⁰ In contrast, the Senate bill proposes \$47 million in discretionary funding for FY2018, the same amount of funding that SHIP received for FY2017.

⁴⁷ To respond to higher than anticipated caseloads within the Unaccompanied Alien Children program, it received transfers of funds totaling \$167 million from elsewhere in HHS on November 9, 2016, in addition to the FY2017 enacted funding discussed above. Later in the fiscal year, the program also received further transfers totaling \$300 million as authorized by provisions in the second FY2017 CR (P.L. 114-254). For further information, see CRS Report R43599, *Unaccompanied Alien Children: An Overview*.

⁴⁸ Much of this increase would be due to the House committee bill's proposed transfer of the Senior Community Service Employment Program (SCSEP) from DOL to ACL, discussed below.

⁴⁹ SHIP receives most of its funding through a discretionary appropriation from the Federal Hospital Insurance and Federal Supplementary Medical Insurance trust funds. The program also is funded via a mandatory appropriation provided by the Medicare Improvements for Patients and Providers Act.

⁵⁰ H.Rept. 115-244, p. 96. The House committee report does not list these other federal programs. The President's budget lists the 1-800-MEDICARE helpline and online tools. ACL, *Administration for Community Living: Fiscal Year* (continued...)

Funding Restrictions Related to Certain Controversial Issues

Annual LHHS appropriations measures regularly contain broad restrictions related to certain controversial issues. For instance, annual LHHS appropriations acts commonly include provisions limiting the use of federal funds for abortions, the use of human embryos for research, needle exchange programs, and gun control advocacy.

Abortions: Since FY1977, annual LHHS appropriations acts have included provisions limiting the circumstances under which LHHS funds (including Medicaid funds) may be used to pay for abortions. Early versions of these provisions applied only to HHS, but since FY1994 most provisions have applied to the entire LHHS bill. Under current provisions, (1) abortions may be funded only when the life of the mother is endangered or in cases of rape or incest; (2) funds may not be used to buy a managed care package that includes abortion coverage, except in cases of rape, incest, or endangerment; and (3) federal programs and state and local governments that receive LHHS funding are prohibited from discriminating against health care entities that do not provide or pay for abortions or abortion services. The FY2018 House and Senate committee bills would retain these existing restrictions.⁵¹ In addition, the House committee bill would include a new provision (§536) based on the Health Care Conscience Rights Act (H.R. 940, 114th Congress). Among other things, this provision would amend the ACA to specify that individuals/employers would not have to purchase/sponsor coverage of abortions or other items or services to which they have a moral or religious objection.

Human Embryos: Since FY1996, annual LHHS appropriations have included a provision prohibiting any LHHS funds (including NIH funds) from being used to create human embryos for research purposes or for research in which human embryos are destroyed. The FY2018 House and Senate committee bills would retain these existing restrictions.⁵²

Needle Exchange: Since FY1990, annual LHHS appropriations have generally included a provision prohibiting any LHHS funds from being used for needle exchange programs (i.e., programs in which sterile needles or syringes are made available to injection drug users in exchange for used needles or syringes to mitigate the spread of related infections, such as Hepatitis and HIV/AIDS).⁵³ Starting in FY2016, the provision was modified to allow funds to be used for needle exchange programs under the following conditions: (1) federal funds may not be used to purchase the needles, but may be used for other aspects of such programs; (2) the state or local jurisdiction must demonstrate, in consultation with CDC, that they are experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use;

(...continued)

2018 *Justification of Estimates for Appropriations Committees*, 2017, pp. i, 188, 196, <https://www.acl.gov/sites/default/files/about-acl/2017-11/FY2018-ACLBudgetJustification.pdf>.

⁵¹ The current provisions are commonly referred to as the Hyde and Weldon Amendments and may be found at §506 and §507 of P.L. 115-31, Division H. For additional information, see CRS Report RL33467, *Abortion: Judicial History and Legislative Response*.

⁵² The current provision is commonly referred to as the Dickey Amendment and may be found at §508 of P.L. 115-31, Division H. For additional information, see CRS Report RL33540, *Stem Cell Research: Science, Federal Research Funding, and Regulatory Oversight*.

⁵³ The one exception is the FY1992 LHHS appropriations act (P.L. 102-170), which appears to have included no such provision. Since the provision's inception in FY1990, there has been variation in its scope and application during certain fiscal years. For example, the LHHS appropriations act for FY1998 (P.L. 105-78) made the ban subject to action by the HHS Secretary. The LHHS appropriations acts for FY2010 (P.L. 111-117, Division D) and FY2011 (P.L. 112-10, Division B) applied the ban only in locations that local authorities determined to be inappropriate.

and (3) the program must be operating in accordance with state and local law.⁵⁴ The FY2018 House and Senate committee bills would retain these existing restrictions.

Gun Control: Since FY1997, annual LHHS appropriations have included provisions prohibiting the use of certain funds for activities that advocate or promote gun control. Early versions of these provisions applied only to CDC; since FY2012, annual appropriations acts also have included HHS-specific restrictions, in addition to restrictions that apply to all LHHS funds (including funds transferred from the PPHF). The FY2018 House and Senate committee bills would retain these existing restrictions.⁵⁵

ACA Implementation: Since FY2011, annual LHHS appropriations have included provisions limiting or altering the ability of HHS to implement various aspects of the ACA.⁵⁶ The content and scope of these provisions has evolved over time. The FY2018 House committee bill (§229) would prohibit any funds appropriated in the bill from being used for health insurance “navigator” programs required by Section 1311 of the ACA. (Navigators conduct public education activities to help consumers and small businesses make informed decisions about insurance.⁵⁷) Further, the House committee bill would prohibit LHHS appropriations from being used to “implement, administer, enforce, or further” any provision of the ACA, with limited exceptions (§527) and would prohibit HHS from generating funds from offsetting collections derived through fees collected from qualified plans operating under health care exchanges. The Senate committee bill does not include comparable provisions. Certain other ACA-related provisions are discussed elsewhere in this report (e.g., see the “CMS” section).

Table 6. HHS Appropriations Totals by Agency
(Dollars in millions)

HHS Agency	FY2017 Enacted	FY2018 Request	FY2018 House Cmte. (H.R. 3358)	FY2018 Senate Cmte. (S. 1771)	FY2018 Enacted
HRSA	6,461	5,816	6,092	6,466	
Mandatory BA	240	268	268	240	
Discretionary BA	6,221	5,548	5,824	6,226	
<i>Evaluation Tap Funding^a</i>	0	0	0	0	
CDC^b	6,349	5,047	6,066	6,374	
Mandatory BA	55	55	55	55	
Discretionary BA	6,294	4,992	6,010	6,319	
<i>Evaluation Tap Funding^a</i>	0	143	151	0	
PPHF ^c	891	841	841	801	

⁵⁴ The current provision can be found at §520 of P.L. 115-31, Division H.

⁵⁵ The current provisions can be found at §210 (HHS) and §503(c) (all LHHS, plus PPHF transfers) of P.L. 115-31, Division H.

⁵⁶ For more information, see CRS Report R44100, *Use of the Annual Appropriations Process to Block Implementation of the Affordable Care Act (FY2011-FY2017)*.

⁵⁷ For more information on health insurance navigators, see CRS Report R43243, *Health Insurance Exchanges: Health Insurance “Navigators” and In-Person Assistance*.

HHS Agency	FY2017 Enacted	FY2018 Request	FY2018 House Cmte. (H.R. 3358)	FY2018 Senate Cmte. (S. 1771)	FY2018 Enacted
NIH^b	33,260	25,824	34,360	35,010	
Discretionary BA	33,260	25,824	34,360	35,010	
<i>Evaluation Tap Funding^a</i>	824	780	824	1,074	
SAMHSA	3,619	3,271	3,333	3,632	
Discretionary BA	3,619	3,271	3,333	3,632	
<i>Evaluation Tap Funding^a</i>	134	120	126	134	
PPHF ^c	12	0	0	12	
AHRQ	324	0	300	324	
Discretionary BA	324	0	300	324	
<i>Evaluation Tap Funding^a</i>	0	0	0	0	
CMS	690,806	747,482	747,340	747,558	
Mandatory BA	686,411	743,143	743,143	743,143	
Discretionary BA	4,395	4,339	4,196	4,415	
ACF	33,975	28,147	33,860	34,443	
Mandatory BA	14,700	13,665	15,345	15,345	
Discretionary BA	19,275	14,482	18,514	19,097	
ACL	1,966	1,851	2,237	1,966	
Discretionary BA	1,966	1,851	2,237	1,966	
PPHF ^c	28	0	0	28	
Office of the Secretary	3,411	3,342	3,420	3,429	
Mandatory BA	630	619	619	619	
Discretionary BA	2,780	2,723	2,802	2,810	
<i>Evaluation Tap Funding^a</i>	65	57	57	65	
Total, HHS BA in the Bill	780,170	820,780	837,007	839,201	
Mandatory	702,037	757,751	759,431	759,403	
Discretionary	78,134	63,029	77,576	79,798	
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	770,233	810,952	827,179	829,373	
Total, BA Advances for Future Years (provided in current bill)	129,119	138,948	138,948	138,948	
Total, BA Advances from Prior Years (for use in current year)	119,183	129,119	129,119	129,119	

Source: Amounts for FY2017 enacted, the FY2018 request, and the FY2018 House Appropriations Committee-reported LHHS bill (H.R. 3358) are generally based on data in H.Rept. 115-244. Amounts for the FY2018 Senate Appropriations Committee-reported LHHS bill (S. 1771) are generally based on data in S.Rept. 115-150. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration except for the estimated transfers from the Prevention and Public Health Fund.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees (e.g., department totals do not include funding for the Food and Drug Administration, the Indian Health Service, or the Agency for Toxic Substances and Disease Registry, all of which are funded by other bills); and (4) do not include appropriations that occur outside of appropriations bills.

- a. By convention, this table shows only the amount of PHS Evaluation Tap funds received by an agency, not the amount of tap funds donated by an agency. That is to say, tap amounts shown in this table are *in addition to* amounts shown for budget authority, but the amounts shown for budget authority have not been adjusted to reflect potential “transfer-out” of funds to the tap.
- b. Each year, CDC and NIH also receive funding in the Interior-Environment appropriations bill as part of their overall budget authority.
- c. PPHF funds are not appropriated in the LHHS bill, but are shown here for illustrative purposes as they may be used to supplement the funding selected agencies and programs receive through the appropriations process. Amounts shown for PPHF in this table are *in addition to* amounts shown for budget authority.

Table 7. HHS Discretionary Appropriations for Selected Programs or Activities, by Agency
(Dollars in millions)

Agency or Selected Program	FY2017 Enacted	FY2018 Request	FY2018 House Cmte. (H.R. 3358)	FY2018 Senate Cmte. (S. 1771)	FY2018 Enacted
HRSA					
Community Health Centers	1,491	1,489	1,491	1,491	
Health Professions (Title VII)	309	5	237	317	
Health Professions, Nursing (Title VIII)	229	83	211	234	
Children’s Hospitals Graduate Medical Education	300	295	300	305	
Maternal & Child Health Block Grant	864	795	849	849	
Autism and Other Developmental Disorders	47	0	47	47	
Healthy Start ^a	104	128	104	104	
Ryan White AIDS Programs	2,319	2,260	2,319	2,319	
Healthcare Systems Bureau	104	99	101	102	
Rural Health Programs	156	74	156	161	
Family Planning (Title X)	286	286	0	286	
CDC					
Immunization and Respiratory Diseases	455	497	471	470	
PPHF ^b	324	204	274	324	
HIV/AIDS, Viral Hepatitis, STDs, TB Prevention	1,117	934	1,117	1,117	
Emerging and Zoonotic Infectious Diseases	533	377	500	533	
PPHF ^b	52	137	52	52	
Chronic Disease Prevention and Health Promotion	778	452	704	818	
PPHF ^b	338	500	338	248	

Agency or Selected Program	FY2017 Enacted	FY2018 Request	FY2018 House Cmte. (H.R. 3358)	FY2018 Senate Cmte. (S. 1771)	FY2018 Enacted
Birth Defects and Developmental Disabilities	138	100	138	140	
Public Health Scientific Services	489	317	329	489	
<i>Evaluation Tap Funding^c</i>	0	143	151	0	
Environmental Health ^a	164	157	143	164	
<i>PPHF^b</i>	17	0	17	17	
Injury Prevention and Control	286	216	286	291	
National Institute for Occupational Safety and Health	335	200	325	335	
Global Health	435	350	435	434	
NIH					
National Institute of General Medical Sciences	1,826	1,406	1,889	1,813	
<i>Evaluation Tap Funding</i>	824	780	824	1,074	
National Institute on Aging	2,049	1,304	2,459	2,536	
NIH Innovation Account ^a	352	496	496	496	
SAMHSA					
Mental Health Programs of Regional & National Significance (PRNS)	387	277	309	387	
<i>PPHF</i>	12	0	0	12	
Mental Health Block Grant	542	400	400	542	
<i>Evaluation Tap Funding^c</i>	21	16	21	21	
Children's Mental Health	119	119	119	119	
Grants to States for the Homeless	65	65	65	65	
Protection and Advocacy	36	36	36	36	
Substance Abuse Treatment PRNS	352	340	351	352	
<i>Evaluation Tap Funding^c</i>	2	2	2	2	
Substance Abuse Block Grant	1,779	1,775	1,779	1,779	
<i>Evaluation Tap Funding^c</i>	79	79	79	79	
Substance Abuse Prevention PRNS	223	150	165	238	
Health Surveillance and Support	117	109	109	114	
<i>Evaluation Tap Funding^c</i>	31	23	23	31	
AHRQ					
Research on Health Costs, Quality, and Outcomes	187	0	167	187	
<i>Evaluation Tap Funding^c</i>	0	0	0	0	
Medical Expenditure Surveys	66	0	66	66	
Program Support	71	0	67	71	
CMS					

Agency or Selected Program	FY2017 Enacted	FY2018 Request	FY2018 House Cmte. (H.R. 3358)	FY2018 Senate Cmte. (S. 1771)	FY2018 Enacted
CMS Program Management	3,670	3,588	3,451	3,670	
Health Care Fraud and Abuse Control	725	751	745	745	
ACF					
Low Income Home Energy Assistance Program Formula Grants	3,390	0	3,390	3,390	
Refugee and Entrant Assistance Programs	1,675	1,457	1,023	1,507	
Child Care and Development Block Grant	2,856	2,761	2,860	2,856	
Head Start	9,253	9,168	9,275	9,253	
Preschool Development Grants	250	0	250	250	
Child Welfare Services	269	268	269	269	
Adoption Opportunities	39	30	39	39	
Community Services Block Grant	715	0	600	700	
ACL					
Home & Community-Based Supportive Services	350	347	350	350	
Family and Native American Caregiver Support Services	158	158	158	158	
Nutrition Services Programs	838	833	838	838	
Aging Network Support Activities	10	10	10	10	
Alzheimer's Disease Demonstrations	5	19	20	5	
<i>PPHF^b</i>	<i>15</i>	<i>0</i>	<i>0</i>	<i>15</i>	
Elder Rights Support Activities	14	12	12	14	
State Health Insurance Program (SHIP)	47	0	0	47	
Paralysis	7	0	7	7	
Limb Loss	3	0	3	3	
Developmental Disabilities Programs	165	135	163	165	
WIOA Activities (transferred from ED)	239	205	239	239	
Program Administration	40	38	38	40	
Office of the Secretary					
General Departmental Management	461	305	293	471	
<i>Evaluation Tap Funding^c</i>	<i>65</i>	<i>57</i>	<i>57</i>	<i>65</i>	
Office of Nat'l Coord. for Health Information Technology	60	38	38	60	
Office of the Inspector General	80	68	80	80	
Public Health and Social Services Emergency Fund	1,533	1,663	1,739	1,553	
State Response to the Opioid Abuse Crisis ^a	500	500	500	500	

Source: Amounts for FY2017 enacted, the FY2018 request, and the FY2018 House Appropriations Committee-reported LHHS bill (H.R. 3358) are generally based on data in H.Rept. 115-244. Amounts for the FY2018 Senate Appropriations Committee-reported LHHS bill (S. 1771) are generally based on data in S.Rept. 115-150. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration except for the estimated transfers from the Prevention and Public Health Fund.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees (e.g., department totals do not include funding for the Food and Drug Administration, the Indian Health Service, or the Agency for Toxic Substances and Disease Registry, all of which are funded by other bills); and (4) do not include appropriations that occur outside of appropriations bills.

- a. The amounts shown for FY2017 enacted follow source material display conventions with regard to certain full-year appropriations provided by the second FY2017 CR, which were in addition to amounts provided by the FY2017 omnibus. Specifically, for Healthy Start at HRSA, the FY2017 enacted column of the table displays the \$104 million from the omnibus, but not the \$15 million appropriation from the second FY2017 CR. Similarly, for Environmental Health at CDC, the FY2017 enacted column includes \$164 million from the omnibus, but not the \$35 million appropriation from the second FY2017 CR. However, the entire \$352 million listed for the NIH Innovation Account in the FY2017 enacted column was enacted in the second FY2017 CR. In addition, the \$500 million for the State Response to the Opioid Abuse Crisis account within the Office of the Secretary listed in the FY2017 enacted column also was provided by the second FY2017 CR. (The FY2017 SAMHSA operating plan indicates that these funds were subsequently transferred to SAMHSA.) No further funds were appropriated to these accounts in the FY2017 omnibus.
- b. PPHF funds are not appropriated in the LHHS bill, but are shown here for illustrative purposes as they may be used to supplement the funding selected agencies and programs receive through the appropriations process. Amounts shown for PPHF in this table are *in addition to* amounts shown for budget authority.
- c. By convention, this table shows the amount of PHS Evaluation Tap funds received by an agency for a particular program or activity separately from the budget authority appropriated for that program or activity. Tap amounts are *in addition to* amounts shown for budget authority, though the amounts shown for budget authority have not been adjusted to reflect potential “transfer-out” of funds to the tap.

Department of Education (ED)

Note that amounts in this section are based on regular LHHS appropriations only. They do not include mandatory funds provided outside of the annual appropriations process (e.g., direct appropriations for Federal Direct Student Loans and Pell Grants). Amounts are rounded to the nearest million or billion (as labeled). The dollar and percentage changes discussed are based on unrounded amounts. For consistency with source materials, amounts do not reflect sequestration or re-estimates of mandatory spending programs, where applicable.

About ED

Federal policymakers established the U.S. Department of Education (ED) in 1980.⁵⁸ Its mission is to “promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.”⁵⁹ Typically, about three-quarters of ED’s discretionary appropriations go either to local educational agencies—which primarily use the

⁵⁸ ED in its current incarnation became a department in 1980 pursuant to the Department of Education Organization Act (enacted on October 17, 1979). However, the department dates its origins to 1867. See U.S. Department of Education, “About ED: The Federal Role in Education,” ED website at <http://www2.ed.gov/about/overview/fed/role.html>.

⁵⁹ U.S. Department of Education, “About ED,” ED website at <http://www2.ed.gov/about/landing.jhtml>, accessed on December 5, 2017.

funds to provide educational and related services for economically disadvantaged students and students with disabilities—or to low-income postsecondary students in the form of Pell Grants, which pay for college. The remainder of ED’s discretionary budget provides for a wide range of activities, including (but not limited to) support for minority-serving institutions; educational research; and career, technical, and adult education.

The federal government provides roughly 8% of overall funding for elementary and secondary education in the United States.⁶⁰ The majority of school funding—about 83%—comes from states and local districts, which have primary responsibility for the provision of elementary and secondary education. With regard to higher education, the federal government provided roughly 61% of undergraduate and graduate student aid in 2016-2017.⁶¹

FY2018 ED Appropriations Overview

Table 8 displays FY2018 discretionary and mandatory ED budget authority proposed, along with FY2017 adjusted levels. Discretionary funds represent the majority of ED’s annual appropriations, accounting for roughly 95% of the FY2017 enacted levels.⁶² Proposed discretionary ED appropriations for FY2018 would decrease under the President’s budget (-7.8%) and the House committee bill (-3.2%) compared to FY2017, and would slightly increase under the Senate committee bill (+0.04%).

Table 8. ED Appropriations Overview

(Dollars in billions)

Funding	FY2017 Enacted	FY2018 Request	FY2018 House Cmte. (H.R. 3358)	FY2018 Senate Cmte. (S. 1771)	FY2018 Enacted
Discretionary	68.2	62.9	66.0	68.3	
Mandatory	3.4	3.5	3.5	3.5	
Total BA in the Bill	71.6	66.3	69.5	71.7	

Source: Amounts for FY2017 enacted, the FY2018 request, and the FY2018 House Appropriations Committee-reported LHHS bill (H.R. 3358) are generally based on data in H.Rept. 115-244. Amounts for the FY2018 Senate Appropriations Committee-reported LHHS bill (S. 1771) are generally based on data in S.Rept. 115-150. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

⁶⁰ U.S. Department of Education, “Total Expenditures for Elementary and Secondary Education in the U.S.: Appendix 4,” *U.S. Department of Education FY2018 Budget Summary*, at <http://www2.ed.gov/about/overview/budget/budget18/summary/appendix4.pdf>.

⁶¹ For the purposes of this calculation, the federal contribution included \$154 billion (grants, loans, work-study, and tax benefits) out of a total of \$251 billion (federal aid, state aid, institutional grants, nonfederal loans, and private and employer-provided grants). See the College Board’s *Trends in Student Aid 2017*, p. 9, https://trends.collegeboard.org/sites/default/files/2017-trends-student-aid_0.pdf.

⁶² The only mandatory ED funding provided in the LHHS Appropriations Act each year is for Vocational Rehabilitation State Grants.

Selected ED Highlights

The following sections highlight proposed FY2018 appropriations for selected ED accounts and programs.⁶³ **Table 9** tracks funding levels for major ED budget and appropriations accounts.

School Improvement Programs

The Supporting Effective Instruction (SEI) State Grants are authorized under Title II-A of the Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA; P.L. 114-95).⁶⁴ The SEI State Grants provide formula grants to state educational agencies (SEAs) and subgrants to local educational agencies (LEAs) intended to increase student achievement consistent with challenging state academic standards; improve the quality and effectiveness of teachers, principals, and other school leaders; increase the number of teachers, principals, and other school leaders who are effective in improving student academic achievement in schools; and provide low-income and minority students greater access to effective teachers, principals, and other school leaders. The ESSA authorized appropriations of \$2.3 billion for the Title II-A program for each of FY2017-FY2020.

The ESSA reauthorization made a number of changes to the Title II-A program, including placing a greater focus on evidence-based practices; emphasizing the development of rigorous and fair staff evaluation and development systems; and authorizing the Supporting Effective Educator Development (SEED) as a separate program rather than a set-aside within the Title II-A formula grant program.

The House committee bill and the President's request would each eliminate funding for the SEI State Grants. The Senate committee bill would provide level funding, or \$2.1 billion, for the grants compared to the FY2017 funding level. The House committee bill and the President's request recommend the elimination of funding, stating that SEI is duplicative, has not demonstrated success, and provides inadequate levels of funding to most LEAs.⁶⁵

Student Financial Assistance

The Pell Grant program within the Student Financial Assistance account provides need-based financial aid primarily to low-income postsecondary students to help them cover the cost of higher education.⁶⁶ Pell Grants are the largest single source of federal grant aid for college and university students; they are projected to provide approximately \$29 billion in aid to roughly 7.3 million undergraduate students in the 2018-2019 award year.⁶⁷

The House committee bill would maintain the FY2017 discretionary appropriations level of \$22.5 billion and maintain the FY2017 discretionary maximum Pell Grant award level of \$4,860. The House committee bill would rescind \$3.3 billion in discretionary funds from the Pell Grant program surplus. Because of the way the Pell Grant program is funded, it may run surpluses (or

⁶³ ED budget materials can be found at <http://www2.ed.gov/about/overview/budget/budget15/index.html?exp=0>.

⁶⁴ Prior to ESSA, Title II-A was named Improving Teacher Quality State Grants.

⁶⁵ See H.Rept. 115-244 and Department of Education, "School Improvement Programs," *Justification of Appropriation Estimates to the Congress: Fiscal Year 2018*, p. C-16.

⁶⁶ For more information about the program, see CRS Report R42446, *Federal Pell Grant Program of the Higher Education Act: How the Program Works and Recent Legislative Changes*.

⁶⁷ Department of Education, "Student Aid Overview," *Justification of Appropriation Estimates to the Congress: Fiscal Year 2018*, pp. N-5-N-6.

shortfalls) in discretionary appropriations.⁶⁸ Due to the decline in discretionary program costs and near-level appropriations over the past five years, CBO estimated that the Pell Grant program would have a cumulative surplus of \$8.6 billion at the end of FY2017 despite the \$1.3 billion rescission in FY2017.⁶⁹

The Senate committee bill would provide \$22.5 billion in discretionary appropriations for a FY2018 discretionary maximum Pell Grant award level of \$4,960, which is \$100 more than the FY2017 level. The Senate committee bill would rescind \$2.6 billion from the program surplus. From award year (AY)2013-2014 through AY2017-2018, provisions in the Higher Education Act (HEA) adjusted the total maximum Pell Grant award for inflation. On average over the period, the award increased \$55 annually, but the AY2017-2018 increase was \$105. AY2017-2018 was the final year of the automatic HEA inflation adjustment. The \$100 increase in the award level would provide an additional year of adjustment.

Under current law, students are limited to 12 full-time semesters (or the equivalent in part-time attendance) of Pell Grant awards over their lifetimes. The Senate committee bill would restore Pell lifetime eligibility used during a period for which the student received loan forgiveness (or would have received loan forgiveness if the student had received a loan) due to a school's closing, a false certification, or a successful defense to a repayment claim.⁷⁰ In order to pay for the increased mandatory Pell Grant program cost in FY2018 resulting from the increased award level and eligibility restoration, the Senate committee bill would reduce the FY2018 mandatory funding from \$1.382 billion to \$1.355 billion to augment the discretionary appropriations.⁷¹ (These mandatory appropriations are provided outside the annual appropriations process and do not appear in **Table 9**.)

The President's budget would provide \$22.4 billion in discretionary appropriations for a FY2018 discretionary maximum Pell Grant award level of \$4,860. The President's budget would rescind \$3.9 billion from the program surplus. Finally, the President's budget proposed authorizing year-round Pell Grants and paying the increased FY2018 mandatory cost by reducing the FY2018 mandatory funding from \$1.382 billion to \$1.070 billion to augment the discretionary appropriations. Year-round Pell Grants were authorized by the Consolidated Appropriations Act, 2017 (P.L. 115-31).

⁶⁸ Because discretionary funds are appropriated in advance of the award year, they are based on cost estimates. In some years, these estimates are too high; in others, too low. This can result in annual or multiyear (cumulative) program surpluses or shortfalls.

⁶⁹ CBO, "*Pell Grant Program, Discretionary: Cumulative Shortfall/Surplus - CBO's June 2017 Baseline*." The FY2017 rescission was enacted by the Consolidated Appropriations Act, 2017 (P.L. 115-31).

⁷⁰ For additional information on these forms of loan forgiveness, see U.S. Department of Education, Federal Student Aid, "Repay Your Loans: Forgiveness, Cancellation, and Discharge," <https://studentaid.ed.gov/repay-loans/forgiveness-cancellation>.

⁷¹ The HEA provides specified mandatory appropriations for the Pell Grant program to augment current and future discretionary appropriations. Although these funds are used to pay for costs in the program for which annual discretionary appropriations are typically provided, because these funds are mandatory from a budgetary perspective, they may be used to pay for mandatory costs in the program.

Table 9. Detailed ED Appropriations

(Dollars in millions)

Account and Selected Program	FY2017 Enacted	FY2018 Request	FY2018 House Cmte. (H.R. 3358)	FY2018 Senate Cmte. (S. 1771)	FY2018 Enacted
Education for the Disadvantaged	16,144	16,348	15,954	16,169	
Grants to Local Educational Agencies	15,460	15,881	15,460	15,485	
School Improvement Grants	190	0	0	190	
Impact Aid	1,329	1,236	1,334	1,340	
School Improvement Programs	4,409	697	2,261	4,459	
Supporting Effective Instruction State Grants	2,056	0	0	2,056	
21 st Century Community Learning Centers	1,192	0	1,000	1,192	
Student Support and Academic Enrichment Grants	400	0	500	450	
Indian Education	165	144	165	165	
Innovation and Improvement	888	1,208	748	880	
Safe Schools and Citizenship Education	151	135	138	131	
English Language Acquisition	737	736	737	737	
Special Education	13,064	12,942	13,252	13,067	
Part B—Assistance for Education of all Children with Disabilities	12,371	12,258	12,571	12,371	
Part C—Infants and Toddlers with Disabilities	459	458	459	459	
Rehabilitation Services	3,536	3,563	3,563	3,562	
Vocational Rehabilitation State Grants (mandatory)	3,399	3,453	3,453	3,453	
Special Institutions for Persons with Disabilities	217	216	224	217	
Career, Technical, and Adult Education	1,721	1,476	1,721	1,721	
Student Financial Assistance	24,198	22,933	24,198	24,198	
<i>Pell maximum grant (non-add)</i>	<i>4,860</i>	<i>4,860</i>	<i>4,860</i>	<i>4,960</i>	
Federal Pell Grant Program	22,475	22,433	22,475	22,475	
Student Aid Administration	1,577	1,698	1,698	1,577	
Higher Education	2,055	1,545	2,038	2,048	
Federal TRIO Programs	950	808	1,010	953	
Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP)	222	221	222	222	
Howard University	0	0	0	0	
College Housing & Academic Facilities Loans^a	20	20	20	20	
HBCU Capital Financing Program Account	605	617	605	600	
Institute of Education Sciences	600	606	599	606	
Departmental Management	16,144	16,348	15,954	16,169	
Total, ED BA in the Bill	71,638	66,342	69,477	71,722	

Account and Selected Program	FY2017 Enacted	FY2018 Request	FY2018 House Cmte. (H.R. 3358)	FY2018 Senate Cmte. (S. 1771)	FY2018 Enacted
Subtotal, Mandatory	3,399	3,453	3,453	3,453	
Subtotal, Discretionary	68,239	62,889	66,024	68,269	
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	71,638	66,342	69,277	71,722	
Total, BA Advances for Future Years (provided in current bill)	22,597	22,597	22,797	22,597	
Total, BA Advances from Prior Years (for use in current year)	22,597	22,597	22,597	22,597	

Source: Amounts for FY2017 enacted, the FY2018 request, and the FY2018 House Appropriations Committee-reported LHHS bill (H.R. 3358) are generally based on data in H.Rept. 115-244. Amounts for the FY2018 Senate Appropriations Committee-reported LHHS bill (S. 1771) are generally based on data in S.Rept. 115-150. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration.

Notes: BA = Budget Authority. STEM = Science, Technology, Engineering, and Mathematics. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills. Non-add amounts are displayed in italics and parentheses; these amounts are not part of the appropriations totals.

- a. Actual amount for College Housing & Academic Facilities Loans is roughly \$450,000 in each column, which rounds to \$0 in millions (the unit of measure used in this table).

Related Agencies

Note that all amounts in this section are based on regular LHHS appropriations only; they do not include funds provided outside of the annual appropriations process (e.g., mandatory appropriations for Old-Age, Survivors, and Disability Insurance benefit payments by the Social Security Administration). All amounts in this section are rounded to the nearest million or billion (as labeled). The dollar changes and percentage changes in the text are based on unrounded amounts. For consistency with source materials, amounts do not reflect sequestration or re-estimates of mandatory spending programs, where applicable.

FY2018 Related Agencies Appropriations Overview

Table 10 displays FY2018 proposed funding levels for LHHS related agencies, along with FY2017 levels. In general, discretionary funds constitute about 20% of total appropriations for LHHS related agencies each year. Compared to FY2017, discretionary appropriations for related agencies would be reduced in all three proposals. The House appropriations committee bill would decrease them by 1.1%, the Senate committee bill by 3.6%, and the President’s budget by 11.1%.

Table 10. Related Agencies Appropriations Overview
(Dollars in billions)

Funding	FY2017 Enacted	FY2018 Request	FY2018 House Cmte. (H.R. 3358)	FY2018 Senate Cmte. (S. 1771)	FY2018 Enacted
Discretionary	14.9	13.2	14.7	14.4	
Mandatory	53.6	53.0	53.0	53.0	
Total BA in the Bill	68.5	66.2	67.7	67.4	

Source: Amounts for FY2017 enacted, the FY2018 request, and the FY2018 House Appropriations Committee-reported LHHS bill (H.R. 3358) are generally based on data in H.Rept. 115-244. Amounts for the FY2018 Senate Appropriations Committee-reported LHHS bill (S. 1771) are generally based on data in S.Rept. 115-150. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

The largest share of funding appropriated to related agencies in the LHHS bill consistently goes to the Social Security Administration (SSA).⁷² When taking into account both mandatory and discretionary funding, SSA usually represents roughly 97% of total related agencies appropriations. The bulk of mandatory funding provided to SSA from the LHHS bill supports the Supplemental Security Income (SSI) program, which provides means-tested cash assistance to disabled adults and children and to seniors aged 65 or older.

When looking exclusively at discretionary funding, SSA is proposed to receive at least 84% of discretionary appropriations for LHHS related agencies in the FY2018 House and Senate committee bills and the President's budget. Most of SSA's discretionary funding is used by the agency to administer the Social Security and SSI programs and to support CMS in administering portions of Medicare.⁷³

After SSA, the next-largest agency in terms of related agencies appropriations is usually the Corporation for National and Community Service (CNCS), which accounted for about 1.5% of total related agencies appropriations in FY2017. Typically, each of the remaining related agencies receives less than \$1 billion from the annual LHHS appropriations bill. For more information, see **Table 11**.

Selected Related Agencies Highlights

The following sections highlight FY2018 appropriations issues for selected related agencies. **Table 11** tracks funding levels for these related agencies.

⁷² See CRS Report R44645, *Social Security Administration (SSA): FY2017 Appropriations and Recent Trends*.

⁷³ For more information on the Social Security Administration's (SSA) role in administering Medicare, see SSA, *Justifications of Estimates for Appropriations Committees, Fiscal Year 2018*, May 2017, <https://www.ssa.gov/budget/FY18Files/2018OIG.pdf>.

Corporation for National and Community Service

The CNCS is an independent federal agency that administers a variety of national and community service programs, such as AmeriCorps and the National Senior Volunteer Corps.⁷⁴ The House committee bill would retain CNCS funding at its FY2017 level of \$1.0 billion, while the Senate committee bill proposes a modest reduction of \$11 million (-1.1%). The FY2018 President's budget, by contrast, requests \$135 million (-86.9%) for this agency, noting that these funds would be used to execute an orderly shutdown of CNCS operations, with the agency's closure slated to be complete by the end of FY2018.⁷⁵ The budget request indicates that the elimination of CNCS will return the "responsibility to fund national service and volunteerism to the private and nonprofit sectors."⁷⁶

SSA Limitation on Administrative Expenses (LAE)

The SSA LAE account, which provides nearly all of SSA's administrative funding, consists mainly of funds that are used by the agency to administer the Social Security and SSI programs, and also to support CMS in administering portions of Medicare. The account also contains funds that are specifically set aside for certain program integrity activities, such as continuing disability reviews (CDRs) and SSI non-medical redeterminations. The House and Senate committee bills and the President's request would reduce discretionary funding for the LAE account for FY2018 compared to the FY2017 enacted level of nearly \$12.5 billion. Specifically, the House committee bill proposes almost \$12.4 billion in discretionary funding for FY2018, a decrease of \$92 million (-0.7%) compared to the FY2017 enacted level, while the Senate committee bill proposes nearly \$12.0 billion for FY2018, a decrease of \$492 million (-3.9%) compared to the FY2017 enacted level. The President's request of almost \$12.5 billion in discretionary funding for FY2018 would provide about \$28 million less (-0.2%) for the LAE account than the FY2017 enacted level.

The program integrity portion of the LAE account for FY2018 includes \$273 million in "base" funding that is subject to the discretionary spending caps established by the Budget Control Act of 2011, and also includes additional funding that is effectively exempt from those caps and is subject to an annual limit ("cap adjustment funding;" see **Appendix A** for further information).⁷⁷ Compared to the FY2017 enacted level of more than \$1.8 billion, the House and Senate committee bills and the President's request would provide \$84 million less (-4.6%) in combined program integrity funding for the LAE account for FY2018. As with the FY2017 enacted level for combined program integrity funding, all three FY2018 proposals would provide \$273 million in base funding in addition to the maximum amount of cap adjustment funding permitted for the fiscal year. However, because federal law allows more cap adjustment funding for FY2017 than for FY2018, the combined amount of program integrity funding that can be proposed for FY2018 without subjecting more funds to the discretionary spending caps is less than the FY2017 enacted level.⁷⁸

⁷⁴ See CRS Report RL33931, *The Corporation for National and Community Service: Overview of Programs and Funding*.

⁷⁵ Corporation for National and Community Service, *Congressional Budget Justification*, Fiscal Year 2018, May 23, 2017, p. 1, https://www.nationalservice.gov/sites/default/files/documents/CNCS_FY2018_CBJ.pdf.

⁷⁶ *Ibid.*

⁷⁷ See CRS Report R44645, *Social Security Administration (SSA): FY2017 Appropriations and Recent Trends*.

⁷⁸ See 2 U.S.C. §901(b)(2)(B).

National Labor Relations Board (NLRB)

The NLRB is an independent board that enforces provisions in the National Labor Relations Act (NLRA). The FY2017 omnibus maintained the FY2016 funding levels for the NLRB of \$274 million. The House committee bill would have decreased funding for the NLRB by \$59 million (-21.6%), while the Senate committee bill would have provided the same amount as FY2016 and FY2017.

The FY2018 Senate and House committee bills would retain a provision that has been included in the LHHS bill since FY2012 that prohibits any funds appropriated to the NLRB in the bill, or any prior appropriations act, from being used to issue a directive or regulation to provide employees a means of voting through any electronic method in an election determining representation for collective bargaining.⁷⁹ In addition, the FY2018 House committee bill would add several provisions related to the NLRB that would

- prohibit any funds made available by the bill from being used to enforce the NLRA against any Indian tribe (§407 of H.R. 3358);
- prohibit any funds made available by the bill from being used to issue, enforce, or litigate any administrative action related to changing the interpretation or application of the “joint employer” standard in effect as of January 1, 2014 (§408 of H.R. 3358),⁸⁰ and
- prohibit any funds made available by the bill from being used in any way to change the standard for initial bargaining unit determination that differs from the standard set in a recent court decision (§409 of H.R. 3358).⁸¹

Table 11. Detailed Related Agencies Appropriations

(Dollars in millions)

Agency, Program, Project, or Activity	FY2017 Enacted	FY2018 Request	FY2018 House Cmte. (H.R. 3358)	FY2018 Senate Cmte. (S. 1771)	FY2018 Enacted
Committee for Purchase from People Who Are Blind or Severely Disabled (U.S. AbilityOne Commission)	8	6	8	8	
Corporation for National and Community Service (CNCS)	1,030	135	1,030	1,019	
<i>Selected CNCS Programs/Initiatives:</i>					
Volunteers in Service to America (VISTA)	92	5	92	92	
National Senior Volunteer Corps	202	0	202	202	
AmeriCorps State and National Grants	386	2	386	386	
National Civilian Community Corps	30	24	30	30	
National Service Trust	207	0	207	195	
Corporation for Public Broadcasting (CPB)	495	0	445	465	

⁷⁹ The NLRB provision described here may be found in §406 of P.L. 115-31, §406 of H.R. 3358, and §407 of S. 7771.

⁸⁰ For more information on the “joint employer” standard, see CRS Legal Sidebar WSLG1407, *Joint Employers and the National Labor Relations Board’s “Restated” Standard*.

⁸¹ For background on bargaining unit determination, see CRS Report RL32930, *The National Labor Relations Act (NLRA): Union Representation Procedures and Dispute Resolution*.

Agency, Program, Project, or Activity	FY2017 Enacted	FY2018 Request	FY2018 House Cmte. (H.R. 3358)	FY2018 Senate Cmte. (S. 1771)	FY2018 Enacted
Federal Mediation and Conciliation Service	47	49	47	47	
Federal Mine Safety and Health Review Commission	17	17	17	17	
Institute of Museum and Library Services (IMLS)	231	23	231	235	
Medicare Payment Advisory Commission (MedPAC)	8	9	8	8	
Medicaid and CHIP Payment and Access Commission (MACPAC)	12	12	12	12	
National Council on Disability	3	3	3	3	
National Labor Relations Board (NLRB)	274	258	249	274	
National Mediation Board	14	13	14	14	
Occupational Safety and Health Review Commission	13	13	13	13	
Railroad Retirement Board (RRB)	147	141	145	147	
Dual Benefits (minus tax receipts)	23	21	21	21	
Federal Payment to RR Retirement Account (mandatory) ^a	0	0	0	0	
Limitation on Administration	114	111	114	115	
Inspector General	10	8	10	11	
Social Security Administration (SSA)	66,187	65,566	65,502	65,102	
Payments to Social Security Trust Funds (mandatory)	11	11	11	11	
Supplemental Security Income (SSI) (mandatory)	53,589	52,996	52,996	52,996	
Limitation on Administrative Expenses (LAE)	12,481	12,453	12,389	11,989	
<i>Regular LAE (incl. user fees, non-add)</i>	<i>10,662</i>	<i>10,603</i>	<i>10,539</i>	<i>10,139</i>	
<i>Program Integrity (non-add)</i>	<i>1,819</i>	<i>1,735</i>	<i>1,735</i>	<i>1,735</i>	
Office of Inspector General	106	106	106	106	
Total, Related Agencies BA in the Bill	68,486	66,245	67,723	67,363	
Subtotal, Mandatory	53,600	53,008	53,008	53,008	
Subtotal, Discretionary	14,885	13,237	14,715	14,356	
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	67,986	62,190	63,223	62,863	
Total, BA Advances for Future Years (provided in current bill)	15,445	19,500	19,945	19,945	
Total, BA Advances from Prior Years (for use in current year)	14,945	15,445	15,445	15,445	

Source: Amounts for FY2017 enacted, the FY2018 request, and the FY2018 House Appropriations Committee-reported LHHS bill (H.R. 3358) are generally based on data in H.Rept. 115-244. Amounts for the FY2018 Senate Appropriations Committee-reported LHHS bill (S. 1771) are generally based on data in S.Rept. 115-150. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested)

for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

- a. The actual amount of mandatory federal payments to the Railroad Retirement account is roughly \$150,000 in each column, which rounds to \$0 in millions (the unit of measure used in this table).

Appendix A. Budget Enforcement Activities

The framework for budget enforcement under the congressional budget process has both statutory and procedural elements. The statutory elements include the discretionary spending limits and mandatory spending sequester derived from the Budget Control Act of 2011 (BCA; P.L. 112-25) and the Balanced Budget and Emergency Deficit Control Act of 1985 (BBEDCA; P.L. 99-177). The procedural elements are primarily associated with the budget resolution and limit both total discretionary spending and spending under the jurisdiction of each appropriations subcommittee.

Readers should note that the statutory budget enforcement requirements that apply to discretionary spending for FY2018 and beyond are as originally specified by the BCA. These have not been subsequently modified through the enactment of law, as had been the case for the enforcement requirements that applied to previous fiscal years.⁸²

Budget Control Act and Sequestration

The BCA provides budget process mechanisms to reduce mandatory spending and further reduce discretionary spending over an extended period.⁸³ For mandatory spending, reductions are to occur through sequestration in each of fiscal years between FY2013-FY2025.⁸⁴ For discretionary spending, reductions occurred through sequestration in FY2013, but are to be achieved through lower discretionary spending limits for each of the fiscal years between FY2014-FY2021. The BCA does not require a sequester of discretionary spending in FY2014-FY2021 unless one or both of the statutory discretionary spending limits (defense and nondefense) is breached. Only discretionary spending subject to a given spending limit is affected by a breach of that limit, and the LHHS bill only includes funding in the nondefense category.

FY2018

On May 23, 2017, concurrent with the release of the President's budget, President Trump issued the required FY2018 sequestration order, calling for nonexempt mandatory spending to be reduced on October 1, 2017.⁸⁵ The Office of Management and Budget (OMB) estimated that the FY2018 sequestration percentages would equal 2% of nonexempt Medicare spending and 6.6% of other nonexempt nondefense mandatory spending, for a total reduction of \$17 billion in FY2018.⁸⁶ (OMB also estimated an 8.9% reduction, totaling \$724 million, in nonexempt defense mandatory spending, which does not affect LHHS funds.)

⁸² For a discussion of how these discretionary spending requirements for FY2014-FY2017 were modified by the Bipartisan Budget Act of 2013 and the Bipartisan Budget Act of 2015, see CRS Report R43236, *Labor, Health and Human Services, and Education: FY2014 Appropriations*; and CRS Report R44287, *Labor, Health and Human Services, and Education: FY2016 Appropriations*.

⁸³ The BCA initially imposed limits on discretionary spending for each of FY2012-FY2021. Further reductions to discretionary spending were triggered when the Joint Committee on Deficit Reduction did not report legislation to achieve a specified amount of budgetary savings.

⁸⁴ As originally enacted, mandatory sequestration was scheduled to run through FY2021, but this period has subsequently been incrementally extended to FY2025 by P.L. 113-67, P.L. 113-82, and P.L. 114-74.

⁸⁵ *Sequestration Order for Fiscal Year 2018*, *Federal Register* Volume 82, Issue 101 (May 26, 2017), available at <https://www.gpo.gov/fdsys/search/pagedetails.action?granuleId=2017-11076&packageId=FR-2017-05-26&acCode=FR&collectionCode=FR>.

⁸⁶ *OMB Report to the Congress on the Joint Committee Reductions for Fiscal Year 2018*, May 23, 2017, https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/sequestration_reports/2018_jc_sequestration_report_may2017_potus.pdf. See the report's appendix for an itemized list of budget accounts (continued...)

The BCA does not require sequestration of discretionary spending in FY2018, unless one or both of the statutory discretionary spending limits is breached. The current-law FY2018 statutory spending limits, as presented in the OMB FY2018 Sequestration Preview Report, are \$549 billion for defense spending and \$516 billion for nondefense spending.

Cap Adjustments, Exemptions, and Special Rules

The BCA allows for certain adjustments to the discretionary spending limits for FY2012-FY2021. For LHHS, the most notable of these is for increases to the nondefense limit (up to a point) to accommodate new budget authority for specified program integrity initiatives at HHS and the Social Security Administration (SSA).⁸⁷ The Bipartisan Budget Act of 2015 amended the list of SSA activities that may be covered by this “cap adjustment” to include costs associated with work-related continuing disability reviews, Cooperative Disability Investigations, and fraud prosecutions by U.S. Attorneys. The Bipartisan Budget Act of 2015 also revised the amount of the allowable SSA adjustment amounts to be more generous in FY2017-FY2019 compared to what was previously allowed, but less generous in FY2021.⁸⁸

Separate from these cap adjustments, the 21st Century Cures Act (Cures Act, P.L. 114-255), which was enacted on December 13, 2016, included additional budget enforcement procedures related to the discretionary spending limits. These procedures apply to two accounts within the scope of the LHHS bill: the NIH Innovation Account and the Account for the State Response to the Opioid Abuse Crisis.⁸⁹ The Cures Act created these accounts and authorized appropriations from them for specific fiscal years (FY2017-FY2026 for the NIH Innovation Account and FY2017-FY2018 for the Account for the State Response to the Opioid Abuse Crisis). The Cures Act further provided that subsequent discretionary appropriations from these accounts (up to the amounts authorized for each fiscal year) are to be subtracted from any cost estimates provided for purposes of budget controls. The Cures Act ensured that appropriations from these accounts will not count against any spending limits, such as the statutory discretionary spending limits imposed by the BCA; that is, the amounts appropriated from these accounts will be considered to be outside those limits.

In addition, although sequestration largely consists of automatic, across-the-board spending reductions, the law exempts a limited number of programs from sequestration and subjects others to special rules. The LHHS bill contains several programs that are exempt from sequestration, including Medicaid, payments to health care trust funds, Supplemental Security Income, Special Benefits for Disabled Coal Miners, retirement pay and medical benefits for commissioned Public Health Service officers, foster care and adoption assistance, and certain family support payments.

(...continued)

that include mandatory spending subject to sequestration in FY2018, the dollar amounts subject to sequestration (based on OMB’s current law baseline), the percentage by which they would be reduced, and the dollar amount of the reduction. While the report displays reductions at the *account* level, the sequester itself is implemented at the *program, project, or activity* level.

⁸⁷ For further information about the allowable FY2018 adjustments, see *OMB Sequestration Preview Report to the President and Congress for Fiscal Year 2018*, May 23, 2017, available at https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/sequestration_reports/2018_preview_report_may2017_potus.pdf.

⁸⁸ For further information, see CRS Report R44250, *Social Security and Social Security Disability Insurance (SSDI) Provisions in the Bipartisan Budget Act of 2015*.

⁸⁹ The 21st Century Cures Act also created a non-LHHS account—the FDA Innovation Account—and made it subject to similar budget enforcement-related provisions. For more information, see CRS Report R44720, *The 21st Century Cures Act (Division A of P.L. 114-255)*.

The LHHS bill also contains several programs that are subject to special rules under sequestration, such as unemployment compensation, certain student loans, health centers, and portions of Medicare.⁹⁰

Budget Resolution and 302(b) Suballocations

The procedural elements of budget enforcement generally stem from requirements under the Congressional Budget Act of 1974 (P.L. 93-44) that are associated with the adoption of an annual budget resolution. Through this process, the Appropriations Committee in each chamber receives a procedural limit on the total amount of discretionary budget authority for the upcoming fiscal year, referred to as a 302(a) allocation. The Appropriations Committee subsequently divides this allocation among its 12 subcommittees. These subcommittee-level spending limits are referred to as 302(b) suballocations. The 302(b) suballocations restrict the amount of budget authority available to each subcommittee for the agencies, projects, and activities under its jurisdiction, effectively acting as a cap on each of the 12 regular appropriations bills. Enforcement of the 302(a) allocation and 302(b) suballocations occurs through points of order.

For the FY2018 appropriations cycle, the House and the Senate did not adopt a budget resolution prior to the start of the fiscal year.⁹¹ In the absence of a budget resolution, the House Appropriations Committee chose to adopt “interim 302(b) suballocations” for the appropriations bills as those bills were marked up in full committee.⁹² The LHHS suballocation was adopted on July 19, 2017. Similarly, the Chair of the Senate Appropriations Committee released “funding guidance” on July 20, 2017, indicating the amount of funding that was to be assumed for each of the FY2018 appropriations bills in the Senate.⁹³ The funding guidance and interim suballocations were not procedurally enforceable as the appropriations bills were being considered prior to FY2018.

Ultimately, a budget resolution for FY2018 (H.Con.Res. 71) was adopted in the Senate on October 19, 2017, and in the House on October 26, 2017. As of the date of this report, neither the House nor the Senate Appropriations Committee has reported official suballocations for the LHHS subcommittee pursuant to the FY2018 budget resolution.

Table A-1 displays the House and Senate FY2018 interim discretionary spending levels along with enacted FY2017 LHHS appropriations. The table shows that the House would decrease regular LHHS appropriations by about \$5.0 billion, whereas the Senate would increase those appropriations by about \$3.0 billion. The table also displays funding for which adjustments may be made to the discretionary spending limits under the BCA, including funding for certain LHHS program integrity activities and emergency requirements, where applicable.

Note that compliance with discretionary spending allocations is evaluated based on budget authority *available in the current fiscal year*, adjusted for scorekeeping by CBO. As such, totals shown in this table may not be comparable to other totals shown in this report. Current-year

⁹⁰ For more information, see CRS Report R42050, *Budget “Sequestration” and Selected Program Exemptions and Special Rules*.

⁹¹ For a discussion of budget enforcement mechanisms that may be adopted in the absence of a budget resolution, see CRS Report R44296, *Deeming Resolutions: Budget Enforcement in the Absence of a Budget Resolution*; and CRS Report R43535, *Provisions in the Bipartisan Budget Act of 2013 as an Alternative to a Traditional Budget Resolution*.

⁹² These interim suballocations are available on the House Appropriations Committee website, at <https://appropriations.house.gov/uploadedfiles/sbdv-3.pdf>.

⁹³ This funding guidance is available on the Senate Appropriations Committee website, at <https://www.appropriations.senate.gov/imo/media/doc/072017%20FY2018%20Funding-Guidance.pdf>.

budget authority totals exclude advance appropriations for future years, but include advance appropriations from prior years that become available in the current year. (Advance appropriations are provided to selected LHHS accounts, generally in order to manage specific planning concerns and ensure continuity of operations at the start of a new fiscal year.)

Table A-1. FY2018 LHHS Discretionary House Interim Suballocations and Senate Funding Guidance, Along with Enacted FY2017 Levels

(Budget authority in billions)

	FY2017 Enacted ^a	FY2018 House Interim Suballocation	FY2018 Senate Funding Guidance ^b
Regular Appropriations	161.025	156.042	164.066
Adjustments:			
Program Integrity	1.960	1.896	— ^b
Adjusted Appropriations	162.985	157.938	— ^b

Source: Table prepared by the Congressional Research Service (CRS). Amounts shown for FY2017 enacted are as scored by the Congressional Budget Office (see *Fiscal Year 2017 House Current Status of Discretionary Appropriations as of September 13, 2017*, available at <https://www.cbo.gov/topics/budget/status-appropriations>). The FY2018 House Interim suballocation is as posted on the House Appropriations Committee website on July 19, 2017, available at <https://appropriations.house.gov/uploadedfiles/sbdv-3.pdf>. The FY2018 Senate funding guidance is as posted on the Senate Appropriations Committee website on July 20, 2017, available at <https://www.appropriations.senate.gov/imo/media/doc/072017%20FY2018%20Funding-Guidance.pdf>.

Notes: It is common for suballocations to be revised over the course of the year to reflect actual action on appropriations bills and changes in congressional priorities. Regular appropriations reflect current-year discretionary budget authority subject to the spending limits. Adjusted appropriations include, where applicable, discretionary funds for which special rules apply with regard to the spending limits, including certain funds for program integrity activities. FY2017 enacted amounts in this table do not include, where applicable, funds provided under certain authorities in the 21st Century Cures Act (P.L. 114-255) that are effectively exempt from discretionary spending limits. (For LHHS, these funds were enacted in the second FY2017 CR and totaled \$852 million in budget authority.)

- a. FY2017 enacted appropriations include advance appropriations enacted in prior fiscal years that become available in FY2017.
- b. The FY2018 Senate funding guidance did not include an allocation that accounted for program integrity adjustments. The Senate committee-reported bill would appropriate \$1.896 billion for such adjustments, for a combined total of \$165.962 billion.

Current-Year Budget Authority

Table A-2 displays the total LHHS current-year budget authority, by title. The amounts shown in this table reflect total budget authority available for obligation in the fiscal year, regardless of the year in which it was first appropriated.⁹⁴ Amounts in the FY2017 enacted column include FY2017 budget authority provided by the FY2016 omnibus (P.L. 114-113). Similarly, the FY2018 President’s budget, House committee, and Senate committee columns include FY2018 budget authority provided by the FY2017 omnibus (P.L. 115-31). (For a comparable table showing total budget authority in the bill, rather than current-year budget authority, see **Table 2** in the body of

⁹⁴ These amounts exclude advance appropriations for future years, but include advance appropriations from prior years that became available in the applicable current year. FY2017 enacted includes amounts provided by the FY2016 omnibus (P.L. 114-113)

this report.) As mentioned above, it is current-year budget authority (adjusted for scorekeeping by CBO) that is used to determine compliance with discretionary spending allocations.

Table A-2. LHHS Appropriations Overview by Bill Title, FY2017-FY2018

(Current-year budget authority in billions of dollars)

Bill Title	FY2017 Enacted	FY2018 Request	FY2018 House Cmte. (H.R. 3358)	FY2018 Senate Cmte. (S. 1771)	FY2018 Enacted
Title I: Labor	13.7	12.2	12.3	13.6	
Discretionary	12.1	10.6	10.8	12.0	
Mandatory	1.6	1.6	1.6	1.6	
Title II: HHS	770.2	811.0	827.2	829.4	
Discretionary	78.1	63.0	77.6	79.8	
Mandatory	692.1	747.9	749.6	749.6	
Title III: Education	71.6	66.3	69.3	71.7	
Discretionary	68.2	62.9	65.8	68.3	
Mandatory	3.4	3.5	3.5	3.5	
Title IV: Related Agencies	68.0	62.2	63.2	62.9	
Discretionary	14.9	13.7	14.7	14.4	
Mandatory	53.1	48.5	48.5	48.5	
Total Current Year BA^a	923.5	951.7	972.0	977.5	
Discretionary	173.3	150.2	168.9	174.4	
Mandatory	750.2	801.4	803.1	803.1	
Memoranda:					
Advances for Future Years (provided in current bill) ^b	168.9	181.9	183.3	183.3	
Advances from Prior Years (for use in current year) ^b	158.5	168.9	168.9	168.9	
Additional Scorekeeping Adjustments ^c	-10.3	-11.8	-10.9	-8.5	

Source: Amounts for FY2017 enacted, the FY2018 request, and the FY2018 House Appropriations Committee-reported LHHS bill (H.R. 3358) are generally based on data in H.Rept. 115-244. Amounts for the FY2018 Senate Appropriations Committee-reported LHHS bill (S. 1771) are generally based on data in S.Rept. 115-150. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS Subcommittees of the House and the Senate Committees on Appropriations; and (4) do not include appropriations that occur outside of appropriations bills. No amounts are shown for Title V, because this title consists solely of general provisions.

- a. Totals in this table are based on current-year budget authority, meaning budget authority that is available for obligation in a given fiscal year, regardless of the year in which it was first appropriated (i.e., totals exclude advance appropriations for future years, but include advance appropriations from prior years that became available in the applicable current year).

- b. The calculation for total budget authority in the bill (rather than total budget authority available for obligation in the current fiscal year) is as follows: Total Current Year BA minus Advances from Prior Years plus Advances for Future Years. The amount for both Advances from Prior Years and Advances for Future Years is the combined total of mandatory and discretionary spending.
- c. Totals in this table have generally not been adjusted for further scorekeeping. (To adjust for scorekeeping, add this line to the total budget authority.)

Appendix B. House Floor Amendments Offered to H.R. 3354

While the House committee-reported version of the LHHS bill (H.R. 3358) has not received floor consideration, the text of this measure (with minor alterations) was included in an omnibus appropriations bill (H.R. 3354) that was amended on the floor and passed by the House on September 14, 2017. No further congressional action with regard to H.R. 3354 has occurred as of the date of this report.

The timing of the FY2018 appropriations process and the manner in which LHHS appropriations have been considered has been affected by multiple factors. These include the late release of the full President's budget request on May 22, 2017, which was delayed over three months due to the presidential transition from the Administration of President Barack H. Obama to the Administration of President Donald J. Trump. The FY2018 process also was affected by the late enactment of annual FY2017 appropriations on May 5, 2017 (P.L. 115-31), which meant that final FY2017 appropriations levels were largely unknown as the FY2018 President's budget was being formulated, and consideration of FY2018 appropriations began shortly after final FY2017 appropriations were determined.

Due to the condensed timeline available for considering appropriations prior to the start of FY2018, the House decided to consider and amend the 12 appropriations bills on the floor in the form of two omnibus packages.⁹⁵ The first of these packages, the Make America Secure Appropriations Act, 2018 (H.R. 3219), which contained 4 of the 12 appropriations acts (none of which were the LHHS act) was passed by the House on July 27, 2017. The second of these packages, the Make America Secure and Prosperous Appropriations Act, 2018 (H.R. 3354), was used to consider and amend the remaining eight appropriations acts, including LHHS.⁹⁶ (The text of the LHHS Appropriations Act that was included in Division F of H.R. 3354 was virtually identical to the text of H.R. 3358 as reported from committee.)

The LHHS-related amendments to H.R. 3354 were considered under the terms of a special rule (H.Res. 504).⁹⁷ Of the 52 LHHS amendments that were offered, 35 were adopted, 15 were rejected, and 2 were withdrawn. These amendments and their dispositions are listed in **Table B-1** below.

Readers should note that a number of these amendments would increase funding for certain activities while decreasing funding for administration at the department level. For example, nine amendments were adopted that would reduce the amount of funds in the HHS General Department Management account. In total, these amendments reduced the funds in the bill for that account from \$293 million to \$39 million. In addition, six amendments to the ED Program Administration account within Departmental Management would collectively reduce the funds

⁹⁵ For background on these and other contextual factors that led the House to adopt this approach, see, for example, Ryan McCrimmon, "House Appropriators Float 12-Bill Omnibus by August Recess," *CQ News*, May 25, 2017; Jennifer Shutt, "No Budget Plan Yet But Lots of Options for House GOP," *CQ News*, June 21, 2017; Kellie Mejdrich, "GOP Drives Four-Bill Appropriations Minibus to House Floor," *CQ News*, July 18, 2017; and Ryan McCrimmon, "House to Tackle Eight-Bill Appropriations Bundle After Recess," *CQ News*, August 7, 2017.

⁹⁶ The House also amended H.R. 3354 to include the text of H.R. 3219 as passed the House, but no amendments to that text were made in order by H.Res. 500 and H.Res. 504.

⁹⁷ A different special rule, H.Res. 500, established the base text for consideration and the terms of consideration for some of the other divisions of the bill. For an overview of special rules for appropriations bills, see CRS Report R42933, *Regular Appropriations Bills: Terms of Initial Consideration and Amendment in the House, FY1996-FY2015*.

for that account from \$431 million to \$286 million. Because these types of accounts provide appropriations to administer the LHHS activities under the purview of the bill, cuts of this magnitude, if they were to be enacted, could have direct or indirect effects on how those activities are carried out.

Table B-1. House Floor Amendments Offered to H.R. 3354

Amdt. No.	Amdt. Summary from H.Rept. 115-297	Disposition
80 ^a	Ensures that no funds are used to implement, administer, or enforce the Davis-Bacon Act.	Rejected, 173 - 240
88 ^a	Ensures that no funds may be used on new hires who have not been verified through the E-Verify program.	Adopted, voice
131	Increases funding for Youth Employment Activities by \$10 million and reduces Department of Labor Salaries and Expenses by the same amount.	Adopted, 247-170
132 ^b	Increases funding for the Office of Job Corps, offset with DOL administration funds.	Adopted, voice
133	Reduces by 10% general administrative and departmental salary and expense accounts in Division F, and transfers the savings to the Spending Reduction Account.	Rejected, voice
134	Restores funding to worker protection agencies, offset with DOL/HHS/ED program administration funds.	Rejected, 199-219
136	Transfers funds from Occupational Safety and Health Administration (OSHA)-Salaries and Expenses-Compliance Assistance-Federal Assistance to OSHA-Salaries and Expenses-Federal Enforcement to fund a Full Time Employment position to increase OSHA enforcement presence in the Pacific as a result of recent worker fatalities and numerous injuries at construction and other work sites.	Rejected, voice
138	Increases funding for the Women’s Bureau within the DOL by \$1.064 million, and decreases funding by the same amount for the Bureau of Labor Statistics–Prices and Cost of Living Division.	Adopted, 220-198
139	Requires the Bureau of Labor Statistics to submit an estimate of the resources needed to model for various changes in the workforce composition because of technological displacement.	Adopted, voice
140 ^b	Increases funding for Women Apprenticeships in Nontraditional Occupations Grants for local communities to provide pre-apprenticeship training.	Adopted, voice
141	Increases funding for the Behavioral Health Workforce and Training program by \$5 million.	Rejected, voice
142	Increases funding for HRSA’s Geriatrics Workforce Enhancement Program by \$4 million, consistent with the current enacted level of funding, and decreases funding for the HHS Office of the Secretary by the same amount.	Rejected, voice
143 ^b	Reduces Health Workforce by \$18,270,000 and increases Health Workforce by \$18,270,000 to express support for the Title VIII Nursing Workforce Development programs.	Adopted, voice
144 ^b	Increases funding for programs that reduce lead exposure by \$1 million each and decreases General Departmental Management in the Office of the Secretary by the same amount.	Adopted, voice
145	Increases funding for the Healthy Start Program by \$24.8 million and decreases General Departmental Management in the Office of the Secretary by the same amount.	Adopted, 243-175
146 ^b	Increases the CDC and Prevention’s Emerging and Zoonotic Infectious Diseases program by \$300,000 for additional Lyme Disease research, offset with a reduction to the HHS Office of the Secretary account.	Adopted, voice

Amdt. No.	Amdt. Summary from H.Rept. 115-297	Disposition
147 ^b	Provides funds to support distribution of CDC tick-borne disease prevention and early detection materials in high-risk areas.	Adopted, voice
148 ^b	Increases the Safe Water Program under the CDC's Environmental Health account by \$400,000 to match FY2017 program requirements and continue safeguarding public health by reducing and investigating environmental threats to water systems and addressing public exposure to waterborne contaminants.	Adopted, voice
149	Increases CDC funding by \$40 million for an opioid drug overdose prevention program, increases National Cancer Institute (NCI) funding by \$40 million for pediatric cancer research, increases National Institute on Aging funding by \$40 million for Alzheimer's research, decreases CMS Program Management by \$120 million.	Adopted, without objection
150	Increases \$10 million to CSBG and reduces funding for Global Health by \$14 million.	Withdrawn
151 ^b	Increases NCI funding by \$1 million to execute a study on how to improve doctor-patient communication.	Adopted, voice
152	Increases NCI funding by \$3,819,000, offset with a reduction to the HHS Office of the Secretary account.	Adopted, voice
153 ^b	Specifies that \$12.5 million appropriated for SAMHSA may be used to award competitive grants to strengthen mental health and substance use community crisis response systems as authorized in the Helping Families in Mental Health Crisis Act.	Adopted, voice
154	Restores funding to SAMHSA's mental health programs, offset with HHS program administration funds.	Adopted, 225-192
155	Increases court-ordered Assisted Outpatient Treatment by \$5 million to support the severely mentally ill, allowing them to get treatment in the community without incarceration or hospitalization.	Rejected, 198-219
156	Supports funding of the Infant Adoption Awareness Training Program to train pregnancy and health counselors regarding how to offer adoption as an option to women with unplanned pregnancies.	Adopted, voice
157 ^b	Ensures shelters and centers that administer runaway and homeless youth grants do not face an extended gap in grant eligibility due to off-cycle appropriations from previous years.	Adopted, voice
158	Increases Aging and Disability Services by \$51,000,000 and reduces General Departmental Management by \$64,000,000 to provide additional funding for Older Americans Act (OAA) Title III, parts B, C, and E nutrition programs.	Rejected, voice
159 ^b	Increases funding for the OAA Title III B supportive services account \$14.2 million.	Adopted, voice
160	Decreases funding for HHS General Departmental Management by \$2 million and transfers those funds to the Peer Support Programs.	Adopted, 213 - 205
161	Restores funding to 21 st Century Community Learning Centers program, offset with ED program administration funds.	Adopted, 228 - 188
162 ^b	Increases funding for State Assessment Grants, Title I, Part B by \$8.9 million.	Adopted, voice
163 ^b	Increases funding for Title IV, Part A, Student Support and Academic Enrichment Grants, by \$1.15 billion and decreases by same.	Adopted, voice
164	Increases Funding for Magnet Schools Assistance by \$1,184,000. Decreases funding for Charter School Grants by \$1,184,000.	Rejected, 204 - 212
166 ^b	Provides \$10 million in funding for Statewide Family Engagement Centers in education.	Adopted, voice
167	Increases funding for Career and Technical Education State Grants by \$70,246,000.	Rejected, 153 - 263

Amdt. No.	Amdt. Summary from H.Rept. 115-297	Disposition
168	Reduces funding for the Department of Education's Program Administration, Office of Inspector General, and Office of Student Aid Administration by 2%.	Rejected, 131 - 285
170	Reduces the NLRB budget by \$99,000,000, funding the NLRB at \$150,000,000 for FY2018. The amendment would also reduce budget authority by \$99 million and reduce outlays by \$92 million.	Rejected, 175 - 241
172	Reduces the number of positions and funding at Mine Safety and Health Administration by 10%.	Rejected, 178 - 238
173	Prevents funding to implement the NLRB Ambush Election rule.	Adopted, 221 - 196
174	Provides for a 1% across the board cut to Division F.	Rejected, 156-260
175	Provides \$5 million for grants that enhance infant and early childhood mental health promotion, intervention, and treatment programs.	Adopted, voice
176	Provides \$9 million to provide access to behavioral health integration in pediatric primary care by supporting the development and improvement of statewide or regional pediatric mental health care telehealth access programs.	Adopted, voice
177 ^b	Awards \$10 million in grants for training medical residents and fellows practicing mental health and addiction treatment in under-served and community based settings that integrate primary care with mental and substance use disorders prevention and treatment services.	Adopted, voice
178	Provides \$5 million for the creation and operation of a National Mental Health and Substance Use Policy Laboratory.	Withdrawn
179	Provides \$10 million in grants to develop, maintain, or enhance a database of inpatient psychiatric facilities, crisis stabilization units, and residential community mental health and residential substance use disorder treatment facilities to address a lack of inpatient psychiatric beds.	Adopted, voice
181 ^b	Prohibits Child Care and Development Block Grant funds from going to a child care provider that has been complicit, due to a health and safety violation, in the death of a child in its care and remains exempt from state licensure, safety, and oversight requirements.	Adopted, voice
182	Provides \$10,000,000 to the Controlled Substance Monitoring Program, per 42 U.S.C 280g-3. The amendment is offset by a reduction in the Office of the Secretary, General Department Management for \$10,000,000.	Adopted, voice
184	Prohibits the use of funds in this Act to prepare for or facilitate the transfer of the DOL Office of Federal Contract Compliance Programs into the Equal Employment Opportunity Commission.	Adopted, voice
185 ^b	Adds \$2.734 million to the Black Lung Clinics Program in HRSA to provide for a total of \$10 million, the authorized level, with this transfer offset by a reduction in HRSA's Program Management account.	Adopted, voice
186	Prohibits funds from going to federal contracts with willful or repeated violators of the Fair Labor Standards Act.	Rejected, 191-226
187	Prohibits funds to implement, administer, or enforce the final regulations on "Improve Tracking of Workplace Injuries and Illnesses."	Adopted, 215-201

Source: The amendment numbers and summaries are from the Rules Committee report accompanying H.Res. 504 (H.Rept. 115-297). The amendment dispositions are as listed in Congress.gov.

- a. The scope of amendments 80 and 88 were modified on the floor by unanimous consent to include Division F.
- b. Amendments adopted en bloc.

Key Policy Staff

Area of Expertise	Name	Phone	Email
LHHS Coordinators	(name redacted)	7-....	-redacted-@crs.loc.gov
	(name redacted)	7-....	-redacted-@crs.loc.gov
Department of Labor			
Coordinator, DOL	(name redacted)	7-....	-redacted-@crs.loc.gov
Job training and employment services	(name redacted)	7-....	/redacted/@crs.loc.gov
Mine Safety and Health Administration	Scott Szymendera	7-....	/redacted/@crs.loc.gov
Occupational Safety and Health Administration (OSHA)	Scott Szymendera	7-....	/redacted/@crs.loc.gov
Office of Workers' Compensation	Scott Szymendera	7-....	/redacted/@crs.loc.gov
Older Americans Act, employment programs	(name redacted)	7-....	/redacted/@crs.loc.gov
	(name redacted)	7-....	/redacted/@crs.loc.gov
Pension and welfare benefits	(name redacted)	7-....	/redacted/@crs.loc.gov
Trade adjustment assistance	(name redacted)	7-....	/redacted/@crs.loc.gov
Unemployment compensation	(name redacted)	7-....	/redacted/@crs.loc.gov
	(name redacted)	7-....	/redacted/@crs.loc.gov
Veterans employment	(name redacted)	7-....	/redacted/@crs.loc.gov
Wage and hour standards	(name redacted)	7-....	/redacted/@crs.loc.gov
Workforce Investment and Opportunity Act (WIOA)	(name redacted)	7-....	/redacted/@crs.loc.gov
Health and Human Services			
Coordinator, HHS	(name redacted)	7-....	-redacted-@crs.loc.gov
Coordinator, HHS	(name redacted)	7-....	-redacted-@crs.loc.gov
Abortion procedures	(name redacted)	7-....	/redacted/@crs.loc.gov
Agency for Healthcare Research and Quality (AHRQ)	(name redacted)	7-....	/redacted/@crs.loc.gov
AIDS, Ryan White programs	(name redacted)	7-....	/redacted/@crs.loc.gov
Bioterrorism, HHS funding	(name redacted)	7-....	/redacted/@crs.loc.gov
Cancer research	(name redacted)	7-....	/redacted/@crs.loc.gov
Centers for Disease Control and Prevention (CDC)	(name redacted)	7-....	/redacted/@crs.loc.gov
Centers for Medicare and Medicaid Services (CMS)	(name redacted)	7-....	/redacted/@crs.loc.gov
	(name redacted)	7-....	/redacted/@crs.loc.gov
Chafee Foster Care Independence and Education/Training Voucher Programs	(name redacted)	7-....	/redacted/@crs.loc.gov
Child abuse and neglect, child welfare	(name redacted)	7-....	/redacted/@crs.loc.gov
Child care and development	(name redacted)	7-....	/redacted/@crs.loc.gov
Children's Health Insurance Program (CHIP; funded in authorizing laws, not LHHS)	(name redacted)	7-....	/redacted/@crs.loc.gov
	(name redacted)	7-....	/redacted/@crs.loc.gov

Area of Expertise	Name	Phone	Email
Community Services Block Grant	(name redacted)	7-....	/redacted/@crs.loc.gov
Developmental Disabilities Act	(name redacted)	7-....	/redacted/@crs.loc.gov
Elder abuse and neglect, elder justice	(name redacted)	7-....	/redacted/@crs.loc.gov
Family Planning, Title X	(name redacted)	7-....	/redacted/@crs.loc.gov
Federal health centers	(name redacted)	7-....	/redacted/@crs.loc.gov
Food and Drug Administration (FDA; funded through Agriculture appropriations, not LHHS)	(name redacted) (name redacted)	7-.... 7-....	/redacted/@crs.loc.gov /redacted/@crs.loc.gov
Foster care and adoption	(name redacted)	7-....	/redacted/@crs.loc.gov
Global health; international AIDS, TB, and malaria	(name redacted)	7-....	/redacted/@crs.loc.gov
Head Start	(name redacted)	7-....	/redacted/@crs.loc.gov
Health professions/health workforce programs	(name redacted)	7-....	/redacted/@crs.loc.gov
Health Resources and Services Administration (HRSA)	(name redacted)	7-....	/redacted/@crs.loc.gov
Immunization	(name redacted)	7-....	/redacted/@crs.loc.gov
Indian Health Service (IHS; funded through Interior-Environment appropriations, not LHHS)	(name redacted)	7-....	/redacted/@crs.loc.gov
Low Income Home Energy Assistance Program (LIHEAP)	(name redacted)	7-....	/redacted/@crs.loc.gov
Maternal and Child Health Block Grant	(name redacted)	7-....	/redacted/@crs.loc.gov
Medicaid	(name redacted)	7-....	/redacted/@crs.loc.gov
Mentoring programs for vulnerable youth	(name redacted)	7-....	/redacted/@crs.loc.gov
Needle exchange, AIDS	(name redacted)	7-....	/redacted/@crs.loc.gov
NIH, health research policy	(name redacted)	7-....	/redacted/@crs.loc.gov
Older Americans Act	(name redacted) (name redacted)	7-.... 7-....	/redacted/@crs.loc.gov /redacted/@crs.loc.gov
Pandemic/seasonal influenza	(name redacted)	7-....	/redacted/@crs.loc.gov
Prevention and Public Health Fund (directly appropriated by Affordable Care Act, not LHHS)	(name redacted)	7-....	/redacted/@crs.loc.gov
Refugee Resettlement Assistance	(name redacted)	7-....	/redacted/@crs.loc.gov
Runaway and Homeless Youth Act	(name redacted)	7-....	/redacted/@crs.loc.gov
Social Services Block Grant	(name redacted)	7-....	/redacted/@crs.loc.gov
Stem cell research, cloning	(name redacted)	7-....	/redacted/@crs.loc.gov

Area of Expertise	Name	Phone	Email
Substance Abuse and Mental Health Services Administration (SAMHSA)	(name redacted)	7-....	/redacted/@crs.loc.gov
Temporary Assistance for Needy Families (TANF; funded in authorizing laws, not LHHS)	(name redacted)	7-....	/redacted/@crs.loc.gov
Department of Education			
Coordinator, ED	(name redacted)	7-....	-redacted-@crs.loc.gov
Accountability	(name redacted)	7-....	/redacted/@crs.loc.gov
Adult education and literacy	(name redacted)	7-....	/redacted/@crs.loc.gov
After-school programs	(name redacted)	7-....	/redacted/@crs.loc.gov
Assessment in education	(name redacted)	7-....	/redacted/@crs.loc.gov
Block grants (education)	(name redacted)	7-....	/redacted/@crs.loc.gov
Career and technical education (Perkins)	(name redacted)	7-....	/redacted/@crs.loc.gov
Charter schools	(name redacted)	7-....	/redacted/@crs.loc.gov
College costs and prices	(name redacted)	7-....	/redacted/@crs.loc.gov
Elementary and secondary education	(name redacted)	7-....	/redacted/@crs.loc.gov
English language acquisition	(name redacted) (name redacted)	7-.... 7-....	/redacted/@crs.loc.gov /redacted/@crs.loc.gov
Higher education	(name redacted) (name redacted)	7-.... 7-....	/redacted/@crs.loc.gov /redacted/@crs.loc.gov
Impact Aid	(name redacted)	7-....	/redacted/@crs.loc.gov
Indian education	(name redacted)	7-....	/redacted/@crs.loc.gov
International Education Programs	(name redacted)	7-....	/redacted/@crs.loc.gov
Legal issues related to education in general	(name redacted)	7-....	/redacted/@crs.loc.gov
Pell Grants	(name redacted)	7-....	/redacted/@crs.loc.gov
Reading programs	(name redacted)	7-....	/redacted/@crs.loc.gov
Rehabilitation Act	(name redacted)	7-....	/redacted/@crs.loc.gov
School and campus safety	(name redacted)	7-....	/redacted/@crs.loc.gov
School choice	(name redacted)	7-....	/redacted/@crs.loc.gov
Science, Technology, Engineering, and Mathematics (STEM) Education	(name redacted)	7-....	/redacted/@crs.loc.gov
Special education, IDEA	(name redacted)	7-....	/redacted/@crs.loc.gov
Special education, IDEA, legal issues	(name redacted)	7-....	/redacted/@crs.loc.gov
Student financial assistance/need analysis	(name redacted) (name redacted)	7-.... 7-....	/redacted/@crs.loc.gov /redacted/@crs.loc.gov
Student loans	(name redacted)	7-....	/redacted/@crs.loc.gov
Teacher recruitment, preparation, & training	(name redacted)	7-....	/redacted/@crs.loc.gov

Area of Expertise	Name	Phone	Email
Title I, Education for the Disadvantaged	(name redacted)	7-....	/redacted/@crs.loc.gov
Vocational rehabilitation	(name redacted)	7-....	/redacted/@crs.loc.gov
Related Agencies			
Committee for Purchase from People Who are Blind or Severely Disabled (U.S. AbilityOne Commission)	(name redacted)	7-....	/redacted/@crs.loc.gov
Corporation for National & Community Service (VISTA, Senior Corps, AmeriCorps)	(name redacted)	7-....	/redacted/@crs.loc.gov
	(name redacted)	7-....	/redacted/@crs.loc.gov
Corporation for Public Broadcasting (CPB)	(name redacted)	7-....	/redacted/@crs.loc.gov
	(name redacted)	7-....	/redacted/@crs.loc.gov
Institute of Museum and Library Services	(name redacted)	7-....	/redacted/@crs.loc.gov
National Labor Relations Board	(name redacted)	7-....	/redacted/@crs.loc.gov
National Labor Relations Board, legal issues	(name redacted)	7-....	/redacted/@crs.loc.gov
National Mediation Board	(name redacted)	7-....	/redacted/@crs.loc.gov
Railroad Retirement Board	(name redacted)	7-....	/redacted/@crs.loc.gov
Social Security Administration (SSA), administrative expenses	(name redacted)	7-....	/redacted/@crs.loc.gov
Supplemental Security Income (SSI)	(name redacted)	7-....	/redacted/@crs.loc.gov

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