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Labor, Health and Human Services, and Education: FY2020 Appropriations

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Labor, Health and Human Services, and Education: FY2020 Appropriations

This report offers an overview of actions taken by Congress and the President to provide FY2020 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 Department of Labor (DOL) and Department of 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). The LHHS bill also provides funds for more than a dozen related agencies, including the Social Security Administration (SSA).

This report primarily focuses on regular FY2020 LHHS discretionary funding enacted during the annual appropriations process. The emergency supplemental funding that was subsequently enacted for FY2020 is generally not included in the budgetary figures discussed in the main body of the report. (These appropriations are addressed in the context of the FY2020 annual cycle in **Appendix C**.)

Regular Appropriations

FY2020 LHHS Omnibus: On December 19, 2019, the President signed into law the Further Consolidated Appropriations Act, 2020 (H.R. 1865; P.L. 116-94). This law contained full-year LHHS appropriations in Division A. Discretionary LHHS appropriations totaled \$195.4 billion. This amount is 3.2% more than FY2019 enacted and 17.4% more than the FY2020 President's budget request. The omnibus also provided \$902.3 billion in mandatory funding, for a combined LHHS total of \$1.098 trillion. The distribution of discretionary funding was as follows:

- **DOL:** \$12.4 billion, 2.4% more than FY2019.
- **HHS:** \$94.9 billion, 4.9% more than FY2019.
- **ED:** \$72.8 billion, 1.8% more than FY2019.
- **Related Agencies:** \$15.4 billion, 0.3% more than FY2019.

FY2020 LHHS Senate Action: The FY2020 LHHS bill did not receive subcommittee, full committee, or initial floor action in the Senate prior to its enactment. With regard to committee consideration, the Senate Appropriations Committee scheduled a markup for September 10, 2019, but that markup was indefinitely postponed. (The initial LHHS subcommittee allocation (S.Rept. 116-104) that was adopted by the Senate Appropriations Committee on September 12, 2019 is discussed in **Appendix A**.) Senator Blunt, Chair of the Senate LHHS Subcommittee subsequently released the text of a draft LHHS bill and accompanying committee report on September 18.

FY2020 LHHS House Action: The House Appropriations Committee's LHHS subcommittee approved its draft bill on April 30, 2019, by a voice vote. The full committee markup was held on May 8, 2019, and the bill was ordered to be reported that same day (30-23). The bill was subsequently reported to the House on May 15 (H.R. 2740, H.Rept. 116-62).

As reported by the full committee, the bill would have provided \$204.3 billion in discretionary LHHS funds, a 7.9% increase from FY2019 enacted levels. This amount would have been 22.7% more than the FY2020 President's request. In addition, the House committee bill would have provided an estimated \$902.3 billion in mandatory funding, for a combined total of \$1.107 trillion for LHHS as a whole. The distribution of discretionary funding was as follows:

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- **DOL:** \$13.3 billion, 9.9% more than FY2019.
- **HHS:** \$99.4 billion, 9.8% more than FY2019.
- **ED:** \$75.9 billion, 6.3% more than FY2019.
- **Related Agencies:** \$15.7 billion, 2.7% more than FY2019.

The House began consideration of the FY2020 LHHS bill the week of June 10. Of the 73 LHHS amendments offered, 64 were adopted and the remaining 9 were withdrawn or defeated. The House passed the LHHS omnibus by a vote of 226-203 on June 19. *Because there is no publicly-available source that estimates the account-level budgetary effects of the amendments adopted to Division A, this report provides analysis of the House Committee-reported version of the LHHS bill.* For information on the LHHS amendments offered during floor consideration, see **Appendix B**.

FY2020 President’s Budget Request: On March 11, 2019, the Trump Administration released the FY2020 President’s budget. The President requested \$166.5 billion in discretionary funding for accounts funded by the LHHS bill, which would have been a decrease of 12.1% from FY2019 levels. In addition, the President requested \$900.4 billion in annually appropriated mandatory funding, for a total of \$1.067 trillion for LHHS as a whole. The distribution of discretionary funding was as follows:

- **DOL:** \$10.9 billion, 10.0% less than FY2019.
- **HHS:** \$78.1 billion, 13.7% less than FY2019.
- **ED:** \$64.0 billion, 10.4% less than FY2019.
- **Related Agencies:** \$13.5 billion, 11.8% less than FY2019.

Supplemental Appropriations

The legislative response to the global pandemic of Coronavirus Disease 2019 (COVID-19) has included the enactment of laws to provide authorities and FY2020 supplemental funding to prevent, prepare for, and respond to the pandemic. As of the date of this report, discretionary LHHS supplemental appropriations for COVID-19 response have been enacted in four supplemental appropriations measures:

- Title I, Division B, of the Paycheck Protection Program and Health Care Enhancement Act (PPPHCEA, P.L. 116-139), enacted on April 24, 2020, provided \$100 billion in supplemental LHHS funds.
- Title VIII, Division B, of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act, P.L. 116-136), enacted on March 27, 2020, provided \$172.1 billion in supplemental LHHS funds.
- Title V, Division A, of the Families First Coronavirus Response Act (FFCRA, P.L. 116-127), enacted on March 18, 2020, provided \$1.25 billion in supplemental LHHS funds.
- Title III, Division A, of the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123), enacted on March 6, 2020, provided approximately \$6.4 billion in supplemental LHHS funds.

In addition, Title IX of the United States-Mexico-Canada Agreement Implementation Act (USMCA, P.L. 116-113), enacted on January 29, 2020, provided \$210 million in discretionary LHHS supplemental appropriations to implement the agreement.

See **Appendix C** of this report for an analysis of the supplemental discretionary LHHS appropriations provided in these acts. For a detailed discussion of the LHHS COVID-19 response funding, see CRS Report R46353, *COVID-19: Overview of FY2020 LHHS Supplemental Appropriations*.

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Introduction

This report provides an overview of FY2020 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).

FY2020 Supplemental Appropriations

This report primarily focuses on regular FY2020 LHHS discretionary funding enacted during the annual appropriations process. The emergency supplemental funding that was subsequently enacted for FY2020 is generally not included in the budgetary figures discussed in the main body of the report. (These appropriations are addressed in the context of the FY2020 annual cycle in **Appendix C**.)

Discretionary funds represent less than one-fifth of the total funds appropriated in the annual LHHS bill. Nevertheless, the LHHS bill is typically the largest single source of discretionary funds for domestic nondefense federal programs among the various appropriations bills. (The Department of Defense bill is the largest source of discretionary funds among all federal programs.) Because the appropriations process both *provides* and *controls* discretionary funding (concepts discussed further in “Mandatory vs. Discretionary Budget Authority”), the bulk of this report is focused on these funds.

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

Congressional clients may consult the LHHS experts list in CRS Report R42638, *Appropriations: CRS Experts*, 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 FY2020 appropriations and (for context) a review of the conclusion of the FY2019 appropriations process. This is followed by a high-level summary and analysis of enacted and proposed appropriations for FY2020, compared to FY2019 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 (RA). These sections provide selected highlights from FY2020 enacted and proposed funding levels compared to FY2019. (Note that the distribution of funds is sometimes illustrated by figures, which in all cases are based on the FY2020 enacted version of the LHHS bill.¹)

Appendix A provides a summary of budget enforcement activities for FY2020. This includes information on the Budget Control Act of 2011 (BCA; P.L. 112-25) and sequestration, budget

¹ The dollars and percentages in each figure also are generally illustrative, except as noted, of the parallel distribution of funds enacted in FY2019 and proposed by the FY2020 President’s budget, and the House committee-reported and the Senate-passed bills.

enforcement in the absence of an FY2020 budget resolution, 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. 2740. **Appendix C** provides an analysis of the supplemental discretionary LHHS appropriations enacted for FY2020. For a detailed discussion of the FY2020 supplemental LHHS COVID-19 response funding, see CRS Report R46353, *COVID-19: Overview of FY2020 LHHS Supplemental Appropriations*.

Scope of the Report

This report focuses 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 Social Security 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.

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.)

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

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., Social Security benefits payments). 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.

As displayed in this report, mandatory amounts for the FY2020 President'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.)

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

³ Sometimes appropriations measures include amendments to laws authorizing mandatory spending programs and 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

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

Status of FY2020 LHHS Appropriations

FY2020 Supplemental Appropriations

The legislative response to the global pandemic of Coronavirus Disease 2019 (COVID-19) has included the enactment of laws to provide authorities and supplemental funding to prevent, prepare for, and respond to the pandemic. As of the date of this report, LHHS supplemental appropriations for COVID-19 response have been enacted in four separate supplemental appropriations measures, discussed below. These are discussed in detail in CRS Report R46353, *COVID-19: Overview of FY2020 LHHS Supplemental Appropriations*.

In addition, supplemental discretionary LHHS appropriations to implement the United States-Mexico-Canada Agreement were enacted prior to the COVID-19 outbreak.

See **Appendix C** for an analysis of the discretionary LHHS appropriations provided in these acts.

Paycheck Protection Program and Health Care Enhancement Act (PPHCEA, Title I, Division B, H.R. 266; P.L. 116-139)

In April 2020, Congress and the President came to an agreement on a fourth COVID-19 supplemental appropriations act. Among other provisions, this act provided additional supplemental appropriations to HHS for the Provider Relief Fund and to support COVID-19 testing.⁷ The legislative vehicle that was used for the agreement was H.R. 266, an unrelated appropriations bill that had been passed previously by the House. On April 21, 2020, the measure was laid before the Senate by unanimous consent and passed with a substitute amendment by voice vote. The House adopted the Senate version of the proposal on April 23 by a vote of 388-5.⁸ The President signed the bill into law (P.L. 116-139) the following day.⁹ The bill provided \$100 billion in supplemental LHHS funds for programs and activities at HHS.

become available in the given fiscal year.

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).

⁷ The CARES and PPHCEA supplemental measures each provided funding for a “Provider Relief Fund” to assist health care providers and facilities affected by the COVID-19 pandemic. For more information on the new fund, see HHS, “CARES Act Provider Relief Fund” (the name given to this fund by HHS), April 22, 2020, <https://www.hhs.gov/provider-relief/index.html>.

⁸ House Committee on Appropriations, H.R. 622, Paycheck Protection Program and Health Care Enhancement Act Division B – Additional Emergency Appropriations for Coronavirus Response, April 21, 2020, <https://appropriations.house.gov/sites/democrats.appropriations.house.gov/files/Interim%20Emergency%20Package%20Funds%20Hospitals%2C%20Health%20Workers%20and%20Testing.pdf>.

⁹ See CRS Report R46325, *Fourth COVID-19 Relief Package (P.L. 116-139): In Brief*.

Coronavirus Aid, Relief, and Economic Security Act (CARES Act, Title VIII, Division B, H.R. 748; P.L. 116-136)

On March 17, 2020, the Administration released a second request for FY2020 supplemental appropriations of \$45.8 billion for COVID-19 response, of which \$11.1 billion was for LHHS accounts and activities.¹⁰ Over the next several days, Congress and the Administration negotiated the scope and scale of this legislative response, leading to enactment of a third COVID-19 response measure.

The legislative vehicle that was ultimately chosen for this package was H.R. 748, an unrelated measure that had been passed previously by the House.¹¹ Prior to when a deal was reached between Congress and the Administration, the Senate voted on March 22 (47-47) and March 23 (49-46) not to invoke cloture on the motion to proceed to H.R. 748.¹² The measure was ultimately laid before the Senate by unanimous consent and passed with a substitute amendment by a vote of 96-0 on March 25. The House subsequently took up the Senate amendment on March 27, and agreed to it by a voice vote. The bill was signed into law (P.L. 116-136) by the President that same day.¹³ Among other provisions, the bill provided \$172.1 billion in supplemental LHHS funds for various programs and activities at DOL, HHS, ED, and four LHHS related agencies (the Corporation for Public Broadcasting, the Institute of Museum and Library Services, the Railroad Retirement Board, and the Social Security Administration).

Families First Coronavirus Response Act (FFCRA, Title V, Division A, H.R. 6201; P.L. 116-127)

A second COVID-19 response measure was developed by Congress and the Administration soon after the first (P.L. 116-123) was enacted. Initially, H.R. 6201 was introduced by the Chair of the House Appropriations Committee on March 11, 2020.¹⁴ The House amended and passed the measure by a vote of 363-40 on March 14, but further alterations to the final legislative package were negotiated over the next two days.¹⁵ On March 16, the House (by unanimous consent)

¹⁰ With regard to LHHS, the letter also explained that the Administration was seeking to amend its FY2021 budget request for CDC and NIH to provide them additional budgetary resources and authorities. Letter from Russell T. Vought, Acting Director, Office of Management and Budget (OMB), to Vice President Michael Pence, March 17, 2020, <https://www.whitehouse.gov/wp-content/uploads/2020/03/Letter-regarding-additional-funding-to-support-the-United-States-response-to-COVID-19-3.17.2020.pdf>.

¹¹ Prior to when H.R. 748 was determined to be the vehicle for the third COVID-19 response measure, the Senate Majority Leader, Senator McConnell, introduced a proposal on March 19, 2020, that did not include supplemental emergency-designated discretionary appropriations (S. 3548). Four days later, on March 23, 2020, the House Appropriations Committee Chair introduced a proposal (H.R. 6379) that did include supplemental appropriations (including for LHHS).

¹² The Senate Appropriations Committee released a summary of the supplemental appropriations in the measure (Senate Appropriations Committee, *\$340 Billion Surge in Emergency Funding to Combat Coronavirus Outbreak*, March 25, 2020, https://www.appropriations.senate.gov/imo/media/doc/Coronavirus%20Supplemental%20Appropriations%20Summary_FINAL.pdf.)

¹³ CRS reports on the CARES Act are available on Congress.gov at <https://www.congress.gov/bill/116th-congress/house-bill/748> and <https://www.congress.gov/bill/116th-congress/senate-bill/3548>.

¹⁴ For a summary of the measure, see House Appropriations Committee, *H.R. 6201, FAMILIES FIRST CORONAVIRUS RESPONSE ACT, Title-By-Title Summary*, March 11, 2020, <https://appropriations.house.gov/sites/democrats.appropriations.house.gov/files/Families%20First%20Summary%20FINAL.pdf>.

¹⁵ For background, see John Bresnahan and Marianne Levine, “Senate to take up coronavirus package after House passes revised bill,” *Politico*, March 16, 2020, <https://www.politico.com/news/2020/03/16/senate-coronavirus-emergency-package-131465>. See also “DIRECTING THE CLERK OF THE HOUSE OF REPRESENTATIVES TO

considered and agreed to a resolution (H.Res. 904) that directed the Clerk to make changes to the legislation when preparing the final, official version of the House-passed bill (*engrossment*). The engrossed version was sent to the Senate and ultimately passed without amendment by a vote of 90-8 on March 18. The President signed the bill into law (P.L. 116-127) the same day.¹⁶ The bill provided \$1.25 billion in supplemental LHHS funds for programs and activities at HHS.

Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (Title III, Division A, H.R. 6074; P.L. 116-123)

On February 24, 2020, the Trump Administration sent Congress a request for supplemental appropriations of \$1.25 billion for the Public Health and Social Services Emergency Fund (PHSSEF) at HHS.¹⁷ The request letter included a number of other proposals, largely but not exclusively related to re-purposing existing funds toward response efforts. All told, the Administration estimated needing to allocate approximately \$2.5 billion toward COVID-19 response efforts. (For the most part, amounts for other LHHS aspects of the request generally were unspecified in the publicly released request letter.)¹⁸

Several days after the Administration's request, the Chair of the House Appropriations Committee introduced H.R. 6074 on March 4, 2020. The measure passed the House that same day by a vote of 415-2, passed the Senate on March 5 by a vote of 96-1, and was signed into law (P.L. 116-123) on March 6.¹⁹ The bill provided approximately \$6.4 billion in supplemental LHHS funds for accounts and activities at HHS.

United States-Mexico-Canada Agreement Supplemental Appropriations Act, 2019 (USMCA, Title IX, H.R. 5430; P.L. 116-113)

The United States-Mexico-Canada Agreement (USMCA) was a trade agreement that was introduced by the House Majority Leader, Representative Hoyer, on December 13, 2019 (H.R. 5430). The measure was passed by the House on December 19, 2019, by a vote of 385-41, and the Senate on January 16, 2020, by a vote of 89-10. The bill was signed into law on January 29, 2020 (P.L. 116-113).

Supplemental discretionary appropriations carried in Title IX provided \$210 million to the Department of Labor to implement the agreement.²⁰

MAKE CORRECTIONS IN THE ENGROSSMENT OF H.R. 6201," *Congressional Record*, daily edition, vol. 166, no. 50 (March 16, 2020), pp. H1698-H1707.

¹⁶ CRS Reports on FFCRA are available on Congress.gov at <https://www.congress.gov/bill/116th-congress/house-bill/6201>.

¹⁷ The PHSSEF is an account used by the HHS Secretary for one-time or short-term funding such as emergency supplemental appropriations, and for some ongoing public health preparedness activities.

¹⁸ Letter from Russell T. Vought, Acting Director, Office of Management and Budget (OMB), to Vice President Michael Pence, February 24, 2020, <https://www.whitehouse.gov/wp-content/uploads/2020/02/Coronavirus-Supplemental-Request-Letter-Final.pdf>.

¹⁹ A summary of provisions is provided in CRS Report R46285, *Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123): First Coronavirus Supplemental*.

²⁰ See CBO, "Estimate for H.R. 5430, the United States-Mexico-Canada Agreement Implementation Act, as introduced on December 13, 2019, December 16, 2020, <https://www.cbo.gov/system/files/2019-12/hr5430.pdf>.

FY2020 Annual LHHS Appropriations

Table 1 provides a timeline of major legislative actions for full-year LHHS proposals, which are discussed in greater detail below

Table 1. Status of Full-Year LHHS Appropriations Legislation, FY2020

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
4/30/19		H.R. 2740		H.R. 2740,			H.R. 1865,	H.R. 1865,	P.L. 116-94
voice		H.Rept.		Division A			Division A	Division A	12/20/19
vote		116-62		6/19/19			12/17/19	12/19/19	
		5/15/19		226-203			297-120	71-23	
		30-23							

Source: CRS Appropriations Status Table.

FY2020 LHHS Omnibus (Division A, Further Consolidated Appropriations Act, 2020, H.R. 1865; P.L. 116-94)

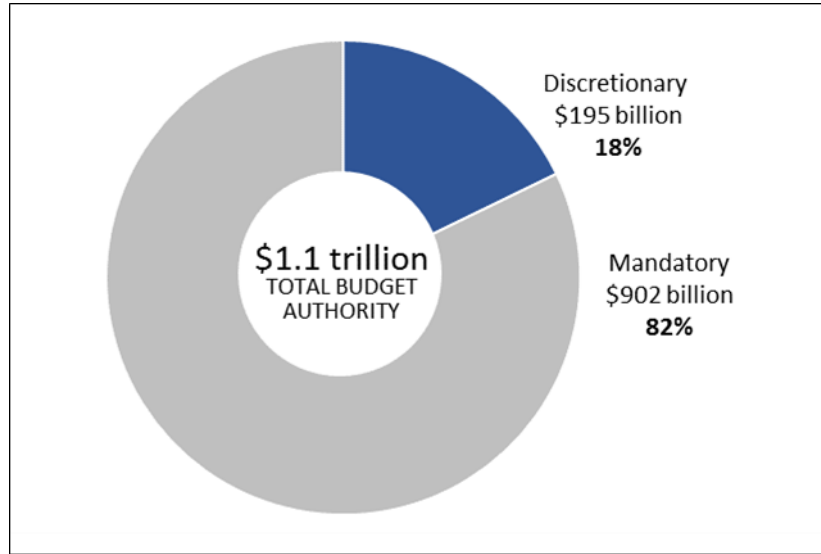
About one week prior to when the second FY2020 continuing resolution (CR) was scheduled to expire, the House, Senate, and Trump Administration announced that it had reached a deal that would fund all 12 appropriations bills in two legislative packages (H.R. 1158 and H.R. 1865); LHHS was funded in Division A of H.R. 1865. The Further Consolidated Appropriations Act, 2020 was agreed to by the House (297-120) on December 17, 2019, and by the Senate (71-23) on December 19. The bill was signed into law on December 20 (P.L. 116-94).

LHHS discretionary appropriations in the FY2020 LHHS omnibus totaled \$195.4 billion. This amount is 3.2% more than FY2019 enacted and 17.4% more than the FY2020 President’s budget request. The omnibus also provided \$902.3 billion in mandatory funding, for a combined LHHS total of \$1.098 trillion. (Note that these totals are based only on amounts provided by the FY2020 LHHS omnibus and do not include the supplemental funds, which were provided *in addition* to the annual appropriations.)

See **Figure 1** for a breakdown of FY2020 discretionary and mandatory LHHS appropriations.²¹

²¹ While the percentages in this figure were calculated based on amounts in the FY2020 LHHS omnibus, they are generally also illustrative—within a few percentage points—of the share of mandatory and discretionary funds in FY2019 and under the various FY2020 proposals (e.g., President’s budget and the House-committee bill).

Figure I. FY2020 Enacted LHHS Appropriations



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2020 LHHS omnibus (P.L. 116-94), available in the *Congressional Record*, vol. 165, no. 204, December 17, 2019, pp. H11061-H11161. Enacted totals for FY2020 do not include emergency-designated appropriations provided by P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255).

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.

FY2020 Continuing Resolutions (Division A, P.L. 116-59; Division A, P.L. 116-69)

FY2020 LHHS appropriations were provided by two continuing resolutions (CRs) until the enactment of the LHHS omnibus (P.L. 116-94) on December 20, 2019.²²

The first CR (Division A of H.R. 4378; P.L. 116-59) was enacted on September 27, 2019. The CR provided continuing appropriations for all 12 annual appropriations acts (including LHHS) through November 21, 2019. In general, the CR funded discretionary programs at the same rate and under the same conditions as in FY2019 (§ 101) and annually appropriated entitlements at their current law levels (§111). It also included several anomalies that were specific to LHHS accounts or activities (§§137-139).²³

The second CR (Division A of H.R. 3055; P.L. 116-69) was enacted on November 21, 2019. This law extended the prior FY2020 CR through December 20, 2019. (None of the few additional anomalies added by Division A were LHHS-specific.)

²² For an overview of CRs, see CRS Report R42647, *Continuing Resolutions: Overview of Components and Practices*.

²³ For further information on the continuing appropriations provided by P.L. 116-59, see CRS Report R45982, *Overview of Continuing Appropriations for FY2020 (P.L. 116-59)*.

Earlier Congressional Action on an LHHS Bill

FY2020 LHHS Action in the Senate (Division A, H.R. 2740)

The FY2020 LHHS bill did not receive subcommittee, full committee, or initial floor consideration in the Senate prior to its enactment.

With regard to committee consideration, the Senate Appropriations Committee scheduled a markup for September 10, 2019, but that markup was indefinitely postponed prior to when it was to occur.²⁴ (The initial LHHS subcommittee allocation (S.Rept. 116-104) that was adopted by the Senate Appropriations Committee on September 12, 2019 is discussed in **Appendix A**.) Senator Blunt, Chair of the Senate LHHS Subcommittee subsequently released the text of a draft LHHS bill and accompanying committee report on September 18.²⁵

The Senate Majority Leader, Senator McConnell, presented cloture on the motion to proceed to H.R. 2740, the House-passed version of the LHHS bill, on September 16. The Senate voted not to invoke cloture (51-44) on September 18. Cloture was not invoked a second time (51-41) on October 31.

FY2020 LHHS Action in the House (Division A, H.R. 2740)

The House Appropriations Committee's LHHS subcommittee approved its draft bill on April 30, 2019, by a voice vote. The full committee markup was held on May 8 and the bill was ordered to be reported that same day (30-23). The bill was subsequently reported to the House on May 15 (H.R. 2740, H.Rept. 116-62). This is the earliest the LHHS bill (including its predecessor under prior jurisdictional arrangements) has been reported to the House since the current budget process was first implemented in FY1976. The FY2020 LHHS bill and FY2020 Military Construction, Veterans Affairs, and Related Agencies Appropriations bill (H.R. 2745) were the first to be reported to the House during the FY2020 cycle. The last time LHHS was the first bill reported by the House Appropriations Committee was FY1980, though in that year the bill was one of three reported on the same day.

As reported by the full committee, the bill would have provided \$204.3 billion in discretionary LHHS funds, a 7.9% increase from FY2019 enacted levels. This amount would have been 22.7% more than the FY2020 President's request. In addition, the House committee bill would have provided an estimated \$902.3 billion in mandatory funding, for a combined total of \$1.107 trillion for LHHS as a whole.

The House began consideration of the FY2020 LHHS bill the week of June 10. To do this, the House took up the FY2020 LHHS bill reported from committee (H.R. 2740) and amended it into a four-bill omnibus, with LHHS appropriations in Division A.²⁶ Of the 73 LHHS amendments

²⁴ Senate Appropriations Committee, "Appropriations Schedule for the Week of September 9, 2019," September 6, 2019, <https://www.appropriations.senate.gov/newsroom/press-releases/appropriations-schedule-for-the-week-of-september-9-2019>.

²⁵ See Senate Appropriations Committee, "Blunt Releases FY2020 Labor, HHS, & Education Appropriations Bill," September 18, 2019, <https://www.appropriations.senate.gov/news/fy2020-labor-hhs-and-education-appropriations-bill-released>.

²⁶ The four appropriations acts that received floor consideration via H.R. 2740 were LHHS (Division A); Department of Defense (Division B); Energy and Water Development and Related Agencies (Division C); and Department of State, Foreign Operations, and Related Programs (Division D). Two special rules were adopted that affected the consideration of LHHS appropriations in Division A: H.Res. 431 and H.Res. 436.

offered to Division A, 64 were adopted and the remaining 9 were withdrawn or defeated. The House passed the LHHS omnibus by a vote of 226-203 on June 19. *Because there is no publicly-available source that estimates the account-level budgetary effects of the amendments adopted to Division A, this report provides analysis of the House Committee-reported version of the LHHS bill.* For information on the LHHS amendments offered during floor consideration, see **Appendix B**.

FY2020 President's Budget Request

On March 11, 2019, the Trump Administration released the initial FY2020 President's budget.²⁷ The President requested \$166.5 billion in discretionary funding for accounts funded by the LHHS bill, which would have been a decrease of 12.1% from FY2019 levels. In addition, the President requested \$900.4 billion in annually appropriated mandatory funding, for a total of \$1.067 trillion for LHHS as a whole.

Conclusion of the FY2019 Appropriations Process

During the 115th Congress, on September 28, 2018, the President signed into law the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (H.R. 6157, P.L. 115-245). This was the first occasion since the FY1997 appropriations cycle that full-year LHHS appropriations were enacted on or before the start of the fiscal year (October 1). The conference report (H.Rept. 115-952) was adopted by the Senate on September 18, and the House on September 26. The bill provided regular, full-year appropriations for the Department of Defense (Division A) and LHHS (Division B) appropriations acts.

LHHS discretionary appropriations in the FY2019 omnibus totaled \$189.4 billion. This amount was 1.5% more than FY2018 enacted and 8.9% more than the FY2019 President's budget request. The omnibus also provided \$869.8 billion in mandatory funding, for a combined LHHS total of \$1.059 trillion. (Note that these totals are based only on amounts provided by the FY2019 LHHS omnibus and do not include the supplemental funds, which were provided *in addition to* the annual appropriations.)²⁸

²⁷ The initial set of budget materials was released on March 11, 2019, and additional agency materials were released in the following weeks, including many on March 18, 2019. In addition, on May 13, the President submitted two budget amendments that would affect portions of the initial request, though these amendments did not affect the net budget authority totals proposed in the initial FY2020 request. The LHHS budget amendments proposed authorizing (1) the HHS National Institute on Minority Health and Health Disparities to implement a reorganization plan and (2) certain funds in the HHS General Departmental Management account to be available for specified activities carried out by the Departmental Appeals Board.

²⁸ For further information, see CRS Report R45869, *Labor, Health and Human Services, and Education: FY2019 Appropriations*.

Summary of FY2020 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 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.

Amounts for FY2019 Enacted, FY2020 Request, and FY2020 Enacted are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2020 LHHS omnibus (P.L. 116-94), available in the *Congressional Record*, vol. 165, no. 204, December 17, 2019, pp. H11061-H11161.

Amounts for the FY2020 House Committee-reported bill are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-62) accompanying H.R. 2740. Throughout this report, the FY2020 House Appropriations Committee-reported LHHS bill is commonly referred to as the House “committee bill.” (This report does not contain estimates of the House-passed version of H.R. 2740, as there is no publicly-available source that estimates the account-level budgetary effects of the adopted amendments. However, information on the LHHS amendments offered during floor consideration can be found in **Appendix B**.)

Enacted totals for FY2019 do not include emergency-designated appropriations provided by P.L. 116-20 or P.L. 116-26. Enacted totals for FY2020 do not include emergency-designated appropriations provided by P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. For informational purposes, FY2019 and FY2020 enacted supplemental amounts are displayed separately at the bottom of tables throughout the report and not summed.

One exception to this rule is made in **Table A-1**, which includes FY2019 and FY2020 enacted supplemental funds in the “Adjusted Appropriations” totals, as scored by the Congressional Budget Office. In addition, further details on the FY2020 supplemental appropriations can be found in **Appendix C**.

For consistency with source materials, the FY2019 and FY2020 numbers in this report generally do not reflect actual or anticipated postenactment budgetary adjustments, except as noted.²⁹ CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255).

Table 2 displays FY2020 discretionary and mandatory LHHS budget authority provided or proposed, by bill title, along with FY2019 enacted levels. The amounts shown in this table reflect total budget authority provided in the annual LHHS 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**. Note that the totals in this table do not include emergency supplemental appropriations; amounts provided in supplementals are displayed separately at the bottom of the table and are in addition to regular appropriations. For a discussion of the FY2020 supplemental appropriations displayed below the bill totals in **Table 2**, see **Appendix C**.)

²⁹ The general practice for CRS reports on the LHHS bill has been to reflect conventions used in source materials. These conventions 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, reestimates 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). The FY2108 and FY2019 versions of this report, however, relied on source materials that generally did not reflect any transfers or other budgetary adjustments pursuant to administrative authorities except PPHF sequestration. The source materials used for the FY2020 report version, and thus the numbers in this report, continue this most recent approach.

Table 2. LHHS Appropriations Overview by Bill Title, FY2019-FY2020

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

Bill Title	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116-94)
Title I: Labor	13.6	12.3	14.7	13.8
Discretionary	12.1	10.9	13.3	12.4
Mandatory	1.4	1.4	1.4	1.4
Title II: HHS	899.2	916.1	939.3	934.8
Discretionary	90.5	78.1	99.4	94.9
Mandatory	808.7	838.0	840.0	839.9
Title III: Education	75.0	67.6	79.5	76.4
Discretionary	71.4	64.0	75.9	72.8
Mandatory	3.5	3.6	3.6	3.6
Title IV: Related Agencies	71.5	70.9	73.1	72.7
Discretionary	15.3	13.5	15.7	15.4
Mandatory	56.2	57.3	57.3	57.3
Total BA in the Bill	1,059.2	1,066.9	1,106.6	1,097.7
Discretionary	189.4	166.5	204.3	195.4
Mandatory	869.8	900.4	902.3	902.3
P.L. 116-20 (emergency)	0.5	—	—	—
P.L. 116-26 (emergency)	2.9	—	—	—
P.L. 116-113 (emergency)	—	—	—	0.2
P.L. 116-123 (emergency)	—	—	—	6.4
P.L. 116-127 (emergency)	—	—	—	1.3
P.L. 116-136 (emergency)	—	—	—	172.1
P.L. 116-139 (emergency)	—	—	—	100.0
Memoranda (non-emergency funds only):				
Advances for Future Years (provided in current bill) ^a	186.7	188.3	189.1	189.1
Advances from Prior Years (for use in current year) ^a	183.3	186.2	186.7	186.7
Additional Scorekeeping Adjustments ^b	-9.4	-24.8	-12.6	-10.5

Source: Amounts in this table for the FY2019 Enacted, FY2020 Request, and FY2020 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2020 LHHS omnibus (P.L. 116-94), available in the *Congressional Record*, vol. 165, no. 204, December 17, 2019, pp. H11061-H11161. Amounts in the FY2020 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-62) accompanying H.R. 2740. Enacted totals for FY2019 do not include emergency-designated appropriations provided by P.L. 116-20 or P.L. 116-26. Enacted totals for FY2020 do not include emergency-designated appropriations provided by P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. For consistency with source materials, amounts in this table generally

do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255).

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.

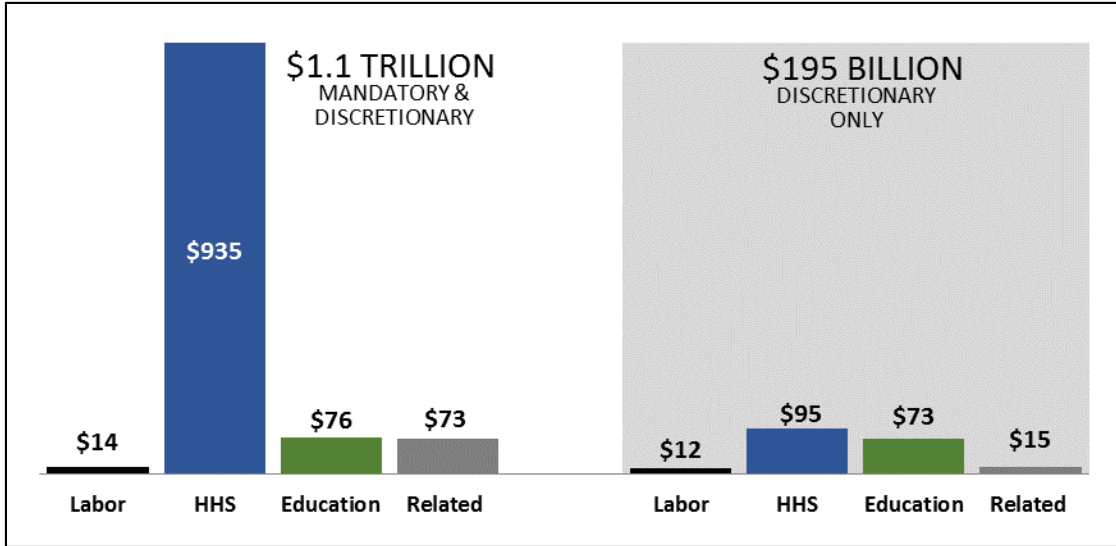
- a. Totals in this table are based on budget authority provided in the bill (i.e., they exclude advance appropriations from prior bills and include advance appropriations from this bill made available in future years). The calculation for total budget authority available in the current year is as follows: 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 FY2020 enacted discretionary and mandatory LHHS funding levels, by bill title. (While the dollars and percentages discussed in this section were calculated based on the FY2020 enacted amounts, they are generally also illustrative—within several percentage points—of the share of funds directed to each bill title in FY2019 and under the other FY2020 proposals.)

As this figure demonstrates, HHS accounts for the largest share of total FY2020 LHHS appropriations: \$934.8 billion, or 85.2%. 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 LHHS funding, accounting for 7.0% and 6.6%, 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.) DOL accounts for the smallest share of total LHHS funds, 1.3%.

The overall composition of LHHS funding is noticeably different when comparing only discretionary appropriations. HHS accounts for a comparatively smaller share of total discretionary appropriations (48.6%), while ED accounts for a relatively larger share (37.2%). Together, these two departments represent the majority (85.8%) of discretionary LHHS appropriations. DOL and the Related Agencies account for a roughly even split of the remaining 14.2% of discretionary LHHS funds.

Figure 2. FY2020 Enacted LHHS Appropriations by Title



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2020 LHHS omnibus (P.L. 116-94), available in the *Congressional Record*, vol. 165, no. 204, December 17, 2019, pp. H11061-H11161. Enacted totals for FY2020 do not include emergency-designated appropriations provided by P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255).

Notes: Details may not add to totals due to rounding. Amounts in this figure (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 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 reestimates 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).³¹ 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)³⁰

FY2020 DOL Appropriations Overview

Table 3 generally displays FY2020 discretionary and mandatory DOL budget authority provided or proposed, along with FY2019 enacted levels. The totals in this table do not include emergency supplemental appropriations; amounts provided in supplementals are displayed separately at the bottom of the table and are in addition to regular appropriations. For a discussion of the FY2020 supplemental appropriations displayed below the bill totals in **Table 3**, see **Appendix C**.

The FY2020 LHHS omnibus increased discretionary appropriations for DOL by \$291 million (+2.4%) compared to the FY2019 enacted levels. Discretionary DOL appropriations would have increased by \$1.2 billion (+9.9%) under the FY2020 House committee bill, compared to FY2019, but would have decreased under the FY2020 President’s budget request by \$1.2 billion (-10.0%). Of the total funding provided in the bill for DOL, roughly 90% is discretionary.

³⁰ Departmental Management includes the DOL salaries and expenses, Veterans Employment and Training Service (VETS), IT Modernization, and the Office of the Inspector General.

³¹ The Pension Benefit Guaranty Corporation (PBGC) is funded primarily through insurance premiums and related fees from companies covered by the PBGC.

Table 3. DOL Appropriations Overview
(Dollars in billions)

Funding	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116-94)
Discretionary	12.1	10.9	13.3	12.4
Mandatory	1.4	1.4	1.4	1.4
Total BA in the Bill	13.6	12.3	14.7	13.8
P.L. 116-20 (emergency)	0.1	—	—	—
P.L. 116-26 (emergency)	—	—	—	—
P.L. 116-113 (emergency)	—	—	—	0.2
P.L. 116-123 (emergency)	—	—	—	—
P.L. 116-127 (emergency)	—	—	—	—
P.L. 116-136 (emergency)	—	—	—	0.4
P.L. 116-139 (emergency)	—	—	—	—

Source: Amounts in this table for the FY2019 Enacted, FY2020 Request, and FY2020 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2020 LHHS omnibus (P.L. 116-94), available in the *Congressional Record*, vol. 165, no. 204, December 17, 2019, pp. H11061-H11161. Amounts in the FY2020 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-62) accompanying H.R. 2740. Enacted totals for FY2019 do not include emergency-designated appropriations provided by P.L. 116-20 or P.L. 116-26. Enacted totals for FY2020 do not include emergency-designated appropriations provided by P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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 FY2020 enacted and proposed appropriations compared to FY2019 enacted appropriations for selected DOL accounts and programs.³²

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 authorized appropriations for its programs through FY2020. WIOA’s provisions went into effect in FY2015 and FY2016.

³² DOL budget materials can be found at <https://www.dol.gov/general/aboutdol#budget>.

Title I of 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 FY2020 LHHS omnibus provided a \$30 million increase (+1.1%) for the three WIOA state formula grant programs compared to FY2019, the President's budget would have provided level funding and the House committee bill would have increased funding by \$178 million (+6.4%), compared to FY2019 enacted levels.

The FY2020 LHHS omnibus provided \$271 million for the Dislocated Workers Activities National Reserve (DWA National Reserve), which was an increase of \$50 million (+22.6%) compared to the FY2019 enacted level. The FY2020 President's budget would have reduced funding for the DWA National Reserve by \$86 million (-39.0%) but the House committee bill would have increased DWA National Reserve funding by \$150 million (+67.9%), compared to the FY2019 enacted level. In addition, the FY2020 LHHS omnibus maintained a provision in that account (which originated in the FY2018 omnibus and was included in the FY2019 omnibus) directing \$30 million from the DWA National Reserve toward training and employment assistance for workers dislocated in both the Appalachian and lower Mississippi regions. Finally, the FY2020 LHHS omnibus included a new provision directing \$40 million from the DWA National Reserve to be used in developing, offering, or improving career training programs at community colleges.

The FY2020 LHHS omnibus provided \$175 million for the Apprenticeship Grant program, which is \$15 million (+9.4%) more than the level enacted in FY2019. The FY2020 President's budget would have maintained the same level of funding for the Apprenticeship Grant program as the FY2019 enacted level and the House committee bill would have increased funding by \$90 million (+56.3%) compared to the FY2019 enacted level.

Four ETA programs for which the FY2020 President's budget proposed no funding—the Native Americans program, the Migrant and Seasonal Farmworkers program, the Community Service Employment for Older Americans (CSEOA) program, and the Workforce Data Quality Initiative—received FY2020 appropriations at roughly the same level as FY2019.

Bureau of Labor Statistics (BLS)

The FY2020 LHHS omnibus provided \$655 million for BLS, which was an increase of \$40 million (+6.5%) from the FY2019 enacted level and the same amount requested in the FY2020 President's budget but \$21 million (-3.1%) less than the amount proposed in the House committee bill. The FY2020 President's budget indicates that the additional \$40 million was requested, and should remain available until September 30, 2024, for necessary costs associated with the physical relocation of BLS headquarters to the Suitland Federal Complex. Similarly, the FY2020 LHHS omnibus directed BLS to use \$27 million for costs associated with this move. As noted in the explanatory statement accompanying the FY2020 LHHS omnibus, the remainder of the increase (\$13 million) is to be used to support an annual supplement to the Current Population Survey (CPS) to collect data on contingent workers every two years and other topics in the alternate years, to restore the production of labor market data in the Local Area Unemployment Statistics (LAUS) program for New England Minor Civil Divisions with populations less than 1,000, and to plan and develop a new National Longitudinal Survey of Youth (NLSY) cohort.³³

³³ Explanatory statement accompanying the FY2020 LHHS omnibus (P.L. 116-94), available in the *Congressional Record*, vol. 165, no. 204, December 17, 2019, pp. H11063.

Bureau of International Labor Affairs (ILAB)

The FY2020 LHHS omnibus provided \$96 million for ILAB, which was an increase of \$10 million (+11.6%) from the FY2019 enacted level. The House committee bill would have provided \$122 million for ILAB, an increase of \$36 million (+41.8%) over the FY2019 enacted level. The FY2020 President’s budget would have decreased funding by \$68 million (-78.5%) for ILAB, which provides research, advocacy, technical assistance, and grants to promote workers’ rights in different parts of the world. Language in the FY2020 President’s budget indicated that the proposed reduction reflected a \$59.8 million decrease to eliminate new grants and a \$7.8 million decrease to reduce staff levels, with the remaining \$19 million to be used on “efforts to make U.S. trade agreements fair for U.S. workers by monitoring and enforcing the labor provisions of free trade agreements (FTAs) and trade preference programs to ensure a fair global playing field for U.S. workers and businesses.”³⁴

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 FY2020 LHHS omnibus.

The FY2020 LHHS omnibus continued several provisions that have been included in at least one previous LHHS appropriations act, including provisions that

- exempt certain insurance claims adjusters from overtime protection for two years following a “major disaster” (included since FY2016);³⁵
- direct 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 (included since FY2016);³⁶
- authorize the Secretary of Labor to provide up to \$2 million in “excess personal property” to apprenticeship programs to assist training apprentices (included since FY2018);³⁷
- authorize the Secretary of Labor to employ law enforcement officers or special agents to provide protection to the Secretary of Labor and certain other employees and family members at public events and in situations in which there is a “unique and articulable” threat of physical harm (included since FY2018);³⁸ and
- authorize the Secretary of Labor to dispose of or divest “by any means the Secretary determines appropriate” all or part of the real property on which the Treasure Island Job Corps Center is located (included since FY2018).³⁹

³⁴ See <https://www.dol.gov/sites/dolgov/files/general/budget/2020/CBJ-2020-V3-02.pdf>, DM-38.

³⁵ See Division A, Title I, §108 of P.L. 116-94.

³⁶ See Division A, Title I, §110 of P.L. 116-94. The H-2B program allows for the temporary employment of foreign workers in nonagricultural 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.

³⁷ See Division A, Title I, §112 of P.L. 116-94.

³⁸ See Division A, Title I, §113 of P.L. 116-94.

³⁹ See Division A, Title I, §114 of P.L. 116-94.

Table 4. Detailed DOL Appropriations

(Dollars in millions)

Agency or Selected Program	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116- 94)
ETA—Mandatory^a	790	680	680	680
ETA—Discretionary	9,116	7,893	9,934	9,293
<u>Discretionary ETA Programs:</u>				
Training and Employment Services:	3,503	3,247	3,978	3,611
<u>State Formula Grants:</u>	2,790	2,790	2,967	2,820
Adult Activities Grants to States	846	846	900	855
Youth Activities Grants to States	903	903	964	913
Dislocated Worker Activities (DWA) Grants to States	1,041	1,041	1,103	1,052
<u>National Activities:</u>	713	458	1,010	791
DWA National Reserve	221	135	371	271
Native Americans	55	0	55	55
Migrant and Seasonal Farmworkers	89	0	99	92
YouthBuild	90	85	128	95
Reintegration of Ex-Offenders	93	78	100	98
Workforce Data Quality Initiative	6	0	8	6
Apprenticeship Grants	160	160	250	175
Job Corps	1,719	1,016	1,869	1,744
Community Service Employment for Older Americans	400	0	464	405
<u>State Unemployment Insurance and Employment Service Operations (SUI/ESQ):</u>	3,336	3,476	3,466	3,375
Unemployment Compensation	2,528	2,663	2,630	2,553
Employment Service	683	683	702	690
Foreign Labor Certification	62	71	71	69
One-Stop Career Centers	63	59	63	63
ETA Program Administration	159	154	159	159
Employee Benefits Security Administration	181	194	183	181
Pension Benefit Guaranty Corp, (PBGC) program level (non-add)^b	(445)	(453)	(453)	(453)
Wage and Hour Division	229	233	298	242
Office of Labor-Management Standards	41	49	40	43
Office of Federal Contract Compliance Programs	103	104	120	106

Agency or Selected Program	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116- 94)
Office of Workers' Compensation Programs— Mandatory^c	642	695	695	695
Office of Workers' Compensation Programs— Discretionary	118	118	121	118
Occupational Safety & Health Administration	558	558	661	582
Mine Safety & Health Administration	374	376	417	380
Bureau of Labor Statistics	615	655	676	655
Office of Disability Employment Policy	38	27	39	39
Departmental Management	751	700	832	776
Salaries and Expenses	338	267	383	348
<i>International Labor Affairs (non-add^d)</i>	86	19	122	96
Veterans Employment and Training	300	306	316	311
IT Modernization	23	37	37	25
Office of the Inspector General	89	90	96	91
Total, DOL BA in the Bill	13,555	12,280	14,696	13,789
Subtotal, Mandatory	1,432	1,375	1,375	1,375
Subtotal, Discretionary	12,123	10,905	13,322	12,414
P.L. 116-20 (emergency)	50	—	—	—
P.L. 116-26 (emergency)	—	—	—	—
P.L. 116-113 (emergency)	—	—	—	210
P.L. 116-123 (emergency)	—	—	—	—
P.L. 116-127 (emergency)	—	—	—	—
P.L. 116-136 (emergency)	—	—	—	360
P.L. 116-139 (emergency)	—	—	—	—
Memoranda (non-emergency funds only)				
Total, BA Available in Fiscal Year (current year from any bill)	13,556	12,366	14,696	13,789
Total, BA Advances for Future Years (provided in current bill)	1,786	1,700	1,786	1,786
Total, BA Advances from Prior Years (for use in current year)	1,787	1,786	1,786	1,786

Source: Amounts in this table for the FY2019 Enacted, FY2020 Request, and FY2020 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2020 LHHS omnibus (P.L. 116-94), available in the *Congressional Record*, vol. 165, no. 204, December 17, 2019, pp. H11061-H11161. Amounts in the FY2020 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-62) accompanying H.R. 2740. Enacted totals for FY2019 do not include emergency-designated appropriations provided by P.L. 116-20 or P.L. 116-26. Enacted totals for FY2020 do not include emergency-designated appropriations provided by P.L. 116-113, P.L. 116-123,

P.L. 116-127, P.L. 116-136, or P.L. 116-139. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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 mandatory funds provided by authorizing laws, such as the Patient Protection and Affordable Care Act [ACA, P.L. 111-148]).⁴⁰ 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 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 HHS agencies supported by the LHHS bill).⁴¹ For instance, the LHHS bill directs funding to five Public Health Service (PHS) agencies: the Health Resources and Services Administration (HRSA), Centers for Disease

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)

⁴⁰ 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)*.

⁴¹ Three HHS public health agencies receive annual funding from appropriations bills other than the LHHS bill: the

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).⁴² 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,⁴³ 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.

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.⁴⁴ 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.

FY2020 HHS Appropriations Overview

Table 5 displays enacted and proposed FY2020 funding levels for HHS, along with FY2019 levels. Note that the totals in this table do not include emergency supplemental appropriations; amounts provided in supplementals are displayed separately at the bottom of the table and are in addition to regular appropriations. For a discussion of the FY2020 supplemental appropriations displayed below the bill totals in **Table 5**, see **Appendix C**.

In general, discretionary funds account for about 10% of HHS appropriations in the LHHS bill. Compared to the FY2019 funding levels, the FY2020 LHHS omnibus increased HHS discretionary appropriations by 4.9%. The House committee bill would have increased HHS discretionary appropriations to a greater degree, by 9.8%, while the President requested a 13.7% decrease in discretionary HHS funding.

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). In addition, while the National Institutes of Health (NIH) receive the majority of their appropriations from the LHHS bill, one NIH institute (the National Institute of Environmental Health Sciences) receives appropriations from two bills: LHHS and the Interior-Environment bill.

⁴² For more information on HHS agencies, see CRS Report R44916, *Public Health Service Agencies: Overview and Funding (FY2016-FY2018)*.

⁴³ 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.

⁴⁴ ACL was established in 2012 by consolidating 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/>.

Table 5. HHS Appropriations Overview
(Dollars in billions)

Funding	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116-94)
Discretionary	90.5	78.1	99.4	94.9
Mandatory	808.7	838.0	840.0	839.9
Total BA in the Bill	899.2	916.1	939.3	934.8
P.L. 116-20 (emergency)	0.3	—	—	—
P.L. 116-26 (emergency)	2.9	—	—	—
P.L. 116-113 (emergency)	—	—	—	—
P.L. 116-123 (emergency)	—	—	—	6.4
P.L. 116-127 (emergency)	—	—	—	1.3
P.L. 116-136 (emergency)	—	—	—	140.4
P.L. 116-139 (emergency)	—	—	—	100

Source: Amounts in this table for the FY2019 Enacted, FY2020 Request, and FY2020 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2020 LHHS omnibus (P.L. 116-94), available in the *Congressional Record*, vol. 165, no. 204, December 17, 2019, pp. H11061-H11161. Amounts in the FY2020 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-62) accompanying H.R. 2740. Enacted totals for FY2019 do not include emergency-designated appropriations provided by P.L. 116-20 or P.L. 116-26. Enacted totals for FY2020 do not include emergency-designated appropriations provided by P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they generally reflect transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255).

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.

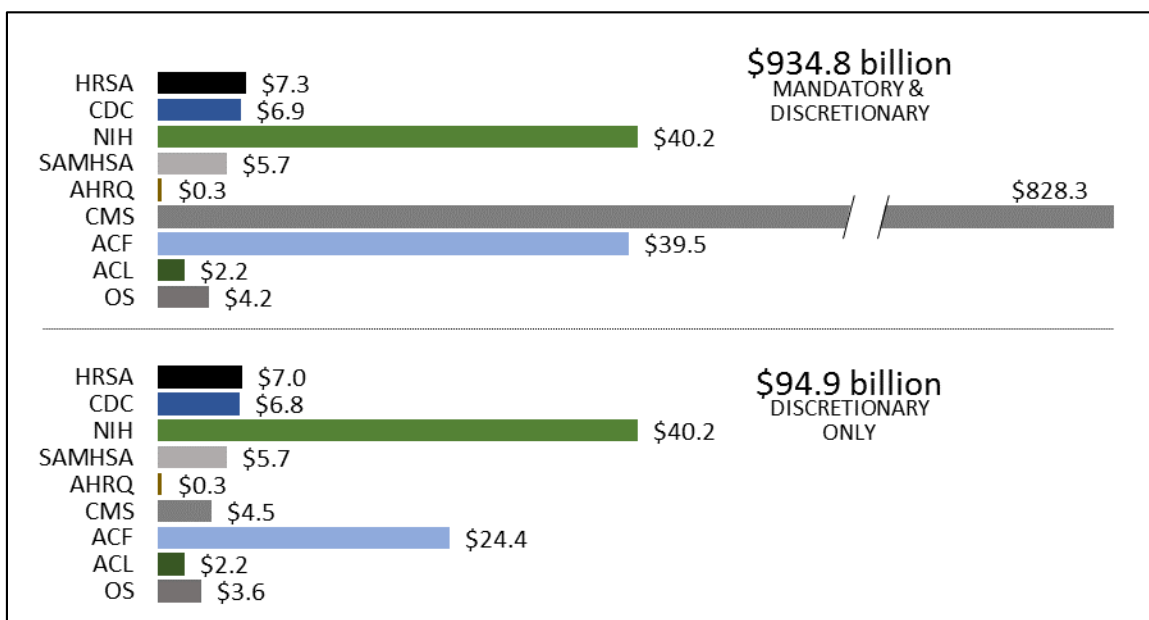
Figure 3 provides an HHS agency-level breakdown of FY2020 enacted appropriations. As this figure demonstrates, annual HHS appropriations are dominated by mandatory funding, the majority of which goes to CMS to provide Medicaid benefits and payments to health care trust funds. When taking into account both mandatory and discretionary funding, CMS accounts for \$828.3 billion, which is 88.6% of all enacted appropriations for HHS. NIH and ACF account for the next-largest shares of total HHS appropriations, receiving about 4.3% and 4.2% apiece.

By contrast, when looking exclusively at discretionary appropriations, funding for CMS constitutes about 4.7% of FY2020 enacted HHS appropriations. Instead, the bulk of discretionary appropriations went to the PHS agencies, which account for 63.4% of discretionary appropriations provided for HHS.⁴⁵ NIH typically receives the largest share of all discretionary

⁴⁵ For further information about PHS agency funding, see CRS Report R44916, *Public Health Service Agencies: Overview and Funding (FY2016-FY2018)*.

funding among HHS agencies (42.2% in FY2020), with ACF accounting for the second-largest share (25.8% in FY2020).

Figure 3. FY2020 Enacted HHS Appropriations by Agency



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2020 LHHS omnibus (P.L. 116-94), available in the *Congressional Record*, vol. 165, no. 204, December 17, 2019, pp.H11061-H11161. Enacted totals for FY2020 do not include emergency-designated appropriations provided by P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they generally reflect transfers or reprogramming of funds pursuant to executive authorities.

Notes: Details may not add to totals due to rounding. The bar representing the combined mandatory and discretionary total for CMS has been abbreviated due to space constraints. When taking into account both mandatory and discretionary funding, CMS receives over 20 times the funding appropriated to either ACF or NIH in the FY2019 LHHS omnibus. 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 HHS-specific funding mechanisms: the Public Health Service 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 have distributed specific amounts of “tap” funding to selected HHS programs. Since FY2010, and including in FY2020, this higher maximum set-aside level has been 2.5% of eligible appropriations.⁴⁶ (While the House committee bill would also have maintained the set-aside at 2.5%, the President’s budget proposed to increase the set-aside to 2.9%.)

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 and including in FY2020, LHHS appropriations laws have directed tap funds to a smaller number of 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.⁴⁷ The House committee bill generally would have maintained the current distributional practice for FY2020, except that it would have also provided tap funding to AHRQ. 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, while simultaneously proposing to reduce or eliminate tap transfers to some other activities.

Since FY2015, LHHS appropriations laws have directed the largest share of tap transfers to NIH.⁴⁸ The FY2020 LHHS omnibus provided \$1.2 billion in tap transfers to NIH, an \$84 million (+7.3%) increase over the FY2019 level. The FY2020 House committee bill proposed that the NIH transfers be continued at FY2019 levels (\$1.1 billion), whereas the President’s request proposed that the transfer be reduced by \$406 million (-35.4%).

Display of Evaluation Tap Transfers

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.

⁴⁶ See Section 204, Division B, P.L. 116-94 for the FY2020 maximum set-aside level. The last time that 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). The FY2020 omnibus also retained a change 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. Prior to FY2014, such provisions had restricted tap funds to the “evaluation of the implementation” of programs authorized under the Public Health Service Act.

⁴⁷ 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*.

⁴⁸ Prior to FY2015, NIH had traditionally been by far the largest net donor of tap funds, rather than a net recipient. 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 funds to support programs and activities within the PHS agencies.⁴⁹ One of these, the Prevention and Public Health Fund (PPHF, ACA §4002, as amended), was given a permanent, annual appropriation that was intended to provide support each year to prevention, wellness, and related public health programs funded through HHS accounts.

Display of PPHF Transfers

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 the case for other mandatory spending shown in this report (also for consistency with source materials).

The ACA had appropriated \$2 billion in mandatory funds to the PPHF for FY2020, but this amount was reduced by subsequent laws that decreased PPHF funding for FY2020 and other fiscal years. Under current law, the FY2020 appropriation was \$950 million.⁵⁰ In addition, this appropriation was subject to a 5.9% reduction due to sequestration of nonexempt mandatory spending. (For more information on sequestration, see the budget enforcement discussion in **Appendix A.**) After sequestration, the total PPHF appropriation available for FY2020 was \$894 million, an increase of \$50 million relative to FY2019. Of this amount, the LHHS omnibus allocated \$854 million to CDC, \$12 million to SAMHSA, and \$28 million to ACL.⁵¹

PPHF funds are intended to supplement (sometimes quite substantially) the funding that selected programs receive through regular appropriations. Although the PPHF authority instructs the HHS Secretary to transfer amounts from the fund to HHS agencies, since 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.⁵²

CDC commonly receives the largest share of annual PPHF funds. The amount provided to CDC for FY2020 and proposed by the House committee bill, \$854 million, was a \$50 million (+6.2%) increase relative to FY2019. The President's request proposed increasing the PPHF funding transferred to CDC to \$894 million (+11.1%).

Selected HHS Highlights by Agency

This section begins with a limited selection of FY2020 discretionary funding highlights by HHS agency. The discussion is largely based on the enacted and proposed appropriations levels for FY2020, compared to FY2019 enacted levels.⁵³ 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 FY2019 enacted and FY2020 proposed and enacted funding levels for HHS.

⁴⁹ For more information, see CRS Report R41301, *Appropriations and Fund Transfers in the Affordable Care Act (ACA)*.

⁵⁰ 42 U.S.C. 300u-11.

⁵¹ See explanatory statement accompanying the FY2020 LHHS omnibus (P.L. 116-94), available in the *Congressional Record*, vol. 165, no. 204, December 17, 2019, p. H11080, for allocations to specific agency programs and activities.

⁵² See Division A, §222, P.L. 116-94.

⁵³ HHS budget materials can be found at <http://www.hhs.gov/budget/>.

HRSA

The FY2020 LHHS omnibus provided \$7.0 billion in discretionary budget authority for HRSA. This was \$195 million (+2.8%) more than HRSA's FY2019 discretionary funding level and \$1.2 billion (+20.4%) more than the FY2020 President's budget request.

The explanatory statement accompanying the FY2020 LHHS omnibus provided \$50 million for the first year of an initiative to reduce HIV transmission under the Primary Health Care account. These funds are to be used to increase the use of pre-exposure prophylaxis (PrEP) among high risk groups.⁵⁴ Under the Ryan White HIV/AIDS Program appropriation, there is an additional \$70 million set aside for the HIV initiative, to be used in high-need jurisdictions to increasing viral suppression among people with HIV. The explanatory statement also allocates within the Rural Health account \$6 million to be used to develop best practices for HIV treatment through telehealth.⁵⁵

From amounts appropriated to the Health Workforce account, the explanatory statement directed \$102 million (+36%) toward Behavioral Health Workforce Education and Training (BHWET). Within this amount, the explanatory statement allocated no less than \$26.7 million to establish the Mental and Substance Use Disorder Workforce Training Demonstration,⁵⁶ no less than \$10 million for experiential training for peer support specialists,⁵⁷ and no less than \$12 million to establish the Loan Repayment Program for Substance Use Disorder Treatment Workforce.⁵⁸

CDC

The FY2020 LHHS omnibus provided \$6.8 billion in discretionary budget authority for CDC, which was \$362 million (+5.6%) more than CDC's FY2019 funding level. The FY2020 LHHS omnibus did not direct any PHS tap funds to the CDC, continuing the practice started in FY2015. However, the FY2020 LHHS omnibus did supplement discretionary CDC appropriations with transfers from two additional sources. First, the FY2020 LHHS omnibus directed \$854 million in PPHF transfers to the CDC, which was \$50 million (+6.2%) more than FY2019.⁵⁹ Second, the FY2020 LHHS omnibus directed \$225 million from the HHS Nonrecurring Expenses Fund (NEF)⁶⁰ to the CDC Buildings and Facilities account to support infrastructure improvements for the CDC's Chamblee Campus.⁶¹ Funds transferred into the NEF are generally available to the

⁵⁴ *Congressional Record*, December 17, 2019, Vol. 165, No. 204, Book III, p. H11063.

⁵⁵ *Ibid.*, p. H11064.

⁵⁶ Authorized under Section 9022 of the 21st Century Cures Act (P.L. 114-255) and described in *Congressional Record*, vol. 165, no. 204, December 17, 2019, p. H11064. See also H.Rept. 116-62, p. 45.

⁵⁷ As described in *Congressional Record*, vol. 165, no. 204, December 17, 2019, p. H11064. See also H.Rept. 116-62, p. 45.

⁵⁸ Authorized under Section 7071 of the SUPPORT for Patients and Communities Act (P.L. 115-271) and described in *Congressional Record*, vol. 165, no. 204, December 17, 2019, p. H11064. See also H.Rept. 116-62, p. 45.

⁵⁹ *Congressional Record*, December 17, 2019, Vol. 165, No. 204, Book III, p. H11065.

⁶⁰ The NEF was established by the Consolidated Appropriations Act of 2008 to enable the HHS Secretary to repurpose certain unobligated balances of expired discretionary funds appropriated to HHS from the General Fund (P.L. 110-161, Division G, Title II, §223). Most accounts in annual appropriations measures receive appropriations from the General Fund at the U.S. Treasury. This term refers to all federal money not allocated by law to any other fund account, such as federal trust funds for Medicare.

⁶¹ See Division A, Title II, §238 of P.L. 116-94. The \$225 million NEF transfer to the CDC Buildings and Facilities account was for one-time projects for the CDC's Chamblee Campus, such as real property, equipment, construction, demolition, installation, renovation of facilities, and related infrastructure improvements. The FY2020 LHHS omnibus separately appropriated \$25 million to the CDC Buildings and Facilities account, but did not explicitly direct any of

Secretary for capital acquisitions across HHS, including facilities infrastructure and information technology. Until recently, it has not been common for LHHS appropriations acts to specify that particular projects are to be funded by the NEF, but there have been a few such cases since FY2017.⁶² All told, this combination of funding represented an increase of \$637 million (+8.7%) from FY2019.

The President's budget request would have decreased discretionary budget authority by \$1.6 billion (-31.2%) relative to FY2019, while requesting that \$423 million in tap funds be directed to the CDC. The President's budget also requested \$894 million in PPHF transfers, which would have been an \$89 million (+11.1%) increase. However, the President's budget did not request that any transfers from the NEF be directed to the CDC. All told, this combination of funding would have represented a decrease of \$751 million (-10.2%) from FY2019.

Most programmatic accounts, except Immunization and Respiratory Diseases and Public Health Preparedness and Response, received increases relative to FY2019. Notable increases were provided for (1) the HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases (STDs), and Tuberculosis Prevention account, which was funded at an increased level of \$1.274 billion (+13.2% above FY2019), including funding for a new initiative to prevent new HIV infections (\$140 million),⁶³ and (2) the Public Health and Scientific Services account, funded at \$555 million (+10.1%), which contained a new initiative on public health data modernization (\$50 million).⁶⁴ The explanatory statement contained a number of new activities under the Injury Prevention and Control account, which was funded at \$677 million (+4.4%), including funding for child sexual abuse prevention (\$1 million), suicide prevention (\$10 million), and adverse childhood experiences (\$4 million). It also included specific funding for a new Firearm Injury and Mortality Prevention Research program (\$12.5 million).⁶⁵

NIH

The FY2020 LHHS omnibus provided \$40.2 billion in discretionary budget authority for NIH. This was \$2.3 billion (+6.0%) more than FY2019 and \$6.8 billion (+20.4%) more than the President's FY2020 budget request. The FY2020 LHHS omnibus also directed \$225 million from the HHS Nonrecurring Expenses Fund (NEF)⁶⁶ to the NIH Buildings and Facilities account to implement the recommendations in the 2019 National Academies of Sciences, Engineering, and

these appropriations to the Chamblee project. The \$25 million appropriation to this account represents a \$5 million decrease from FY2019 (-17%), when excluding the NEF funds reserved for the Chamblee project.

⁶² For instance, a continuing resolution for FY2017 (P.L. 114-254) authorized HHS to transfer up to \$300 million (if certain conditions were met) from the NEF to the HHS Refugee and Entrant Assistance program dedicated to unaccompanied alien children. For more information, see CRS Report R44723, *Overview of Further Continuing Appropriations for FY2017 (H.R. 2028)*. In addition, the FY2018 omnibus provision directing \$240 million in NEF funds to the construction of a new CDC laboratory. The explanatory statement identifies several other priorities for NEF projects (*Congressional Record*, March 22, 2018, Vol. 164, No. 50, Book III, p. H2705.)

⁶³ *Congressional Record*, December 17, 2019, Vol. 165, No. 204, Book III, p. H11065.

⁶⁴ *Ibid.*, p. H11066. The explanatory statement notes that these funds are intended to support the initiative as outlined in an early committee report. For those details, see pp. 71-72 in H.Rept. 116-62.

⁶⁵ *Ibid.*, p. H11067. When taking account of the \$12.5 million in NIH funding that was reserved for the same purpose, the total provided for Firearm Injury and Mortality Prevention Research was \$25 million.

⁶⁶ The NEF was established by the Consolidated Appropriations Act of 2008 to enable the HHS Secretary to repurpose certain unobligated balances of expired discretionary funds appropriated to HHS from the General Fund (P.L. 110-161, Division G, Title II, §223). Most accounts in annual appropriations measures receive appropriations from the General Fund at the U.S. Treasury. This term refers to all federal money not allocated by law to any other fund account, such as federal trust funds for Medicare.

Medicine report *Managing the NIH Bethesda Campus' Capital Assets in a Highly Competitive Global Biomedical Research Environment*.⁶⁷ In addition, the FY2020 LHHS omnibus directed \$1.2 billion in PHS tap transfers to NIH, an increase of \$84 million (+7.3%) from FY2019. The entirety of the PHS tap transfer was provided to the National Institute of General Medical Sciences (NIGMS), and was paired with a discretionary appropriation of \$1.7 billion. The NIGMS discretionary appropriation was \$20 million (-1.1%) less than FY2019, but when combined with the tap transfer, total funding for NIGMS increased by \$64 million (+2.2%) from FY2019.

In line with recent practice, the explanatory statement on the FY2020 LHHS omnibus directed NIH to reserve a specific dollar amount for a number of purposes, for example, \$2.82 billion for Alzheimer's disease research, referring to it as an increase of \$350 million from FY2019.⁶⁸ It also included a new reservation of funds for Firearm Injury and Mortality Prevention Research (\$12.5 million).⁶⁹ Reserving a specific dollar amount for a particular disease or area of research at NIH is a relatively new practice and constitutes a significant departure from past precedent.⁷⁰

The FY2020 LHHS omnibus appropriated \$492 million to the NIH Innovation Account pursuant to the 21st Century Cures Act (Cures Act; P.L. 114-255), which was equal to the amount authorized to be appropriated in that act. The explanatory statement also reiterated the purposes authorized in the Cures Act, directing that NIH transfer \$195 million to the National Cancer Institute to support cancer research, and \$70 million each to the National Institute of Neurological Disorders and Stroke and the National Institute of Mental Health to support the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative. The remaining \$157 million was divided between the Precision Medicine Initiative (\$149 million) and regenerative medicine research (\$8 million).⁷¹

SAMHSA

The FY2020 LHHS omnibus provided \$5.7 billion in discretionary budget authority for SAMHSA. This amount was \$140 million (+2.5%) more than SAMHSA's FY2019 funding level and \$202 million (+3.6%) more than the President's FY2020 budget request. The FY2020 LHHS omnibus also directed \$134 million in PHS evaluation tap funding and \$12 million in PPHF funding to SAMHSA, which was the same amount as FY2019.

⁶⁷ See Division A, Title II, §237 of P.L. 116-94. For further details, see *Congressional Record*, December 17, 2019, Vol. 165, No. 204, Book III, p. H11074.

⁶⁸ *Ibid.*, p. H11070. For a list of specified funding levels in the explanatory statement accompanying the LHHS omnibus, see Table A-2 in CRS Report R43341, *National Institutes of Health (NIH) Funding: FY1995-FY2021*.

⁶⁹ *Ibid.*, p. H11072. When taking account of the \$12.5 million in CDC funding that was reserved for the same purpose, the total provided for Firearm Injury and Mortality Prevention Research was \$25 million.

⁷⁰ As recently as December 2014, 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 [Alzheimer's disease] or for any other individual disease. Doing so 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.

⁷¹ *Congressional Record*, December 17, 2019, Vol. 165, No. 204, Book III, p. H11068.

The FY2020 LHHS omnibus included an increase of \$50 million (+33.3%) from FY2019 for Certified Community Behavioral Health Centers. Under the explanatory statement accompanying the FY2020 LHHS omnibus, funding for Mental Health Programs of Regional and National Significance (PRNS) received an increase of \$65 million (+16.9%) and Substance Abuse Treatment PRNS received an increase of \$19 million (+4.1%) from FY2019.⁷² Some of the increases in PRNS funding are for programs created by the SUPPORT Act (P.L. 115-271), such as Comprehensive Opioid Recovery Centers (\$2 million), Emergency Department Alternatives to Opioids (\$5 million), Peer Support Technical Assistance Center (\$1 million), and Treatment, Recovery, and Workforce Support (\$4 million).⁷³ The State Opioid Response Program continued to be funded at \$1.5 billion, the same amount as FY2019.

AHRQ

The FY2020 LHHS omnibus provided \$338 million in discretionary budget authority to AHRQ. This was the same as the FY2019 level. The FY2020 LHHS omnibus did not 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.⁷⁴ (The House committee bill proposed \$18 million in tap transfers for AHRQ, but this proposal was not enacted.) The FY2020 LHHS omnibus continued to fund AHRQ as its own operating division, declining the President's proposal to consolidate AHRQ into NIH. The FY2020 President's budget had requested 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 NIH.⁷⁵

CMS

The FY2020 LHHS omnibus provided \$4.5 billion in discretionary budget authority for CMS. This was \$21 million (+0.5%) more than FY2019 and \$84 million (+1.9%) more than the FY2019 President's budget request. The LHHS omnibus appropriated \$786 million for the CMS Health Care Fraud and Abuse Control (HCFAC) account, 2.7% more than FY2019, and slightly less (-0.8%) than the FY2020 President's request. Of the total amount appropriated for HCFAC, \$475 million was effectively exempt from the discretionary budget caps. (See **Appendix A** for an explanation of the LHHS budget cap exemptions.)

⁷² As described in the explanatory statement accompanying the LHHS omnibus (*Congressional Record*, vol. 165, no. 204, December 17, 2019, pp. H11074-H11075, and pp. H11116-H11117).

⁷³ *Ibid.*, p. H11075.

⁷⁴ In addition to funds provided through the annual appropriations process, AHRQ is also scheduled in FY2020 to receive a transfer of certain mandatory funds that were authorized and appropriated to the Patient-Centered Outcomes Research Trust Fund (PCORTF) by ACA Section 6301(e), as amended (26 U.S.C. §9511). 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 CRS Insight IN11010, *Funding for ACA-Established Patient-Centered Outcomes Research Trust Fund (PCORTF) Extended Through FY2029*.

⁷⁵ HHS, NIH, National Institute for Research on Safety and Quality, *FY2020 Congressional Justification*, https://www.ahrq.gov/sites/default/files/wysiwyg/cpi/about/mission/budget/2020/FY_2020_CJ_-NIRSQ.pdf. The President's request would have funded NIRSQ at \$256 million for FY2020 (not counting transfers from the PCORTF). A similar proposal was made in the President's FY2019 and FY2018 requests; see HHS, NIH, National Institute for Research on Safety and Quality, *FY2019 Congressional Justification*, <https://www.ahrq.gov/sites/default/files/wysiwyg/cpi/about/mission/budget/2019/NIRSQ.pdf>; 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 LHHS omnibus provided the CMS Program Management account with a flat funding level of \$3.7 billion. 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. The FY2020 appropriation was more than the amount proposed by the President's budget (+2.5%), but less than the amount proposed by the House committee bill (-7.9%). The LHHS omnibus maintained a general provision (§227), included in LHHS appropriations acts since FY2014, authorizing HHS to transfer additional funds into this account from Medicare trust funds. The terms of the provision required that such funds be used to support activities specific to the Medicare program, limited the amount of the transfers to \$305 million, and explicitly prohibited such transfers from being used to support or supplant funding for ACA implementation. The House committee bill would have eliminated this provision.

ACF

The FY2020 LHHS omnibus provided \$24.4 billion in discretionary budget authority for ACF. This was \$1.2 billion (+5.3%) more than FY2019 and \$6.1 billion (+33.4%) more than the FY2020 President's budget request. The President's budget would have decreased ACF discretionary funding by roughly one-fifth relative to the prior year (-21.0%). The President's budget would have achieved much of its proposed reduction by eliminating certain programs within ACF, such as the Low Income Home Energy Assistance Program (LIHEAP), Preschool Development Grants (PDG), and the Community Services Block Grant (CSBG). Funding for all three of these programs was increased in the FY2020 LHHS omnibus relative to FY2019: LIHEAP received \$3.7 billion (+1.4%), PDG \$275 million (+10.0%), and CSBG \$740 million (+2.1%).

The LHHS omnibus provided \$1.9 billion for the Refugee and Entrant Assistance programs account, an increase of \$3 million (+0.2%) relative to FY2019. The LHHS omnibus retained a provision, included in LHHS appropriations since FY2015, authorizing HHS to augment appropriations for the Refugee and Entrant Assistance account via transfers from other discretionary HHS funds. However, it increased the limit on those transfers to 15%, instead of 10% as in previous fiscal years.

The conference report on the omnibus directed the majority of the appropriation for Refugee and Entrant Assistance programs toward the Unaccompanied Alien Children (UAC) program (\$1.3 billion, the same as FY2019). The UAC program provides for the shelter, care, and placement of unaccompanied alien children who have been apprehended in the United States. The LHHS omnibus also included several general provisions some of which were similar to those enacted in FY2019, related to the UAC program. For instance, the law authorized HHS to accept donations for the care of UACs (§230), limited the use of funds for changes to policy directives related to the UAC program (§231), limited the use of funds for unlicensed facilities for unaccompanied alien children (§232), and imposed additional congressional notification requirements prior to the use of unlicensed facilities (§233). It also prohibited HHS appropriations from being used to prevent a Member of Congress from visiting a UAC facility for oversight purposes provided that the Office of Refugee Resettlement (ORR) was notified not less than two business days in advance to ensure that such visit would not interfere with the operations (including child welfare and child safety operations) of such facility (§234). A number of reporting requirements related to the UAC program were also included in the explanatory statement, including public reporting with respect to children who have been separated from a parent or legal guardian, a report to the

appropriations committees related to provider facility violations related to standards of child care or the wellbeing of children, and a briefing to the committees on plans for children who have been in ORR custody for extended periods of time.⁷⁶

ACL

The FY2020 LHHS omnibus provided \$2.2 billion in discretionary budget authority for ACL. This was \$54 million (+2.5%) more than FY2019. In addition, the FY2020 LHHS omnibus directed \$28 million in PPHF transfers to ACL, the same as FY2019. The explanatory statement accompanying the FY2020 LHHS omnibus specified that the PPHF transfers were for the Alzheimer's Disease Program, Chronic Disease Self-Management, and Elder Falls Prevention.

The FY2020 LHHS omnibus did not adopt several ACL proposals made in the President's budget submission. These included proposals to consolidate Chronic Disease Self-Management and Elder Falls Prevention into the Preventive Health Services Program, and to eliminate funding for the Paralysis Resource Center and the Limb Loss Resource Center. It also did not adopt the proposal to allow states and tribal organizations to transfer 100% of funds among the home and community-based supportive services, nutrition, disease prevention and health promotion, and family caregiver support programs.⁷⁷

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 FY2020 LHHS omnibus retained these existing restrictions (§§506 and 507).⁷⁸

Human Embryo Research: Since FY1996, annual LHHS appropriations have included a provision prohibiting any LHHS funds (including NIH funds) from being used to create human

⁷⁶ *Congressional Record*, vol. 165, no. 204, December 17, 2019, pp. H11077-H11078.

⁷⁷ *Budget of the United States Government, Fiscal Year 2020, Appendix*, p. 488, <https://www.govinfo.gov/content/pkg/BUDGET-2020-APP/pdf/BUDGET-2020-APP-1-11.pdf#page=72>. A similar proposal was in *Budget of the United States Government, Fiscal Year 2019, Appendix*, p. 484, <https://www.govinfo.gov/content/pkg/BUDGET-2019-APP/pdf/BUDGET-2019-APP-1-11.pdf#page=70>. During the COVID-19 public health emergency, state and local agencies on aging have increased flexibility to transfer funds among certain programs; see the discussion of Section 3222 in CRS Report R46334, *Selected Health Provisions in Title III of the CARES Act (P.L. 116-136)*.

⁷⁸ The current provisions are commonly referred to as the Hyde and Weldon Amendments. For additional information, see CRS Report RL33467, *Abortion: Judicial History and Legislative Response*.

embryos for research purposes or for research in which human embryos are destroyed. The FY2020 LHHS omnibus retained these existing restrictions (§508).⁷⁹

Needle Exchange Programs: 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).⁸⁰ 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; and (3) the program must be operating in accordance with state and local law. The FY2020 House committee bill would have omitted this provision entirely, but the FY2020 LHHS omnibus retained these existing restrictions and conditions (§527).

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). FY2020 omnibus retained these existing restrictions (§210 [HHS] and §503(c) [all LHHS, plus PPHF transfers]).⁸¹

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

HHS Agency	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116-94)
HRSA	7,161	6,138	7,645	7,333
Mandatory BA	308	286	308	286
Discretionary BA	6,853	5,853	7,337	7,047
CDC^a	6,533	5,270	7,196	6,895
Mandatory BA	55	55	55	55
Discretionary BA	6,478	5,215	7,141	6,840
<i>Evaluation Tap Funding^b</i>	0	423	0	0
PPHF ^c	805	894	854	854

⁷⁹ The current provision is commonly referred to as the Dickey Amendment. For additional information, see CRS Report RL33540, *Stem Cell Research: Science, Federal Research Funding, and Regulatory Oversight*.

⁸⁰ 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.

⁸¹ As previously noted, the explanatory statement accompanying the FY2020 LHHS omnibus directed that \$12.5 million apiece (\$25 million total) be allocated by the CDC and NIH for Firearm Injury and Mortality Prevention Research (*Congressional Record*, December 17, 2019, Vol. 165, No. 204, Book III, p. H11067 and H11072).

HHS Agency	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116- 94)
<i>Nonrecurring Expenses Fund Transfer^d</i>	0	0	225	225
NIH^a	37,937	33,410	39,937	40,228
Mandatory BA	0	0	0	0
Discretionary BA	37,937	33,410	39,937	40,228
<i>Evaluation Tap Funding^b</i>	<i>1,147</i>	<i>741</i>	<i>1,147</i>	<i>1,231</i>
<i>Nonrecurring Expenses Fund Transfer^d</i>	0	0		225
SAMHSA	5,597	5,535	5,725	5,737
Mandatory BA	0	0	0	0
Discretionary BA	5,597	5,535	5,725	5,737
<i>Evaluation Tap Funding^b</i>	<i>134</i>	<i>143</i>	<i>134</i>	<i>134</i>
<i>PPHF^c</i>	<i>12</i>	<i>0</i>	<i>12</i>	<i>12</i>
AHRQ^e	338	0	340	338
Mandatory BA	0	0	0	0
Discretionary BA	338	0	340	338
<i>Evaluation Tap Funding^b</i>	<i>0</i>	<i>0</i>	<i>18</i>	<i>0</i>
CMS	796,947	828,259	828,658	828,343
Mandatory BA	792,512	823,888	823,888	823,888
Discretionary BA	4,435	4,371	4,771	4,456
ACF	38,413	31,506	43,054	39,523
Mandatory BA	15,202	13,179	15,079	15,079
Discretionary BA	23,210	18,327	27,975	24,444
ACL	2,169	2,033	2,349	2,223
Mandatory BA	0	0	0	0
Discretionary BA	2,169	2,033	2,349	2,223
<i>PPHF^c</i>	<i>28</i>	<i>0</i>	<i>28</i>	<i>28</i>
Office of the Secretary (OS)	4,103	3,966	4,423	4,212
Mandatory BA	629	624	624	624
Discretionary BA	3,474	3,342	3,800	3,588
<i>Evaluation Tap Funding^b</i>	<i>65</i>	<i>69</i>	<i>125</i>	<i>65</i>
Total, HHS BA in the Bill	899,197	916,117	939,329	934,832
Mandatory	808,707	838,031	839,954	839,931
Discretionary	90,491	78,086	99,376	94,901
P.L. 116-20 (emergency)	321	—	—	—
P.L. 116-26 (emergency)	2,882	—	—	—

HHS Agency	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116-94)
P.L. 116-113 (emergency)	—	—	—	—
P.L. 116-123 (emergency)	—	—	—	6,436
P.L. 116-127 (emergency)	—	—	—	1,250
P.L. 116-136 (emergency)	—	—	—	140,389
P.L. 116-139 (emergency)	—	—	—	100,000
Memoranda (non-emergency funds only)				
Total, BA Available in Fiscal Year (current year from any bill)	896,013	914,146	937,158	932,661
Total, BA Advances for Future Years (provided in current bill)	142,132	144,103	144,103	144,303
Total, BA Advances from Prior Years (for use in current year)	138,948	142,132	142,132	142,132
Total, Additional Scorekeeping Adjustments	-8,491	-20,607	-12,477	-9,770

Source: Amounts in this table for the FY2019 Enacted, FY2020 Request, and FY2020 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2020 LHHS omnibus (P.L. 116-94), available in the *Congressional Record*, vol. 165, no. 204, December 17, 2019, pp. H11061-H11161. Amounts in the FY2020 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-62) accompanying H.R. 2740. Enacted totals for FY2019 do not include emergency-designated appropriations provided by P.L. 116-20 or P.L. 116-26. Enacted totals for FY2020 do not include emergency-designated appropriations provided by P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. 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), nor do they generally reflect transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255).

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. Each year, CDC and NIH also receive funding in the Interior-Environment appropriations bill as part of their overall budget authority.
- b. 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.
- 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.
- d. The Nonrecurring Expenses Fund (NEF) was established by the Consolidated Appropriations Act of 2008, to enable the HHS Secretary to repurpose certain unobligated balances of expired discretionary funds appropriated to HHS from the General Fund. The FY2020 omnibus specified that HHS must transfer \$255

million apiece from the NEF to the buildings and facilities accounts at CDC and NIH. Amounts shown for the NEF transfer are *in addition to* amounts shown for budget authority.

- e. The President’s budget for FY2019 proposed that AHRQ be eliminated, and that certain functions be transferred to NIH. This proposal was not adopted by the House or the Senate version of the LHHS bill, or included in FY2020 enacted appropriations.

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

Agency or Selected Program	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116- 94)
HRSA				
Community Health Centers	1,626	1,626	1,676	1,626
National Health Service Corps	105	105	120	120
Children’s Hospitals Graduate Medical Education	325	0	350	340
Maternal & Child Health Block Grant	678	661	705	688
Autism and Other Developmental Disorders	51	0	53	52
Healthy Start	123	123	131	126
Ryan White AIDS Programs	2,319	2,389	2,435	2,389
Organ Transplantation	26	28	32	28
Rural Communities Opioid Response	120	120	100	110
Family Planning (Title X)	286	286	400	286
CDC				
Immunization and Respiratory Diseases	478	577	500	433
<i>PPHF</i> ^a	321	153	348	370
HIV/AIDS, Viral Hepatitis, STDs, TB Prevention	1,125	1,318	1,335	1,274
Emerging and Zoonotic Infectious Diseases	560	372	593	570
<i>PPHF</i> ^a	52	137	52	52
Chronic Disease Prevention and Health Promotion	933	347	1,080	985
<i>PPHF</i> ^a	255	604	277	255
Birth Defects and Developmental Disabilities	156	112	162	161
Public Health Scientific Services	504	45	604	555
<i>Evaluation Tap Funding</i> ^b	0	423	0	0
Environmental Health	192	157	226	197
<i>PPHF</i> ^a	17	0	17	17
Injury Prevention and Control	649	629	698	677
National Institute for Occupational Safety and Health	336	190	346	343
Global Health	496	457	524	571

Agency or Selected Program	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116- 94)
Buildings and Facilities	30	30	30	25
<i>Nonrecurring Expenses Fund Transfer^c</i>	0	0	225	225
NIH				
National Institute of Allergy and Infectious Diseases	5,523	4,754	5,808	5,885
National Institute of General Medical Sciences	1,726	1,732	1,886	1,706
<i>Evaluation Tap Funding</i>	1,147	741	1,147	1,231
National Institute on Aging	3,083	2,654	3,286	3,544
National Institute on Drug Abuse	1,420	1,296	1,489	1,462
NIH Innovation Account ^d	711	492	492	492
SAMHSA				
Mental Health Programs of Regional & National Significance (PRNS)	384	366	433	449
<i>PPHF</i>	12	0	12	12
Mental Health Block Grant	702	702	737	702
<i>Evaluation Tap Funding^b</i>	21	21	21	21
Certified Community Behavioral Health Clinics	150	150	150	200
Children's Mental Health	125	125	130	125
Substance Abuse Treatment PRNS	459	430	482	478
<i>Evaluation Tap Funding^b</i>	2	0	2	2
Substance Abuse Block Grant	1,779	1,779	1,779	1,779
<i>Evaluation Tap Funding^b</i>	79	79	79	79
State Opioid Response Grants	1,500	1,500	1,500	1,500
Substance Abuse Prevention PRNS	205	244	212	206
Health Surveillance and Support	129	97	129	129
<i>Evaluation Tap Funding^b</i>	31	42	31	31
AHRQ^e				
Research on Health Costs, Quality, and Outcomes	197	0	197	197
<i>Evaluation Tap Funding^b</i>	0	0	18	0
Medical Expenditure Surveys	70	0	72	70
Program Support	71	0	72	71
CMS				
CMS Program Management	3,670	3,579	3,985	3,670
Health Care Fraud and Abuse Control	765	792	786	786
ACF				

Agency or Selected Program	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116-94)
Low Income Home Energy Assistance Program Formula Grants	3,690	0	3,840	3,740
Refugee and Entrant Assistance Programs	1,905	1,804	2,412	1,908
Child Care and Development Block Grant	5,276	5,276	7,676	5,826
Head Start	10,063	10,063	11,563	10,613
Preschool Development Grants	250	0	350	275
Child Welfare Services	269	269	269	269
Adoption Opportunities	39	39	42	42
Community Services Block Grant	725	0	760	740
ACL				
Home & Community-Based Supportive Services	385	385	422	390
Family Caregiver Support Services	181	151	200	186
Nutrition Services Programs	907	907	1,000	937
Alzheimer's Disease Demonstrations	9	19	13	12
PPHF ^a	15	0	15	15
State Health Insurance Program (SHIP)	49	36	55	52
Paralysis Resource Center	9	0	9	10
Limb Loss Resource Center	4	0	4	4
Developmental Disabilities Programs	176	133	187	180
WIOA Activities (transferred from ED)	261	231	262	265
Office of the Secretary				
Office of Nat'l Coord. for Health Information Technology	60	43	0	60
Evaluation Tap Funding ^b	0	0	60	0
Office of the Inspector General	80	80	85	80
Public Health and Social Services Emergency Fund	2,631	2,667	3,008	2,737

Source: Amounts in this table for the FY2019 Enacted, FY2020 Request, and FY2020 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2020 LHHS omnibus (P.L. 116-94), available in the *Congressional Record*, vol. 165, no. 204, December 17, 2019, pp. H11061-H11161. Amounts in the FY2020 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-62) accompanying H.R. 2740. Enacted totals for FY2019 do not include emergency-designated appropriations provided by P.L. 116-20 or P.L. 116-26. Enacted totals for FY2020 do not include emergency-designated appropriations provided by P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. 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), nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255).

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. 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.
- b. 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.
- c. The NEF was established by the Consolidated Appropriations Act of 2008, to enable the HHS Secretary to repurpose certain unobligated balances of expired discretionary funds appropriated to HHS from the General Fund. The FY2020 omnibus specified that HHS must transfer \$255 million apiece from the NEF to the buildings and facilities accounts at CDC and NIH. Amounts shown for the NEF transfer are in addition to amounts shown for budget authority.
- d. 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. In keeping with the purposes and amounts authorized in the Cures Act, for FY2020, the FY2020 LHHS explanatory statement directed that NIH transfer \$195 million to the National Cancer Institute to support cancer research, and \$70 million each to the National Institute of Neurological Disorders and Stroke and the National Institute of Mental Health to support the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative. The remaining \$157 million was divided between the Precision Medicine Initiative (\$149 million) and regenerative medicine research (\$8 million).
- e. The President’s budget for FY2020 proposed that AHRQ be eliminated, and that certain functions be transferred to NIH. This proposal was not adopted by the House or the Senate version of the LHHS bill, or included in FY2020 enacted appropriations.

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 the Federal Direct Student Loan program and the mandatory portion of the Federal Pell Grant program). 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 reestimates of mandatory spending programs, where applicable.

About ED

Federal policymakers established the U.S. Department of Education in 1980.⁸² Its mission is to “promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.”⁸³ Typically, about three-quarters of ED’s discretionary appropriations go either to local educational agencies—which primarily use the funds to provide educational and related services for economically disadvantaged students and

⁸² 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,” <http://www2.ed.gov/about/overview/fed/role.html>.

⁸³ U.S. Department of Education, “About ED,” <http://www2.ed.gov/about/landing.jhtml>, accessed on November 29, 2018.

students with disabilities—or to low-income postsecondary students in the form of Pell Grants, which help 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 7% of overall funding for elementary and secondary education in the United States.⁸⁴ The majority of school funding—about 84%—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 62% of undergraduate and graduate student aid in academic year (AY) 2018-2019.⁸⁵

FY2020 ED Appropriations Overview

Table 8 displays FY2020 discretionary and mandatory ED budget authority provided and proposed, along with FY2019 enacted levels. The totals in this table do not include emergency supplemental appropriations; amounts provided in supplementals are displayed separately at the bottom of the table and are in addition to regular appropriations. For a discussion of the FY2020 supplemental appropriations displayed below the bill totals in **Table 8**, see **Appendix C**.

Discretionary funds represent the majority of ED’s annual appropriations, accounting for roughly 95% of the FY2019 and FY2020 enacted levels.⁸⁶ The FY2020 enacted discretionary ED appropriations were 1.8% higher than FY2019 levels. Proposed discretionary ED appropriations for FY2020 compared to FY2019 would have decreased under the President’s budget (-10.4%) and increased under the House committee bill (+6.3%).

Table 8. ED Appropriations Overview
(Dollars in billions)

Funding	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116-94)
Discretionary	71.4	64.0	75.9	72.8
Mandatory	3.5	3.6	3.6	3.6
Total BA in the Bill	75.0	67.6	79.5	76.4
P.L. 116-20 (emergency)	0.2	—	—	—
P.L. 116-26 (emergency)	—	—	—	—
P.L. 116-113 (emergency)	—	—	—	—
P.L. 116-123 (emergency)	—	—	—	—
P.L. 116-127 (emergency)	—	—	—	—

⁸⁴ U.S. Department of Education, “*The FY 2021 Education Budget Summary*,” Appendix: Total Expenditures for Elementary and Secondary Education in the U.S., at <https://www2.ed.gov/about/overview/budget/budget21/summary/21summary.pdf>.

⁸⁵ For the purposes of this calculation, the federal contribution included \$152 billion (grants, loans, work-study, and tax benefits) out of a total of \$246 billion (federal aid, state aid, institutional grants, nonfederal loans, and private and employer-provided grants). See the College Board’s Trends in Student Aid 2019, p. 9, <https://research.collegeboard.org/pdf/trends-student-aid-2019-full-report.pdf>.

⁸⁶ The only mandatory ED funding provided in the LHHS Appropriations Act in each of these years is for Vocational Rehabilitation State Grants.

Funding	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116-94)
P.L. 116-136 (emergency)	—	—	—	30.9
P.L. 116-139 (emergency)	—	—	—	—

Source: Amounts in this table for the FY2019 Enacted, FY2020 Request, and FY2020 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2020 LHHS omnibus (P.L. 116-94), available in the *Congressional Record*, vol. 165, no. 204, December 17, 2019, pp. H11061-H11161. Amounts in the FY2020 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-62) accompanying H.R. 2740. Enacted totals for FY2019 do not include emergency-designated appropriations provided by P.L. 116-20 or P.L. 116-26. Enacted totals for FY2020 do not include emergency-designated appropriations provided by P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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 ED Highlights

The following sections highlight FY2020 appropriations for selected ED accounts and programs.⁸⁷ **Table 9** tracks funding levels for major ED budget and appropriations accounts, and selected items within those accounts.

School Improvement Programs

The Student Support and Academic Enrichment (SSAE) State Grants, commonly referred to as the “block grant program,” are funded within the School Improvement Programs account. The SSAE grants are authorized under Title IV-A of the Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA; P.L. 114-95). The program provides formula grants to state educational agencies (SEAs) and local educational agencies (LEAs) to provide students with access to a well-rounded education, improve school conditions for student learning, and improve the use of technology in order to improve the academic achievement and digital learning of students. LEAs must use allocated funds for three broad categories, or “buckets,” of activities: (1) supporting well-rounded educational opportunities, (2) supporting safe and healthy students, and (3) supporting the effective use of technology.

The enacted FY2020 appropriation for the Title IV-A block grant was \$1.21 billion, compared to an FY2019 appropriation level of \$1.17 billion (+3.4%). The House committee bill had recommended a funding level of \$1.32 billion for the program, while the President did not request funds for the program for FY2020. The program is authorized at \$1.6 billion for FY2020.

⁸⁷ ED budget materials can be found at <https://www2.ed.gov/about/overview/focus/performance.html>.

Student Financial Assistance

The Pell Grant program within the Student Financial Assistance account provides need-based financial aid primarily to low-income undergraduate students to help them cover the cost of higher education.⁸⁸ Pell Grants are the largest single source of federal grant aid for undergraduate students; they are projected to provide approximately \$30.1 billion in aid to roughly 7.3 million undergraduate students in the 2020-2021 award year.⁸⁹ The explanatory statement accompanying the FY2020 LHHS omnibus directs \$22.5 billion in discretionary funding to the Pell Grants program, which is level funding compared to FY2019. (Additional mandatory funding for the program is appropriated outside the LHHS bill.) The President's budget and the House committee bill both proposed level discretionary funding, as well.

The total maximum Pell Grant award is the sum of the discretionary maximum award level and the mandatory add-on award level. The discretionary award program costs may be funded through (1) annual discretionary appropriations; (2) a permanent, definite mandatory appropriation; and (3) the Pell Grant program surplus.⁹⁰ The mandatory add-on award program costs are funded by a permanent, indefinite mandatory appropriation. Both mandatory appropriation sources are provided outside the annual appropriations process, are authorized by and funded in the Higher Education Act of 1965 (HEA), as amended, and do not appear in **Table 9**.

The FY2020 LHHS omnibus increased the discretionary maximum Pell Grant award level to \$5,285, which is \$150 million (+2.9%) more than the FY2019 level. The House committee bill recommended the same amount. The President's budget requested the same discretionary maximum Pell Grant award level as in FY2019.

As a result of Pell Grant award rules established in the HEA, the increase in the discretionary maximum Pell Grant award level increases FY2020 program costs, assuming no other changes. In order to pay for the estimated increase in FY2020 mandatory add-on award program costs, the LHHS omnibus rescinded \$50 million of the FY2020 definite mandatory appropriation.⁹¹ The House committee bill would have reduced the FY2020 definite mandatory appropriation by the same amount.

The FY2020 LHHS omnibus implemented another provision related to the Pell Grant program surplus: it rescinded \$500 million of the surplus, which offset the cost of appropriations in the act.⁹²

⁸⁸ 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*.

⁸⁹ U.S. Department of Education, "Student Aid Overview," *Justification of Appropriation Estimates to the Congress: Fiscal Year 2020*, pp. N-8–N-9.

⁹⁰ Because discretionary funds and the base award are appropriated in advance of the award year, they are based on cost estimates. This can result in surpluses (or shortfalls) in discretionary appropriations. When annual discretionary appropriations exceed annual discretionary program costs, the Pell Grant program is able to accumulate a surplus that remains available to fund discretionary award program costs in subsequent years. The Congressional Budget Office (CBO) has estimated a surplus of \$10.2 billion at the start of FY2020. See Congressional Budget Office, *Pell Grant Program—CBO's Baseline as of March 6, 2020*, March 2020.

⁹¹ FY2020 LHHS omnibus, §309.

⁹² FY2020 LHHS omnibus, §308.

Table 9. Detailed ED Appropriations

(Dollars in millions)

Account and Selected Program	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116- 94)
Education for the Disadvantaged	16,544	16,377	17,564	16,997
Grants to Local Educational Agencies	15,860	15,860	16,860	16,310
Comprehensive Literacy Development Grants	190	0	195	192
Impact Aid	1,446	1,372	1,498	1,486
School Improvement Programs	5,247	676	6,016	5,405
Supporting Effective Instruction State Grants	2,056	0	2,556	2,132
21 st Century Community Learning Centers	1,222	0	1,322	1,250
Student Support and Academic Enrichment Grants	1,170	0	1,320	1,210
Indian Education	180	176	186	181
Innovation and Improvement	1,036	1,107	1,224	1,104
Safe Schools and Citizenship Education	191	200	240	210
English Language Acquisition	737	737	980	787
Special Education	13,469	13,469	14,524	13,885
Part B—Assistance for Education of all Children with Disabilities	12,756	12,756	13,768	13,159
Part C—Infants and Toddlers with Disabilities	470	470	491	477
Rehabilitation Services	3,657	3,720	3,752	3,748
Vocational Rehabilitation State Grants (mandatory)	3,522	3,610	3,610	3,610
Special Institutions for Persons with Disabilities	242	217	257	249
Career, Technical, and Adult Education	1,926	1,842	2,003	1,961
Career and Technical Education	1,270	1,283	1,317	1,290
Student Financial Assistance	24,445	22,975	24,937	24,520
<i>Pell maximum grant (non-add)</i>	<i>5,135</i>	<i>5,135</i>	<i>5,285</i>	<i>5,285</i>
Federal Pell Grant Program	22,475	22,475	22,475	22,475
Federal Direct Student Loan Program Account	350	0	350	50
Student Aid Administration	1,679	1,812	1,679	1,769
Higher Education	2,312	1,534	2,749	2,476
Federal TRIO Programs	1,060	950	1,160	1,090
Howard University	237	222	250	240
College Housing & Academic Facilities Loans^a	0	0	0	0
HBCU Capital Financing Program Account	40	40	50	46
Institute of Education Sciences	615	522	650	623
Departmental Management	616	635	623	623
Total, ED BA in the Bill	74,970	67,634	79,534	76,361

Account and Selected Program	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116- 94)
Subtotal, Mandatory	3,522	3,610	3,610	3,610
Subtotal, Discretionary	71,448	64,023	75,924	72,751
P.L. 116-20 (emergency)	0.2	—	—	—
P.L. 116-26 (emergency)	—	—	—	—
P.L. 116-113 (emergency)	—	—	—	—
P.L. 116-123 (emergency)	—	—	—	—
P.L. 116-127 (emergency)	—	—	—	—
P.L. 116-136 (emergency)	—	—	—	30,925
P.L. 116-139 (emergency)	—	—	—	—
Memoranda (non-emergency funds only)				
Total, BA Available in Fiscal Year (current year from any bill)	74,970	67,634	79,534	76,361
Total, BA Advances for Future Years (provided in current bill)	22,597	22,597	22,597	22,597
Total, BA Advances from Prior Years (for use in current year)	22,597	22,597	22,597	22,597

Source: Amounts in this table for the FY2019 Enacted, FY2020 Request, and FY2020 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying on the FY2020 LHHS omnibus (P.L. 116-94), available in the *Congressional Record*, vol. 165, no. 204, December 17, 2019, pp. H11061-H11161. Amounts in the FY2020 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-62) accompanying H.R. 2740. Enacted totals for FY2019 do not include emergency-designated appropriations provided by P.L. 116-20 or P.L. 116-26. Enacted totals for FY2020 do not include emergency-designated appropriations provided by P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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. 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 Social Security benefit payments). 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 reestimates of mandatory spending programs, where applicable.

FY2020 Related Agencies Appropriations Overview

Table 10 displays FY2020 proposed and enacted funding levels for LHHS related agencies, along with FY2019 enacted levels. Totals in this table do not include emergency supplemental appropriations; amounts provided in supplementals are displayed separately at the bottom of the table and are in addition to regular appropriations. For a discussion of the FY2020 supplemental appropriations displayed below the bill totals in **Table 10**, see **Appendix C**.

In general, discretionary funding constitutes about 20% of total appropriations for LHHS related agencies each year. The FY2020 LHHS omnibus increased discretionary appropriations for related agencies by about 0.3% compared to FY2019. The President’s budget would have decreased discretionary appropriations for related agencies by about 11.8%, while the House committee bill would have increased such appropriations by 2.7%.

Table 10. Related Agencies Appropriations Overview

(Dollars in billions)

Funding	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116-94)
Discretionary	15.3	13.5	15.7	15.4
Mandatory	56.2	57.3	57.3	57.3
Total BA in the Bill	71.5	70.9	73.1	72.7
P.L. 116-20 (emergency)	—	—	—	—
P.L. 116-26 (emergency)	—	—	—	—
P.L. 116-113 (emergency)	—	—	—	—
P.L. 116-123 (emergency)	—	—	—	—
P.L. 116-127 (emergency)	—	—	—	—
P.L. 116-136 (emergency)	—	—	—	0.4
P.L. 116-139 (emergency)	—	—	—	—

Source: Amounts in this table for the FY2019 Enacted, FY2020 Request, and FY2020 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2020 LHHS omnibus (P.L. 116-94), available in the *Congressional Record*, vol. 165, no. 204, December 17, 2019, pp. H11061-H11161. Amounts in the FY2020 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-62) accompanying H.R. 2740. Enacted totals for FY2019 do not include emergency-designated appropriations provided by P.L. 116-20 or P.L. 116-26. Enacted totals for FY2020 do not include emergency-designated appropriations provided by P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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 LHHHS bill consistently goes to the Social Security Administration (SSA). When taking into account both mandatory and discretionary funding, SSA usually represents roughly 97% of total appropriations to related agencies in the LHHHS bill. The bulk of mandatory funding provided to SSA from the LHHHS 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 received 84.4% of discretionary appropriations for LHHHS related agencies in the FY2020 LHHHS omnibus. After SSA, the next-largest related agency in terms of appropriations is usually the Corporation for National and Community Service (CNCS), which accounted for about 1.5% of total appropriations and 7.2% of discretionary appropriations to LHHHS related agencies in FY2020. Typically, each of the remaining related agencies receives less than \$1 billion from the annual LHHHS appropriations bill. For more information, see **Table 11**.

Selected Related Agencies Highlights

The following sections highlight FY2020 appropriations issues for selected related agencies. **Table 11** tracks funding levels for these related agencies.

SSA Limitation on Administrative Expenses (LAE)

The SSA LAE account consists mainly of funds that are used by SSA to administer the Social Security and SSI programs and 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 nonmedical redeterminations. The FY2020 LHHHS omnibus provided \$12.9 billion to the LAE account, which was a slight decrease (-\$1 million) relative to the FY2019 enacted level. The President's request would have provided about \$99 million (-0.8%) less for the LAE account relative to FY2019, while the House committee bill would have increased LAE funding by \$200 million (+1.6%).

Of the \$12.9 billion provided to the LAE account for FY2020, nearly \$1.6 billion (12.3%) was dedicated to program integrity activities. The program integrity portion of the LAE account included \$273 million in base funding subject to the discretionary spending caps established by the Budget Control Act of 2011, as well as additional funding that was effectively exempt from those caps and subject to an annual limit (*cap adjustment funding*; see **Appendix A** for further information). The FY2020 LHHHS omnibus provided \$1.3 billion in cap adjustment funding, which was the maximum amount permitted for FY2020.⁹³ However, federal law allowed more cap adjustment funding for FY2019 than for FY2020, and additional FY2020 funds to sustain the prior year level of funding were subject to the cap. The combined amount of program integrity funding enacted for FY2020 was \$101 million (-6.0%) less than the combined amount enacted for FY2019. Both the FY2020 President's budget and the House committee bill would have also provided the maximum amount of cap adjustment funding permitted for FY2020.

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.⁹⁴ The FY2020

⁹³ See 2 U.S.C. §901(b)(2)(B).

⁹⁴ See CRS Report RL33931, *The Corporation for National and Community Service: Overview of Programs and*

LHHS omnibus provided \$1.1 billion in total CNCS funding, a \$21 million (+2.0%) increase from the FY2019 enacted level. The FY2020 President’s budget had requested \$104 million (-90.4%) for CNCS,⁹⁵ 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 FY2020.⁹⁶ The House committee bill declined the President’s proposal, proposing instead to increase CNCS funding by \$55 million (+5.1%) compared to the FY2019 enacted level.

National Labor Relations Board (NLRB)

The NLRB is an independent board that enforces provisions in the National Labor Relations Act (NLRA). The FY2020 LHHS omnibus maintained the FY2019 funding levels for the NLRB of \$274 million. The FY2020 President’s budget would have decreased funding for the NLRB by \$33 million (-11.9%) compared to the FY2019 enacted level, while the House committee bill would have increased funding for the NLRB by \$67 million (+24.5%).

The FY2020 LHHS omnibus retained 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 (§407).

Table 11. Detailed Related Agencies Appropriations
(Dollars in millions)

Agency, Program, Project, or Activity	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116-94)
Committee for Purchase from People Who Are Blind or Severely Disabled (U.S. AbilityOne Commission)	8	9	9	10
Corporation for National and Community Service (CNCS)	1,083	104^a	1,138	1,104
<u>Selected CNCS Programs/Initiatives:</u>				
Volunteers in Service to America (VISTA)	92	5	95	93
National Senior Volunteer Corps	208	0 ^b	222	221
AmeriCorps State and National Grants	425	2	450	429
National Civilian Community Corps	32	23	33	33
National Service Trust	207	10 ^c	219	208

Funding.

⁹⁵ This report uses the figure that was published in the FY2020 LHHS omnibus explanatory statement, which is the source document used by this report for the FY2020 request. (See the Source notes for **Table 11** for further information.) According to the Corporation for National and Community Service (CNCS) FY2020 budget justification, the total amount requested for CNCS was \$94 million (see CNCS, FY2020 Congressional Budget Justification, March 18, 2019, p. 2, <https://www.nationalservice.gov/sites/default/files/documents/CNCSFY2020CBJ-FinalwupdatedOIG508compliant.pdf>).

⁹⁶ The budget request indicated that the elimination of CNCS would return the “responsibility to fund national service and volunteerism to the private and nonprofit sectors.” See *ibid.* Previous President’s budgets for FY2018 and FY2019 had also proposed an elimination of CNCS.

Agency, Program, Project, or Activity	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116-94)
Corporation for Public Broadcasting (CPB)	465	0 ^d	515	485
Federal Mediation and Conciliation Service	47	47	48	47
Federal Mine Safety and Health Review Commission	17	17	17	17
Institute of Museum and Library Services (IMLS)	242	23	267	252
Medicare Payment Advisory Commission (MedPAC)	13	13	13	13
Medicaid and CHIP Payment and Access Commission (MACPAC)	8	9	8	9
National Council on Disability	3	3	3	3
National Labor Relations Board (NLRB)	274	242	342	274
National Mediation Board	14	14	16	14
Occupational Safety and Health Review Commission	13	13	13	13
Railroad Retirement Board (RRB)	153	142	162	150
Dual Benefits (minus tax receipts)	18	15	15	15
Federal Payment to RR Retirement Account (mandatory) ^e	0	0	0	0
Limitation on Administration	124	116	136	124
Inspector General	11	11	12	11
Social Security Administration (SSA)	69,130	70,217	70,515	70,314
Payments to Social Security Trust Funds (mandatory)	11	11	11	11
Supplemental Security Income (SSI) (mandatory)	56,143	57,328	57,328	57,328
Limitation on Administrative Expenses (LAE)	12,871	12,772	13,071	12,870
<i>Regular LAE (incl. user fees, non-add)</i>	<i>11,188</i>	<i>11,190</i>	<i>11,489</i>	<i>11,288</i>
<i>Program Integrity (non-add)</i>	<i>1,683</i>	<i>1,582</i>	<i>1,582</i>	<i>1,582</i>
Office of Inspector General	106	106	106	106
Total, Related Agencies BA in the Bill	71,471	70,853	73,067	72,706
Subtotal, Mandatory	56,154	57,339	57,339	57,339
Subtotal, Discretionary	15,317	13,514	15,728	15,367
P.L. 116-20 (emergency)	—	—	—	—
P.L. 116-26 (emergency)	—	—	—	—
P.L. 116-113 (emergency)	—	—	—	—
P.L. 116-123 (emergency)	—	—	—	—
P.L. 116-127 (emergency)	—	—	—	—
P.L. 116-136 (emergency)	—	—	—	430
P.L. 116-139 (emergency)	—	—	—	—
P.L. 116-20 (emergency)	—	—	—	—

Agency, Program, Project, or Activity	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116-94)
Memoranda (non-emergency funds only)				
Total, BA Available in Fiscal Year (current year from any bill)	71,271	70,683	72,817	72,486
Total, BA Advances for Future Years (provided in current bill)	20,145	19,900	20,395	20,365
Total, BA Advances from Prior Years (for use in current year)	19,945	19,730	20,145	20,145

Source: Amounts in this table for the FY2019 Enacted, FY2020 Request, and FY2020 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2020 LHHS omnibus (P.L. 116-94), available in the *Congressional Record*, vol. 165, no. 204, December 17, 2019, pp. H11061-H11161. Amounts in the FY2020 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-62) accompanying H.R. 2740. Enacted totals for FY2019 do not include emergency-designated appropriations provided by P.L. 116-20 or P.L. 116-26. Enacted totals for FY2020 do not include emergency-designated appropriations provided by P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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. This report uses the figure that was published in the FY2020 LHHS omnibus explanatory statement, which is the source document used by this report for the FY2020 request. (See the Source notes for further information.) According to the Corporation for National and Community Service (CNCS) FY2020 budget justification, the total amount requested for CNCS was \$94 million (see CNCS, FY2020 Congressional Budget Justification, March 18, 2019, p. 2, <https://www.nationalservice.gov/sites/default/files/documents/CNCSFY2020CBJ-FinalwupdatedOIG508compliant.pdf>).
- b. The actual amount requested is roughly \$333,000, which rounds to \$0 in millions (the unit of measure used in this table).
- c. This report uses the figure that was published in the FY2020 LHHS omnibus explanatory statement, which is the source document used by this report for the FY2020 request. (See the “Source” notes for further information.) According to the CNCS FY2020 budget justification, the total amount requested for the National Service Trust was \$0 (see CNCS, FY2020 Congressional Budget Justification, March 18, 2019, p. 2, <https://www.nationalservice.gov/sites/default/files/documents/CNCSFY2020CBJ-FinalwupdatedOIG508compliant.pdf>).
- d. This report uses the figure that was published in the FY2020 LHHS omnibus explanatory statement, which is the source document used by this report for the FY2020 request. (See the Source notes for further information.) According to FY2020 Budget Appendix, the Corporation for Public Broadcasting (CPB) was proposed for elimination, and an amount of \$30 million each for FY2020 and FY2021 was requested “to conduct an orderly closeout of Federal funding for the Corporation.” For FY2020, this \$30 million amount is what would have remained after a proposed rescission of \$415 million to the CPB’s already-enacted FY2020 advance appropriation (see Budget for Fiscal Year 2020, Appendix, p. 1162, <https://www.govinfo.gov/content/pkg/BUDGET-2020-APP/pdf/BUDGET-2020-APP-1-31.pdf>).
- e. 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), as amended. 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.

Statutory budget enforcement requirements that apply to FY2020 discretionary spending were altered prior to the start of the fiscal year by the Bipartisan Budget Act of 2019 (BBA 2019; P.L. 116-37) which was enacted on August 2, 2019. This law increased the defense and nondefense discretionary spending limits for FY2020 and FY2021, and extended mandatory spending sequestration through FY2029.⁹⁷ Subsequently, mandatory spending sequestration was further extended through FY2030 by the CARES Act (P.L. 116-136), enacted on March 27, 2020.

Budget Control Act and Sequestration

The BCA provides budget process mechanisms to reduce mandatory spending and further reduce discretionary spending over an extended period.⁹⁸ For mandatory spending, reductions are to occur through sequestration in each of fiscal years between FY2013-FY2030.⁹⁹ 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 (on “defense” and “nondefense” spending) 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.

FY2020 Mandatory Spending Sequestration

On March 18, 2019, concurrent with the release of the full set of President’s budget materials, President Trump issued the required FY2020 sequestration order, calling for nonexempt mandatory spending to be reduced on October 1, 2019.¹⁰⁰ The Office of Management and Budget (OMB) estimated that the FY2019 sequestration percentages would equal 2% of nonexempt Medicare spending and 5.9% of other nonexempt nondefense mandatory spending, for a total

⁹⁷ For a discussion of how these discretionary spending requirements for FY2014-FY2019 were modified by the Bipartisan Budget Act of 2013, the Bipartisan Budget Act of 2015, and the Bipartisan Budget Act of 2018, 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*, and CRS Report R45083, *Labor, Health and Human Services, and Education: FY2018 Appropriations*.

⁹⁸ 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.

⁹⁹ As originally enacted, mandatory sequestration was scheduled to run through FY2021, but this period has subsequently been incrementally extended to FY2027 by P.L. 113-67, P.L. 113-82, P.L. 114-74, P.L. 115-123, P.L. 116-37, and P.L. 116-136.

¹⁰⁰ *Sequestration Order for Fiscal Year 2020 Pursuant to Section 251A of the Balanced Budget and Emergency Deficit Control Act, As Amended*, *Federal Register* Volume 84, Issue 55 (March 18, 2019), <https://www.govinfo.gov/content/pkg/FR-2019-03-21/pdf/2019-05547.pdf>.

reduction of \$20 billion in FY2020.¹⁰¹ (OMB also estimated an 8.6% reduction, totaling \$842 million, in nonexempt defense mandatory spending, which does not affect LHHS funds.)

FY2020 Statutory Discretionary Spending Limits

With regard to discretionary spending, the FY2020 statutory spending limits that were in effect at the time the OMB estimates were released with the full President's budget materials on March 18, 2019, were \$576 billion for defense spending and \$543 billion for nondefense spending. Relative to FY2019, the nondefense limit would have required a reduction in spending subject to that limit of \$54 billion (-9.0%). (A more significant reduction relative to the prior-year limit of 10.9% would have been required of FY2020 spending subject to the defense limit.)

To ease these defense and nondefense spending reductions, among other purposes, BBA 2019 was enacted on August 2, 2019.¹⁰² BBA 2019 increased the FY2020 nondefense limit to \$622 billion, which was 4.1% more than the limit that was in effect in FY2019 (\$597 billion). Once all regular annual appropriations acts were enacted for FY2020 and allowable adjustments to the spending limits (discussed below) were made, OMB determined that those appropriations did not violate either of the spending limits, and thus no sequestration of discretionary spending would be required.¹⁰³

Cap Adjustments, Exemptions, and Special Rules

The BCA allows for certain adjustments to the discretionary spending limits for FY2012-FY2021.¹⁰⁴ An adjustment effectively raises the applicable spending limits when funding subject to that adjustment is enacted. In addition to the LHHS-specific adjustments that are discussed in the paragraph below, the BCA includes an adjustment for funding designated as an "emergency requirement." The BCA includes no dollar limit to the amount of appropriations each fiscal year that can be designated in this manner, and no criteria that would restrict the use of this adjustment to certain accounts or activities. Thus far, all FY2020 LHHS supplemental appropriations (totaling \$280 billion) have been designated as emergency requirements.

The BCA also provides adjustments that are specifically for LHHS accounts and activities, all of which are subject to dollar limits each fiscal year. As originally enacted, the BCA allowed 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).¹⁰⁵

¹⁰¹ OMB Report to the Congress on the Joint Committee Reductions for Fiscal Year 2020, March 18, 2019, available at https://www.whitehouse.gov/wp-content/uploads/2019/03/2020_JC_Sequestration_Report_3-18-19.pdf. See the report's appendix for an itemized list of budget accounts that include mandatory spending subject to sequestration in FY2020, 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.

¹⁰² For a discussion of the various budget enforcement elements of BBA 2019, see CRS Insight IN11148, *The Bipartisan Budget Act of 2019: Changes to the BCA and Debt Limit*.

¹⁰³ OMB, Budget Enforcement Act Report (*Seven-Day-After*), *Consolidated Appropriations Act, 2020, and Further Consolidated Appropriations Act, 2020*, January 15, 2020, https://www.whitehouse.gov/wp-content/uploads/2020/01/7_Day_After_Report_Consolidated_1-14-20_Speaker.pdf.

¹⁰⁴ For further information, see CRS Report R45778, *Exceptions to the Budget Control Act's Discretionary Spending Limits*.

¹⁰⁵ 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, https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/sequestration_reports/2018_preview_report_may2017_potus.pdf.

The Bipartisan Budget Act of 2015 (P.L. 114-74) 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 Special Assistant U.S. Attorneys, and 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 FY2021.¹⁰⁶ The BBA 2018 then added a new cap to accommodate new budget authority for the DOL to help fund the reemployment services and eligibility assessments conducted by the states related to unemployment compensation.¹⁰⁷

Separate from these cap adjustments, the 21st Century Cures Act (Cures Act, P.L. 114-255), which was enacted on December 13, 2016, includes additional budget enforcement procedures related to the discretionary spending limits.¹⁰⁸ For the purposes of FY2020 LHHS appropriations, these procedures apply only to the NIH Innovation Account that was created by the act.¹⁰⁹ The Cures Act provides that discretionary appropriations from this account (up to the amount authorized) are to be subtracted from any cost estimates provided for purposes of budget controls. Thus, the Cures Act ensures that appropriations from this account will not count against any spending limits, such as the statutory discretionary spending limits imposed by the BCA.

An additional set of statutory exemptions and special rules that apply to sequestration are relevant for the LHHS bill. 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. 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.¹¹⁰

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,

¹⁰⁶ For further information, see CRS Report R44250, *Social Security and Social Security Disability Insurance (SSDI) Provisions in the Bipartisan Budget Act of 2015*.

¹⁰⁷ For information on the programmatic changes associated with this cap adjustment that were also included in the BBA 2018, see CRS Report R44836, *Unemployment Insurance: Legislative Issues in the 115th Congress*.

¹⁰⁸ These procedures originally applied to two accounts within the scope of the LHHS bill that were created by the Cures Act: the NIH Innovation Account (FY2017-FY2026) and the Account for the State Response to the Opioid Abuse Crisis (FY2017-FY2018). These procedures have lapsed for the State Response to the Opioid Abuse Crisis account as of the end of FY2018, but are still in effect for the NIH Innovation Account through FY2026.

¹⁰⁹ 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)*.

¹¹⁰ For more information, see CRS Report R42050, *Budget “Sequestration” and Selected Program Exemptions and Special Rules*.

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 FY2020 appropriations cycle, the House and the Senate did not agree to a budget resolution.¹¹¹ Early in the cycle, on March 28, 2019, the Senate Budget Committee approved a budget resolution (S.Con.Res. 12) by a vote of 11-9. An accompanying committee print was issued on April 1, reiterating the Senate Budget Committee’s intention to adhere to the “current law” BCA spending limits in FY2020.¹¹² S.Con.Res. 12 did not receive Senate floor consideration. The House voted to adopt a deeming resolution (H.Res. 293) on April 9, 2019, which gave the House Appropriations Committee a spending allocation of approximately \$1.295 trillion for FY2020.¹¹³ This is about \$176 billion (+16%) more than the combined FY2020 statutory discretionary spending limits in place at that time. (Prior to the BBA 2019, these limits came to \$1.119 trillion.) On the basis of this authority and concurrent with its first FY2020 markup, the House Appropriations Committee reported its initial suballocations on May 14, 2019; it reported subsequent revisions several times during the summer months.¹¹⁴ (Revisions to suballocations throughout the appropriations process are a common practice to reflect actual action on appropriations bills and changes in congressional priorities.)

As of August 2, 2019, provisions in the BBA 2019 provided alternative procedures for the House and Senate to adopt enforceable spending allocations, including allocations for the appropriations subcommittees that would take account of the revisions to the discretionary spending limits.¹¹⁵ On September 12, concurrent with its first full committee FY2020 markup, the Senate Appropriations Committee ordered reported their initial 302(b) allocations; it subsequently reported revisions on several occasions.¹¹⁶

For current-year LHHS discretionary funding, **Table A-1** displays FY2019 enacted levels, the House and the Senate FY2020 initial suballocations, and enacted FY2020 LHHS appropriations. The table shows that the House would have increased regular LHHS discretionary appropriations by about \$11.8 billion (+6.6%) compared to the prior fiscal year, whereas the Senate would have increased those appropriations by \$223 million (+0.1%). Ultimately, final enacted appropriations were about \$5 billion (+2.8%) higher than the prior fiscal year.

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. The “Adjusted Appropriations” total includes this funding.

¹¹¹ 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*.

¹¹² S. Prt. 116-13, p. 13, <https://www.govinfo.gov/content/pkg/CPRT-116SPRT35701/pdf/CPRT-116SPRT35701.pdf>.

¹¹³ For background on deeming resolutions, see CRS Report RL31443, *The “Deeming Resolution”: A Budget Enforcement Tool*

¹¹⁴ These House Appropriations Committee suballocations were initially reported as H.Rept. 116-59. Subsequent revisions were reported as H.Rept. 116-80, H.Rept. 116-103, and H.Rept. 116-124. (The House Appropriations Committee has thus far not opted to report new suballocations on the basis of the BBA 2019 authorities.)

¹¹⁵ For an explanation of these authorities, see CRS Insight IN11148, *The Bipartisan Budget Act of 2019: Changes to the BCA and Debt Limit*.

¹¹⁶ These Senate Appropriations Committee suballocations were initially reported as S.Rept. 116-104. Subsequent revisions were reported as S.Rept. 116-106, S.Rept. 116-121, S.Rept. 116-122, S.Rept. 116-139, S.Rept. 116-181, S.Rept. 116-207, S.Rept. 116-223, and S.Rept. 116-224.

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 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. FY2020 LHHS Discretionary House and Senate Initial 302(b) Suballocations, FY2020 Enacted Levels, and FY2019 Enacted Levels
(Budget authority in billions)

	FY2019 Enacted	FY2020 Initial House 302(b)	FY2020 Initial Senate 302(b)	FY2020 Enacted
Regular Appropriations	178.076	189.876	178.299	183.042
Adjustments:				
Program Integrity	1.897	—	—	1.842
Emergency Requirements	3.493	—	—	280.000
Adjusted Appropriations ^a	183.466	—	—	464.884

Source: Table prepared by the Congressional Research Service (CRS). Amounts shown for FY2019 Enacted are as scored by CBO (see *Fiscal Year 2019 House Current Status of Discretionary Appropriations As of July 1, 2019*, <https://www.cbo.gov/system/files?file=2019-07/FY2019-House-2019-07-08.pdf>). Amounts shown for FY2020 Enacted are as scored by CBO (see *Fiscal Year 2020 House Current Status of Discretionary Appropriations as of April 24, 2020*, <https://www.cbo.gov/system/files?file=2020-05/FY2020-House-2020-4-24.pdf>). The House Initial 302(b) is as reported in H.Rept. 116-59 on May 14, 2019. The Senate Initial 302(b) is as reported in S.Rept. 116-104 on September 12, 2019.

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. Enacted appropriations include advance appropriations enacted in prior fiscal years that first become available in those fiscal years. They also include the LHHS supplemental appropriations that were designated as emergency requirements in FY2019 (P.L. 116-20 and P.L. 116-26) and FY2020 (P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, and P.L. 116-139). Enacted amounts 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 FY2019, these funds totaled \$711 million in budget authority for LHHS; for FY2020, these funds totaled \$492 million.)

a. Neither the initial House nor the initial Senate 302(b) suballocations for LHHS included amounts for program integrity or emergency requirements adjustments.

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. (In other words, these amounts exclude advance appropriations for future years, but include advance appropriations from prior years that became available in the applicable current year.) Amounts in the FY2019 enacted column include FY2019 budget authority provided by the FY2017 omnibus (P.L. 115-31) and FY2018 omnibus (P.L. 115-141). Similarly, the FY2020 President’s budget, House committee, and enacted columns include FY2020 budget authority provided by the FY2018 and FY2019 omnibuses. (For a comparable

table showing total budget authority in the bill, rather than current-year budget authority, see **Table 2** in 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: FY2019-FY2020
(Current-year budget authority in billions of dollars)

Bill Title	FY2019 Enacted	FY2020 Request	FY2020 House Cmte. (H.R. 2740)	FY2020 Enacted (P.L. 116-94)
Title I: Labor	13.6	12.4	14.7	13.8
Discretionary	12.1	11.0	13.3	12.4
Mandatory	1.4	1.4	1.4	1.4
Title II: HHS	896.0	914.1	937.2	932.7
Discretionary	90.5	78.1	99.4	94.9
Mandatory	805.5	836.1	837.8	837.8
Title III: Education	75.0	67.6	79.5	76.4
Discretionary	71.4	64.0	75.9	72.8
Mandatory	3.5	3.6	3.6	3.6
Title IV: Related Agencies	71.3	70.7	72.8	72.5
Discretionary	15.3	13.5	15.7	15.3
Mandatory	56.0	57.1	57.1	57.1
Total Current Year BA^a	1,055.8	1,064.8	1,104.2	1,095.3
Discretionary	189.4	166.6	204.3	195.4
Mandatory	866.4	898.2	899.9	899.9
P.L. 116-20 (emergency)	0.5	—	—	—
P.L. 116-26 (emergency)	2.9	—	—	—
P.L. 116-113 (emergency)	—	—	—	0.2
P.L. 116-123 (emergency)	—	—	—	6.4
P.L. 116-127 (emergency)	—	—	—	1.3
P.L. 116-136 (emergency)	—	—	—	172.1
P.L. 116-139 (emergency)	—	—	—	100.0
Memoranda:				
Advances for Future Years (provided in current bill) ^b	186.7	188.3	189.1	189.1
Advances from Prior Years (for use in current year) ^b	183.3	186.2	186.7	186.7
Additional Scorekeeping Adjustments ^c	-9.4	-24.8	-12.6	-10.5

Source: Amounts in this table for the FY2019 Enacted, FY2020 Request, and FY2020 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2020 LHHS omnibus (P.L. 116-94), available in the *Congressional Record*, vol. 165, no. 204, December 17, 2019, pp. H11061-H11161. Amounts in the FY2020 House Committee column are generally drawn from or calculated

based on data contained in the committee report (H.Rept. 116-62) accompanying H.R. 2740. Enacted totals for FY2019 do not include emergency-designated appropriations provided by P.L. 116-20 or P.L. 116-26. Enacted totals for FY2020 do not include emergency-designated appropriations provided by P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect current-year budget authority; (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. 2740

The House began its initial floor consideration of the FY2020 LHHS bill (H.R. 2740) the week of June 10, 2019. In setting up the terms of this consideration, the House adopted a series of special rules that combined the text of the LHHS bill with those of three other appropriations measures, and specified the amendments that would be in order.¹¹⁷ For the purposes of the portion of H.R. 2740 containing LHHS appropriations—Division A—the relevant special rules were H.Res. 431 and H.Res. 436. The Rules Committee reports accompanying those special rules contain the texts of the 79 LHHS amendments made in order.¹¹⁸

House consideration of LHHS amendments occurred on June 12 and 13. Of the amendments made in order, 64 were offered on the floor and adopted. Six additional amendments were defeated and three were withdrawn. (Six that were made in order were not offered.) All of the amendments that were offered and their dispositions are listed in **Table B-1** below.

H.R. 2740 was passed by the House, as amended, by a vote of 226-203, on June 19, 2019.

Table B-1. House Floor Amendments Offered to H.R. 2740

House Amdt. No.	Amdt. Summary from the Rules Committee	Disposition
267	Strikes rider in underlying bill that blocks conscience protections at the Department of Health and Human Services.	Rejected, 192 - 230
268	Ensures medically-tailored nutrition interventions are included in evidence-based practices for enhancing senior nutrition under the Older Americans Act.	Adopted, 338 - 83
269	Increases funding for NIH's Building and Facilities account by \$5 million to help to address an estimated \$2 billion backlog in maintenance and repairs.	Withdrawn
270	Increases funding for refugee and entrant assistance by \$10 million.	Adopted, 243 - 179
271	Increases and decreases funding for the Bureau of Labor Statistics by \$1 million to allow the Bureau of Labor Statistics to collect data on job loss due to automation; job loss due to shifting employees to contractors; and mass layoffs and the causes of them.	Adopted, 290 - 134
272	Increases and decreases funding for the National Cancer Institute by \$1 million to support a National Cancer Institute study on how to improve communication between cancer care providers, cancer patients, and survivors.	Adopted, 381 - 42
273	Increases and decreases funding for Innovation and Improvement at the Department of Education by \$1 million to encourage the Department to ensure that Statewide Family Engagement Center grantees receive full and adequate funding	Adopted, 347 - 76
274	Increases and decreases funding for Children's Mental Health Services Grants by \$5 million to support school-based, early childhood mental health interventions.	Adopted, 369 - 55

¹¹⁷ LHHS appropriations were provided in Division A of H.R. 2740. The other appropriations were: The Department of Defense Appropriations Act, 2020 (Division C); the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2020 (Division D); and the Energy and Water Development and Related Agencies Appropriations Act, 2020 (Division E). The House-passed version of H.R. 2740 did contain a Division B.

¹¹⁸ For H.Res. 431, see H.Rept. 116-109; for H.Res. 436, see H.Rept. 116-111.

House Amdt. No.	Amdt. Summary from the Rules Committee	Disposition
275	Strikes the language that prevents the implementation of the Administration's rule requiring all Title X grant recipients to be 'physically and financially separate from abortion-providing facilities.' In the underlying bill, there is language that prevents any funds from implementing said rule.	Rejected, 191 - 231
276	Removes and adds \$1,000,000 from this account for the purpose of instructing the Administration for Children and Families to conduct an audit of the Head Start Program to ensure that the grant funding selection and evaluation processes do not result in a disparate impact on minority communities.	Withdrawn
277	Redirects \$2 million from Program Administration under Departmental Management at the Department of Education to Emerging Zoonotic and Infectious Diseases at the Centers for Disease Control and Prevention for Lyme Disease.	Adopted, 413 - 11
278	Prohibits the Occupational Safety and Health Administration (OSHA) from using funds appropriated in this Act to finalize or implement a proposed rule to weaken health protections in OSHA's existing beryllium standards that cover construction and maritime workers.	Adopted, 241 - 181
279	Prohibits any funds appropriated to the Job Corps program from being used to either alter or terminate the Interagency Agreement between the U.S. Departments of Labor and Agriculture that governs the Job Corps Civilian Conservation Center (CCC) program. It would also prohibit any funds appropriated to the Job Corps program from being used to close any of the 25 CCCs that are currently operating.	Adopted, 313 - 109
280	Increases and decreases by \$10,000,000 funding to support greater diversity in the pool of diabetes research professionals and patients participating in clinical trials.	Adopted, 317 - 105
281	Increases and decreases by \$10,000,000 to support programs providing outreach and support services targeting program participants at greatest risk of not completing a college degree.	Adopted, 312 - 109
282	Increases FY20 funding for the National Institute for Occupational Safety and Health (NIOSH) by \$900,000, with the intent to obligate that \$900,000 to the Firefighter Cancer Registry within NIOSH. It offsets this increase by reducing General Departmental Management funding for the Department of Health and Human Services (HHS) by \$900,000.	Adopted, 413 - 10
283	Increases funding to the account of Birth Defects, Development Disabilities, Disabilities and Health by \$2,000,000, and decrease the administration account in the Office of the Secretary of Health and Human Services by \$2,000,000. Currently under this account, there are zero dollars allocated for the Public Health Approach to Blood Disorders Program for Sickle Cell Disease that will support the CDC's sickle cell disease surveillance program to better identify affected individuals, to understand their health outcomes, and to evaluate strategies to prevent complications and risk factors that affect individuals living with this disease.	Adopted, 410 - 12
284	Increases and decreases by \$6,250,000 the funding for the National Institute of Environmental Health Sciences under the National Institute of Health in order to support research into the impact of red tide and other Harmful Algal Blooms on human health.	Adopted, 401 - 23
285	Increases funding for the Lifespan Respite Care Program.	Adopted, 356 - 67
286	Strikes Section 510 of the Labor-HHS Appropriations bill which currently prohibits HHS from spending any federal dollars to promulgate or adopt a national patient identifier.	Adopted, 246 - 178
287	Adds and removes \$1 from the Substance Abuse Treatment fund to instruct HHS to prioritize funding for Medication Assisted Treatment.	Adopted, 336 - 87

House Amdt. No.	Amdt. Summary from the Rules Committee	Disposition
288	Adds and removes \$1 from the Bureau of Labor Statistics for the purpose of instructing BLS to accept a wider and more forward-looking range of inputs into its range of projections for its workforce of the future and should conduct the Contingent Worker and Alternative Work Arrangement Supplement (CWS) to the Current Population Survey. BLS should submit to Congress an estimate of the resources it would need to make a range of forward-looking estimates, including consultation with those industries that are driving rapid technological change and those that will be affected by that change to account for the increasing rate of technological job displacement.	Adopted, 260 - 164
289	Increases the Biomedical Advanced Research and Development Authority account by \$1,000,000 to support increased R&D for biosecurity.	Adopted, 358 - 66
290	Decreases the Health and Human Services General Departmental Management fund by \$5 million and then increases the same fund by \$5 million for the purposes of highlighting the Office of the Assistant Secretary for Health's work in coordinating a national public health campaign to fight vaccine misinformation, funding vaccine communication research to strengthen the evidence base for what works in fighting vaccine hesitance, and encouraging vaccine counseling.	Adopted, 341 - 83
291	Fully funds Sec. 7081 of the SUPPORT Act, preventing overdoses while in emergency rooms. The program would create a coordinated care model for overdose patients who present in the emergency room.	Adopted, 415 - 9
292	Provides funding to expand the National Survey of Child and Adolescent Well-Being to include a study of children impacted by a parent's substance addiction to better understand the opioid epidemic's impact on maltreated children.	Adopted, 356 - 68
293	Funds Section 7101 of the SUPPORT for Patients and Communities Act at the authorized level to establish Regional Centers of Excellence in Substance Use Disorder Education.	Adopted, 408 - 15
294	Provides additional resources to the CDC to address and better understand the causes of the thousands of sudden unexpected deaths of children and infants that occur annually in our nation.	Adopted, 405 - 19
295	Increases funding for the CDC's Domestic Violence Community Projects.	Adopted, 348 - 75
296	Provides \$1,000,000 for the distribution of Fentanyl Sticks.	Withdrawn
297	Increases by \$2 million the administration for community living aging and disability services programs to support innovative programs that assist young people with developmental disabilities in obtaining and sustaining long term employment, and that prepare employers to support the success of those employees and decreases general department management by \$2 million.	Adopted, 376 - 48
298	Increases the Substance Abuse Treatment program by \$1,000,000 with the intention of this increase in funding being allocated to the Building Communities of Recovery program. This increase will strengthen our communities' response to the opioid epidemic by promoting prevention, treatment, and recovery initiatives for individuals struggling with substance abuse.	Adopted, 420 - 4
299	Increases funding for the substance abuse and mental health services administration by \$6.5 million in order to support youth suicide prevention strategies This funding would supplement the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Grant Program.	Adopted, 386 - 38
300	None of the funds made available by this Act may be used to implement, administer or enforce the Trump administration's short-term, limited duration insurance rule.	Adopted, 236 - 188

House Amdt. No.	Amdt. Summary from the Rules Committee	Disposition
301	Transfers \$90 million from the ACA navigator program to the National Institute of Mental Health.	Rejected, 86 - 237, 1 Present
302	Allows grant funds for apprenticeships to be used for apprenticeship programs registered with the U.S. Department of Labor (DOL) as well as industry-recognized apprenticeship programs.	Rejected, 158 - 266
303	Increases CDC's Rape Prevention and Education program.	Adopted, 401 - 23
304	Increases funding for the National Institute of Allergy and Infectious Disease by \$3 million with the intent to support the Consortium of Food Allergy Research. Reduces funding for the Office of the Secretary of Education's administrative account.	Adopted, 356 - 68
305	Increases funding for Maternal and Child Health accounts by \$7,000,000.	Adopted, 365 - 59
306	Reduces spending for each amount in Division A by 14 percent.	Rejected, 150 - 273
307	Increases and decreases by \$1,000,000 to propose a study to examine how HHS can facilitate ways to include programs for social determinants of health under the same roof as traditional health services, and estimate what amount of additional funding might be required.	Adopted, 283 - 141
308	Increases funding for Neonatal Abstinence Syndrome research by \$2 million, offset by spending in the office of the Secretary.	Adopted, 421 - 3
309	Increases funding for American History and Civics National Activities under the Elementary and Secondary Education Act by \$500,000.	Adopted, 327 - 97
310	Subtracts and then adds \$1 from SAMHSA Mental Health account to specify that SAMHSA should explore using its funds to explore peer to peer mental health programs for first responders. The LHHS report includes language encouraging SAMHSA to examine PTSD among first responders.	Adopted, 396 - 27
311	Ensures that the Office of Refugee Resettlement reports all children's deaths that occur while children are in their custody.	Adopted, 355 - 68
312	Prohibits funds from being used to limit the functions of the Department of Education Office for Civil Rights.	Adopted, 275 - 148
313	Increases and decreases by \$5,000,000 for fund to be used specifically study the impact of firearm violence in elementary and secondary schools and higher education institutions.	Adopted, 266 - 150
314	Increases the Higher Education account by \$500,000. Funding intended to be used to keep open the National Center for College Students with Disabilities.	Adopted, 358 - 65
315	Increase funding for the Children and Families Services Programs account by \$3 million. Decreases the Departmental Management account by \$3 million.	Adopted, 307 - 115
316	Increases and decreases funds by \$500,000 to support the Secretary of Health and Human Services to conduct a feasibility study on allowing geolocation services with respect to the location of callers to the suicide prevention lifeline referred to in section 520E-3 of the Public Health Service Act (42 U.S.C. 6290bb-3c).	Adopted, 359 - 64

House Amdt. No.	Amdt. Summary from the Rules Committee	Disposition
317	Requires the Secretary of Health and Human Services, acting through the Office of Refugee Resettlement, to disclose to committees of jurisdiction and legal orientation providers a monthly census per facility, broken down by gender and age group, of unaccompanied alien children in the custody of the Department of Health and Human Services, including locations operated through a contract with any other entity (including a Federal, State, or local agency).	Adopted, 285 - 138
318	Increases and decreases \$1 from the Health Resources and Services Administration with respect to the health workforce and health professional staffing shortages.	Adopted, 376 - 47
319	Increases Substance Abuse and Mental Health Services Administration, Mental Health by \$2,000,000, with the additional funding intended for the Garrett Lee Smith -Youth Suicide Prevention State and Campus grants budget activities within the Mental Health Programs of Regional and National Significance. Reduces Substance Abuse and Mental Health Services Administration, Health Surveillance and Program Support by \$2,000,000.	Adopted, 366 - 55
320	Increases and decreases the HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention account by \$15 million in order to support Opioid Related Infectious Disease under the Center for Disease Control.	Adopted, 264 - 158
321	Strikes a rider that prevents the use of any funds for any activity that promotes the legalization of any drug or other substance in Schedule I' of the CSA. Academics and scientists report that provisions like this create stigma and insurmountable logistical hurdles to researching schedule I drugs like psilocybin and MDMA which have shown promise in end of life therapy and treating PTSD.	Rejected, 91 - 331
322	Increases CDC Injury Prevention and Control suicide program funding to enhance youth suicide awareness, research, and prevention efforts, with a corresponding reduction in HHS General Departmental Management account.	Adopted, 388 - 30
323	Clarifies that early childhood developmental screenings can be considered an allowable medical service for donation to children in the care of the Office of Refugee Resettlement.	Adopted: 371 - 49
324	Increases funding for Graduate Medical Education slots and cuts funding from the Office of the Secretary of Education's departmental fund.	Adopted, 365 - 54
325	Increases by \$1 million the Health Resources and Services Administration's (HRSA) Rural Health Programs to prioritize ongoing coordination with the U.S. Department of Agriculture's establishment of a Rural Health Liaison as directed by P.L. 115-334 (Agriculture Improvement Act of 2018).	Adopted, 383 - 36
326	Increases and decreases by \$14,523,544,000 the Department of Education's grants to states under the Individuals with Disabilities Education Act (IDEA) to support funding for special education.	Adopted, 376 - 41
327	Increases and decreases funding for Career, Technical, and Adult Education in order to support the Department of Education in carrying out the Carl D. Perkins Career and Technical Education Act of 2006 (Perkins Act) and the Adult Education and Family Literacy Act (AEFLA).	Adopted, 390 - 29
328	Increases funding for the Senior Medicare Patrols within the Health Care Fraud and Abuse Control Account by \$2,000,000.	Adopted, 316 - 103
329	Provides funding to support the Intimate Partner Violence Strategy at the Health Resources and Services Administration across the relevant bureaus at the agency.	Adopted, 311 - 110
330	Ensures that ACA open enrollment data is disaggregated by race, ethnicity, preferred language, age and sex to support better understanding of enrollment information.	Adopted, 235 - 183

House Amdt. No.	Amdt. Summary from the Rules Committee	Disposition
331	Allocates an additional \$5 million to the Secretary's Minority AIDS Initiative Fund (SMAIF), which would improve prevention, care, and treatment for racial and ethnic minorities impacted by HIV/AIDS.	Adopted, 281 - 138
332	Increases funding for the Office of Inspector General at the Department of Education by \$4 million.	Adopted, 233 - 187
333	Provides an additional \$5,000,000 to fund School-Based Health Centers to support preventative and mental health services for children and adolescents in school.	Adopted, 342 - 77, 1 Present
334	Increases funding for the chronic disease prevention and health promotion program by \$3 million to be directed towards colorectal cancer and reduces funding by \$3 million for the HHS General Departmental Management account.	Adopted, 364 - 54
335	Provides additional funding for the prevention, diagnosis and treatment of Lyme Disease due to the increased threat of vector borne pathogens.	Adopted, 374 - 44
336	Increases and decreases funding by \$5,000,000 to support the Project SERV program which provides funding for grants to LEAs for the purposes of mental health, counseling, and technical assistance in the wake of traumatic events at schools that are disruptive to learning.	Adopted, 345 - 73
337	Increases and decreases funding for the Department of Education's Education for the Disadvantaged account by \$1 million with the intent to support Comprehensive Literacy Development Grants with an appropriate offset.	Adopted, 333 - 86
338	Prohibits the implementation of a new HHS policy announced on June 5, 2019, that would restrict fetal tissue research.	Adopted, 225 - 193
339	Provides \$10 million to the Alternatives to Opioids in the Emergency Department which is authorized in Section 7091 of the SUPPORT for Patients and Communities Act, P.L. 115-271.	Adopted, 382 - 32

Source: The amendment numbers and dispositions are from Congress.gov. The amendment summaries are from the Rules Committee reports accompanying H.Res. 431 (H.Rept. 116-109) and H.Res. 436 (H.Rept. 116-111).

Appendix C. Enacted FY2020 LHHS Supplemental Appropriations

Several acts have been signed into law providing FY2020 supplemental discretionary appropriations for LHHS programs and activities. The first of these acts (P.L. 116-113) provided additional funding to the Department of Labor to carry out the United States-Mexico-Canada Agreement. The remaining four, which together contain more than 99% of the LHHS supplemental appropriations provided for FY2020, were part of the legislative response to the global pandemic of the Coronavirus Disease 2019 (COVID-19). For further information on the LHHS appropriations provided by these COVID-19 supplementals, see CRS Report R46353, *COVID-19: Overview of FY2020 LHHS Supplemental Appropriations*.

The acts containing FY2020 LHHS supplemental appropriations are listed below.

- Title IX of the United States-Mexico-Canada Agreement Supplemental Appropriations Act, 2019, (USMCA; P.L. 116-113), enacted on January 29, 2020. Title IX.¹¹⁹
- Title III, Division A, of the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123), enacted on March 6, 2020.
- Title V, Division A, of the Families First Coronavirus Response Act (FFCRA; P.L. 116-127), enacted on March 18, 2020.
- Title VIII, Division B, of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act; P.L. 116-136), enacted on March 27, 2020.
- Title I, Division B, of the Paycheck Protection Program and Health Care Enhancement Act (PPPHCEA; P.L. 116-139), enacted on April 24, 2020.

The supplemental funds provided by these acts are *in addition to* the regular FY2020 LHHS discretionary appropriations provided in Division A of P.L. 116-94, which was enacted on December 20, 2019. Unlike the annual discretionary appropriations, however, these additional funds were designated as an “emergency requirement” and thus were effectively exempted from otherwise applicable budget enforcement requirements (such as the statutory discretionary spending limits).

The FY2020 discretionary LHHS appropriations provided by these supplemental appropriations acts, along with the level of the regular FY2020 annual appropriations, are summarized in **Table C-1**. In total, FY2020 supplemental appropriations increased regular FY2020 LHHS enacted funding by about 143%. The bulk of the supplemental funding (89%) was directed at HHS. The \$248 billion in supplemental funds that HHS was appropriated was a 261% increase over its FY2020 enacted funding level. ED received the next largest increase via supplemental funds (43%), whereas DOL and RA received the smallest increases (5% and 3%, respectively).

The majority of HHS funds (93%) in the supplemental appropriations measures were appropriated to the Public Health and Social Services Emergency Fund (PHSSEF) within the Office of the Secretary. On their own, the supplemental PHSSEF appropriations more than doubled the overall LHHS discretionary funding level for FY2020. The PHSSEF account is used by the HHS Secretary for one-time or short-term funding, such as emergency supplemental

¹¹⁹ The purpose of these funds was for DOL activities related to implementing the agreement.

appropriations, and for some ongoing public health preparedness activities in the Office of the HHS Assistant Secretary for Preparedness and Response.

Accounts at the CDC received approximately 3% of the supplemental HHS appropriations provided in the COVID-19 response measures. These funds nearly doubled CDC's discretionary funding level for FY2020. Amounts appropriated to accounts at ACL and ACF increased total FY2020 funding for these agencies by 54% and 26%, respectively. Remaining HHS supplemental appropriations to NIH, SAMHSA, and CMS augmented total agency funding levels to a lesser extent. No supplemental funds were appropriated to HRSA or AHRQ.

Table C-I. Summary of Enacted FY2020 Discretionary Regular and Supplemental Appropriations
(Budget authority in millions of dollars)

	FY2020 Supplemental						Total Supplemental	Grand Total
	FY2020 Regular	P.L. 116-113 (USMCA)	P.L. 116-123	P.L. 116-127 (FFCRA)	P.L. 116-136 (CARES)	P.L. 116-139 (PPPHCEA)		
DOL	12,414	210	—	—	360	—	570	12,984
HHS	94,901	—	6,436	1,250	140,389	100,000	248,075	342,976
HRSA	7,047	—	—	—	—	—	-	7,047
CDC	6,840	—	2,200	—	4,300	—	6,500	13,340
NIH	40,228	—	836	—	945	—	1,781	42,010
SAMHSA	5,737	—	—	—	425	—	425	6,162
AHRQ	338	—	—	—	—	—	-	338
CMS	4,456	—	—	—	200	—	200	4,656
ACF	24,444	—	—	—	6,274	—	6,274	30,718
ACL	2,223	—	—	250	955	—	1,205	3,428
OS	3,588	—	3,400 ^a	1,000	127,290	100,000	231,690	235,278
ED	72,751	—	—	—	30,925	—	30,925	103,676
RA	15,367	—	—	—	430	—	430	15,797
LHHS Total:	195,433	210	6,436	1,250	172,104	100,000	280,000	475,433

Source: Compiled by CRS from amounts specified in P.L. 116-94 (Division A), P.L. 116-113 (Title IX), P.L. 116-123 (Title III, Division A), P.L. 116-127 (Title V, Division A), P.L. 116-136 (Title VIII, Division B), and P.L. 116-139 (Title I, Division B). Funds provided in other titles and divisions of these laws are beyond the scope of this report and are excluded from the table. (For instance, the table does not include the \$1.320 billion in mandatory funds for the HRSA health centers program provided in Division A, Title III, Section 3211 of P.L. 116-136.) FY2020 enacted amounts include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255).

Notes: All supplemental funds are designated as an emergency requirement. The display of funds in this table is based on the accounts in which they were appropriated. When the supplemental bill text calls for transfers, funds are tabulated based on the account to which they were appropriated, not on the account to which they are to be transferred.

a. \$300 million of these funds (appropriated to the Public Health and Social Services Emergency Fund at HHS) are contingent upon future HHS actions.

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