

Labor, Health and Human Services, and Education: FY2022 Appropriations

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Labor, Health and Human Services, and Education: FY2022 Appropriations

This report offers an overview of actions taken by Congress and the President to provide FY2022 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 FY2022 LHHS discretionary funding enacted during the annual appropriations process. Totals in the report tables do not include emergency-designated funds.

Regular Appropriations

FY2022 LHHS Omnibus: On March 15, 2022, the Consolidated Appropriations Act, 2022 (FY2022 LHHS omnibus; H.R. 2471) was signed into law by the President (P.L. 117-103). The FY2022 LHHS omnibus provided full-year appropriations for all 12 annual appropriations acts in Divisions A-L. Annual discretionary LHHS appropriations totaled \$214.2 billion. This amount is 7.9% more than FY2021 enacted and 15.7% less than the FY2022 President's budget request. The omnibus also provided \$1.102 trillion in mandatory funding, for a combined LHHS total of \$1.316 trillion. The distribution of discretionary funding was as follows:

- **DOL:** \$13.2 billion, 5.2% more than FY2021.
- **HHS:** \$108.6 billion, 12.0% more than FY2021.
- **ED:** \$76.4 billion, 3.9% more than FY2021.
- **Related Agencies:** \$16.0 billion, 3.3% more than FY2021.

FY2022 LHHS Senate Action: The FY2022 LHHS bill did not receive subcommittee, full committee, or initial floor action in the Senate. Senator Leahy, Chair of the Senate Appropriations Committee, released a majority draft of the LHHS bill and accompanying draft report language on October 18, 2021. *These draft numbers are not presented in this report.* In addition, on October 25, Senator Murray, Chair of the Senate Appropriations LHHS Subcommittee, introduced an FY2022 LHHS bill (S. 3062). This bill was referred to the Senate Appropriations Committee. *Because S. 3062 did not receive any congressional action, this report does not discuss this measure.*

FY2022 LHHS House Action: On July 15, 2021, the House Appropriations Committee voted to report the FY2022 LHHS appropriations bill, 33-25; the measure was subsequently reported to the House on July 19 (H.R. 4502; H.Rept. 117-96). The measure was approved in subcommittee, via voice vote, on July 12, 2021. As reported by the full committee, the bill would have provided \$254.4 billion in discretionary LHHS funds, a 28.1% increase from FY2021 enacted levels. This amount was 0.2% more than the FY2022 President's request. In addition, the House committee bill would have provided an estimated \$1.102 trillion in mandatory funding, for a combined total of \$1.356 trillion for LHHS as a whole. The distribution of discretionary funding was as follows:

- **DOL:** \$14.7 billion, 17.4% more than FY2021.
- **HHS:** \$119.8 billion, 23.6% more than FY2021.

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- **ED:** \$102.8 billion, 39.8% more than FY2021.
 - **Related Agencies:** \$17.0 billion, 9.8% more than FY2021.

The House version of LHHS appropriations was initially considered on the floor as part of a consolidated appropriations package and passed the House (219-208), as amended, on July 31, 2021 (Division A of H.R. 4502). Of the amendments offered, 47 were adopted and 9 were rejected. *Because there is no publicly available source that estimates the account- or subaccount-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**.

FY2022 President’s Budget Request: The full FY2022 President’s budget request was submitted to Congress on May 28, 2021. (The President had previously submitted to Congress an outline of his discretionary funding priorities for FY2022 on April 9, 2021.) The President requested \$254.0 billion in discretionary funding for accounts funded by the LHHS bill, which is an increase of 27.9% from FY2021 levels. In addition, the President requested \$1.102 trillion in annually appropriated mandatory funding, for a total of \$1.355 trillion for LHHS as a whole. The distribution of discretionary funding was as follows:

- **DOL:** \$14.3 billion, 14.2% more than FY2021.
- **HHS:** \$120.0 billion, 23.7% more than FY2021.
- **ED:** \$102.8 billion, 39.8% more than FY2021.
- **Related Agencies:** \$16.9 billion, 9.0% more than FY2021.

Emergency-Designated Appropriations

Over the course of FY2022, five laws were enacted providing FY2022 emergency-designated appropriations for accounts typically funded in the LHHS bill.

- Division B of the Bipartisan Safer Communities Act (S. 2938; P.L. 117-159, June 25, 2022) provided a total of \$1.6 billion in FY2022 for several programs within HHS and ED related to community mental and behavioral health services, pediatric health care, school attendance and engagement, and school-based mental health service;
- Title IV of the Additional Ukraine Supplemental Appropriations Act, 2022 (H.R. 7691; P.L. 117-128, May 21, 2022) provided a total of \$1.0 billion to HHS agencies, mostly for resettlement assistance for eligible Ukrainians in the United States;
- Division B of the Further Extending Government Funding Act (H.R. 6119; P.L. 117-70, December 3, 2021) provided a total of \$1.3 billion for public health and support services for Afghan arrivals and refugees;
- Division J of the Infrastructure Investment and Jobs Act (H.R. 3684; P.L. 117-58, November 15, 2021) provided \$100 million in FY2022 for the HHS Low Income Home Energy Assistance Program, and rescinded \$353 million in previously enacted emergency funding from the Education Stabilization Fund; and
- Divisions A and C of the Extending Government Funding and Delivering Emergency Assistance Act (H.R. 5305; P.L. 117-43, September 30, 2021) provided a total of \$4.2 billion for HHS spending related to shelter and support services for unaccompanied minors (Division A), and public health and support services for Afghan arrivals and refugees (Division C).

Contents

Introduction	1
Report Roadmap and Useful Terminology	1
Scope of the Report.....	2
Important Budget Concepts.....	2
Mandatory vs. Discretionary Budget Authority	2
Total Budget Authority Provided in the Bill vs. Total Budget Authority Available in the Fiscal Year.....	3
Status of FY2022 LHHS Appropriations	4
FY2022 Emergency-Designated Appropriations	4
FY2022 Annual LHHS Appropriations.....	5
FY2022 Consolidated Appropriations Act.....	5
FY2022 Continuing Appropriations	7
Prior Congressional Action on an LHHS Bill.....	7
FY2022 President’s Budget Request.....	9
FY2021 LHHS Omnibus (Division H, Consolidated Appropriations Act, 2021, H.R. 133; P.L. 116-260).....	9
Summary of FY2022 LHHS Appropriations.....	11
Department of Labor (DOL)	14
About DOL	15
FY2022 DOL Appropriations Overview	15
Selected DOL Highlights	16
Employment and Training Administration (ETA).....	16
Employment Service.....	17
Wage and Hour Division (WHD).....	17
Bureau of Labor Statistics (BLS).....	18
Bureau of International Labor Affairs (ILAB).....	18
Labor-Related General Provisions	18
Department of Health and Human Services (HHS).....	22
About HHS.....	22
FY2022 HHS Appropriations Overview	23
Special Public Health Funding Mechanisms.....	25
Public Health Service Evaluation Tap.....	25
Prevention and Public Health Fund	27
Selected HHS Highlights by Agency	28
HRSA.....	28
CDC	28
NIH	30
SAMHSA.....	31
AHRQ	31
CMS	32
ACF.....	32
ACL	33
Restrictions Related to Certain Controversial Issues	34
Department of Education (ED).....	41
About ED	41

FY2022 ED Appropriations Overview	42
Selected ED Highlights	43
Education for the Disadvantaged	43
Safe Schools and Citizenship Education	44
Higher Education	44
Related Agencies	47
FY2022 Related Agencies Appropriations Overview	47
Selected Related Agencies Highlights	48
SSA Limitation on Administrative Expenses (LAE)	49
Corporation for National and Community Service	49
National Labor Relations Board (NLRB)	49

Figures

Figure 1. FY2022 Enacted LHHS Appropriations	6
Figure 2. FY2022 Enacted LHHS Appropriations by Title	14
Figure 3. FY2022 Enacted HHS Appropriations by Agency	25

Tables

Table 1. Status of Full-Year LHHS Appropriations Legislation, FY2022	5
Table 2. LHHS Appropriations Overview by Bill Title, FY2021-FY2022	12
Table 3. DOL Appropriations Overview	16
Table 4. Detailed DOL Appropriations	19
Table 5. HHS Appropriations Overview	23
Table 6. HHS Appropriations Totals by Agency	35
Table 7. HHS Discretionary Appropriations for Selected Programs or Activities, by Agency	38
Table 8. ED Appropriations Overview	42
Table 9. Detailed ED Appropriations	45
Table 10. Related Agencies Appropriations Overview	48
Table 11. Detailed Related Agencies Appropriations	50
Table A-1. LHHS Discretionary FY2021 and FY2022 Enacted Levels, and FY2022 House 302(b) Suballocations	56
Table A-2. LHHS Appropriations Overview, by Bill Title: FY2021-FY2022	57
Table B-1. LHHS House Floor Amendments Offered to H.R. 4502	60

Appendixes

Appendix A. Budget Enforcement Activities	52
Appendix B. House Floor Amendments Offered to Division A of H.R. 4502	60

Contacts

Author Information.....	65
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Introduction

This report provides an overview of FY2022 appropriations actions for accounts traditionally funded in the appropriations bill for the Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS). This bill provides discretionary and mandatory appropriations to three federal departments: the Department of Labor (DOL), the Department of Health and Human Services (HHS), and the Department of Education (ED). In addition, the bill provides annual appropriations for more than a dozen related agencies, including the Social Security Administration (SSA).

Discretionary funds represent less than one-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 the “Mandatory vs. Discretionary Budget Authority” section), 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.

Scope of the Report: Emergency Funding and Mandatory Funding Related to COVID-19

This report primarily focuses on regular FY2022 LHHS discretionary funding enacted during the annual appropriations process. The emergency discretionary funding that was enacted for FY2021 or FY2022 is generally not included in the budgetary figures discussed or table totals presented in the main body of the report. (Such spending is presented below the table totals and is in addition to regular appropriations.) In addition, during FY2021, mandatory appropriations were enacted for certain LHHS-related accounts for COVID-19 pandemic response, including in the American Rescue Plan Act of 2021 (P.L. 117-2). These mandatory funds are also not included in this report.

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 FY2022 appropriations and (for context) a review of the conclusion of the FY2021 appropriations process. This is followed by a high-level summary and analysis of appropriations for FY2022, compared to FY2021 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 FY2022 proposed

funding levels compared to FY2021. (Note that the distribution of funds is sometimes illustrated by figures, which in all cases are based on the FY2022 enacted levels.¹)

Appendix A provides a summary of budget enforcement activities for FY2022. This includes information on mandatory spending sequestration pursuant to the Budget Control Act of 2011 (BCA; P.L. 112-25), discretionary spending budget enforcement pursuant to the FY2022 budget resolution, the House LHHS subcommittee spending allocation, and current-year spending levels. This is followed by **Appendix B**, which provides an overview of the LHHS floor amendments that were offered in the House during its consideration of H.R. 4502.

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 budget authority is provided in appropriations measures.

¹ The dollars and percentages in each figure also are generally illustrative, except as noted, of the parallel distribution of funds enacted in FY2021 and proposed by the FY2022 President’s budget and in the FY2022 House committee bill.

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->

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 FY2022 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 because discretionary funding receives the bulk of attention during the appropriations process. (While 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*

05-734SP. (Terms of interest may include appropriated entitlement, direct spending, discretionary, entitlement authority, and mandatory.)

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

appropriations (i.e., the amount of *budget authority available for obligation in a given fiscal year*, regardless of the year in which it was first appropriated).⁵

As the annual appropriations process unfolds, the amount of current-year budget authority is measured against 302(b) allocation ceilings (budget enforcement caps for appropriations subcommittees that traditionally emerge following the budget resolution process, see **Appendix A**). 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. (Those scorekeeping adjustments are displayed at the bottom of **Table 2**.)

Status of FY2022 LHHS Appropriations

FY2022 Emergency-Designated Appropriations

Over the course of FY2022, five bills were signed into law providing FY2022 emergency-designated appropriations for accounts typically funded in the LHHS bill.

- Division B of the Bipartisan Safer Communities Act (S. 2938, P.L. 117-159, June 25, 2022) provided a total of \$1.6 billion in FY2022 for several purposes or programs within HHS and ED related to community mental and behavioral health services, pediatric health care, school attendance and engagement, and school-based mental health services.⁷
- Title IV of the Additional Ukraine Supplemental Appropriations Act, 2022 (H.R. 7691, P.L. 117-128, May 21, 2022) provided \$54 million to the CDC for medical support, screening, and related public health activities related to the situation in Ukraine, including for populations displaced from Ukraine, and \$900 million to ACF for resettlement assistance for Ukrainian refugees, Ukrainian parolees, and other eligible Ukrainians in the United States.
- Division B of the Further Extending Government Funding Act (H.R. 6119; P.L. 117-70, December 3, 2021) contained the Additional Afghanistan Supplemental Appropriations Act, 2022, which provided \$8 million to the CDC for medical support, screening, and related public health activities for Afghan arrivals and refugees, and \$1.3 billion to ACF for resettlement assistance for Afghan arrivals and refugees.⁸

⁵ Such figures exclude advance appropriations for future years, but include advance appropriations from prior years that 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 See Table 3 in CBO, cost estimate, “The Bipartisan Safer Communities Act would provide funding to encourage enactment of state laws aimed at controlling access to guns and to support a variety of other initiatives to enhance school safety, mental health programs, and violence prevention,” June 22, 2022, <https://www.cbo.gov/system/files?file=2022-06/S2938.pdf>.

⁸ See the summary of these provisions from the House Appropriations Committee majority staff, *H.R. 6119, Further Extending Government Funding Act Section-by-Section Summary*, <https://appropriations.house.gov/sites/democrats.appropriations.house.gov/files/Further%20Extending%20Government%20Funding%20Act%20Summary.pdf>.

- Division J of the Infrastructure Investment and Jobs Act (H.R. 3684; P.L. 117-58, November 15, 2021) provided \$100 million in FY2022 for the HHS Low Income Home Energy Assistance Program,⁹ and rescinded \$353 million in previously enacted emergency funding from the Education Stabilization Fund.
- Divisions A and C of the Extending Government Funding and Delivering Emergency Assistance Act (H.R. 5305; P.L. 117-43, September 30, 2021) provided \$4.2 billion in emergency-designated funding, as follows:¹⁰
 - Division A, which contained the first CR for FY2022, provided \$2.5 billion (§141) to the HHS Administration for Children and Families (ACF) for shelter and support services for unaccompanied minors referred to HHS, including funding to expand the capacity of state-licensed shelters.
 - Division C, which contained the Afghanistan Supplemental Appropriations Act, 2022, provided \$1.7 billion to ACF for resettlement assistance for Afghan arrivals and refugees, and \$21.5 million to the HHS Centers for Disease Control and Prevention (CDC) for medical support, screening, and related public health activities for Afghan arrivals and refugees.

FY2022 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, FY2022

Subcommittee Approval		Full Committee Approval		Resolution of House and Senate Differences					
House	Senate	House	Senate	House Initial Passage	Senate Initial Passage	Conf. Report	House Final Passage	Senate Final Passage	Public Law
7/12/21	-	H.R. 4502	-	H.R. 4502, Division A	-	-	H.R. 2471, Division H	H.R. 2471, Division H	P.L. 117-103
voice		H.Rept. 117-96		7/29/21			3/9/22	3/10/22	3/15/22
vote		7/15/21		219-208			361-69	68-31	
		33-25							

Source: CRS Appropriations Status Table.

FY2022 Consolidated Appropriations Act

On March 15, 2022, the Consolidated Appropriations Act, 2022 (FY2022 LHHS omnibus; H.R. 2471) was signed into law by the President (P.L. 117-103). The FY2022 omnibus provided full-

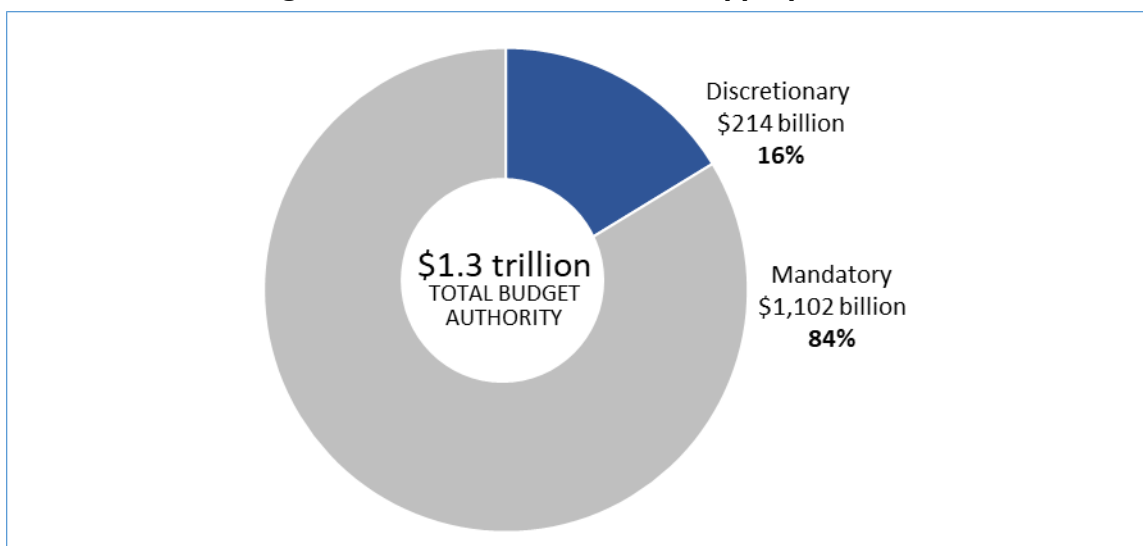
⁹ Division J of P.L. 117-58 further provided to the Low Income Home Energy Assistance Program advance appropriations of \$100 million for each of FY2023 through FY2026, for a total of \$500 million for the program with all fiscal years taken into account.

¹⁰ See the summary of these provisions from House Appropriations Committee majority staff, *H.R. 5305, Extending Government Funding and Delivering Emergency Assistance Act: Section-by-Section Summary*, https://appropriations.house.gov/sites/democrats.appropriations.house.gov/files/documents/Summary_0.pdf.

year appropriations for all 12 annual appropriations acts in Divisions A-L.¹¹ (Full-year LHHS appropriations were enacted in Division H.) Prior to its enactment, the final version of the measure was approved by the House on March 9. (The vote to approve the portion that contained LHHS appropriations was 260-171.)¹² The bill was approved by the Senate (68-31) on March 10.

See **Figure 1** for a breakdown of FY2022 discretionary and mandatory LHHS appropriations enacted in the FY2022 LHHS omnibus.¹³ Annual discretionary LHHS appropriations totaled \$214.2 billion. This amount is 7.9% more than FY2021 enacted and 15.7% less than the FY2022 President's budget request. The omnibus also provided \$1.102 trillion in mandatory funding, for a combined LHHS total of \$1.316 trillion.

Figure 1. FY2022 Enacted LHHS Appropriations



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2022 LHHS omnibus (P.L. 117-103), available in the *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2668-H2915. Enacted totals for FY2022 do not include emergency-designated appropriations. 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), as amended.

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

¹¹ The FY2022 omnibus was originally intended to carry additional supplemental appropriations related to the COVID-19 pandemic in Division M, but Division M was omitted prior to floor consideration.

¹² The special rule, H.Res. 973, provided for the consideration of an amendment consisting of the FY2022 omnibus (as contained in House Rules Committee Print 117-35) to the Senate amendment to H.R. 2471. H.Res. 973 also provided for the House to adopt the amendment in two votes: the first on Divisions B, C, F, X, Z, titles 2 and 3 of division N, and the second on the remaining divisions and titles. The House adopted Divisions B, C, F, X, Z, titles 2 and 3 of division N by a vote of 361-69, and adopted the remaining divisions and titles by a vote of 260-171. The subsequent motion that the House agree to the Senate amendment with an amendment was agreed to by a voice vote.

¹³ While the percentages in this figure were calculated based on amounts in the FY2022 LHHS omnibus, they are generally also illustrative—within a few percentage points—of the share of mandatory and discretionary funds in FY2021 and under the FY2022 President's budget and the FY2022 House committee bill.

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.

FY2022 Continuing Appropriations

Between the start of FY2022 and the enactment of full-year annual appropriations, FY2022 LHHS appropriations were provided by a series of CRs. The first CR was signed into law on September 30, 2021 (Division A of H.R. 5305; P.L. 117-43). The measure had previously been introduced by the House Appropriations Committee chair, Representative DeLauro, on September 21, and was passed by the House that same day, 220-211. On September 30, the Senate took up and passed the measure with an amendment, 65-35,¹⁴ which was subsequently agreed to by the House, 254-175.

The first CR provided continuing appropriations for all 12 annual appropriations acts (including LHHS) through December 3, 2021. In general, the CR funded discretionary programs at the same rate and under the same conditions as in FY2021 (§101) and annually appropriated entitlements at their current law levels (§111).¹⁵ It also included several anomalies that are specific to LHHS accounts or related activities (§§138-149).

A second CR was enacted extending the provisions of the first CR with some additional anomalies (for LHHS, see Section 162) through February 18, 2022 (Division A of H.R. 6119; P.L. 117-70, December 3, 2021). The measure had previously been introduced by Representative DeLauro on December 2, and passed the House (221-212) and the Senate (69-28) that same day.

A third CR was enacted extending the provisions on the second CR with some additional anomalies (none of which were LHHS-related) through March 11, 2022 (Division A of H.R. 6617; P.L. 117-86, February 18, 2022). The measure had been previously introduced by Representative DeLauro on February 7. It passed the House (272-182) on February 8 and the Senate (65-27) on February 17.

A fourth CR was enacted extending the provisions of the third CR with some additional anomalies (not LHHS-related) through March 15, 2022 (H.J.Res 75; P.L. 117-95, March 11, 2022). The measure had been previously introduced by Representative DeLauro on March 8. It passed the House (voice vote) on March 8 and the Senate (voice vote) on March 10.

Prior Congressional Action on an LHHS Bill

FY2022 LHHS Action in the Senate

The FY2022 LHHS bill did not receive subcommittee, full committee, or initial floor action in the Senate. Senator Leahy, Chair of the Senate Appropriations Committee, released a majority draft of the LHHS bill and accompanying draft report language on October 18, 2021. According to the chair, the purpose of this release was to further negotiations toward enacting all 12 annual appropriations bills prior to when the CR was to expire on December 3.¹⁶ *These draft numbers are not presented in this report.*

¹⁴ No substantive changes were made by the Senate amendment to the CR provisions in Division A of H.R. 5305.

¹⁵ For an estimate of the discretionary appropriations contained in Division A of H.R. 5305, see Table 1-H and 1-S in Congressional Budget Office (CBO) Estimate for H.R. 5305, the Extending Government Funding and Delivering Emergency Assistance Act as Passed by the House of Representatives on September 21, 2021, <https://www.cbo.gov/system/files/2021-09/57491-CBO-Estimate-for-HR5305.pdf>.

¹⁶ The text of the Senate majority draft LHHS bill and accompanying committee report is linked to the press release,

In addition, on October 25, Senator Murray, Chair of the Senate Appropriations LHHS Subcommittee, introduced an FY2022 LHHS bill (S. 3062). This bill was referred to the Senate Appropriations Committee.¹⁷ *Because S. 3062 did not receive any congressional action, this report does not discuss this measure.*

FY2022 LHHS Action in the House (Division A, H.R. 2740)

The House LHHS subcommittee approved the draft LHHS bill on July 12, 2021, by a voice vote. On July 15, 2021, the House Appropriations Committee voted (33-25) to report the LHHS bill; the measure was subsequently reported to the House on July 19 (H.R. 4502; H.Rept. 117-96).

As reported by the full committee, the bill would provide \$254.4 billion in discretionary LHHS funds, a 28.1% increase from FY2021 enacted levels. This amount would be 0.2% more than the FY2022 President's request. In addition, the House committee bill would provide an estimated \$1.102 trillion in mandatory funding, for a combined total of \$1.356 trillion for LHHS as a whole. (Note that these totals are based only on amounts of non-emergency appropriations that would have been provided by the House committee bill and do not include emergency-designated funds, which are *in addition* to the regular annual appropriations.)

Later in July, LHHS appropriations were initially considered on the House floor as part of a consolidated appropriations package and passed the House (219-208), as amended, on July 29, 2021 (Division A of H.R. 4502). This package would provide appropriations for six other appropriations acts in addition to LHHS.¹⁸ Floor action was regulated by the terms of a special rule (H.Res. 555). A total of 56 amendments to the LHHS title of the bill were made in order for consideration on the floor.¹⁹ This rule also provided the authority for the chair of the Appropriations Committee or her designee to offer any of the amendments made in order en bloc (i.e., in groups of amendments to be disposed of together).²⁰ All but two LHHS amendments were considered in this manner.²¹ When counted as 56 separate amendments, 47 were adopted and 9 were rejected.

Because there is no publicly available source that estimates the account- or subaccount-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**.

"Chairman Leahy Releases Remaining Nine Senate Appropriations Bills," October 18, 2021, <https://www.appropriations.senate.gov/news/majority/chairman-leahy-releases-remaining-nine-senate-appropriations-bills>. See also "Shelby: Democrats' Partisan Bills Threaten FY22 Appropriations Process," October 18, 2021, <https://www.appropriations.senate.gov/news/shelby-democrats-partisan-bills-threaten-fy22-appropriations-process>.

¹⁷ The text of S. 3062 as introduced was generally the same as the draft LHHS bill released by the chair of the Senate Appropriations Committee on October 18, discussed above.

¹⁸ Those appropriations acts were Agriculture and Rural Development, Energy and Water Development, Financial Services and General Government, Interior and Environment, Military Construction and Veterans Affairs, and Transportation and Housing and Urban Development.

¹⁹ For a list of these LHHS amendments (numbered 1-56) and the text of each that was made in order, see pages 8-13 and 30-38 of H.Rept. 117-109.

²⁰ For further information about en bloc authority in the context of House floor consideration of appropriations measures, see CRS Report R46841, *Changes in the House of Representatives' Initial Consideration of Regular Appropriations Measures, 113th-116th Congresses*.

²¹ For the en bloc amendments proposing changes to the LHHS division of the bill, see consideration of amendments en bloc nos. 1, 2, 3, and 4 in *Congressional Record*, daily edition, Vol. 167, No. 131 (July 27, 2021), pp. H4055-H4073.

FY2022 President's Budget Request

The President's budget request for the upcoming fiscal year is due to be submitted to Congress by the first Monday in February. However, the FY2022 budget was submitted during a year in which a presidential transition occurred (on January 20, 2021). Recent Presidents have not submitted detailed budget proposals until April or May of their first year in office, although each has advised Congress regarding the general contours of their economic and budgetary policies in special messages submitted to Congress prior to that submission.²² This delay allows time to prepare a proposal that reflects the priorities of the new Administration.

On April 9, President Biden submitted to Congress an outline of his discretionary funding priorities for FY2022.²³ This preliminary document provided early highlights for numerous policy areas, including several funded in the LHHS bill. The full budget request was submitted on May 28, almost four months after its due date.²⁴

The President requested \$254.0 billion in discretionary funding for accounts funded by the LHHS bill, which is an increase of 27.9% from FY2021 levels. In addition, the President requested \$1.102 trillion in annually appropriated mandatory funding, for a total of \$1.355 trillion for LHHS as a whole.

FY2021 LHHS Omnibus (Division H, Consolidated Appropriations Act, 2021, H.R. 133; P.L. 116-260)

On December 27, 2020, the Consolidated Appropriations Act, 2021 was signed into law by the President (H.R. 133, P.L. 116-260). P.L. 116-260 provided full-year appropriations for all 12 annual appropriations acts in Divisions A-L, and supplemental appropriations for COVID-19 pandemic relief in Division M.²⁵ (Full-year LHHS appropriations were enacted in Division H, referred to as "the FY2021 LHHS omnibus.") Prior to its enactment, the final version of the measure was approved by the House on December 21. (The vote to approve the portion that contained LHHS appropriations was 359-53.²⁶) It was approved by the Senate (92-6) later that same day.

LHHS discretionary appropriations in the FY2021 LHHS omnibus totaled \$198.5 billion. This amount was 1.6% more than FY2020 enacted and 11.0% more than the FY2021 President's budget request. The omnibus also provided \$980.0 billion in mandatory funding, for a combined LHHS total of \$1.178 trillion. (Note that these totals are based only on amounts of non-

²² See CRS Insight IN11655, *Budget Submission After a Presidential Transition: Contextualizing the Biden Administration's FY2022 Request*.

²³ Office of Management and Budget (OMB), *The President's FY2022 Discretionary Request*, April 9, 2021, <https://www.whitehouse.gov/omb/fy-2022-discretionary-request/>.

²⁴ See <https://www.whitehouse.gov/omb/budget/>.

²⁵ P.L. 116-260 also contained additional COVID-19 pandemic response provisions in Division N, but this division is considered authorizing legislation, rather than appropriations legislation, and is thus beyond the scope of this report. For further discussion, see the Congressional Budget Office cost estimate for Division N, released on January 14, 2021, at https://www.cbo.gov/system/files/2021-01/PL_116-260_div_N.pdf. In addition, Divisions O-FF of P.L. 116-260 contained miscellaneous authorizing provisions that are also beyond the scope of this report.

²⁶ The special rule, H.Res. 1271, provided for the consideration of an amendment consisting of the final text for enactment (as contained in House Rules Committee Print 116-68) to the Senate amendment to H.R. 133. H.Res. 1271 also provided for the House to adopt the amendment in two votes: the first on Divisions B, C, E, and F, and the second on the remaining divisions. The House adopted Divisions B, C, E, and F by a vote of 327-85, and adopted the remaining divisions by a vote of 359-53. The subsequent motion that the House agree to the Senate amendment with an amendment was agreed to without objection.

emergency appropriations provided by the FY2021 LHHS omnibus and do not include emergency-designated or supplemental funds, which were provided *in addition* to the annual appropriations. Division H also enacted \$1.6 billion in emergency-designated budget authority, of which \$925 million was for DOL in Title I, and \$638 million was for HHS in Title II, which is not reflected in the above figures, consistent with the conventions for displaying emergency-designated budget authority in this report.)

Summary of FY2022 LHHS Appropriations

Dollars and Percentages in this Report

Amounts displayed in this report are typically rounded (e.g., to the nearest million), 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. For FY2022 enacted, amounts for HHS include \$1.6 billion in regular discretionary appropriations enacted as part of the second continuing resolution for FY2022, P.L. 117-70, for the Unaccompanied Alien Children program.

Throughout this report, the FY2022 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 Division A of H.R. 4502, as there is no publicly available source that estimates the account- and subaccount-level budgetary effects of the adopted amendments. However, information on the LHHS amendments offered during floor consideration can be found in **Appendix B**.)

Amounts for the FY2021 Enacted, FY2022 Request, and FY2022 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2022 LHHS omnibus (P.L. 117-103), available in the *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2668-H2915.

Amounts in the FY2021 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying H.R. 4502. The amounts shown for emergency-designated appropriations provided in Title II of P.L. 117-31, Divisions A and C of P.L. 117-43, Division J of P.L. 117-58, Division B of P.L. 117-70, Title IV of P.L. 117-128, and Division B of P.L. 117-159, are based on CRS analysis of the texts of those laws.

In general, the enacted totals (“Total BA in the Bill”) in this report do not include emergency-designated appropriations. An exception to this rule is made in **Table A-1**, which includes FY2021 and FY2022 enacted emergency-designated funds in the “Adjusted Appropriations” totals, as scored by the Congressional Budget Office. In addition, as applicable, other tables in this report include, at the bottom, a separate line or lines for emergency-designated appropriations; these lines are shown for informational purposes and the amounts displayed are not included in the table totals.

For consistency with source materials, amounts in this report generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities, except as noted.²⁷ CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

The descriptions of the LHHS appropriations in this report frequently reference “report language,” which Congress may use to further specify funding or to communicate a range of directives to the agency. Each regular appropriations bill reported from committee is usually accompanied by a written committee report, and the final explanatory text may be used to reconcile any differences between those reports. For example, earlier report language may address certain issues in ways that are difficult to reconcile harmoniously with the final enacted text. In these instances, the explanatory text normally seeks to clarify how the affected agency is to proceed. On the other hand, if the original committee language is ultimately acceptable to congressional negotiators, the explanatory statement might be silent due to an expectation that the agency will follow the original directive. For further information, see CRS Report R44124, *Appropriations Report Language: Overview of Components and Development*.

Table 2 displays FY2022 discretionary and mandatory LHHS budget authority proposed and enacted, by bill title, along with FY2021 enacted levels. The amounts shown in this table reflect

²⁷ 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

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-designated appropriations; those amounts are displayed separately at the bottom of the table and are in addition to regular appropriations.

Table 2. LHHS Appropriations Overview by Bill Title, FY2021-FY2022

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

Bill Title	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Title I: Labor	13.9	15.5	16.0	14.4
Discretionary	12.5	14.3	14.7	13.2
Mandatory	1.4	1.2	1.2	1.2
Title II: HHS	1,016.6	1,159.6	1,159.4	1,148.2
Discretionary	97.0	120.0	119.8	108.6
Mandatory	919.6	1,039.6	1,039.6	1,039.6
Title III: Education	77.2	106.5	106.5	80.1
Discretionary	73.5	102.8	102.8	76.4
Mandatory	3.7	3.7	3.7	3.7
Title IV: Related Agencies	70.8	73.8	74.0	73.0
Discretionary	15.5	16.9	17.0	16.0
Mandatory	55.3	57.0	57.0	57.0
Total BA in the Bill	1,178.5	1,355.5	1,355.9	1,315.7
Discretionary	198.5	254.0	254.4	214.2
Mandatory	980.0	1,101.5	1,101.5	1,101.5
<i>Emergency Funding (not in above totals)</i>				
P.L. 116-260, Division H	1.6	—	—	—
P.L. 116-260, Division M	154.9	—	—	—
P.L. 117-31, Title II	0.0 ^a	—	—	—
P.L. 117-43, Divisions A and C	—	—	—	4.2
P.L. 117-58, Division J	—	—	—	0.1
P.L. 117-70, Division B	—	—	—	1.3
P.L. 117-128, Title IV	—	—	—	1.0
P.L. 117-159, Division B	—	—	—	3.0

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 FY2018-FY2021 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. For FY2022, the source materials used for this report continue this most recent approach.

Bill Title	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Memoranda (non-emergency funds only):				
Advances for Future Years (provided in current bill) ^b	197.6	210.7	210.8	210.7
Advances from Prior Years (for use in current year) ^b	189.0	197.6	197.6	197.6
Additional Scorekeeping Adjustments ^c	-22.8	-25.4	-14.7	-15.0

Source: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2022 LHHS omnibus (P.L. 117-103), available in the *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2668-H2915. Amounts in the FY2021 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying H.R. 4502. Enacted totals (“Total BA in the Bill”) for FY2021 or FY2022 do not include emergency-designated appropriations. 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.

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.

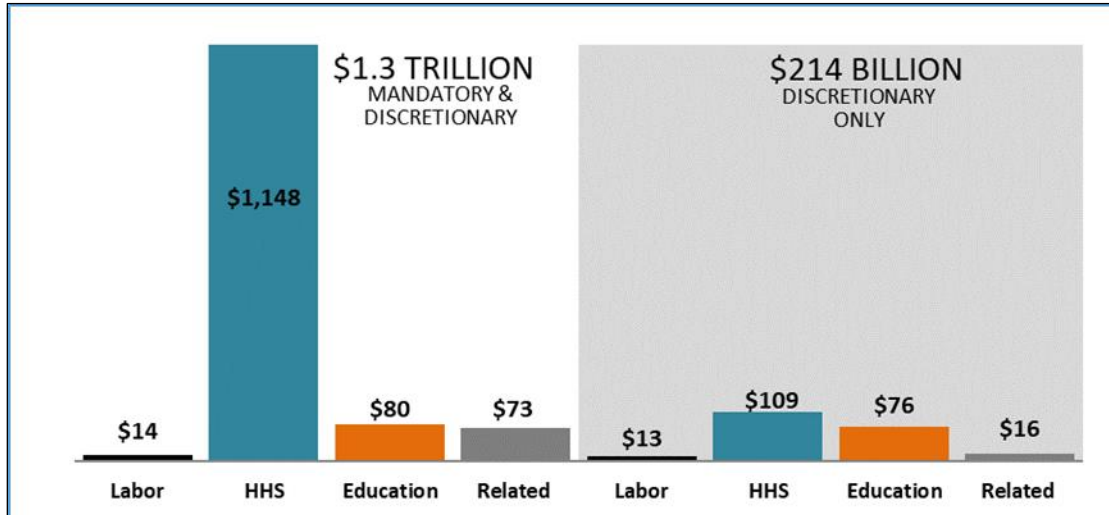
- P.L. 117-31 provided \$25 million in supplemental appropriations for the Refugee and Entrant Assistance account at HHS for specified purposes related to Afghan special immigrants, which rounds to \$0.0 in billions (the unit of measure used in this table).
- Totals in this table are based on budget 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 a given fiscal year is as follows: Total BA in the Bill, minus Advances for Future Years, plus Advances from Prior Years. FY2022 advance appropriations enacted in prior fiscal years are listed in the FY2022 Request and FY2022 House Cmte. columns.
- Totals in this table have generally not been adjusted for scorekeeping. (To adjust for scorekeeping, add this line to the total budget authority.)

Figure 2 displays discretionary and mandatory LHHS funding levels enacted for FY2022, by bill title. (While the dollars and percentages discussed in this section were calculated based on the FY2022 enacted amounts, they are generally also illustrative—within several percentage points—of the share of funds directed to each bill title in FY2021, and under the FY2022 President’s budget and House committee bill.)

As this figure demonstrates, HHS accounts for the largest share of total FY2022 LHHS appropriations: \$1.148 trillion, or 87.3%. 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 6.1% and 5.5%, 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, 1.1%.

The overall composition of LHHHS funding is noticeably different when comparing only discretionary appropriations. HHS accounts for a comparatively smaller share of total discretionary appropriations (50.7%), while ED accounts for a relatively larger share (35.7%). Together, these two departments represent the majority (86.4%) of discretionary LHHHS appropriations. DOL and the Related Agencies account for the remaining discretionary funds, at 6.2% and 7.5% of the total, respectively.

Figure 2. FY2022 Enacted LHHHS Appropriations by Title
(budget authority in billions of dollars unless otherwise indicated)



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2022 LHHHS omnibus (P.L. 117-103), available in the *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2668-H2915. Enacted totals for FY2022 do not include emergency-designated appropriations. 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 LHHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

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 LHHHS 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 LHHHS 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 (e.g., to the nearest million), 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).²⁹ 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)²⁸

FY2022 DOL Appropriations Overview

Table 3 displays FY2022 enacted and proposed funding levels for DOL, along with FY2021 levels. The totals in this table do not include emergency supplemental appropriations. Those amounts are displayed separately, along with the law in which they were enacted, at the bottom of the table and are in addition to regular appropriations. (Although not technically supplemental appropriations, the bottom of the table also includes emergency-designated discretionary funding proposed or enacted in annual LHHS measures.)

Discretionary funds represent the majority of DOL appropriations, accounting for 90% or more of FY2021 and FY2022 enacted levels. The FY2022 LHHS omnibus increased discretionary appropriations for DOL by \$653 million (+5.2%) compared to the FY2021 LHHS omnibus. Relative to the FY2021 LHHS omnibus, discretionary DOL appropriations would have increased

²⁸ Departmental Management includes the DOL salaries and expenses, Veterans Employment and Training Service (VETS), IT Modernization, and the Office of the Inspector General.

²⁹ The Pension Benefit Guaranty Corporation (PBGC) is funded primarily through insurance premiums and related fees from companies covered by the PBGC. For further information, see CRS In Focus IF10492, *An Overview of the Pension Benefit Guaranty Corporation (PBGC)*.

by \$2.2 billion (+17.4%) under the FY2022 House committee bill and \$1.8 billion (14.3%) under the FY2022 President's budget request.

Table 3. DOL Appropriations Overview

(in billions of dollars)

Funding	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Discretionary	12.5	14.3	14.7	13.2
Mandatory	1.4	1.2	1.2	1.2
Total BA in the Bill	13.9	15.5	16.0	14.4
<i>Emergency Funding (not in above totals)</i>				
P.L. 116-260, Division H	0.9	—	—	—

Source: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2022 LHHS omnibus (P.L. 117-103), available in the *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2668-H2915. Amounts in the FY2021 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying H.R. 4502. Enacted totals ("Total BA in the Bill") for FY2021 or FY2022 do not include emergency-designated appropriations. 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.

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 FY2022 enacted and proposed appropriations compared to FY2021 enacted appropriations for selected DOL accounts and programs.³⁰ **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 statute, the Workforce Innovation and Opportunity Act (WIOA, P.L. 113-128). The WIOA, which replaced the Workforce Investment Act, was enacted in July 2014 and authorized appropriations for its programs and activities from FY2015 through FY2020. Authorization of appropriations for WIOA programs and activities expired at the end of FY2020 but was extended through FY2021 by the FY2021 LHHS omnibus (P.L. 116-260, Division H, Title I) and through FY2022 by the FY2022 LHHS omnibus (P.L. 117-103, Division H, Title I).

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

³⁰ DOL budget materials can be found at <https://www.dol.gov/general/aboutdol#budget>.

Dislocated Workers. While the FY2022 LHHS omnibus provided a \$34 million increase (+1.2%) for the three WIOA state formula grant programs compared to FY2021, the FY2022 President's budget would have provided \$174 million more (+6.1%) and the House committee bill would have increased funding by \$250 million (+8.8%), compared to FY2021 enacted levels.

The FY2022 LHHS omnibus provided \$301 million for the Dislocated Workers Activities National Reserve (DWA National Reserve), an increase of \$20 million (+7.1%) compared to the FY2021 enacted level. The House committee bill would have increased funding for the DWA National Reserve by \$155 million (+55.2%), whereas the FY2022 President's budget would have increased funding for the DWA National Reserve by \$100 million (+35.6%), compared to the FY2021 LHHS omnibus. In addition, the FY2022 LHHS omnibus maintained a provision in that account (which originated in the FY2018 omnibus) directing \$45 million from the DWA National Reserve toward training and employment assistance for workers dislocated in both the Appalachian, lower Mississippi, and Northern Border Regional Commission regions. Finally, the FY2022 LHHS omnibus maintained a provision that originated in the FY2020 omnibus directing \$50 million from the DWA National Reserve to be used in developing, offering, or improving career training programs at community colleges.

The FY2022 LHHS omnibus provided \$235 million for the Apprenticeship Grant program, which was \$50 million (+27.0%) more than the level enacted in FY2021. The House committee bill and the FY2022 President's budget would have increased the level of funding for the Apprenticeship Grant program by \$100 million (+54.1%) compared to the FY2021 enacted level.

Finally, under the pilot and demonstration authority in WIOA (Section 169), the FY2022 House committee bill and the FY2022 President's budget would have provided new funding for a National Youth Employment Program (\$50 million) and a Veterans Clean Energy Training program (\$20 million). These did not ultimately receive funding in the FY2022 LHHS omnibus.

Employment Service

The FY2022 LHHS omnibus provided \$700 million for the Employment Service (ES), which was an increase of \$8 million (+1.1%) compared to the FY2021 LHHS omnibus. The FY2022 House committee bill would have provided \$771 million for the ES, which would have been an increase of \$79 million (+11.4%) compared to the FY2021 LHHS omnibus and \$50 million (+6.9%) more than requested in the FY2022 President's budget. The ES is a joint federal-state partnership that funds staff to provide career counseling, job search services, and administration of the work test for the UI system. The FY2022 House committee bill included a provision to prohibit DOL from using any funds provided in the FY2022 LHHS appropriations bill to implement or enforce a 2020 final rule allowing the use of non-merit-staff employees to deliver Employment Service services.³¹ This provision was not included in the FY2022 LHHS omnibus.

Wage and Hour Division (WHD)

The FY2022 LHHS omnibus provided \$251 million for the WHD, an increase of \$5 million (+2.0%) compared to the FY2021 LHHS omnibus. The FY2022 House committee bill would have provided \$300 million for WHD, an increase of \$54 million (+22.0%) compared to the FY2021 enacted level and \$24 million (+8.5%) more than the FY2022 President's budget. The WHD is responsible for enforcing the Fair Labor Standards Act (FLSA), the Davis-Bacon Act (DBA), the Family and Medical Leave Act (FMLA), and other labor standards statutes. The FY2022 explanatory statement accompanying the FY2022 LHHS omnibus included a

³¹ See Section 114 and H.Rept. 117-96, p. 24, for further information.

requirement for the WHD to collect and report annually data on employer participation in the 14(c) program, which allows employers to pay workers with disabilities less than the prevailing federal minimum wage.³²

Bureau of Labor Statistics (BLS)

The FY2022 LHHS omnibus provided \$688 million for BLS, an increase of \$33 million (+5.0%) compared to the FY2021 LHHS omnibus, whereas the FY2022 House committee bill and the FY2022 President's budget each proposed a \$46 million increase (+7.0%) relative to FY2021. As noted in the explanatory statement accompanying the FY2022 LHHS omnibus, \$28.5 million of the FY2022 appropriation is for costs associated with completing the physical relocation of BLS headquarters to the Suitland Federal Complex, which was initiated in FY2020.³³ Similarly, the FY2022 House committee report indicated continued support for BLS to continue implementation of several data projects started in FY2020, including a BLS plan to increase spending on the new National Longitudinal Survey of Youth (NLSY) cohort to \$14.5 million and for BLS to develop plans to increase the Job Openings and Labor Turnover Survey (JOLTS) sample and to release JOLTS on a monthly basis, rather than its current quarterly release.³⁴

Bureau of International Labor Affairs (ILAB)

The ILAB provides research, advocacy, technical assistance, and grants to promote workers' rights in different parts of the world. The FY2022 LHHS omnibus provided \$106 million for ILAB, which was an increase of \$10 million (+10.4%) above the FY2021 enacted level. The FY2022 House committee bill would have increased funding for ILAB by \$40 million (+41.5%) compared to the FY2021 LHHS omnibus, while the FY2022 President's budget would have increased funding by \$28 million (+28.7%) for ILAB.

Language in the FY2022 explanatory statement accompanying the FY2022 LHHS omnibus requests ILAB to include the amounts spent on technical assistance grants to combat exploitative child labor and worker rights issues in future Congressional Budget Justifications.³⁵

In addition, language in the FY2022 House committee report directs ILAB to place additional labor attachés in strategic countries to assist with promoting worker rights, such as freedom of association and collective bargaining.³⁶

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 FY2022 LHHS omnibus.

The FY2022 LHHS omnibus continued several provisions that have been included in at least one previous LHHS appropriations act, including provisions that

³² *Congressional Record*, March 9, 2022, Vol. 168, No. 42, Book IV, p. H2668.

³³ *Congressional Record*, March 9, 2022, Vol. 168, No. 42, Book IV, p. H2668.

³⁴ See H.Rept. 117-96, p. 36, for further information.

³⁵ *Congressional Record*, March 9, 2022, Vol. 168, No. 42, Book IV, p. H2668.

³⁶ H.Rept. 117-96, p. 38.

- exempted certain insurance claims adjusters from overtime protection for two years following a “major disaster” (included since FY2016);³⁷
- directed 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);³⁸
- authorized the Secretary of Labor to provide up to \$2 million in “excess personal property” to apprenticeship programs to assist training apprentices (included since FY2018);³⁹
- authorized 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);⁴⁰
- authorized 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);⁴¹ and
- prohibited annual appropriations from being used to alter the Interagency Agreement between DOL and USDA or to close any Civilian Conservation Centers unless certain conditions are met (included since FY2020).⁴²

Table 4. Detailed DOL Appropriations

(in millions of dollars)

Agency or Selected Program	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
ETA—Mandatory^a	634	540	551	540
ETA—Discretionary	9,392	10,708	11,075	9,942
<u>Discretionary ETA Programs:</u>				
Training and Employment Services:	3,663	4,211	4,407	3,912
<u>State Formula Grants:</u>	2,845	3,019	3,095	2,879
Adult Activities Grants to States	863	900	923	871
Youth Activities Grants to States	921	964	989	933
Dislocated Worker Activities (DWA) Grants to States	1,062	1,155	1,184	1,076

³⁷ See Division H, Title I, §108 of P.L. 117-103.³⁸ See Division H, Title I, §110 of P.L. 117-103. 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.³⁹ See Division H, Title I, §112 of P.L. 117-103.⁴⁰ See Division H, Title I, §113 of P.L. 117-103.⁴¹ See Division H, Title I, §114 of P.L. 117-103.⁴² See Division H, Title I, §115 of P.L. 117-103.

Agency or Selected Program	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
<u>National Activities:</u>	818	1,192	1,312	1,033
DWA National Reserve	281	381	436	301
Native Americans	56	58	58	57
Migrant and Seasonal Farmworkers	94	97	97	95
YouthBuild	97	145	145	99
Reintegration of Ex-Offenders	100	150	150	102
Workforce Data Quality Initiative	6	6	7	6
Apprenticeship Grants	185	285	285	235
Community Projects	0	0	64	138
National Youth Employment Program	0	50	50	0
Veterans Clean Energy Training	0	20	20	0
Job Corps	1,749	1,755	1,830	1,749
Community Service Employment for Older Americans	405	405	450	405
<u>State Unemployment Insurance and Employment Service Operations (SUI/ESO):</u>	3,417	4,126	4,176	3,711
Unemployment Compensation	2,584	3,243	3,243	2,869
Employment Service	692	721	771	700
Foreign Labor Certification	78	94	94	80
One-Stop Career Centers	63	68	68	63
ETA Program Administration	159	212	212	164
Employee Benefits Security Administration	181	218	218	186
<i>Pension Benefit Guaranty Corp. (PBGC) program level (non-add)^b</i>	<i>(465)</i>	<i>(473)</i>	<i>(473)</i>	<i>(473)</i>
Wage and Hour Division	246	277	300	251
Office of Labor-Management Standards	44	52	44	46
Office of Federal Contract Compliance Programs	106	141	141	108
Office of Workers' Compensation Programs—Mandatory^c	739	683	683	683
Office of Workers' Compensation Programs—Discretionary	118	141	141	120
Occupational Safety & Health Administration	592	665	692	612
Mine Safety & Health Administration	380	447	405	384
Bureau of Labor Statistics	655	701	701	688

Agency or Selected Program	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Office of Disability Employment Policy	39	43	43	41
Departmental Management	784	933	961	812
Salaries and Expenses	349	440	457	368
<i>International Labor Affairs (non-add^d)</i>	96	124	136	106
Veterans Employment and Training	316	325	335	325
IT Modernization	27	37	37	28
Working Capital Fund	0	36	36	0
Office of the Inspector General	91	95	95	91
Total, DOL BA in the Bill	13,909	15,548	15,954	14,412
Subtotal, Mandatory	1,373	1,223	1,234	1,223
Subtotal, Discretionary	12,536	14,325	14,720	13,189
<i>Emergency Funding (not in above totals)</i>				
P.L. 116-260, Division H	925	—	—	—
Memoranda (non-emergency funds only)				
Total, BA Available in Fiscal Year (current year from any bill)	13,909	15,551	15,957	14,415
Total, BA Advances for Future Years (provided in current bill)	1,786	1,783	1,783	1,783
Total, BA Advances from Prior Years (for use in current year)	1,786	1,786	1,786	1,786

Source: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2022 LHHS omnibus (P.L. 117-103), available in the *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2668-H2915. Amounts in the FY2022 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying H.R. 4502. Enacted totals ("Total BA in the Bill") for FY2021 or FY2022 do not include emergency-designated appropriations. 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.

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 American Rescue Plan Act of 2021 [P.L. 117-2]). All amounts in this section are rounded (e.g., to the nearest million), 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).⁴³ For instance, the LHHS bill directs funding to five Public Health Service (PHS) agencies: the Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Substance Abuse and Mental Health Services Administration

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)

(SAMHSA), and Agency for Healthcare Research and Quality (AHRQ).⁴⁴ 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,⁴⁵ 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 Affordable Care Act (ACA; P.L. 111-148).

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

⁴³ Three HHS public health agencies receive annual funding from appropriations bills other than the LHHS bill: the Food and Drug Administration (funded through the Agriculture appropriations bill), the Indian Health Service (funded through the Interior-Environment appropriations bill), and the Agency for Toxic Substances and Disease Registry (funded through the Interior-Environment appropriations bill). 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.

⁴⁴ For more information on HHS PHS agencies, see CRS Report R44916, *Public Health Service Agencies: Overview and Funding (FY2016-FY2018)*.

⁴⁵ 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.

access to community supports for older Americans and people with disabilities. 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.

FY2022 HHS Appropriations Overview

Table 5 displays enacted and proposed FY2022 funding levels for HHS, along with FY2021 levels. Note that the totals in this table do not include emergency-designated appropriations. Those amounts are displayed separately, along with the law in which they were enacted, at the bottom of the table and are in addition to regular appropriations.⁴⁶

In general, discretionary funds account for about 10% of HHS appropriations in the LHHS bill. Compared to the FY2021 funding levels, the FY2022 LHHS omnibus increased HHS discretionary appropriations by 12.0%. Both the House committee bill and the President's request would have increased HHS discretionary appropriations to a greater degree, by 23.6% and 23.7%, respectively.

Table 5. HHS Appropriations Overview
(in billions of dollars)

Funding	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Discretionary	97.0	120.0	119.8	108.6
Mandatory	919.6	1,039.6	1,039.6	1,039.6
Total BA in the Bill	1,016.6	1,159.6	1,159.4	1,148.2
<i>Emergency Funding (not in above totals)</i>				
P.L. 116-260, Division H	0.6	—	—	—
P.L. 116-260, Division M	72.9	—	—	—
P.L. 117-31, Title II ^a	0.0	—	—	—
P.L. 117-43, Divisions A and C	—	—	—	4.2
P.L. 117-58, Division J	—	—	—	0.5
P.L. 117-70, Division B	—	—	—	1.3
P.L. 117-128, Title IV	—	—	—	1.0
P.L. 117-159, Division B	—	—	—	1.0

Sources: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2022 LHHS omnibus (P.L. 117-103), available in the *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2668-H2915. Amounts in the FY2022 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying H.R. 4502. Enacted totals ("Total BA in the Bill") for FY2021 and FY2022 do not include emergency-designated appropriations. For

⁴⁶ For a discussion of the COVID-19-related FY2021 supplemental appropriations in Division M of P.L. 116-260, see CRS Report R46775, *Overview of COVID-19 LHHS Supplemental Appropriations: FY2020 and FY2021*.

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), as amended.

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.

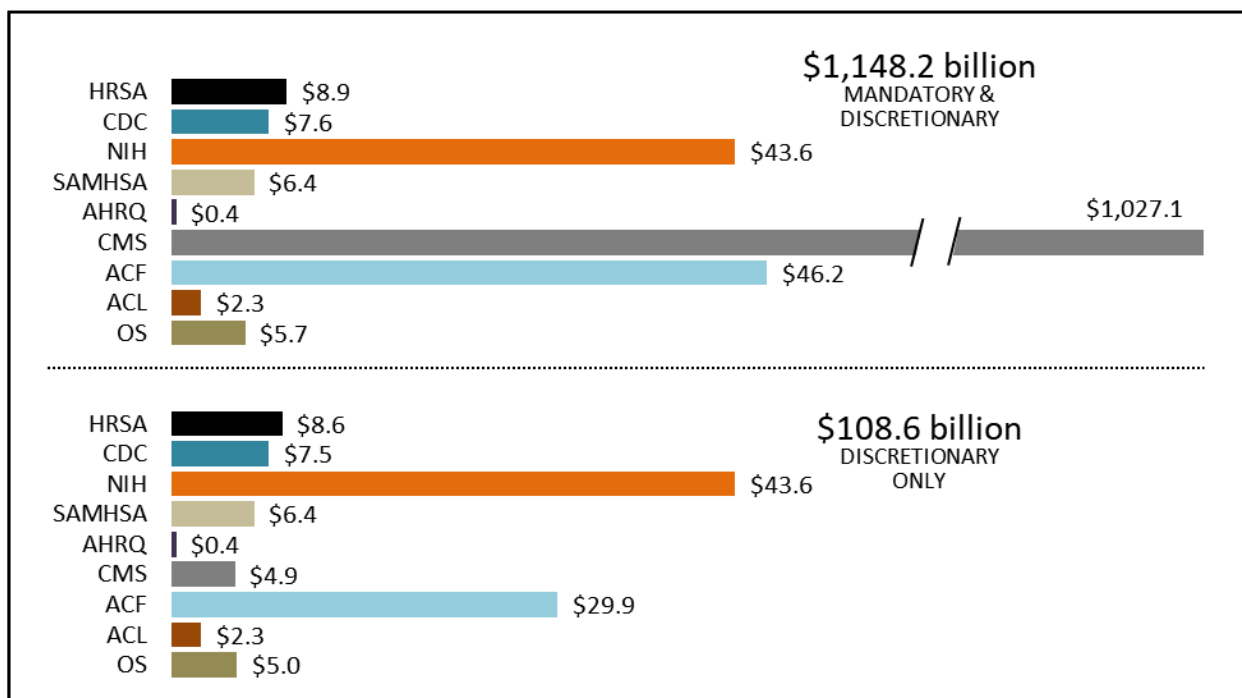
- a. P.L. 117-31 provided \$25 million in supplemental appropriations for the Refugee and Entrant Assistance account at HHS for specified purposes related to Afghan special immigrants, which rounds to \$0.0 in billions (the unit of measure used in this table).

Figure 3 provides an HHS agency-level breakdown of FY2022 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 \$1,027.1 billion, which is 89.5% of all enacted appropriations for HHS. ACF and NIH account for the next-largest shares of total HHS appropriations, receiving 4.0% and 3.8% apiece, respectively.

By contrast, when looking exclusively at discretionary appropriations, funding for CMS constitutes about 4.5% of FY2022 enacted HHS appropriations. Instead, the bulk of discretionary appropriations went to the PHS agencies, which combined to account for 61.2% of discretionary appropriations provided for HHS. NIH typically receives the largest share of all discretionary funding among HHS agencies (40.2% in FY2022), with ACF accounting for the second-largest share (27.5% in FY2022).

Figure 3. FY2022 Enacted HHS Appropriations by Agency

(budget authority in billions of dollars)



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2022 LHHS omnibus (P.L. 117-103), available in the *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2668-H2915. Enacted totals (“Total BA in the Bill”) for FY2022 do not include emergency-designated appropriations. 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), as amended.

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 FY2022 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 1.0% 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 FY2022, this higher maximum set-aside level has been 2.5% of eligible appropriations.⁴⁷ (Both the House committee bill and the President’s budget would have continued this 2.5% level.)

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 FY2022, 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.⁴⁸ Since FY2015, LHHS appropriations laws have directed the largest share of tap transfers to NIH.

The FY2022 LHHS omnibus directed \$1.3 billion in tap funds to NIH, which was a small increase relative to FY2021 (+\$38 million, 3.0%). The President’s budget and House committee bill would have kept the NIH transfers the same as FY2022. With regard to the OS, the FY2022 LHHS omnibus almost doubled the tap transfers to OS (+\$64 million, 99.1%) to transition the Office of the National Coordinator for Health Information Technology to being solely funded by the PHS tap.⁴⁹ Both the President’s budget and the House committee bill also proposed that funding transition, but would have increased the transfers to OS to a greater degree than what was ultimately enacted for FY2022—\$106 million (+163.7%) and \$97 million (+149.0%), respectively. The FY2022 LHHS omnibus, President’s budget, and House committee bill kept the tap transfers to SAMHSA the same amount as FY2021 (\$134 million).

In addition to the transfers to NIH, SAMHSA, and OS, the FY2022 House committee bill proposed that AHRQ receive \$129 million in tap funding, slightly over half the amount that it proposed for AHRQ’s discretionary funding for FY2022 (\$251 million), for a total of \$380

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.

⁴⁷ See Section 204, Division H, P.L. 117-103 for the FY2022 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 FY2022 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.

⁴⁸ 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*.

⁴⁹ *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2684.

million. The FY2022 President's budget had requested that AHRQ receive a comparatively lesser amount of tap funding (\$27 million), with a greater proportion of AHRQ's funding in the LHHS bill being derived from discretionary appropriations (\$353 million), for a total of \$380 million. This proposed use of tap funds was rejected by the FY2022 LHHS omnibus.

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 President's budget also proposed expanding the activities and agencies funded by the PHS tap to include the Public Health Scientific Services and Environmental Health at the CDC (\$139 million), and Paralysis Resource Center, Limb Loss, and Traumatic Brain Injury at ACL (\$17 million). The House committee bill and the FY2022 LHHS omnibus rejected those proposals.

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.⁵⁰ 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.

PPHF funds are intended to supplement (sometimes quite substantially) the funding that selected programs receive through regular appropriations. The PPHF authority instructs the HHS Secretary to transfer amounts from the fund to HHS agencies. However, 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.⁵¹

The ACA had appropriated \$2 billion in mandatory funds to the PPHF for FY2022, but this amount was reduced by subsequent laws that decreased PPHF funding for FY2022 and other fiscal years. Under current law, the FY2022 appropriation is \$1 billion.⁵² This appropriation was subject to a 5.7% reduction due to sequestration of nonexempt mandatory spending.⁵³ (For more information on sequestration, see the budget enforcement discussion in **Appendix A**.) After sequestration, the total PPHF appropriation available for FY2022 was \$943 million, an increase of \$47 million relative to FY2021. Of this amount, the FY2022 LHHS omnibus allocated \$903 million to CDC, \$12 million to SAMHSA, and \$28 million to ACL, the same amounts as proposed by the House committee bill and the President's budget.

CDC commonly receives the largest share of annual PPHF funds. The amount that was provided to CDC by the FY2022 LHHS omnibus, \$903 million, was a \$47 million (+5.5%) increase relative to FY2021. The amounts for SAMHSA and ACL were the same as FY2021.

⁵⁰ For more information, see CRS Report R41301, *Appropriations and Fund Transfers in the Affordable Care Act (ACA)*.

⁵¹ For the FY2022 LHHS omnibus, see Division H, §222, P.L. 117-103.

⁵² 42 U.S.C. §300u-11.

⁵³ *OMB Report to the Congress on the BBEDCA 251A Sequestration for Fiscal Year 2022*, May 28, 2021, p. 7 of 17, https://www.whitehouse.gov/wp-content/uploads/2021/05/BBEDCA_251A_Sequestration_Report_FY2022.pdf.

Selected HHS Highlights by Agency

This section begins with a limited selection of FY2022 discretionary funding highlights by HHS agency. The discussion is largely based on the enacted and proposed appropriations levels for FY2022 compared to FY2021 enacted levels.⁵⁴ 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 FY2021 enacted and FY2022 proposed and enacted funding levels for HHS.

HRSA

The FY2022 LHHS omnibus provided \$8.6 billion in discretionary budget authority for HRSA. This was \$1.4 billion (+18.8%) more than HRSA's FY2021 discretionary funding level and \$741 million (+9.5%) more than the FY2022 President's budget request.

Under the Primary Health Care account, the Community Health Centers program received \$1.7 billion, an increase of \$65 million (+3.9%) relative to FY2021.⁵⁵ The explanatory statement also recommended \$122.3 million under that same account for the Ending the HIV Epidemic Initiative.⁵⁶ Under the Ryan White HIV/AIDS Program appropriation, there is an additional \$125 million set aside for this HIV initiative.⁵⁷

The Maternal and Child Health Block Grant received \$748 million, an increase of \$35 million (+4.9%) relative to FY2021. Related to maternal health, the explanatory statement also set aside \$12 million for the Alliance for Maternal Health Safety Bundles, which are "a set of targeted and evidence-based best practices that, when implemented, improve patient outcomes and reduce maternal mortality and severe maternal morbidity,"⁵⁸ and \$29 million for State Maternal Health Innovation Grants.⁵⁹ The Rural Communities Opioid Response program received \$135 million in the law, an increase of \$25 million (+22.7%) relative to FY2021.⁶⁰

CDC

The FY2022 LHHS omnibus provided \$7.5 billion in discretionary budget authority for CDC, which was \$535 million (+7.7%) more than CDC's FY2021 funding level. The FY2022 LHHS omnibus did not direct any PHS tap funds to the CDC, continuing the practice started in FY2015. The FY2022 LHHS omnibus supplemented discretionary CDC appropriations by directing \$903 million in PPHF transfers to the CDC, which was \$47 million (+5.5%) more than FY2021. Altogether, this combination of funding represented an increase of \$582 million (+7.4%) from FY2021 in budget authority that is inclusive of directed transfers.

⁵⁴ HHS budget materials can be found at <http://www.hhs.gov/budget/>.

⁵⁵ The Health Centers program also received significant additional FY2020 and FY2021 funding related to the COVID-19 pandemic, totaling roughly \$2 billion in discretionary funding, and \$4 billion in mandatory funding. For a discussion of this funding, see CRS Report R46711, *U.S. Public Health Service: COVID-19 Supplemental Appropriations in the 116th Congress*.

⁵⁶ *Congressional Record*, March 9, 2022, Vol. 168, No. 42, Book IV, p. H2669.

⁵⁷ *Ibid.*, p. H2670. This initiative also was supported by funds from other parts of HHS. For more information, see <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/funding>.

⁵⁸ *Ibid.*, p. H2669. See H.Rept. 117-96 p. 57, for a description of this activity.

⁵⁹ *Ibid.*, p. H2670.

⁶⁰ See *Ibid.*, p. H2670, for a description of this activity.

The President's FY2022 budget request would have increased discretionary budget authority by \$1.5 billion (+21.4%) relative to FY2021, while also requesting that \$139 million in tap funds be directed to the CDC. The President's budget also requested \$903 million in PPHF transfers, the same as enacted. All told, this combination of funding would have represented an increase of \$1.7 billion (+21.5%) from FY2021. The FY2022 omnibus provided \$1.1 billion (-11.5%) less than the FY2022 requested amount, inclusive of directed transfers.

All but one programmatic account received an increase in discretionary budget authority relative to FY2021. The Immunization and Respiratory Diseases account was flat-funded in terms of discretionary budget authority only, but was increased by \$47 million (+5.7%) when also accounting for PPHF transfers. Some notable increases included the HIV/AIDS, Viral Hepatitis, STI and TB Prevention account, which was funded at an increased level of \$1.3 billion (+2.4% above FY2021), and included \$195 million for CDC's contribution the Ending HIV/AIDS Initiative;⁶¹ the Public Health Scientific Services account, which was funded at \$652 million (+10.1%) above FY2021, and included \$100 million for public health data modernization (+100% above FY2021 funding of \$50 million).⁶² Discretionary funding for the CDC-Wide Activities and Program Support account was increased by \$210 million (+169.9%). When also accounting for PPHF transfers, which were kept at the same level as FY2021 (\$160 million), the program level for that account was increased by 74.1% relative to FY2021. Of the discretionary funding, \$200 million was designated for public health infrastructure and capacity.⁶³

With regard to the Injury Prevention and Control account, which received \$715 million (+4.7% over FY2021), the explanatory statement included funding for several line items that were first included in FY2020, including child sexual abuse prevention (\$2 million), suicide prevention (\$20 million), and adverse childhood experiences (ACEs, \$7 million).⁶⁴ The explanatory statement also included specific funding for Firearm Injury and Mortality Prevention Research program (\$12.5 million) and Opioid Overdose Prevention and Surveillance (\$491 million).⁶⁵

⁶¹ *Congressional Record*, vol. 168, no. 42, March 9, 2022, p. H2670. See also Centers for Disease Control and Prevention, "Ending the HIV Epidemic," <https://www.cdc.gov/endhiv/index.html>.

⁶² *Ibid.*, p. H2672. For FY2021, see *Congressional Record*, vol. 166, no. 218 (December 21, 2020), p. H8623.

⁶³ P.L. 117-103, 136 STAT. 448. See also *Congressional Record*, vol. 168, no. 42, March 9, 2022, p. H2674.

⁶⁴ *Ibid.*, pp. H2672-H2673. For FY2021 enacted, see *Congressional Record*, vol. 166, no. 218 (December 21, 2020), p. H8623.

⁶⁵ *Ibid.* 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.

NIH

The FY2022 LHHS omnibus provided \$43.7 billion in discretionary budget authority for NIH. This was \$2.2 billion (+5.3%) more than FY2021, but \$6.8 billion (-13.5%) less than the FY2022 President's budget request. When adding the \$1.0 billion appropriation for the new Advanced Research Projects Agency for Health (ARPA-H)—which the HHS Secretary has placed within NIH after enactment of FY2022 LHHS funding—the NIH's FY2022 discretionary budget authority was \$44.7 billion.⁶⁶ ARPA-H was originally proposed as a part of President Biden's FY2022 NIH budget request with proposed funding of \$6.5 billion. The FY2022 enacted NIH discretionary budget authority, plus the ARPA-H transfer, was \$5.8 billion (-11.5%) less than the President's FY2022 budget request.

All NIH Institute and Center (IC) accounts received increases in FY2022 relative to FY2021. Among the ICs, the National Institute of Minority Health and Health Disparities saw the largest percentage increase compared to FY2021 (+17.4%). In addition, the FY2022 LHHS omnibus directed \$1.3 billion in PHS tap transfers to NIH, \$38 million more than FY2021. 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 \$1.8 billion. The NIGMS discretionary appropriation was \$63 million (+3.7%) more than FY2021. When combined with the tap transfer, total funding for NIGMS increased by \$101 million (+3.4%) from FY2021. The Buildings and Facilities account saw a \$50 million increase (+25.0%) in discretionary budget authority relative to FY2021, but a decrease of \$175 million (-41.2%) relative to FY2021 when accounting for the \$225 million NEF transfer to that account in FY2021.⁶⁷

In line with recent practice, the explanatory statement on the FY2022 LHHS omnibus directed NIH to reserve a specific dollar amount for a number of purposes, for example, an increase of \$289 million for Alzheimer's disease and related dementia research.⁶⁸ It also included a reservation of funds for Firearm Injury and Mortality Prevention Research of \$12.5 million, the same amount as in FY2020 and FY2021.⁶⁹ Reserving a specific dollar amount for a particular

⁶⁶ Although the FY2022 President's budget and FY2022 House committee bill proposed that ARPA-H funding be appropriated to the NIH, the \$1 billion in enacted funding for ARPA-H was ultimately appropriated to the HHS Office of the Secretary (OS). Those funds were subsequently transferred to the NIH when ARPA-H was placed within that operating division by the HHS Secretary. The enacted ARPA-H funding is displayed under the OS in Table 7 in keeping with how it was appropriated in the LHHS omnibus. For background on ARPA-H and its placement, see CRS Report R47074, *Advanced Research Projects Agency for Health (ARPA-H): Congressional Action and Selected Policy Issues*.

⁶⁷ 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. Funds transferred into the NEF are generally available to the 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, including in FY2021 where the LHHS omnibus directed \$225 million from the NEF transfers to the NIH Buildings and Facilities account.

⁶⁸ *Congressional Record*, vol. 168, no. 42 (March 9, 2022), p. H2676. 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: FY1996-FY2023*.

⁶⁹ *Ibid.*, p. H2678. 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 in FY2020, FY2021 and

disease or area of research at NIH is a relatively new practice that has expanded since 2015; still, most NIH funding is not designated for particular diseases or areas of research.⁷⁰

SAMHSA

The FY2022 LHHS omnibus provided \$6.4 billion in discretionary budget authority for SAMHSA. This amount was \$530 million (+9.0%) more than SAMHSA's FY2021 funding level and \$3.2 billion (-33.2%) less than the President's FY2022 budget request. The FY2022 LHHS omnibus also directed \$134 million in PHS evaluation tap funding and \$12 million in PPHF funding to SAMHSA, which were the same amounts as FY2021.

The additional funding provided to SAMHSA was spread across several programs in the explanatory statement. All accounts received discretionary budget authority increases relative to FY2021. The programs within the Mental Health Programs of Regional and National Significance (PRNS) received an increase of \$112 million (+23.6%), including the increase of \$78 million (+323.4%) to the Suicide Lifeline program to prepare for the launch of a new 988 number for suicide prevention.⁷¹ The programs within the Substance Abuse Treatment PRNS received an increase of \$25 million (+5.0%) and the programs within the Substance Abuse Prevention PRNS received an increase of \$10 million (+4.8%). There was also an increase in funding to the Certified Community Behavioral Health Clinics (CCBHCs)—\$65 million (+26.0%) more than FY2021. The Community Mental Health Services Block Grant (MHBG) received an increase of \$100 million (+13.6%) while the Substance Abuse Prevention and Treatment Block Grant (SABG) received an increase of \$50 million (+2.8%) more than FY2021. The State Opioid Response (SOR) grant program received an increase of \$25 million (+1.7%) compared to FY2021.

AHRQ

The FY2022 LHHS omnibus provided \$350 million in discretionary budget authority to AHRQ. This amount was \$12 million (+3.7%) more than AHRQ's FY2021 funding level and \$3 million (-0.7%) less than the President's FY2022 budget request. The FY2022 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.⁷² (The President's budget proposed \$27 million, and the House bill proposed \$129

FY2022.

⁷⁰ Historically, Congress generally did not specify funding for certain research areas within NIH accounts through the appropriations process. For example, 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*, vol. 160, no. 151 (December 11, 2014), p. H9832.

⁷¹ As described in the explanatory statement accompanying the FY2022 LHHS omnibus (*Congressional Record*, vol. 168, no. 42, March 9, 2022, p. H2680). For the FY2021 amount, see *Congressional Record*, vol. 166, no. 218 (December 21, 2020), p. H8629.

⁷² In addition to funds provided through the annual appropriations process, AHRQ is also scheduled in FY2022 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

million, in tap transfers for AHRQ, but these proposals were not enacted.) Among other initiatives, the explanatory statement noted increases in funding to establish the Center for Primary Care Research and to research diagnostic errors and risks to patient safety.⁷³

CMS

The FY2022 LHHS omnibus provided \$4.9 billion in discretionary budget authority for CMS, \$421 million (+9.4%) more than FY2021 enacted. (Both the President's budget and House committee bill would have provided \$712 million (+15.9%) more than FY2021.) The FY2022 LHHS omnibus provided \$873 million for the CMS Health Care Fraud and Abuse Control (HCFAC) account, 8.2% more than FY2021 and the same amount that was proposed by the President's budget and House committee bill. Of this total amount for HCFAC, \$556 million would be effectively exempt from the discretionary budget caps. (See **Appendix A** for an explanation of the LHHS budget cap exemptions.)

The FY2022 LHHS omnibus provided a \$355 million (+9.7%) increase to the CMS Program Management Account, which was less than the increased proposed by the House committee bill and the President's request (+17.6%). 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 FY2022 LHHS omnibus continued a provision (§227) that has been 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 \$355 million, and explicitly prohibited such transfers from being used to support or supplant funding for ACA implementation. Both the President's budget and House committee bill would have eliminated this provision.

ACF

The FY2022 LHHS omnibus provided \$29.9 billion in discretionary budget authority for ACF. This is \$5.2 billion (+21.1%) more than FY2021, and \$729 less (-\$2.4%) than the President's budget.

The FY2022 LHHS omnibus provided \$6.4 billion for the Refugee and Entrant Assistance programs account, an increase of \$4.5 billion (+236.4%) relative to FY2021.⁷⁴ The President's budget would have increased this account to a lesser degree relative to FY2021, by \$2.4 billion (+130.6%). The FY2022 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. The 15% limit on those transfers was the same as FY2021.

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*.

⁷³ See the explanatory statement accompanying the FY2022 LHHS omnibus (*Congressional Record*, vol. 168, no. 42, March 9, 2022, p. H2681).

⁷⁴ Of the total amount for FY2022, \$1.6 billion was enacted as part of the second continuing resolution for FY2022, P.L. 117-70, for the Unaccompanied Alien Children program.

The explanatory statement accompanying the FY2022 LHHS omnibus directed \$5.5 billion of the appropriation for Refugee and Entrant Assistance programs toward the Unaccompanied Alien Children (UAC) program, a \$4.2 billion (+322.5%) increase over the FY2021 level.⁷⁵ The UAC program provides for the shelter, care, and placement of unaccompanied alien children who have been apprehended in the United States. The President’s budget had proposed \$3.3 billion for this program to “allow [the Office of Refugee Resettlement] ORR to increase the number of state-licensed beds and foster family placements, including both long-term and transitional foster care placements.”⁷⁶

The FY2022 LHHS omnibus also included several general provisions that were enacted in FY2021 related to the UAC program. For instance, the LHHS omnibus

- authorized HHS to accept donations for the care of UAC arrivals (§230),
- limited the use of funds for unlicensed facilities for unaccompanied alien children (§231),
- imposed additional congressional notification requirements prior to the use of unlicensed facilities (§232),
- prohibited HHS appropriations from being used to prevent a Member of Congress from visiting a UAC facility for oversight purposes (§233), and
- imposed additional public monthly reporting requirements on the number of unaccompanied alien children who were separated from their parents or legal guardians and transferred to the care of the ORR (§234).

The House committee report contained additional “directives ... for ORR to reduce its reliance on large, unlicensed emergency intake sites when capacity is strained; raise standards of care; expand legal, post-release, and child advocacy services for children; rebuild, support and train staff on trauma-informed care; establish an independent office to better serve children in ORR’s care; and increase planning for future humanitarian responses at the border.”⁷⁷ The explanatory statement accompanying the LHHS omnibus reiterated that language included in that House report “should be complied with unless specifically addressed to the contrary in this explanatory statement.”⁷⁸ It also contained additional directives, such as that ORR “place siblings in the same facility, or with the same sponsor, to the extent practicable, and so long as it is appropriate and in the best interest of the child.”⁷⁹

ACL

The FY2022 LHHS omnibus provided \$2.3 billion in discretionary budget authority for ACL. This was \$60 million (+2.7%) more than FY2021. In addition, the FY2022 LHHS omnibus directed \$28 million in PPHF transfers to ACL, the same as FY2021. The explanatory statement accompanying the FY2022 LHHS omnibus specified that the PPHF transfers were for the Alzheimer’s Disease Program, Chronic Disease Self-Management, and Falls Prevention. These distributions were consistent FY2021 levels, as well as the FY2022 President’s request and House

⁷⁵ Ibid.

⁷⁶ HHS, ACF, *FY 2022 Congressional Justification*, p. 59, https://www.acf.hhs.gov/sites/default/files/documents/olab/fy_2022_congressional_justification.pdf.

⁷⁷ H.Rept. 117-96, pp. 208-215.

⁷⁸ *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2682.

⁷⁹ Ibid.

committee bill.⁸⁰ The FY2022 LHHS omnibus did not adopt the proposal made in the President's budget for \$17 million in evaluation tap funding.⁸¹ The FY2022 LHHS omnibus provided \$691 million (-23.0%) less in ACL's discretionary budget authority than the President's budget, which had proposed larger increases than what was enacted for several ACL programs including home-delivered meals (part of the Nutrition Services Program) and home and community-based supportive services.

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. Both the FY2022 President's budget and House committee bill would have omitted this provision entirely, but the FY2022 LHHS omnibus retained these existing restrictions (§§506 and 507).⁸²

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 embryos for research purposes or for research in which human embryos are destroyed. The FY2022 LHHS omnibus retained these existing restrictions (§508).⁸³

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).⁸⁴ Starting in FY2016, the provision was modified to allow funds to be

⁸⁰ The same PPHF amounts were directed to these ACL programs by the FY2021 LHHS omnibus and accompanying explanatory statement.

⁸¹ Administration for Community Living, Fiscal Year 2022 Justification of Estimates for Appropriations Committees, https://acl.gov/sites/default/files/about-acl/2021-06/FY%202022%20ACL%20Justification%20of%20Estimates%20for%20Appropriations%20Committees_Final.pdf.

⁸² 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* and CRS In Focus IF12167, *The Hyde Amendment: An Overview*.

⁸³ 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*.

⁸⁴ 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.

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. Both the FY2022 President's budget and House committee bill would have omitted this provision entirely, but the FY2022 LHHS omnibus retained these existing restrictions and conditions (§526).

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). FY2022 omnibus retained these existing restrictions (§210 [HHS] and §503(c) [all LHHS, plus PPHF transfers]).⁸⁵

Table 6. HHS Appropriations Totals by Agency

(in millions of dollars)

HHS Agency	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
HRSA	7,484	8,151	9,062	8,892
Mandatory BA	266	317	317	317
Discretionary BA	7,218	7,834	8,745	8,575
CDC^a	7,019	8,510	9,668	7,554
Mandatory BA	55	55	55	55
Discretionary BA	6,963	8,455	9,613	7,499
<i>Evaluation Tap Funding^b</i>	0	139	0	0
<i>PPHF^c</i>	856	903	903	903
NIH^a	41,437	50,461	48,162	43,650
Mandatory BA	0	0	0	0
Discretionary BA ^d	41,437	50,461	48,162	43,650
<i>Evaluation Tap Funding^b</i>	1,272	1,272	1,272	1,309
<i>Nonrecurring Expenses Fund Transfer^e</i>	225	0	0	0
SAMHSA	5,870	9,587	9,015	6,400
Mandatory BA	0	0	0	0
Discretionary BA	5,870	9,587	9,015	6,400
<i>Evaluation Tap Funding^b</i>	134	134	134	134

⁸⁵ The FY2022 LHHS explanatory statement directs that \$12.5 million apiece (\$25 million total) be allocated by the CDC and NIH for Firearm Injury and Mortality Prevention Research (*Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2673 and H2678). CDC and NIH funding reservations for Firearm Injury and Mortality Prevention were first included in LHHS explanatory statements in FY2020. The report accompanying the FY2022 House committee bill had proposed that these amounts be doubled to \$25 million apiece (\$50 million total) (H.Rept. 117-96).

HHS Agency	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
<i>PPHF^c</i>	12	12	12	12
AHRQ	338	353	251	350
Mandatory BA	0	0	0	0
Discretionary BA	338	353	251	350
<i>Evaluation Tap Funding^b</i>	0	27	129	0
CMS	906,627	1,027,439	1,027,439	1,027,148
Mandatory BA	902,150	1,022,250	1,022,250	1,022,250
Discretionary BA	4,477	5,189	5,189	4,898
ACF	41,190	46,944	47,624	46,215
Mandatory BA	16,496	16,303	16,302	16,303
Discretionary BA ^f	24,695	30,641	31,321	29,912
ACL	2,258	3,009	3,105	2,318
Mandatory BA	0	0	0	0
Discretionary BA	2,258	3,009	3,105	2,318
<i>Evaluation Tap Funding^b</i>	0	17	0	0
<i>PPHF^c</i>	28	28	28	28
Office of the Secretary (OS)	4,359	5,101	5,101	5,697
Mandatory BA	653	657	657	673
Discretionary BA	3,706	4,444	4,445	5,024
<i>Evaluation Tap Funding^b</i>	65	171	161	129
Total, HHS BA in the Bill	1,016,583	1,159,555	1,159,426	1,148,224
Mandatory	919,620	1,039,582	1,039,581	1,039,599
Discretionary	96,963	119,973	119,845	108,625
<i>Emergency Funding (not in above totals)</i>				
P.L. 116-260, Division H	0.6	-	-	-
P.L. 116-260, Division M	72.9	-	-	-
P.L. 117-31 ^g	0.0	-	-	-
P.L. 117-43, Divisions A and C	-	-	-	4.2
P.L. 117-58, Division J	-	-	-	0.5
P.L. 117-70, Division B	-	-	-	1.3
P.L. 117-128, Title IV	-	-	-	1.0
P.L. 117-159, Division B	-	-	-	1.0
Memoranda (non-emergency funds only)				

HHS Agency	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Total, BA Available in Fiscal Year (current year from any bill)	1,007,753	1,142,465	1,142,337	1,131,134
Total, BA Advances for Future Years (provided in current bill)	153,132	170,222	170,222	170,222
Total, BA Advances from Prior Years (for use in current year)	144,303	153,132	153,132	153,132
Total, Additional Scorekeeping Adjustments	-21,748	-25,262	-14,676	-13,790

Sources: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2022 LHHS omnibus (P.L. 117-103), available in the *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2668-H2915. Amounts in the FY2022 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying H.R. 4502. Enacted totals ("Total BA in the Bill") for FY2021 or FY2022 do not include emergency-designated appropriations. 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), as amended.

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. When adding the \$1.0 billion appropriation for the new Advanced Research Projects Agency for Health (ARPA-H)—which the HHS Secretary placed within NIH after enactment of FY2022 LHHS funding—the NIH's FY2022 discretionary budget authority was \$44.7 billion.
- e. 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 FY2021 omnibus specified that HHS transfer \$225 million to the building and facilities account at NIH. Amounts shown for the NEF transfer are *in addition to* amounts shown for budget authority.
- f. Of the total FY2022 enacted for Refugee and Entrant Assistance Programs, \$1.6 billion was enacted as part of the second continuing resolution for FY2022, P.L. 117-70, for the Unaccompanied Alien Children program.
- g. P.L. 117-31 provided \$25 million in supplemental appropriations for the Refugee and Entrant Assistance account at HHS for specified purposes related to Afghan special immigrants, which rounds to \$0.0 in billions (the unit of measure used in this table).

Table 7. HHS Discretionary Appropriations for Selected Programs or Activities, by Agency

(in millions of dollars)

Agency or Selected Program	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
HRSA				
Community Health Centers	1,684	1,734	1,832	1,749
National Health Service Corps	120	185	185	122
Children's Hospitals Graduate Medical Education	350	350	400	375
Maternal & Child Health Block Grant	713	823	869	748
Autism and Other Developmental Disorders	53	57	57	54
Healthy Start	128	128	145	132
Ryan White AIDS Programs	2,424	2,555	2,655	2,495
Organ Transplantation	29	29	34	30
Telehealth	34	37	39	35
Rural Communities Opioid Response	110	165	140	135
Family Planning (Title X)	286	340	400	286
CDC				
Immunization and Respiratory Diseases	449	527	532	449
PPHF ^a	372	419	419	419
HIV/AIDS, Viral Hepatitis, STDs, TB Prevention	1,314	1,421	1,502	1,345
Emerging and Zoonotic Infectious Diseases	596	626	674	641
PPHF ^a	52	52	52	52
Chronic Disease Prevention and Health Promotion	1,022	1,198	1,302	1,084
PPHF ^a	255	255	255	255
Birth Defects and Developmental Disabilities	168	173	187	177
Public Health Scientific Services	592	610	757	652
Evaluation Tap Funding ^b	0	132	0	0
Environmental Health	206	309	326	210
PPHF ^a	17	17	17	17
Evaluation Tap Funding ^b	0	7	0	0
Injury Prevention and Control	683	1,103	1,064	715
National Institute for Occupational Safety and Health	345	345	360	352
Global Health	593	698	843	647
Buildings and Facilities	30	55	55	30
CDC-Wide Activities and Program Support	124	549	1,149	334

Agency or Selected Program	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
NIH				
National Institute of Allergy and Infectious Diseases	6,070	6,246	6,558	6,323
National Institute of General Medical Sciences	1,720	1,825	1,868	1,783
<i>Evaluation Tap Funding</i>	1,272	1,272	1,272	1,309
National Institute on Aging	3,899	4,036	4,258	4,220
National Institute on Drug Abuse	1,480	1,853	1,860	1,595
National Institute of Minority Health and Health Disparities	391	652	662	459
NIH Innovation Account	109	150	150	150
Advanced Research Projects Agency for Health (ARPA-H) ^c	0	6,500	3,000	0
SAMHSA				
Mental Health Programs of Regional & National Significance (PRNS)	475	659	727	587
PPHF ^a	12	12	12	12
Mental Health Block Grant	737	1,562	1,562	837
<i>Evaluation Tap Funding^b</i>	21	21	21	21
Certified Community Behavioral Health Clinics	250	375	375	315
Children's Mental Health	125	125	150	125
Substance Abuse Treatment PRNS	495	649	652	520
<i>Evaluation Tap Funding^b</i>	2	2	2	2
Substance Abuse Block Grant	1,779	3,429	2,779	1,829
<i>Evaluation Tap Funding^b</i>	79	79	79	79
State Opioid Response Grants	1,500	2,250	2,000	1,525
Substance Abuse Prevention PRNS	208	217	244	218
Health Surveillance and Support	129	139	212	260
<i>Evaluation Tap Funding^b</i>	31	31	31	31
AHRQ				
Research on Health Costs, Quality, and Outcomes	195	210	106	206
<i>Evaluation Tap Funding^b</i>	0	25	129	0
Medical Expenditure Surveys	72	72	72	72
Program Support	71	71	73	73
CMS				
CMS Program Management	3,670	4,316	4,316	4,025
Health Care Fraud and Abuse Control	807	873	873	873
ACF				

Agency or Selected Program	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Low Income Home Energy Assistance Program Formula Grants	3,750	3,850	3,900	3,800
Refugee and Entrant Assistance Programs ^d	1,910	4,405	4,505	6,425
Child Care and Development Block Grant	5,911	7,377	7,377	6,165
Head Start	10,748	11,932	12,182	11,037
Preschool Development Grants	275	450	450	290
Child Welfare Services	269	275	275	269
Adoption Opportunities	44	46	46	48
Community Services Block Grant	745	754	800	755
ACL				
Home & Community-Based Supportive Services	393	551	551	399
Family Caregiver Support Services	189	250	250	194
Nutrition Services Programs	952	1,341	1,388	967
Alzheimer's Disease Demonstrations	13	15	20	15
PPHF ^a	15	15	15	15
State Health Insurance Program (SHIP)	52	55	57	53
Paralysis Resource Center	10	4	10	10
Evaluation Tap Funding ^b	0	7	0	0
Limb Loss Resource Center	4	1	4	4
Evaluation Tap Funding ^b	0	3	0	0
Developmental Disabilities Programs	183	206	209	186
WIOA Activities (transferred from ED)	267	311	317	273
Office of the Secretary				
Office of Nat'l Coord. for Health Information Technology	62	0	0	0
Evaluation Tap Funding ^b	0	87	87	64
Office of the Inspector General	80	100	100	82
Public Health and Social Services Emergency Fund	2,847	3,523	3,518	3,200
Advanced Research Projects Agency for Health (ARPA-H) ^c	0	0	0	1,000

Sources: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2022 LHHS omnibus (P.L. 117-103), available in the *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2668-H2915. Amounts in the FY2022 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying H.R. 4502. Enacted totals ("Total BA in the Bill") for FY2021 or FY2022 do not include emergency-designated appropriations. 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), as amended.

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. Although the FY2022 President’s budget and FY2022 House committee bill proposed that ARPA-H funding be appropriated to the NIH, the \$1 billion in enacted funding for ARPA-H was ultimately appropriated to the HHS Office of the Secretary (OS). Those funds were subsequently transferred to the NIH when ARPA-H was placed within that operating division by the HHS Secretary. The enacted ARPA-H funding is displayed under the OS in keeping with how it was appropriated in the LHHS omnibus. For background on ARPA-H and its placement, see CRS Report R47074, *Advanced Research Projects Agency for Health (ARPA-H): Congressional Action and Selected Policy Issues*.
- d. Of the total FY2022 enacted for Refugee and Entrant Assistance Programs, \$1.6 billion was enacted as part of the second continuing resolution for FY2022, P.L. 117-70, for the Unaccompanied Alien Children program.

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 (e.g., to the nearest million), 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 1980.⁸⁶ Its mission is to “promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.”⁸⁷ 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 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

⁸⁶ 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>.

⁸⁷ U.S. Department of Education, “About ED,” <http://www2.ed.gov/about/landing.jhtml>, accessed on June 24, 2022.

range of activities, including (but not limited to) support for minority-serving institutions; educational research; and career, technical, and adult education.

The federal government provides roughly 8% of overall funding for elementary and secondary education in the United States.⁸⁸ The majority of school funding—about 92%—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 57% of undergraduate and graduate student aid in academic year (AY) 2020-2021.⁸⁹

FY2022 ED Appropriations Overview

Table 8 displays FY2022 enacted and proposed funding levels for ED, along with FY2021 levels. Note that the totals in this table do not include emergency-designated appropriations. Those amounts are displayed separately, along with the law in which they were enacted, at the bottom of the table and are in addition to regular appropriations.⁹⁰

Discretionary funds represent the majority of ED’s annual appropriations, accounting for roughly 95% of the FY2021 and FY2022 enacted levels.⁹¹ The FY2022 enacted discretionary ED appropriations were 3.9% higher than FY2021 levels. Proposed discretionary ED appropriations for FY2022 compared to FY2021 would have increased 39.8% under both the President’s budget and House committee bill.

Table 8. ED Appropriations Overview
(in billions of dollars)

Funding	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Discretionary	73.5	102.8	102.8	76.4
Mandatory	3.7	3.7	3.7	3.7
Total BA in the Bill	77.2	106.5	106.5	80.1
<i>Emergency Funding (not in above totals)</i>				
P.L. 116-260, Division M ^a	82.0	—	—	—
P.L. 117-58, Division J ^b	—	—	—	-0.4
P.L. 117-159, Division B ^c	—	—	—	2.1

⁸⁸ U.S. Department of Education, National Center for Education Statistics, *Revenues and Expenditures for Public Elementary and Secondary Education: FY20* (NCES 2022-301), May 2022, <https://nces.ed.gov/pubs2022/2022301.pdf>.

⁸⁹ For the purposes of this calculation, the federal contribution included \$134 billion (grants, loans, work-study, and tax benefits) out of a total of \$235 billion (federal aid, state aid, institutional grants, and private and employer-provided grants). See the College Board’s *Trends in College Pricing and Student Aid 2021*, p. 31, <https://research.collegeboard.org/pdf/trends-college-pricing-student-aid-2021.pdf>.

⁹⁰ For a discussion of the COVID-19-related FY2021 supplemental appropriations in Division M of P.L. 116-260, see CRS Report R46775, *Overview of COVID-19 LHHS Supplemental Appropriations: FY2020 and FY2021*.

⁹¹ The only mandatory ED funding provided in the LHHS Appropriations Act in each of these years is for Vocational Rehabilitation State Grants. This excludes any rescissions of mandatory appropriations that are used in the appropriations process.

Sources: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2022 LHHS omnibus (P.L. 117-103), available in the *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2668-H2915. Amounts in the FY2022 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying H.R. 4502 Enacted totals (“Total BA in the Bill”) for FY2021 or FY2022 do not include emergency-designated appropriations. 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.

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

- a. The Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA), included in P.L. 116-260, provided approximately \$82 billion for the Education Stabilization Fund.
- b. Section 90007(f)(1) of the Infrastructure Investment and Jobs Act (P.L. 117-58) rescinded \$353.4 million of unobligated balances previously made available for the Education Stabilization Fund.
- c. Division B of the Bipartisan Safer Communities Act (P.L. 117-59) provided \$1.05 billion for School Improvement Programs for FY2022 and \$200 million for Safe Schools and Citizenship Education for each fiscal year from FY2022 through FY2026 (\$1.0 billion total).

Selected ED Highlights

The following sections highlight FY2022 appropriations for selected ED accounts and programs.⁹² **Table 9** tracks funding levels for major ED budget and appropriations accounts, and selected items within those accounts.

Education for the Disadvantaged

The Education for the Disadvantaged account is the largest account related to elementary and secondary education and has been the second largest overall within ED based on funding provided through the annual appropriations process in recent years. Within the account, a majority of funds are for Grants to Local Educational Agencies, authorized under Title I-A of the Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA; P.L. 114-95). Title I-A grants provide supplementary educational and related services to low-achieving and other students attending elementary and secondary schools with relatively high concentrations of students from low-income families, as well as eligible students who live in the areas served by these public schools but attend private schools.⁹³

The enacted FY2022 appropriation for the Education for the Disadvantaged account was \$18.2 billion, a 5.8% increase over the enacted FY2021 level of \$17.2 billion. Of the \$18.2 billion appropriated for the account, \$17.5 billion was provided for Title I-A grants.⁹⁴ The House committee bill and accompanying report had recommended a funding level of \$36.8 billion for the account, with \$36.0 billion designated for the Title I-A program.⁹⁵ President Biden’s FY2022 budget requested \$37.2 billion for the Education for the Disadvantaged Account, of which \$16.5

⁹² ED budget materials can be found at <https://www2.ed.gov/about/overview/focus/performance.html>.

⁹³ Although Title I-A funds are used to serve eligible private school students, funds remain under the control of public school authorities (i.e., they are not transferred to private schools).

⁹⁴ See the explanatory statement accompanying the LHHS omnibus (*Congressional Record*, vol. 168, no. 42, March 9, 2022, p. H2887).

⁹⁵ See p. 499 of H.Rept. 117-96.

billion would have been provided for Title I-A grants. Of the remaining funds, \$20.0 billion would have been provided for a new Title I Equity Grants program proposed in the President's budget. According to the President's budget, the new program would have been intended to "help address long-standing funding disparities between under-resourced school districts and their wealthier counterparts and provide critical new support to advance the President's commitments to ensure teachers at Title I schools are paid competitively, ensure equitable access to rigorous curriculum, expand access to pre-kindergarten and provide meaningful incentives to examine and address inequalities in school funding systems."⁹⁶

Safe Schools and Citizenship Education

The Safe Schools and Citizenship Education account provides funding for activities intended to improve students' safety and well-being, enhance the educational and developmental outcomes of children in distressed communities, and provide comprehensive services for students, their families, and community members in school settings.⁹⁷ The account includes several programs authorized under Title IV-F of the ESEA, as amended: Promise Neighborhoods; Full-Service Community Schools; and School Safety National Activities, including Project Prevent and Project SERV. Among ED appropriations accounts, the Safe Schools and Citizenship Education account received the largest percentage increase of funding enacted in the FY2022 LHHS omnibus compared to the FY2021 LHHS omnibus at 66.4%.

The enacted FY2022 appropriation for the Safe Schools and Citizenship Education account was \$361 million, up from the enacted level of \$217 million in FY2021. The House committee bill recommended \$1.7 billion for the account, and the President's budget requested \$1.7 billion for the account. Both the House committee bill and the President's budget would have designated the majority of funds (\$1.0 billion) for school-based mental health services.⁹⁸

Higher Education

The Higher Education account includes numerous grant programs to support postsecondary education authorized under the Higher Education Act of 1965, as amended, and other authorizing statutes. Activities funded under the Higher Education account include aid for institutional development (e.g., grants for minority-serving institutions), other aid for institutions, and assistance for students, among others.

The FY2022 LHHS omnibus provided \$3.0 billion for the Higher Education account, a 17.8% increase over the enacted FY2021 level of \$2.5 billion. The House committee bill recommended \$3.4 billion in discretionary funding for the Higher Education account, which would have been an increase of 35.0% compared to the FY2021 appropriation level, and the President's budget requested \$3.3 billion in discretionary funding, which would have been a 30.2% increase over FY2021 funding.

⁹⁶ *Budget of the United States Government, Fiscal Year 2022, Appendix*, p. 336, <https://www.govinfo.gov/content/pkg/BUDGET-2022-APP/pdf/BUDGET-2022-APP.pdf#page=340>.

⁹⁷ U.S. Department of Education, "Safe Schools and Citizenship Education," *Justification of Appropriation Estimates to the Congress: Fiscal Year 2022*, <https://www2.ed.gov/about/overview/budget/budget22/justifications/d-ssce.pdf>.

⁹⁸ The FY2022 President's budget proposed to establish a new School-Based Health Professionals program, within the School Improvement Programs account, that would provide formula grants to support increasing the number of health professionals—including school counselors, nurses, school psychologists, and social workers—at public schools. To aid comparability between the President's budget and the House committee bill, this proposal is reflected in the Safe Schools and Citizenship Education account in this report. For more information, see pp. 280-281 of H.Rept. 117-96.

The largest activity funded under the account is the set of discretionary grant programs—collectively known as the TRIO programs—designed to assist qualified individuals from disadvantaged backgrounds with preparing for and completing postsecondary education.⁹⁹ The FY2022 LHHS omnibus provided \$1.1 billion for the TRIO program, a 3.6% increase over the enacted FY2021 level. The House committee bill and the President’s budget both proposed \$1.3 billion for the Federal TRIO programs, compared to \$1.1 billion provided for FY2021, which would have been an increase of 18.3%.

For Aid for Institutional Development, the FY2022 LHHS omnibus provided \$885 million, a 12.2% increase over the FY2021 enacted level of \$789 million. The House committee bill and the President’s budget both proposed \$1.1 billion, an increase of 43.7% over the enacted FY2021 level.

Table 9. Detailed ED Appropriations
(in millions of dollars)

Account and Selected Program	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Education for the Disadvantaged^a	17,227	37,247	36,757	18,230
Grants to Local Educational Agencies	16,537	16,537	36,037	17,537
Impact Aid	1,501	1,541	1,552	1,557
School Improvement Programs	5,444	5,533	5,804	5,596
Supporting Effective Instruction State Grants	2,143	2,149	2,293	2,170
21 st Century Community Learning Centers	1,260	1,310	1,360	1,290
Student Support and Academic Enrichment Grants	1,220	1,220	1,305	1,280
Indian Education	181	186	188	189
Innovation and Improvement	1,114	1,284	1,385	1,301
Safe Schools and Citizenship Education^b	217	1,650	1,666	361
English Language Acquisition	797	917	1,000	831
Special Education	14,071	17,193	17,200	14,519
Part B—Assistance for Education of all Children with Disabilities ^c	13,335	16,040	16,040	13,753
Part C—Infants and Toddlers with Disabilities	482	732	732	496
Rehabilitation Services	3,814	3,895	3,897	3,863
Vocational Rehabilitation State Grants (mandatory)	3,675	3,719	3,719	3,719
Special Institutions for Persons with Disabilities	256	265	265	275
Career, Technical, and Adult Education	2,031	2,184	2,239	2,091
Career and Technical Education	1,342	1,470	1,500	1,387
Student Financial Assistance	24,545	27,545	27,187	24,580

⁹⁹ Originally, in 1965, there were three such programs—Upward Bound, Student Support Services, and Talent Search—that provided a range of student support services, thus the name TRIO. Subsequent legislation authorized additional programs with a similar purpose, but the TRIO name remains.

Account and Selected Program	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
<i>Pell maximum grant (non-add)</i>	5,435	5,835	5,835	5,835
Federal Pell Grant Program	22,475	25,475	24,725	22,475
Federal Direct Student Loan Program Account	50	25	25	25
Student Aid Administration	1,854	2,054	2,054	2,034
Higher Education	2,542	3,309	3,431	2,994
Aid for Institutional Development	789	1,134	1,134	885
Federal TRIO Programs	1,097	1,298	1,298	1,137
Howard University	251	261	411	344
College Housing & Academic Facilities Loans^d	0	0	0	0
HBCU Capital Financing Program Account	48	20	24	20
Institute of Education Sciences	642	737	762	737
Departmental Management	624	694	694	594
Total, ED BA in the Bill	77,212	106,542	106,542	80,143
Subtotal, Mandatory	3,675	3,719	3,719	3,719
Subtotal, Discretionary	73,537	102,823	102,823	76,424
<i>Emergency Funding (not in above totals)</i>				
P.L. 116-260, Division M ^e	82,000	—	—	—
P.L. 117-58, Division J ^f	—	—	—	-353
P.L. 117-159, Division B ^g	—	—	—	2,050
Memoranda (non-emergency funds only)				
Total, BA Available in Fiscal Year (current year from any bill)	77,212	106,542	106,542	80,143
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

Sources: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2022 LHHS omnibus (P.L. 117-103), available in the *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2668-H2915. Amounts in the FY2022 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying H.R. 4502 Enacted totals (“Total BA in the Bill”) for FY2021 or FY2022 do not include emergency-designated appropriations. 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.

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. The FY2022 Request amount for the Education for the Disadvantaged account includes \$20 billion for a new Title I Equity Grants program proposed in the President's budget. The House committee bill did not include a new Title I Equity Grants program, but it did recommend \$19.5 billion more than the FY2022 Request amount for existing Grants to Local Educational Agencies. A new Title I Equity Grants program was not enacted in the FY2022 LHHS omnibus.
- b. The FY2022 President's budget proposed to establish a new School-Based Health Professionals program, within the School Improvement Programs account, that would provide formula grants to support increasing the number of health professionals—including school counselors, nurses, school psychologists, and social workers—at public schools. To aid comparability between the President's budget and the House committee bill, which recommended funding for a similar purpose within the Safe Schools and Citizenship Education account, this proposal is reflected in the Safe Schools and Citizenship Education account in this report.
- c. Includes Grants to States Part B and Preschool Grants.
- d. Actual amount for College Housing & Academic Facilities Loans is \$435,000 in each column, which rounds to \$0 in millions (the unit of measure used in this table).
- e. The Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA), included in P.L. 116-260, provided approximately \$82 billion for the Education Stabilization Fund.
- f. Section 90007(f)(1) of the Infrastructure Investment and Jobs Act (P.L. 117-58) rescinded \$353.4 million of unobligated balances previously made available for the Education Stabilization Fund.
- g. Division B of the Bipartisan Safer Communities Act (P.L. 117-59) provided \$1.05 billion for School Improvement Programs for FY2022 and \$200 million for Safe Schools and Citizenship Education for each fiscal year from FY2022 through FY2026 (\$1.0 billion total).

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 (e.g., to the nearest million), as labeled. The dollar changes and percentage changes in the text are based on unrounded amounts. For consistency with source materials, amounts do not reflect sequestration or re-estimates of mandatory spending programs, where applicable.

FY2022 Related Agencies Appropriations Overview

Table 10 displays FY2022 proposed and enacted funding levels for LHHS related agencies, along with FY2021 enacted levels. Note that the totals in this table do not include emergency-designated appropriations and that no such appropriations were enacted for the related agencies in FY2021 or FY2022.

In general, discretionary funding constitutes about 20% of total appropriations for LHHS related agencies each year. The FY2022 LHHS omnibus increased discretionary appropriations for related agencies by about 3.3% compared to FY2021. The President's budget would have increased discretionary appropriations for related agencies by about 9.0%, while the House committee bill would have increased such appropriations by 9.8%.

Table 10. Related Agencies Appropriations Overview

(in billions of dollars)

Funding	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Discretionary	15.5	16.9	17.0	16.0
Mandatory	55.3	57.0	57.0	57.0
Total BA in the Bill	70.8	73.8	74.0	73.0
<i>Emergency Funding (not in above totals)</i>	—	—	—	—

Sources: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2022 LHHS omnibus (P.L. 117-103), available in the *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2668-H2915. Amounts in the FY2021 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying H.R. 4502. Enacted totals ("Total BA in the Bill") for FY2021 or FY2022 do not include emergency-designated appropriations. 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.

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

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

When looking exclusively at discretionary funding, SSA received 84.2% of discretionary appropriations for LHHS related agencies in the FY2022 LHHS 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 1.6% of total appropriations and 7.2% of discretionary appropriations to LHHS related agencies in FY2022. Typically, each of the remaining related agencies receives less than \$1 billion from the annual LHHS appropriations bill. For more information, see **Table 11**.

Selected Related Agencies Highlights

The following sections highlight FY2022 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.¹⁰⁰ 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 FY2022 LHHS omnibus provided \$13.3 billion to the LAE account, which was an increase of \$411 million (+3.2%) relative to the FY2021 enacted level. The President's request would have provided \$1.3 billion (+9.7%) more for the LAE account relative to FY2021, while the House committee bill would have increased LAE funding by \$1.1 billion (+8.8%).

Of the \$13.3 billion provided to the LAE account for FY2022, \$1.7 billion (12.8% of this total) was dedicated to program integrity activities. The program integrity portion of the LAE account included \$273 million in base funding subject to the committee allocations pursuant to the FY2022 budget resolution, S.Con.Res. 14, as well as additional funding that is effectively exempt from those allocations and subject to an annual limit (*adjustment funding*; see **Table A-1** for further information). The FY2022 LHHS omnibus provided \$1.4 billion in adjustment funding, which was the maximum amount permitted for FY2022 under the budget resolution. The combined amount of program integrity funding enacted for FY2022 was \$133 million (+8.4%) more than the combined amount enacted for FY2021. Both the FY2021 President's budget and the House committee bill would have also provided the maximum amount of adjustment funding permitted for FY2022.

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.¹⁰¹ The FY2022 LHHS omnibus provided \$1.2 billion in total CNCS funding, a \$30 million (+2.6%) increase from the FY2021 enacted level. The FY2022 President's budget would have provided \$89 million (+8.0%) more in total CNCS funding relative to FY2021, while the House committee bill would have increased total CNCS funding by \$194 million (+17.3%).

National Labor Relations Board (NLRB)

The NLRB is an independent board that enforces provisions in the National Labor Relations Act (NLRA). The FY2022 LHHS omnibus maintained the FY2021 funding level for the NLRB of \$274 million. The FY2022 President's budget would have increased funding for the NLRB by \$28 million (+10.1%) compared to the FY2021 enacted level, while the House committee bill would have increased funding for the NLRB by \$43 million (+15.6%).

The FY2022 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 (§408).

¹⁰⁰ See CRS Report R47103, *Social Security Administration (SSA) FY2022 Annual Limitation on Administrative Expenses (LAE) Appropriation: In Brief*.

¹⁰¹ See CRS Report RL33931, *The Corporation for National and Community Service: Overview of Programs and Funding*.

Table 11. Detailed Related Agencies Appropriations

(in millions of dollars)

Agency, Program, Project, or Activity	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Committee for Purchase from People Who Are Blind or Severely Disabled (U.S. AbilityOne Commission)	11	12	12	11
Corporation for National and Community Service (CNCS)	1,121	1,210	1,315	1,151
<u>Selected CNCS Programs/Initiatives:</u>				
Volunteers in Service to America (VISTA)	97	104	104	100
National Senior Volunteer Corps	225	245	245	231
AmeriCorps State and National Grants	455	501	601	467
National Civilian Community Corps	34	38	38	35
National Service Trust	185	191	196	191
Corporation for Public Broadcasting (CPB)	495	495	585	545
Federal Mediation and Conciliation Service	49	50	50	50
Federal Mine Safety and Health Review Commission	17	18	18	18
Institute of Museum and Library Services (IMLS)	257	265	282	268
Medicare Payment Advisory Commission (MedPAC)	13	13	13	13
Medicaid and CHIP Payment and Access Commission (MACPAC)	9	9	9	9
National Council on Disability	3	4	4	4
National Labor Relations Board (NLRB)	274	302	317	274
National Mediation Board	14	15	16	15
Occupational Safety and Health Review Commission	13	15	15	14
Railroad Retirement Board (RRB)	147	148	153	147
Dual Benefits (minus tax receipts)	12	10	10	10
Federal Payment to RR Retirement Account (mandatory) ^a	0	0	0	0
Limitation on Administration	124	125	130	124
Inspector General	12	13	13	13
Social Security Administration (SSA)	68,329	71,293	71,172	70,443
Payments to Social Security Trust Funds (mandatory)	11	11	11	11
Supplemental Security Income (SSI) (mandatory)	55,282	56,982	56,982	56,982
Limitation on Administrative Expenses (LAE)	12,930	14,188	14,067	13,341
<i>Regular LAE (incl. user fees, non-add)</i>	11,355	12,480	12,359	11,633
<i>Program Integrity (non-add)</i>	1,575	1,708	1,708	1,708
Office of Inspector General	106	112	112	109

Agency, Program, Project, or Activity	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Total, Related Agencies BA in the Bill	70,752	73,849	73,961	72,960
Subtotal, Mandatory	55,294	56,993	56,993	56,993
Subtotal, Discretionary	15,459	16,855	16,967	15,967
<i>Emergency Funding (not in above totals)</i>	—	—	—	—
Memoranda (non-emergency funds only)				
Total, BA Available in Fiscal Year (current year from any bill)	71,022	77,839	77,861	76,900
Total, BA Advances for Future Years (provided in current bill)	20,075	16,075	16,165	16,125
Total, BA Advances from Prior Years (for use in current year)	20,345	20,065	20,065	20,065

Sources: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2022 LHHS omnibus (P.L. 117-103), available in the *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2668-H2915. Amounts in the FY2021 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying H.R. 4502. Enacted totals (“Total BA in the Bill”) for FY2021 or FY2022 do not include emergency-designated appropriations. 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.

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

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

Appendix A. Budget Enforcement Activities

The framework for budget enforcement under the congressional budget process has both procedural and statutory elements. 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. The statutory elements relevant to the LHHS bill include the 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 (most recently by the Infrastructure Investment and Jobs Act (P.L. 117-58), enacted on November 15, 2021).

For the decade prior to FY2022, the framework for discretionary spending budget enforcement included statutory limits on defense and nondefense discretionary spending established by the Budget Control Act of 2011 (BCA; P.L. 112-25).¹⁰² (LHHS appropriations are classified as nondefense spending, and the bill has the largest share of such spending compared to the other annual appropriations bills.) The BCA statutory limits on discretionary spending expired at the end of FY2021, which meant that discretionary budget enforcement for FY2022 occurred via procedural means only.

BCA and Mandatory Sequestration

For deficit-reduction purposes, the BCA (as amended) requires mandatory spending reductions to occur through sequestration in each of FY2013 through FY2031.¹⁰³

On May 28, 2021, concurrent with the release of the President's budget submission, President Biden issued the required FY2022 sequestration order, calling for nonexempt mandatory spending to be reduced on October 1, 2021.¹⁰⁴ At that time, the Office of Management and Budget (OMB) estimated that the FY2022 sequestration percentages would equal 2% of nonexempt Medicare spending and 5.7% of other nonexempt nondefense mandatory spending, for a total reduction of \$23 billion in FY2022.¹⁰⁵ (OMB also estimated an 8.3% reduction, totaling \$1.1 billion, in nonexempt defense mandatory spending, which does not affect LHHS funds.)

The BCA includes a number of statutory exemptions to sequestration and other special rules that are relevant for the appropriated mandatory spending in the LHHS bill. For instance, the LHHS bill contains several programs that are exempt from sequestration, including Medicaid, payments

¹⁰² The BCA initially imposed limits on discretionary spending for each of FY2012-FY2021. Further reductions to discretionary spending for FY2013-FY2021 were triggered when the Joint Committee on Deficit Reduction did not report legislation to achieve a specified amount of budgetary savings.

¹⁰³ As originally enacted, mandatory sequestration was scheduled to run through FY2021, but this period has subsequently been incrementally extended to FY2031 by P.L. 113-67, P.L. 113-82, P.L. 114-74, P.L. 115-123, P.L. 116-37, P.L. 116-136, P.L. 117-58.

¹⁰⁴ Sequestration Order for Fiscal Year 2022 Pursuant to Section 251A of the Balanced Budget and Emergency Deficit Control Act, As Amended, Federal Register Volume 86, No. 105, June 3, 2021, p. 29927, <https://www.govinfo.gov/content/pkg/FR-2021-06-03/pdf/2021-11819.pdf>.

¹⁰⁵ *OMB Report to the Congress on the BBEDCA 251A Sequestration for Fiscal Year 2022*, May 28, 2021, https://www.whitehouse.gov/wp-content/uploads/2021/05/BBEDCA_251A_Sequestration_Report_FY2022.pdf. See the report's appendix for an itemized list of budget accounts that include mandatory spending subject to sequestration in FY2022, 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.

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 health centers and portions of Medicare.¹⁰⁶

Since FY2020, the Medicare sequestration has been temporarily suspended through a series of laws, starting with the enactment of the CARES Act on May 1, 2020 (P.L. 116-136). The act suspended the Medicare sequestration from May 1, 2020, through December 31, 2020. Subsequent laws (P.L. 116-260, P.L. 117-7, and P.L. 117-71) extended this suspension through March 31, 2022.

Budget Resolution, 302(b) Suballocations, and Exceptions to Budget Enforcement

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

For the past several years, certain spending has been made effectively exempt from discretionary budget enforcement (both the previously mentioned statutory spending caps and 302(a) and 302(b) limits) by a mechanism that is commonly referred to as an *adjustment*. An adjustment increases the applicable spending limit to accommodate additional specified funding.

Adjustments to the 302(a) and 302(b) limits are typically specified in the budget resolution. For FY2011-FY2021, when statutory discretionary spending limits were also in effect pursuant to the BCA, adjustments to those statutory limits also could be made under Section 251(b) of the BBEDCA.¹⁰⁷ However, since those statutory limits expired, any exemptions from budget control for LHHS programs and activities generally were pursuant to provisions in the budget resolution, with certain exceptions. The adjustments that apply to LHHS discretionary funding that are currently in effect (pursuant to S.Con.Res. 14, discussed below¹⁰⁸) are as follows:

- **Emergency requirement.** Funding for this adjustment is designated as being provided for an emergency requirement. There are no criteria that would restrict the use of this adjustment to particular accounts or activities, and no dollar limit

¹⁰⁶ For more information, see CRS Report R42050, *Budget “Sequestration” and Selected Program Exemptions and Special Rules*.

¹⁰⁷ For further information, see CRS Report R45778, *Exceptions to the Budget Control Act’s Discretionary Spending Limits*.

¹⁰⁸ Section 4011 of S.Con.Res. 14 provided that the BCA cap adjustments (Section 251(b) of the Balanced Budget and Emergency Deficit Control Act) would not apply to allocations established pursuant to that resolution. Although the FY2022 adjustment for reemployment services and eligibility assessments pursuant to Section 314(g) of the Congressional Budget Act (CBA) continues to be in effect, the limit on that adjustment in the CBA is the same as that provided by S.Con.Res. 14 (\$133 million in additional new budget authority).

to the amount of appropriations each fiscal year that can be designated in this manner. FY2022 emergency-designated LHHS spending enacted as of the date of this report has totaled \$7.8 billion. (For FY2021, \$156.5 billion in LHHS emergency-designated discretionary spending was enacted, almost all of which related to COVID-19 pandemic response.¹⁰⁹)

- **Continuing disability reviews and redeterminations.** Funding for this adjustment is for the costs associated with conducting continuing disability reviews, SSI nonmedical redeterminations of eligibility, co-operative disability investigation units, and the prosecution of fraud in the programs and operations of the SSA by Special Assistant United States Attorneys. For FY2022, the amount of this adjustment is limited to \$1.4 billion in additional new budget authority. However, at least \$273 million must first be appropriated for these purposes, subject to the budget resolution limits, in order for the additional \$1.4 billion adjustment to be available. (For FY2021, the amount of the adjustment was \$1.3 billion, and the amount subject to the limits was \$273 million.)
- **Health care fraud and abuse control.** Funding for this adjustment is for the health care fraud abuse control program at CMS (in HHS). For FY2022, the amount of this adjustment is limited to \$556 million in additional new budget authority. However, at least \$317 million must first be appropriated for these purposes, subject to the budget resolution limits, in order for the additional \$556 million adjustment to be available. (For FY2021, the amount of the adjustment was \$496 million, and the amount subject to the limits was \$311 million.)
- **Reemployment services and eligibility assessments.** Funding for this adjustment is for a DOL program providing grants to states under section 306 of the Social Security Act for claimants of regular compensation, as defined in such section, including those who are profiled as most likely to exhaust their benefits. For FY2022, the amount of this adjustment is limited to \$133 million in additional new budget authority. However, at least \$117 million must first be appropriated for these purposes, subject to the budget resolution limits, in order for the additional \$133 million adjustment to be available.¹¹⁰ (For FY2021, the amount of the adjustment was \$83 million, and the amount subject to the limits was \$117 million.)

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.¹¹¹ For the purposes of FY2022 LHHS appropriations, these procedures apply only to the NIH Innovation Account that was created by the act.¹¹² The Cures

¹⁰⁹ For further information, see CRS Report R46775, *Overview of COVID-19 LHHS Supplemental Appropriations: FY2020 and FY2021*.

¹¹⁰ Unlike the other adjustments, the reemployment services and eligibility assessments adjustment has separately been established in Section 314(g) of the CBA, which continues to be in effect. However, the FY2022 limit on that adjustment in the CBA is the same as that provided by the adjustment in S.Con.Res. 14 (\$133 million in additional new budget authority).

¹¹¹ 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.

¹¹² 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)*.

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 those associated with the budget resolution. For FY2022, these Cures Act funds allowed in the LHHS bill total \$496 million.

FY2022 Budget Resolution

A FY2022 budget resolution was agreed to by the House and the Senate. S.Con.Res. 14 was adopted by the Senate on August 11, 2021, and by the House (without amendment) on August 24. To provide for 302(a) allocations associated with S.Con.Res. 14, Section 4006 of the budget resolution provided the Chair of the Senate Budget Committee the authority to enter into the *Congressional Record* allocations consistent with the levels in the budget resolution. Those levels were filed in the Senate on September 23, 2021.¹¹³ Section 4006 provided similar authority to the Chair of the House Budget Committee and those allocations were filed on October 27, 2021.¹¹⁴ In addition, S.Con.Res. 14 allowed adjustments to those allocations for emergency requirements, health care fraud and abuse control, continuing disability reviews and redeterminations, and reemployment services and eligibility assessments (as well as other purposes that do not apply to LHHS). With the exception of emergency requirements, all of these adjustments are subject to limits specified in S.Con.Res. 14.¹¹⁵ Neither the House nor the Senate filed 302(b) suballocations pursuant to the FY2022 budget resolution.

Earlier in 2021, the House provided for budget enforcement in the absence of a budget resolution prior to initial floor consideration of the FY2022 appropriations measures by adopting a deeming resolution, H.Res. 467, on June 14, 2021.¹¹⁶ This resolution provided for 302(a) allocations to the House Appropriations Committee at a specified level, provided limits on advance appropriations,¹¹⁷ and allowed adjustments to those allocations for emergency requirements, health care fraud and abuse control, and continuing disability reviews and redeterminations (as well as other purposes that do not apply to LHHS).¹¹⁸ Pursuant to this resolution, the Chair of the House Budget Committee, Representative Yarmuth, published in the *Congressional Record* the House Appropriations Committee allocations on June 24.¹¹⁹ The House Appropriations

¹¹³ “Publication of Budgetary Material,” *Congressional Record*, daily edition, Vol. 167, No. 165 (September 23, 2021), pp. S6667-S6668.

¹¹⁴ “Publication of Budgetary Material,” *Congressional Record*, daily edition, Vol. 167, No. 189 (October 27, 2021), pp. H5956-H5957.

¹¹⁵ Section 4011 of S.Con.Res. 14 provided that the BCA cap adjustments (Section 251(b) of the Balanced Budget and Emergency Deficit Control Act) would not apply to allocations established pursuant to that resolution. Although the FY2022 adjustment for reemployment services and eligibility assessments pursuant to Section 314(g) of the Congressional Budget Act (CBA) continues to be in effect, the limit on that adjustment in the CBA is the same as that provided by S.Con.Res. 14 (\$133 million in additional new budget authority).

¹¹⁶ For a discussion of budget enforcement through methods such as H.Res. 467, see CRS Report R44296, *Deeming Resolutions: Budget Enforcement in the Absence of a Budget Resolution*.

¹¹⁷ *Advance appropriations* become available for obligation one or more fiscal years after the budget year covered by the appropriations act. The FY2022 LHHS appropriations bill generally would contain advance appropriations for FY2023 and FY2024 for certain programs and activities. For further information, see CRS Report R43482, *Advance Appropriations, Forward Funding, and Advance Funding: Concepts, Practice, and Budget Process Considerations*.

¹¹⁸ H.Res. 467 further provided that the BCA cap adjustments (Section 251(b) of the Balanced Budget and Emergency Deficit Control Act) would not apply to allocations established pursuant to that resolution. However, the adjustment for reemployment services and eligibility assessments would continue to be in effect for FY2022 through FY2027 pursuant to Section 314(g) of the Congressional Budget Act, subject to specified limits.

¹¹⁹ “Publication of Budgetary Material,” *Congressional Record*, daily edition, Vol. 167, No. 110 (June 24, 2021), p.

Committee reported their initial 302(b) suballocations for all 12 subcommittees on July 1 (H.Rept. 117-78).¹²⁰

For current-year LHHS discretionary funding, **Table A-1** displays FY2021 enacted levels, the House FY2022 initial suballocations (pursuant to H.Res. 467), and FY2022 enacted levels. The amount shown represents current-year budget authority subject to the spending limits and takes into account any applicable CBO scorekeeping adjustments. Under this method of estimating the bill, FY2022 enacted appropriations increased regular discretionary appropriations for LHHS relative to FY2021 by 13% (\$22.9 billion). The House committee suballocation would have increased regular discretionary appropriations for LHHS relative to FY2021 by 36% (+\$63.4 billion).

The table also displays funding for which adjustments may be made to the discretionary spending limits under the BCA, including funding for certain LHHS program integrity activities and emergency requirements, where applicable. The “Adjusted Appropriations” total includes this funding.

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. LHHS Discretionary FY2021 and FY2022 Enacted Levels, and FY2022 House 302(b) Suballocations

(budget authority in billions of dollars)

	FY2021 Enacted	FY2022 Initial House 302(b) (and Adjustments)	FY2022 Enacted
Regular Discretionary Appropriations	174.073	237.466	196.994
Adjustments ^a :			
Health care fraud and abuse control	0.496	0.556	0.556
Continuing disability reviews and redeterminations	1.302	1.435	1.435
Reemployment services and eligibility assessments	0.083	0.133	0.133
Emergency Requirements	156.588	—	7.831
Adjusted Appropriations	332.542	239.590	206.949

H3130.

¹²⁰ Suballocations are commonly adjusted through the appropriations cycle to account for changing priorities. For FY2022, the House Appropriations Committee reported revised suballocations on July 16 (H.Rept. 117-91) to incorporate the cap adjustments where applicable, but otherwise the suballocation for the LHHS subcommittee was the same as originally reported.

Sources: Table prepared by CRS. The FY2021 Enacted amounts are from CBO, *Report on the Status of Discretionary Appropriations, Fiscal Year 2021, House of Representatives, as of July 30, 2021*, <https://www.cbo.gov/system/files?file=2021-09/FY2021-House.pdf> and CRS analysis of Division H of P.L. 116-260. The FY2022 House amount for regular discretionary appropriations is from H.Rept. 117-78. The FY2022 House amount for the adjustments is from a CRS analysis of H.R. 4502, as reported. The FY2022 Enacted amounts are from CBO, *Report on the Status of Discretionary Appropriations, Fiscal Year 2022, House of Representatives, as of May 26, 2022*, <https://www.cbo.gov/system/files?file=2022-05/FY2022-House-2022-05-26.pdf>, CRS analysis of Division H of P.L. 117-103, and Table 3 in CBO, cost estimate, “The Bipartisan Safer Communities Act would provide funding to encourage enactment of state laws aimed at controlling access to guns and to support a variety of other initiatives to enhance school safety, mental health programs, and violence prevention,” June 22, 2022, <https://www.cbo.gov/system/files?file=2022-06/S2938.pdf>.

Notes: It is common for suballocations to be revised over the course of the year to reflect actual action on appropriations bills and changes in congressional priorities. Regular appropriations reflect current-year discretionary budget authority subject to the spending limits. Adjusted appropriations include, where applicable, discretionary funds for which special rules apply with regard to the spending limits, including certain funds for program integrity activities. Amounts include advance appropriations enacted in prior fiscal years that first become available in those fiscal years. 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 FY2021, these funds totaled \$404 million; for FY2022, these funds total \$496 million.)

- a. The House initial 302(b) for LHHS (H.Rept. 117-78) did not include any adjustments to the LHHS suballocations. These amounts are based on a CRS analysis of H.R. 4502, as reported.

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 FY2021 enacted column include FY2021 advance appropriations budget authority provided by the FY2019 LHHS omnibus (P.L. 116-94) and FY2020 LHHS omnibus (P.L. 116-260). Similarly, the FY2022 President’s budget, FY2022 House Cmte., and FY2022 Enacted columns include FY2022 advance appropriations budget authority provided by the FY2020 and FY2021 LHHS 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: FY2021-FY2022

(current-year budget authority in billions of dollars)

Bill Title	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Title I: Labor	13.9	15.6	16.0	14.4
Discretionary	12.5	14.3	14.7	13.2
Mandatory	1.4	1.2	1.2	1.2
Title II: HHS	1,007.8	1,142.5	1,142.3	1,131.1
Discretionary	97.0	120.0	119.8	108.6
Mandatory	910.8	1,022.5	1,022.5	1,022.5
Title III: Education	77.2	106.5	106.5	80.1
Discretionary	73.5	102.8	102.8	76.4

Bill Title	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Mandatory	3.7	3.7	3.7	3.7
Title IV: Related Agencies	71.0	77.8	77.9	76.9
Discretionary	15.4	16.8	16.9	15.9
Mandatory	55.6	61.0	61.0	61.0
Total Current Year BA^a	1,169.9	1,342.4	1,342.7	1,302.6
Discretionary	198.5	254.0	254.3	214.1
Mandatory	971.4	1,088.4	1,088.4	1,088.4
<i>Emergency Funding (not in above totals)</i>				
P.L. 116-260, Division H	1.6	—	—	—
P.L. 116-260, Division M	154.9	—	—	—
P.L. 117-31	0.0 ^b	—	—	—
P.L. 117-43, Divisions A and C	—	—	—	4.2
P.L. 117-58, Division J	—	—	—	-0.3
P.L. 117-70, Division B	—	—	—	1.3
P.L. 117-128, Title IV	—	—	—	1.0
P.L. 117-159, Division B	—	—	—	1.6
Memoranda:				
Advances for Future Years (provided in current bill) ^c	197.6	210.7	210.8	210.7
Advances from Prior Years (for use in current year) ^c	189.0	197.6	197.6	197.6
Additional Scorekeeping Adjustments ^d	-22.8	-25.4	-14.7	-15.0

Sources: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2022 LHHS omnibus (P.L. 117-103), available in the *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2668-H2915. Amounts in the FY2021 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying H.R. 4502. The amounts shown for emergency funding at the bottom of the table are based on CRS analysis of the texts of those laws. For consistency with source materials, regular annual appropriations totals generally do not include emergency funds; instead, emergency funds are shown separately and are in addition to the regular annual amounts. 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. P.L. 117-31 provided \$25 million in supplemental appropriations for the Refugee and Entrant Assistance account at HHS for specified purposes related to Afghan special immigrants, which rounds to \$0.0 in billions (the unit of measure used in this table).
- c. 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.
- d. 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 Division A of H.R. 4502

The House began its initial floor consideration of FY2022 LHHS appropriations on July 27, 2021. Those appropriations were initially considered on the floor as part of a consolidated appropriations package and passed the House (219-208), as amended, on July 29, 2021 (Division A of H.R. 4502). This package would have provided appropriations for six other appropriations acts in addition to LHHS: Agriculture and Rural Development, Energy and Water Development, Financial Services and General Government, Interior and Environment, Military Construction and Veterans Affairs, and Transportation and Housing and Urban Development. LHHS amendments were to Division A of what was to be the base text for amendment (Rules Committee Print 117-12, as amended by H.Res. 555).

Floor action on H.R. 4502 was regulated by the terms of a special rule (H.Res. 555) that made in order 56 amendments to the LHHS title of the bill.¹²¹ This rule also provided the authority for the chair of the Appropriations Committee or her designee to offer any of the amendments made in order en bloc (i.e., in groups of amendments to be disposed of together).¹²² All but two LHHS amendments were considered in this manner.¹²³ When counted as 56 separate amendments, 47 were adopted and 9 were rejected.¹²⁴

All of the amendments that were offered and their dispositions are listed in **Table B-1** below. The summary of each amendment is as published in H.Rept. 117-109, the Rules Committee report accompanying H.Res. 555.

Table B-1. LHHS House Floor Amendments Offered to H.R. 4502

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
1. Scott, David (GA): Increases and decreases funds in the Workforce Innovation and Opportunity Act (WIOA) program by \$1,000,000 with the intent of supporting the Secretary in carrying out activities that expand the national apprenticeship system for recruitment, employment, and on-the-job earn-as-you-learn training of young African Americans. (10 minutes)	2	Adopted, 220-203
2. Spanberger (VA), McKinley (WV): Increases and decreases HRSA's Office of Pharmacy Affairs by \$1,000,000 to highlight the need to protect the integrity of the 340B program by halting pharmaceutical manufacturers' unlawful actions that have resulted in overcharges to 340B covered entities. (10 minutes)	3	Adopted, voice vote

¹²¹ For a list of these LHHS amendments (numbered 1-56) and the text of each that was made in order, see pages 8-13 and 30-38 of H.Rept. 117-109.

¹²² For further information about en bloc authority in the context of House floor consideration of appropriations measures, see CRS Report R46841, *Changes in the House of Representatives' Initial Consideration of Regular Appropriations Measures, 113th-116th Congresses*.

¹²³ For the en bloc amendments proposing changes to the LHHS division of the bill, see consideration of amendments en bloc nos. 1, 2, 3, and 4 in *Congressional Record*, daily edition, vol. 167, no. 131 (July 27, 2021), pp. H4055-H4073.

¹²⁴ Note that several of these amendments were plus-minus amendments, which provide an amount of funding that is to be both added and subtracted from a specified account or activity. These amendments may be used to allow Members to obtain floor time to speak during floor consideration, and may also help indicate congressional support for funds being allotted for a particular purpose. For further information, see CRS In Focus IF11973, *"Plus-Minus" Amendments to Regular Appropriations Measures*.

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
3. Speier (CA), Kuster (NH), Pressley (MA), Moore (WI), Garcia, Sylvia (TX), Maloney, Carolyn (NY), Escobar (TX), Slotkin (MI): Prohibits the use of funds to implement or enforce sections of former Secretary DeVos's Title IX rule. (10 minutes)	2	Adopted, 220-203
4. Welch (VT), McKinley (WV), Moore (WI), Garbarino (NY), Dean (PA): Increases funding for the Low Income Housing Energy Assistance Program (LIHEAP) by \$10,000,000 offset by a reduction to Office of the Secretary - General Departmental Management. (10 minutes)	2	Adopted, 220-203
5. Axne (IA), Schrier (WA), Malinowski (NJ): Provides \$5 million for community colleges who provide training programs to dislocated workers, including those who lost work due to COVID-19. (10 minutes)	2	Adopted, 220-203
6. Buchanan (FL): Transfers \$2,000,000 from Office of the Secretary - General Departmental Management to the Substance Abuse and Mental Health Administration to increase available grants to prevent prescription drug/opioid overdoses. (10 minutes)	3	Adopted, voice vote
7. Burgess (TX): Increases and decreases by \$10,000,000 for the Director of the National Institutes of Health Office for Acute Flaccid Myelitis Research. (10 minutes)	3	Adopted, voice vote
8. Burgess (TX), Spanberger (VA): Transfers \$5 million from the Health Resources and Services Administration, Program Support to fund the Rural Health, Project ECHO telehealth mentoring model, to improve health workforce capacity in underserved areas. (10 minutes)	3	Adopted, voice vote
9. Bush, Cori (MO), Pressley (MA), Schakowsky (IL), Jayapal (WA): Increases and decreases funding by \$1 million in the SAMHSA account to highlight the need for a GAO study on alternative and non-punitive behavioral health crisis response programs to determine the effectiveness of such programs in improving public health and public safety. (10 minutes)	2	Adopted, 220-203
10. Bush, Cori (MO): Increases funding by \$5 million for Health Centers account to provide health care services, including COVID-19 testing and vaccine outreach, to the unhoused community. Reduces funding for the Office of the Secretary, General Departmental Management by the same amount. (10 minutes)	2	Adopted, 220-203
11. Castor (FL): Increase and decrease funding in the Innovation and Improvement account by \$1 million to encourage the Department of Education to conduct proper oversight of for-profit charter schools to ensure they are supporting students adhering to federal civil rights laws. (10 minutes)	2	Adopted, 220-203
12. DeSaulnier (CA): Increases funding for Statewide Family Engagement Centers at the Department of Education by \$1 million offset by a reduction to Departmental Management - Program Administration. (10 minutes)	2	Adopted, 220-203
13. Escobar (TX): Increases and decreases funding for the U.S. Mexico Border Health Commission to emphasize the need for a binational COVID-19 vaccination plan for border communities. (10 minutes)	2	Adopted, 220-203
14. Escobar (TX): Increases funding for the Department of Civil Rights at the Department of Education to support economically disadvantaged communities. Decreases funding for Departmental Management - Program Administration. (10 minutes)	2	Adopted, 220-203
15. Escobar (TX): Increases and decreases the Department of Education's Education for the Disadvantaged account by \$1 million to make clear that States must disburse all funds under this division in accordance with Congressional intent and not for purposes not otherwise outlined in the corresponding report and bill text. (10 minutes)	2	Adopted, 220-203

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
16. Foxx (NC), Fulcher (ID): Prohibits funds from being used to rescind the Department of Labor's December 9, 2020, final rule titled "Implementing Legal Requirements Regarding the Equal Opportunity Clause's Religious Exemption" relating to federal contractors. (10 minutes)	4	Rejected, 192-232
17. Gomez (CA): Increases and decreases by \$5 million in order to highlight the need to improve access to life-saving cancer screenings in primary health centers to address disproportionate cancer outcomes in underserved communities, particularly communities of color. (10 minutes)	2	Adopted, 220-203
18. Gomez (CA): Increases and decreases by \$1 million to improve awareness and implementation of language access services consistent with standards set by the Office of Minority Health's Culturally and Linguistically Appropriate Services in Health Care program so that patients with limited English-language proficiency have access to equitable healthcare services. (10 minutes)	2	Adopted, 220-203
19. Gomez (CA), Takano (CA), Lowenthal (CA): Increases and decreases funding in the Strengthening Asian American Native American Pacific Islander Serving-Institutions (AANAPISI) program by \$10,000,000 to highlight this Minority-Serving Institution program that provides competitive grants to eligible colleges and universities that serve a considerable number of Asian American and Pacific Islander students. The AANAPISI program provides equitable access to education, promotes opportunities for success, and aids institutions in being able to understand and respond to the unique challenges faced by Asian American and Pacific Islander students today. (10 minutes)	2	Adopted, 220-203
20. Gottheimer (NJ): Increases and decreases funds by \$1,000,000 in the Centers For Disease Control And Prevention Environmental Health account to emphasize the importance of every child having access to drinking water at school that's free of lead and dangerous materials. (10 minutes)	3	Adopted, voice vote
21. Gottheimer (NJ): Increases and decreases funds by \$1,000,000 in the National Institutes of Health's Substance Abuse and Mental Health Services Administration account to emphasize the importance of SAMHSA focusing efforts to address COVID-linked substance abuse and mental health issues among children and young adults. (10 minutes)	3	Adopted, voice vote
22. Grothman (WI): Reduces the Higher Education funding by \$122,000,000 to meet the President's budget request. (10 minutes)	4	Rejected, 192-232
23. Hern (OK): Reduces spending in this division by 20 percent. Exempts security funding. (10 minutes)	1	Rejected, 154-264
24. Issa (CA), Harshbarger (TN), Guthrie (KY), Womack (AR), Kim, Young (CA), Steel, Michelle (CA): Strikes the language prohibiting the implementation of the Industry Recognized Apprenticeship Program (IRAP) final rule. (10 minutes)	4	Rejected, 192-232
25. Jackson Lee (TX): Increases and decreases funds by \$10,000,000 to support greater diversity in the pool of diabetes research professionals and patients participating in clinical trials. (10 minutes)	2	Adopted, 220-203
26. Jackson Lee (TX): Increases and decreases funds by \$10,000,000 with the intent of supporting programs that provide outreach and support services targeting program participants at greatest risk of not completing a college degree due to COVID-19 education disruption. (10 minutes)	2	Adopted, 220-203
27. Langevin (RI), Bass (CA): Increases the Children and Families Services Programs account by \$3,900,000 and decrease the HHS General Departmental Management account by \$3,900,000. (10 minutes)	3	Adopted, voice vote

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
28. Lesko (AZ): Strikes section 241 which prohibits funding to any organization, including under the Child Welfare or Federal Foster Care programs under parts B or E of title IV of the Social Security Act, that does not comply with paragraphs (c) and (d) of section 75.300 of title 45, Code of Federal Regulations prohibiting discrimination on the basis of age, disability, sex, race, color, national origin, religion, gender identity, or sexual orientation. (10 minutes)	4	Rejected, 192-232
29. Lesko (AZ): Strikes language that allows federal funding to go to institutions of higher education that are conducting research on marijuana. (10 minutes)	N/A	Rejected, 147-276
30. Levin, Andy (MI): Increases and decreases by \$1 million for BLS funding with the intent that the funds go towards the agency reevaluating its unemployment survey methods, particularly in how it measures unemployment in historically marginalized and discriminated populations. (10 minutes)	2	Adopted, 220-203
31. Levin, Andy (MI): Increases and decreases by \$1 million for ILAB funding with the intent that the funds support workers' rights and capacity to organize independent unions in Mexico. (10 minutes)	2	Adopted, 220-203
32. Lynch (MA): Provides an increase of \$2 Million to Community Health Centers and decreases funding for Office of the Secretary - General Departmental Management by the same amount. (10 minutes)	3	Adopted, voice vote
33. McKinley (WV), Tonko (NY), Blunt Rochester (DE), Spanberger (VA), Van Drew (NJ): Increases funds in the Substance Abuse Prevention program by \$2,500,000 with the intent of supporting prescription drug monitoring programs pilot program to test the feasibility and outcomes of integrating a substance use disorder and behavioral health treatment locator tool into the prescription drug monitoring programs of 5 eligible States. Offset by spending from the Office of the Secretary. (10 minutes)	3	Adopted, voice vote
34. Miller (WV), Pappas (NH), McKinley (WV): Increases funding for Neonatal Abstinence Syndrome research by \$1,000,000 offset by spending from the Office of the Secretary. (10 minutes)	3	Adopted, voice vote
35. Neguse (CO): Increases funding for the School-Based Mental Health Services Grant Program by \$2 million. Decreases Departmental Management - Program Administration by \$2 million. (10 minutes)	2	Adopted, 220-203
36. Ocasio-Cortez (NY): Allows United States researchers to study and examine the potential impacts of several schedule I drugs, such as MDMA, psilocybin, and or ibogaine, that have been shown to be effective in treating critical diseases. (10 minutes)	N/A	Rejected, 140-285
37. Perry (PA): Strikes funding for electric vehicles and a provision on electric vehicle chargers. (10 minutes)	4	Rejected, 192-232
38. Pressley (MA), Bush, Cori (MO), Watson Coleman (NJ), Bowman (NY), Omar (MN): Increases and decreases \$500,000 from the Safe Schools and Citizenship Education account to direct the GAO to study the impacts of exclusionary discipline practices in K-12 remote education settings over the course of the COVID-19 pandemic including the ways in which these practices contributed to learning loss, negative mental health outcomes, and student involvement in criminal and child welfare systems, among other impacts. (10 minutes)	2	Adopted, 220-203
39. Rice, Kathleen (NY), Fitzpatrick (PA), Schrader (OR), Salazar (FL), Norton (DC), Cooper (TN), Posey (FL), Titus (NV), Upton (MI), Malliotakis (NY), Cohen (TN), Estes (KS), Gooden (TX): Increases and decreases funding for CDC's Emerging Zoonotic and Infectious Disease account with the intent of preventing the reintroduction of canine rabies virus variant into the United States and supporting CDC modernizing and fully operating its dog import program. (10 minutes)	3	Adopted, voice vote

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
40. Ross (NC): Increases and decreases funding for the Institute of Education Sciences (IES) by \$1 million to instruct IES to conduct a study on obstacles pregnant and parenting students face in the pursuit of education and recommendations for improving educational outcomes, including graduation rates, for these students. (10 minutes)	2	Adopted, 220-203
41. Schweikert (AZ): Increases funding for the National Institute of Diabetes and Digestive and Kidney Diseases by \$1 million with the intent these funds be used to fund a multicenter research consortium on Type II diabetes cures. Offsets the increase with a decrease in funding of \$1 million from the General Departmental Management account under the Office of the Secretary of Health and Human Services. (10 minutes)	3	Adopted, voice vote
42. Schweikert (AZ): Increases funding by \$2 million for the CDC's Emerging Zoonotic and Infectious Disease account with the intention that these funds be used for Coccidioidomycosis and other fungal diseases. Offsets the increase with a decrease in funding of \$2 million from the General Departmental Management account under the Office of the Secretary of Health and Human Services. (10 minutes)	3	Adopted, voice vote
43. Schweikert (AZ): Increases and decreases funding in Health Surveillance and Program Support by \$1,000,000 to express the intent that additional funding for the Mental Health Administration be used for research on medication adherence technology. (10 minutes)	3	Adopted, voice vote
44. Schweikert (AZ): Increases and decreases funding for the Department of Health and Human Services Office of Inspector General under the Center for Medicare and Medicaid Services program by \$1,000,000 to express the intent that Medicare focus on using artificial intelligence and other technology to promote cleans claims creation and processing to combat improper payments, fraud, waste, and abuse. (10 minutes)	3	Adopted, voice vote
45. Sherrill (NJ): Increases and decreases funds by \$20,000,000 to highlight the need for the Mental and Substance Use Disorder Workforce Training Demonstration Program under HRSA Health Workforce. (10 minutes)	2	Adopted, 220-203
46. Sherrill (NJ): Increases and decreases the National Institute of Mental health budget by \$5,000,000 with the intent to address youth mental health disparities. (10 minutes)	3	Adopted, voice vote
47. Slotkin (MI): Increase the DOL Registered Apprenticeship budget by \$1 million for the purpose of improving coordination between DOL and VA to ensure that registered apprenticeships are approved by VA for GI Bill benefits. Offsets the amendment with a \$1 million decrease in funds from the Program Administration account. (10 minutes)	3	Adopted, voice vote
48. Slotkin (MI): Increases and decreases the funding for Strategic National Stockpile by \$10 million to emphasize the importance of working with the commercial sector to enhance medical supply chain flexibility and maintain domestic reserves of critical medical supplies. (10 minutes)	3	Adopted, voice vote
49. Slotkin (MI): Increases and decreases by \$10,000,000 the Child Care and Development Block Grant (CCDBG) account to ensure that we still have accessible, quality child care for working families. (10 minutes)	2	Adopted, 220-203
50. Smith, Christopher (NJ), Delgado (NY), Fitzpatrick (PA), Posey (FL), Gottheimer (NJ), Malinowski (NJ): Redirects \$3 million from CDC-Wide Activities and Program Support to CDC's Emerging Zoonotic and Infectious Diseases account for Lyme disease research and surveillance. (10 minutes)	3	Adopted, voice vote
51. Smith, Christopher (NJ), Delgado (NY), Fitzpatrick (PA), Posey (FL), Gottheimer (NJ), Malinowski (NJ): Decreases and then increases funding for the HHS Office of the Secretary by \$5 million to express the intent that HHS use the \$5 million for their recently announced LymeX Innovation Accelerator. (10 minutes)	3	Adopted, voice vote

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
52. Smith, Christopher (NJ), Doyle (PA): Redirects \$10 million from HHS Office of the Secretary to CDC's Birth Defects, Developmental Disabilities, Disabilities and Health account. This \$10 million increase would allow CDC to expand their Autism Developmental Disability Monitoring (ADDM) Network to nine additional sites, as well as enhance six of the existing sites by following-up with 16 year-olds who were identified as autistic by 8 years-old. (10 minutes)	3	Adopted, voice vote
53. Spanberger (VA), Johnson, Dusty (SD), Meuser (PA): Increases and decreases funds by \$5 million to highlight the need for additional funding for the Telehealth Resource Center program. (10 minutes)	3	Adopted, voice vote
54. Stevens (MI): Increases and decreases funding for injury prevention and control at the Department of Health and Human Services by \$25 million to emphasize the intent that additional funding be used for research on federal firearm injury and mortality prevention research. (10 minutes)	2	Adopted, 220-203
55. Walberg (MI): Brings the Office of Labor-Management Standards funding in line with the President's request. Currently the House Appropriations bill provides level funding for OLMS. The Amendment would increase the funding by \$7,117,000 and decrease funding for Wage and Hour Division by the same amount. (10 minutes)	4	Rejected, 192-232
56. Wild (PA): Invests \$2 million in additional funding for the National Cancer Institute, for the purposes of enhancing pediatric cancer research. Specifically, funds would enable NCI's Childhood Cancer Data Initiative to incorporate molecular tumor board data into its work. Offset by a reduction to Office of the Secretary - General Departmental Management. (10 minutes)	3	Adopted, voice vote

Sources: The amendment numbers and summaries are from pages 8-13 and 30-38 of H.Rept. 117-109. En bloc amendment numbers and the disposition of all amendments is from *Congressional Record*, daily edition, Vol. 167, No. 131 (July 27, 2021).

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