

Labor, Health and Human Services, and Education: FY2023 Appropriations

December 16, 2022

Congressional Research Service

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R47345



R47345

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Karen E. Lynch,
Coordinator
Specialist in Social Policy

Jessica Tollestrup,
Coordinator
Specialist in Social Policy

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This report offers an overview of actions taken by Congress and the President to provide FY2023 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 FY2023 LHHS discretionary funding enacted during the annual appropriations process. Note that the totals in report tables do not include emergency-designated appropriations. Those amounts are displayed separately and are in addition to regular appropriations.

FY2023 Continuing Resolution: FY2023 LHHS regular appropriations are currently being provided by a series of continuing resolutions (CRs). The first CR was signed into law on September 30, 2022 (Division A of H.R. 6833; P.L. 117-180), providing continuing appropriations for all 12 annual appropriations acts (including LHHS) through December 16, 2022. In general, the CR funded discretionary programs at the same rate and under the same conditions as in FY2022 (§101) and annually appropriated entitlements at their current law levels (§111). It also included several anomalies that are specific to LHHS accounts or related activities (§§101(8), 145-150). The LHHS funding in the first CR was subsequently extended through December 23, 2022, through the enactment of P.L. 117-229 (H.R. 1437), a second FY2023 CR.

Regular Appropriations

FY2023 LHHS Senate Action: The FY2023 LHHS bill has not received 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 July 28, 2022. *These draft numbers are not presented in this report.*

Also on July 28, 2022, Senator Patty Murray, Chair of the Senate Appropriations LHHS Subcommittee, introduced an FY2023 LHHS bill (S. 4659). This bill was referred to the Senate Appropriations Committee. *Because S. 4659 has not received any congressional action, this report does not discuss this measure.*

FY2023 LHHS House Action: On June 30 2022, the House Appropriations Committee voted to report the FY2023 LHHS bill, 32-24; the measure was subsequently reported to the House on July 5 (H.R. 8295; H.Rept. 117-403). Previously, the measure was approved in subcommittee, via a voice vote, on June 23, 2022.

As reported by the full committee, the bill would provide \$243.3 billion in discretionary LHHS funds, a 13.6% increase from FY2022 enacted levels. This amount is \$1.5 billion (-0.6%) less than the FY2023 President's request. In addition, the House committee bill would provide an estimated \$1.196 trillion in mandatory funding, for a combined total of \$1.439 trillion for LHHS as a whole. The distribution of discretionary funding is as follows:

- **DOL:** \$15.0 billion, 14.0% more than FY2022.
- **HHS:** \$124.2 billion, 14.4% more than FY2022.
- **ED:** \$86.7 billion, 13.5% more than FY2022.
- **Related Agencies:** \$17.4 billion, 8.8% more than FY2022.

The House committee bill has not received floor consideration as of the cover date of this report.

FY2023 President's Budget Request: The FY2023 President's budget request was submitted to Congress on March 28, 2022. Subsequently, on June 7, 2022, the Biden Administration submitted several FY2023 budget amendments to Congress.

The Administration characterized the two LHHS budget amendments as technical in nature; neither was estimated to affect net budget authority totals.

The President requested \$244.9 billion in discretionary funding for accounts funded by the LHHS bill, which is an increase of 14.3% from FY2022 levels. In addition, the President requested \$1.196 trillion in annually appropriated mandatory funding, for a total of \$1.441 trillion for LHHS as a whole. The distribution of discretionary funding is as follows:

- **DOL:** \$14.9 billion, 13.0% more than FY2022.
- **HHS:** \$123.9 billion, 14.1% more than FY2022.
- **ED:** \$88.3 billion, 15.6% more than FY2022.
- **Related Agencies:** \$17.7 billion, 11.1% more than FY2022.

Emergency-Designated Appropriations

Although full-year regular annual appropriations have yet to be enacted, one bill has been signed into law providing FY2023 emergency-designated appropriations for accounts typically funded in the LHHS bill.

Division A of the Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023 (H.R. 6833; P.L. 117-180, September 30, 2022) provided emergency-designated appropriations for two accounts at the HHS Administration for Children and Families (ACF): \$1.0 billion for the Low Income Home Energy Assistance Program (§146) and \$1.8 billion for expenses to carry out the Unaccompanied Children (UC) Program and for certain refugee and entrant assistance activities (§147).

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Introduction

This report provides an overview of FY2023 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 “Mandatory vs. Discretionary Budget Authority”), the bulk of this report is focused on these funds.

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

Congressional clients may consult the LHHS experts list in CRS Report R42638, *Appropriations: CRS Experts*, for information on which analysts to contact at the Congressional Research Service (CRS) with questions on specific agencies and programs funded in the LHHS bill.

Scope of the Report: Emergency-Designated and Mandatory Funding

This report primarily focuses on regular FY2023 LHHS discretionary funding enacted during the annual appropriations process. The emergency discretionary funding that was enacted for FY2022 or FY2023 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 FY2022 mandatory appropriations were enacted for certain LHHS-related accounts, including in P.L. 117-169, commonly referred to as the Inflation Reduction Act of 2022. 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 FY2023 appropriations and (for context) a review of the conclusion of the FY2022 appropriations process. This is followed by a high-level summary and analysis of proposed appropriations for FY2023, compared to FY2022 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 FY2023 proposed funding levels compared to FY2022. (Note that the distribution of funds is sometimes

illustrated by figures, which in all cases are based on the FY2023 House committee-reported version of the LHHS bill.¹)

The **Appendix** provides a summary of budget enforcement activities for FY2023. This includes information on mandatory spending sequestration pursuant to the Budget Control Act of 2011 (BCA; P.L. 112-25), discretionary spending budget enforcement in the absence of a FY2023 budget resolution, the House LHHS subcommittee spending allocation, and current-year spending levels.

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 FY2022 and proposed by the FY2023 President’s budget.

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

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 FY2023 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 the **Appendix**.

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

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

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

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.

⁵ Such figures exclude advance appropriations for future years, but include advance appropriations from prior years that

As the annual appropriations process unfolds, the amount of current-year budget authority is measured against 302(b) allocation ceilings (budget enforcement caps for appropriations subcommittees that traditionally emerge following the budget resolution process, see the **Appendix**). 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 FY2023 LHHS Appropriations

FY2023 Continuing Appropriations

FY2023 LHHS regular appropriations are currently being provided by a series of continuing resolutions (CRs). The first CR was signed into law on September 30, 2022 (Division A of H.R. 6833; P.L. 117-180). The measure, which was originally an unrelated vehicle that had been previously passed by the House, was taken up by the Senate the week prior to the start of the fiscal year. The Senate amended the measure to contain the CR, and passed it as amended (72-25) on September 29, 2022. The House subsequently took up the measure and agreed to the Senate amendment (230-201) on September 30, 2022.

That first CR provided continuing appropriations for all 12 annual appropriations acts (including LHHS) through December 16, 2022. In general, the CR funded discretionary programs at the same rate and under the same conditions as in FY2022 (§101) and annually appropriated entitlements at their current law levels (§111).⁷ It also included several anomalies that are specific to LHHS accounts or related activities (§§101(8), 145-150).⁸

The LHHS funding in the first CR was subsequently extended through December 23, 2022, through the enactment of P.L. 117-229 (H.R. 1437), a second FY2023 CR.

FY2023 Emergency-Designated Appropriations

Although full-year regular annual appropriations have yet to be enacted, one bill has been signed into law providing FY2023 emergency-designated appropriations for accounts typically funded in the LHHS bill.

Division A of the Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023 (H.R. 6833; P.L. 117-180, September 30, 2022) provided emergency-designated appropriations for two accounts at the HHS Administration for Children and Families (ACF): \$1.0 billion for the Low Income Home Energy Assistance Program (§146) and \$1.8 billion for expenses to carry out

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 For an estimate of the discretionary appropriations contained in Division A of H.R. 6833, see *Estimated Discretionary Appropriations Under Division A of Senate Amendment Number 5745 to H.R. 6833, the Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023, with Adjustments Made in the Senate*, September 28, 2022, <https://www.cbo.gov/system/files/2021-09/57491-CBO-Estimate-for-HR5305.pdf>.

⁸ The LHHS anomalies are discussed in CRS Report R47283, *Overview of Continuing Appropriations for FY2023 (Division A of P.L. 117-180)*.

the Unaccompanied Children (UC) Program and for certain refugee and entrant assistance activities (§147).

FY2023 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, FY2023

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
6/23/22		H.R. 8295							
voice		(H.Rept. 117-403)							
vote		6/30/22							
		32-24							

Source: CRS Appropriations Status Table.

Congressional Action on an LHHS Bill

FY2023 LHHS Action in the Senate

While the Senate Appropriations Committee has not yet voted to report the legislation, the committee chair, Senator Leahy, released a majority draft of the LHHS bill and accompanying draft report language on July 28, 2022.⁹ *These draft numbers are not presented in this report.*

Also on July 28, 2022, Senator Patty Murray, Chair of the Senate Appropriations LHHS Subcommittee, introduced an FY2023 LHHS bill (S. 4659).¹⁰ *Because S. 4659 has not received any congressional action, this report does not discuss this measure.*

FY2023 LHHS Action in the House (H.R. 8295)

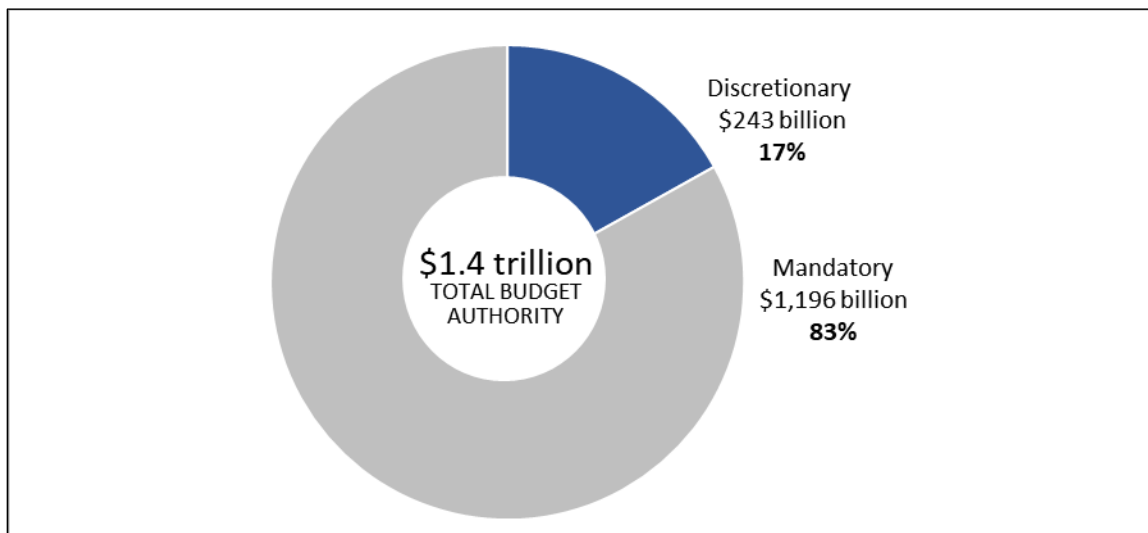
On June 30, 2022, the House Appropriations Committee voted to report the FY2023 LHHS bill, 32-24; the measure was subsequently reported to the House on July 5 (H.R. 8295; H.Rept. 117-403). Previously, the measure was approved in subcommittee, via a voice vote, on June 23, 2022.

⁹ See draft text and explanatory statement linked to Senate Appropriations Committee, “Chairman Leahy Releases Fiscal Year 2023 Senate Appropriations Bills,” July 28, 2022, <https://www.appropriations.senate.gov/news/majority/breaking-chairman-leahy-releases-fiscal-year-2023-senate-appropriations-bills>. See also Senate Appropriations Committee, “Shelby: Democrats’ Partisan Bills Threaten FY23 Appropriations Process,” July 28, 2022, <https://www.appropriations.senate.gov/news/minority/shelby-democrats-partisan-bills-threaten-fy23-appropriations-process>.

¹⁰ The text of S. 4659 as introduced was generally the same as the draft LHHS bill released by the chair of the Senate Appropriations Committee on July 28, discussed above.

See **Figure 1** for a breakdown of FY2023 discretionary and mandatory LHHS appropriations proposed in the House committee bill.¹¹ As reported by the full committee, the bill would provide \$243.3 billion in discretionary LHHS funds, a 13.6% increase from FY2022 enacted levels. This amount would be 0.6% less than the FY2023 President’s request. In addition, the House committee bill would provide an estimated \$1.196 trillion in mandatory funding, for a combined total of \$1.439 trillion for LHHS as a whole. (Note that these totals are based only on amounts of non-emergency appropriations that would be provided by the House committee bill and do not include emergency-designated funds, which are *in addition* to the regular annual appropriations.)

Figure 1. FY2023 House Committee-Reported LHHS Appropriations



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-403) accompanying the FY2023 House committee bill (H.R. 8295, as reported). FY2023 House committee totals (“Total BA in the Bill”) do not include emergency-designated LHHS appropriations. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), 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 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.

FY2023 President’s Budget Request

The FY2023 President’s budget request was submitted to Congress on March 28, 2022. Subsequently, on June 7, 2022, the Biden Administration submitted several FY2023 budget

¹¹ While the percentages in this figure were calculated based on amounts in the FY2023 House committee bill, they are generally also illustrative—within a few percentage points—of the share of mandatory and discretionary funds in FY2022 and under the FY2023 President’s budget.

amendments to Congress.¹² The Administration characterized the two LHHS budget amendments as technical in nature; neither were estimated to affect net budget authority totals.¹³

The President requested \$244.9 billion in discretionary funding for accounts funded by the LHHS bill, which is an increase of 14.3% from FY2022 levels. In addition, the President requested \$1.196 trillion in annually appropriated mandatory funding, for a total of \$1.441 trillion for LHHS as a whole.

FY2022 LHHS Omnibus (Division H, Consolidated Appropriations Act, 2022, H.R. 2471, P.L. 117-103)

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-year appropriations for all 12 annual appropriations acts in Divisions A-L.¹⁴ (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.)¹⁵ The bill was approved by the Senate (68-31) on March 10.

Annual discretionary LHHS appropriations in the FY2022 LHHS omnibus 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.¹⁶ (Note that these totals are based only on amounts of non-emergency appropriations and do not include emergency-designated or supplemental funds, which were provided *in addition* to the annual appropriations.)

¹² U.S. President (Biden), "Letter to the Speaker of the House of Representatives on Fiscal Year 2023 Budget Amendments," 117th Cong., 2nd sess., June 7, 2022, https://www.whitehouse.gov/wp-content/uploads/2022/06/FY_2023_Budget_Amendments_Package_6-7-22.pdf.

¹³ Ibid, pp. 14, 20.

¹⁴ 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.

¹⁵ 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, and 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, and 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.

¹⁶ For a full discussion of the FY2021 LHHS omnibus, see CRS Report R47029, *Labor, Health and Human Services, and Education: FY2022 Appropriations*.

Summary of FY2023 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.

Throughout this report, the FY2023 House Appropriations Committee-reported LHHS bill is commonly referred to as the “House committee bill.”

Amounts for the FY2022 Enacted, FY2023 Request, and FY2023 House Cmte. columns in the tables are generally drawn from the committee report (H.Rept. 117-403) accompanying the FY2023 House committee bill (H.R. 8295, as reported), unless otherwise noted. FY2022 enacted totals (“Total BA in the Bill”) do not include emergency-designated LHHS appropriations. For informational purposes, FY2022 and FY2023 enacted emergency-designated amounts are displayed separately at the bottom of tables throughout the report and not summed. Those amounts are based on CRS analysis of the texts of those laws. One exception to this rule is made in **Table A-2**, which includes FY2022 and FY2023 enacted emergency-designated funds in the “Adjusted Appropriations” totals, as scored by the Congressional Budget Office.

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.¹⁷ CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

Table 2 displays FY2023 discretionary and mandatory LHHS budget authority proposed, by bill title, along with FY2022 enacted levels. The amounts shown in this table reflect total budget authority provided in the annual LHHS bill (i.e., all funds appropriated in the bill, regardless of the fiscal year in which the funds become available), not total budget authority available for the current fiscal year. (For a comparable table showing current-year budget authority, see **Table A-2**.) Note that the totals in this table do not include emergency-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, FY2022-FY2023

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

Bill Title	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Title I: Labor	14.4	16.2	16.3	—
Discretionary	13.2	14.9	15.0	—

¹⁷ The general practice for CRS reports on the LHHS bill has been to reflect conventions used in source materials. These conventions have varied over the years. For instance, CRS reports on LHHS appropriations for FY2012-FY2015 generally relied on source materials that adjusted appropriations amounts in the prior-year column to reflect sequestration, reestimates of mandatory spending, transfers, reprogramming, and other adjustments for comparability. However, the FY2016 version of this report broke from that practice due to differing display conventions in source documents, and did not reflect any such adjustments (except sequestration for the Prevention and Public Health Fund [PPHF]). The FY2017 version of this report differed from both of these prior practices, in that it reflected a smaller subset of transfers (generally concentrated at the National Institutes of Health) and other adjustments for comparability (e.g., program moves from one account to another), but not reprogramming of funds or mandatory sequestration (except sequestration of the PPHF). The FY2018-FY2022 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 FY2023, the source materials used for this report continue this most recent approach.

Bill Title	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Mandatory	1.2	1.3	1.3	—
Title II: HHS	1,148.2	1,255.0	1,255.3	—
Discretionary	108.6	123.9	124.2	—
Mandatory	1,039.6	1,131.1	1,131.1	—
Title III: Education	80.1	92.3	90.7	—
Discretionary	76.4	88.3	86.7	—
Mandatory	3.7	3.9	3.9	—
Title IV: Related Agencies	73.0	77.4	77.0	—
Discretionary	16.0	17.7	17.4	—
Mandatory	57.0	59.6	59.6	—
Total BA in the Bill	1,315.7	1,440.8	1,439.3	—
Discretionary	214.2	244.9	243.3	—
Mandatory	1,101.5	1,196.0	1,196.0	—
<i>Emergency Funding (not in above totals)</i>				
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. 117-158, Division B	3.0	—	—	—
P.L. 117-180, Division A	—	—	—	2.8
Memoranda (non-emergency funds only):				
Advances for Future Years (provided in current bill) ^a	210.7	242.8	242.8	—
Advances from Prior Years (for use in current year) ^a	197.6	210.7	210.7	—
Additional Scorekeeping Adjustments ^b	-15.0	-33.9	-16.5	—

Source: Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 House Cmte. columns are generally drawn from the committee report (H.Rept. 117-403) accompanying the FY2023 House committee bill (H.R. 8295, as reported). Enacted totals ("Total BA in the Bill") for FY2022 do not include emergency-designated appropriations. Amounts shown for emergency-designated appropriations are based on CRS analysis of the specified laws. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

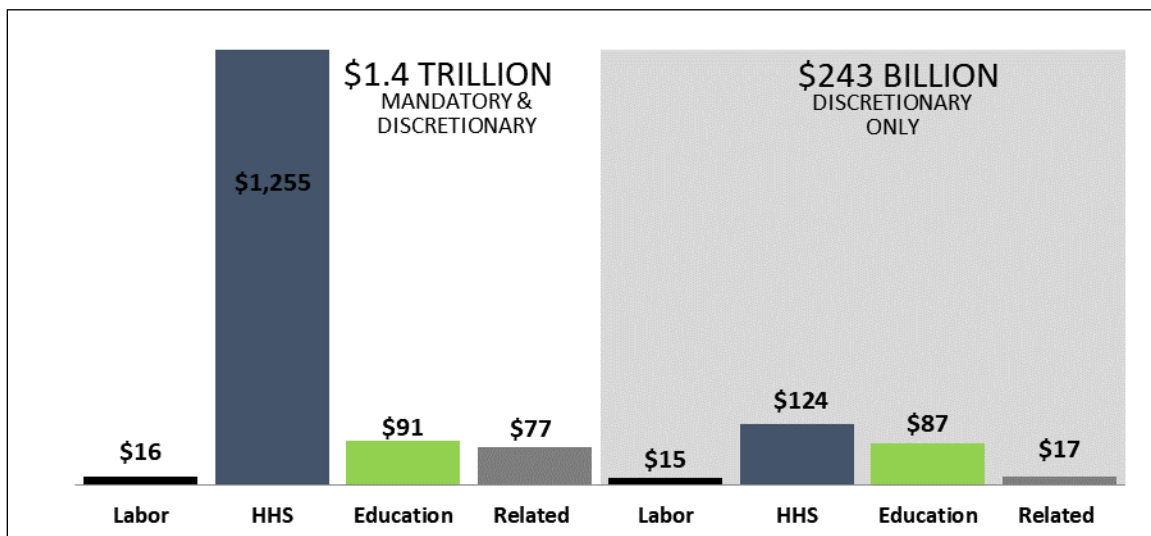
- a. Totals in this table are based on budget authority provided in the bill (i.e., they exclude advance appropriations from prior bills and include advance appropriations from this bill made available in future years). The calculation for total budget authority available in a given fiscal year is as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

Figure 2 displays the House committee bill discretionary and mandatory LHHS funding levels proposed for FY2023, by bill title. (While the dollars and percentages discussed in this section were calculated based on the FY2023 House committee bill, they are generally also illustrative—within several percentage points—of the share of funds directed to each bill title in FY2022 and under the FY2023 President’s budget.)

As this figure demonstrates, HHS accounts for the largest share of total FY2023 LHHS appropriations: \$1.255 trillion, or 87.2%. This is due to the large amount of mandatory funding included in the HHS appropriation, the majority of which is for Medicaid grants to states and payments to health care trust funds. After HHS, ED and the Related Agencies represent the next-largest shares of total LHHS funding, accounting for 6.3% and 5.4%, 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 LHHS funding is noticeably different when comparing only discretionary appropriations. HHS accounts for a comparatively smaller share of total discretionary appropriations (51.0%), while ED accounts for a relatively larger share (35.6%). Together, these two departments represent the majority (86.7%) of discretionary LHHS appropriations. DOL and the Related Agencies account for a roughly even split of the remaining 13.3% of discretionary LHHS funds.

Figure 2. FY2023 House Committee-Reported LHHS 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 committee report (H.Rept. 117-403) accompanying the FY2023 House committee bill (H.R. 8295, as reported). FY2023 House committee totals (“Total BA in the Bill”) do not include emergency-designated LHHS appropriations. For consistency with source materials, amounts in this figure generally do not reflect mandatory

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

Department of Labor (DOL)

All amounts in this section are based on regular LHHS appropriations only. Amounts in this section do not include mandatory funds provided outside of the annual appropriations process (e.g., direct appropriations for Unemployment Insurance benefits payments). All amounts in this section are rounded (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 comprising 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).¹⁹ 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

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)¹⁸

¹⁸ Departmental Management includes the DOL salaries and expenses, Veterans Employment and Training Service (VETS), IT Modernization, and the Office of the Inspector General.

¹⁹ 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)*.

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.

FY2022 DOL Appropriations Overview

Table 3 generally displays FY2023 discretionary and mandatory DOL budget authority proposed, along with FY2022 enacted levels. Note that the totals in this table do not include emergency-designated appropriations. Those amounts (if applicable) 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.

The FY2023 House committee bill would increase discretionary appropriations for DOL by \$1.8 billion (+14.0%), while the FY2023 President's budget request would increase discretionary appropriations by \$1.7 billion (+13.0%) compared to the FY2022 enacted levels. Of the total funding provided in the bill for DOL, roughly 92% is discretionary.

Table 3. DOL Appropriations Overview
(in billions of dollars)

Funding	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Discretionary	13.2	14.9	15.0	—
Mandatory	1.2	1.3	1.3	—
Total BA in the Bill	14.4	16.2	16.3	—
<i>Emergency Funding (not in above totals)</i>	—	—	—	—

Source: Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 House Cmte. columns are generally drawn from the committee report (H.Rept. 117-403) accompanying the FY2023 House committee bill (H.R. 8295, as reported). Enacted totals ("Total BA in the Bill") for FY2022 do not include emergency-designated appropriations. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

Selected DOL Highlights

The following sections present highlights from the FY2023 House committee bill and the President's FY2023 budget request compared to the FY2022 LHHS omnibus for selected DOL accounts and programs.²⁰

²⁰ DOL budget materials can be found at <https://www.dol.gov/general/aboutdol#budget>.

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

Employment and Training Administration (ETA)

Title I of WIOA, which authorizes more than half of all WIOA funding, includes three state formula grant programs serving Adults, Youth, and Dislocated Workers. For the three WIOA state formula grant programs, the FY2023 House committee bill would provide a \$256 million increase (+8.9%) compared to FY2022 enacted levels and a \$116 million increase (+3.8%) compared to the level requested in the FY2023 President's budget.

The FY2023 House committee bill would provide \$457 million for the Dislocated Workers Activities National Reserve (DWA National Reserve), which would be an increase of \$157 million (+52.0%) compared to the FY2022 enacted level of \$301 million but a decrease of \$70 million (-13.3%) compared to the FY2023 President's budget request of \$527 million. In addition, the FY2023 House committee bill would maintain a provision in that account, which originated in the FY2020 LHHS omnibus, directing that funds (\$100 million for FY2023, an increase of \$50 million relative to FY2022 enacted) from the DWA National Reserve be used in developing, offering, or improving career training programs at community colleges. The FY2023 House committee bill and the FY2023 President's budget request would direct \$50 million and \$100 million, respectively, from the DWA National Reserve for training and employment assistance to workers in communities experiencing dislocations in the fossil fuel extraction and energy production industries.²¹

The FY2023 House committee bill and the FY2023 President's budget would provide \$145 million for the YouthBuild program and \$150 million for ex-offender activities, increases of 46.4% and 46.9%, respectively, compared to the levels enacted in the FY2022 LHHS omnibus.

The FY2023 House committee bill and the FY2023 President's budget would provide \$303 million for the Apprenticeship Grant program, which would be \$68 million (+28.9%) more than the level enacted in the FY2022 LHHS omnibus.

Finally, under the pilot and demonstration authority in WIOA (Section 169), the FY2023 House committee bill and the FY2023 President's budget would provide new funding for a National Youth Employment Program (\$75 million), a Climate Corps program (\$15 million), and a Veterans Clean Energy Training program (\$10 million). In addition, the FY2023 House committee bill would provide \$132 million in funding for community projects for dislocated workers, adults, and youth.

Employment Service

The FY2023 House committee bill would provide \$749 million for the Employment Service, which would be an increase of \$49 million (+7.0%) compared to the FY2022 enacted level and \$28 million (+3.8%) more than requested in the FY2023 President's budget. The Employment Service is a joint federal-state partnership that funds staff to provide career counseling, job search services, and administration of the work test for the Unemployment Insurance (UI) system. The FY2023 House committee bill would prohibit DOL from using any funds provided in the FY2023 LHHS appropriations bill to implement or enforce a 2020 final rule allowing the use of non-merit-staff employees to deliver services for the Employment Service.²²

²¹ DOL, FY2023 Congressional Budget Justification, Employment and Training Administration, Training and Employment Services, p. 6, <https://www.dol.gov/sites/dolgov/files/general/budget/2023/CBJ-2023-V1-03.pdf>.

²² See §112 of H.R. 8295 and H.Rept. 117-403 p. 19-20.

Wage and Hour Division (WHD)

The FY2023 House committee bill would provide \$313 million for WHD, an increase of \$62 million (+24.6%) compared to the FY2022 enacted level and \$5 million (+1.6%) more than the FY2023 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), as well as other labor standards statutes. As noted in the accompanying report, the additional \$62 million in the FY2023 appropriations for WHD would be to support additional investigators to implement strategic enforcement and, as required by the bill, to establish a national hotline to support domestic workers reporting wage and hour violations.²³

Office of Disability Employment Policy (ODEP)

The FY2023 House committee bill would provide \$59 million for ODEP, an increase of \$18 million (+44.6%) compared to the FY2022 enacted level and the same as proposed in the FY2023 President's budget. The ODEP is responsible for developing and influencing policies and practices to increase labor market opportunities for individuals with disabilities. The House committee report expresses support for the FY2023 President's budget proposal to use additional ODEP funding to plan and implement Equitable Transition Model (ETM) projects to enable low-income youth with disabilities to transition to employment.²⁴

Bureau of International Labor Affairs (ILAB)

The FY2023 House committee bill would provide \$139 million for ILAB, an increase of \$33 million (+30.9%) compared to the FY2022 enacted level and \$10 million (+7.8%) more than the FY2023 President's budget request.²⁵ ILAB provides research, advocacy, technical assistance, and grants to promote workers' rights in different parts of the world. Language in the FY2023 House committee report directs ILAB to place additional labor attachés in strategic countries, including but not limited to Honduras, to assist with promoting worker rights, such as freedom of association and collective bargaining.²⁶

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 FY2023 House committee bill.

The FY2023 House committee bill would add new provisions and continue several provisions that have been included in at least one previous LHHS appropriations act, including provisions that would

- authorize the Secretary of Labor to employ law enforcement officers or special agents to provide protection to the Secretary of Labor and certain other

²³ H.Rept. 117-403 p. 24-26.

²⁴ H.Rept. 117-403 p. 35.

²⁵ This level is specified in H.Rept. 117-403 p. 35.

²⁶ H.Rept. 117-403 p. 35.

- 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);²⁷
- authorize the Secretary of Labor to dispose of or divest “by any means the Secretary determines appropriate” all or part of the real property on which the Treasure Island Job Corps Center (California) is located (included since FY2018);²⁸
 - prohibit any funds from the bill from being used to alter the Interagency Agreement between DOL and the Department of Agriculture or to close any Civilian Conservation Centers unless certain conditions are met (included since FY2020);²⁹
 - prohibit any funds from the bill from being used to implement or enforce the final rule on “Wagner-Peyser Act Staffing Flexibility” (included since FY2022);³⁰ and
 - prohibit any funds from the bill from being used to implement or enforce Industry Recognized Apprentice Programs (included since FY2022).³¹

Table 4. Detailed DOL Appropriations

(in millions of dollars)

Agency or Selected Program	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
ETA—Mandatory^a	540	494	494	—
ETA—Discretionary	9,942	11,076	11,269	—
<u>Discretionary ETA Programs:</u>				—
Training and Employment Services:	3,912	4,411	4,598	—
<u>State Formula Grants:</u>	2,879	3,019	3,135	—
Adult Activities Grants to States	871	900	941	—
Youth Activities Grants to States	933	964	1,033	—
Dislocated Worker Activities (DWA) Grants to States	1,076	1,155	1,162	—
<u>National Activities:</u>	1,033	1,392	1,462	—
DWA National Reserve	301	527	457	—
Native Americans	57	64	64	—
Migrant and Seasonal Farmworkers	95	97	105	—
YouthBuild	99	145	145	—
Reintegration of Ex-Offenders	102	150	150	—
Workforce Data Quality Initiative	6	6	6	—

²⁷ Division A, Title I, §109 of H.R. 8295.²⁸ Division A, Title I, §110 of H.R. 8295.²⁹ Division A, Title I, §111 of H.R. 8295.³⁰ Division A, Title I, §112 of H.R. 8295.³¹ Division A, Title I, §113 of H.R. 8295.

Agency or Selected Program	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Apprenticeship Grants	235	303	303	—
Community Projects	138	0	132	—
National Youth Employment Program	0	75	75	—
Climate Corps	0	15	15	—
Veterans Clean Energy Training	0	10	10	—
Job Corps	1,749	1,779	1,799	—
Community Service Employment for Older Americans	405	405	450	—
<u>State Unemployment Insurance and Employment Service Operations (SUI/ESO):</u>	3,711	4,258	4,214	—
Unemployment Compensation	2,869	3,353	3,303	—
Employment Service	700	721	749	—
Foreign Labor Certification	80	99	95	—
One-Stop Career Centers	63	86	68	—
ETA Program Administration	164	223	209	—
Employee Benefits Security Administration	186	234	234	—
<i>Pension Benefit Guaranty Corp, (PBGC) program level (non-add)^b</i>	473	493	493	—
Wage and Hour Division	251	308	313	—
Office of Labor-Management Standards	46	50	46	—
Office of Federal Contract Compliance Programs	108	147	147	—
Office of Workers' Compensation Programs—Mandatory^c	683	756	756	—
Office of Workers' Compensation Programs—Discretionary	120	146	146	—
Occupational Safety & Health Administration	612	701	712	—
Mine Safety & Health Administration	384	423	404	—
Bureau of Labor Statistics	688	742	726	—
Office of Disability Employment Policy	41	59	59	—
Departmental Management	812	1,015	975	—
Salaries and Expenses	368	492	499	—
<i>International Labor Affairs (non-add)^d</i>	106	129	139	—
Veterans Employment and Training	325	331	339	—
IT Modernization	28	48	38	—

Agency or Selected Program	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Working Capital Fund	0	36	0	—
Office of the Inspector General	91	108	99	—
Total, DOL BA in the Bill	14,412	16,151	16,281	—
Subtotal, Mandatory	1,223	1,250	1,250	—
Subtotal, Discretionary	13,189	14,900	15,031	—
<i>Emergency Funding (not in above totals)</i>	—	—	—	—
Memoranda (non-emergency funds only)				—
Total, BA Available in Fiscal Year (current year from any bill)	14,415	16,151	16,282	—
Total, BA Advances for Future Years (provided in current bill)	1,783	1,782	1,782	—
Total, BA Advances from Prior Years (for use in current year)	1,786	1,783	1,783	—

Source: Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 House Cmte. columns are generally drawn from the committee report (H.Rept. 117-403) accompanying the FY2023 House committee bill (H.R. 8295, as reported). 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.

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)

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).³² For instance, the LHHS bill directs funding to multiple Public Health Service (PHS) agencies, including the Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Substance Abuse and Mental Health Services Administration (SAMHSA), and Agency for Healthcare Research and Quality (AHRQ). 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). (The HHS Office of the Assistant Secretary for Preparedness and Response [ASPR] is also a component of the PHS, but funding for this office has historically been provided within the Office of the Secretary.)

In addition, the LHHS bill provides funding for annually appropriated components of CMS,³³ 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 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. On July 22, 2022, HHS announced that the Office of the Assistant Secretary for Preparedness and Response (ASPR) would be renamed the *Administration for Strategic Preparedness and Response* (but keep its acronym, *ASPR*).³⁴

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)*

* This report includes funding for the Office of the Assistant Secretary for Preparedness and Response (ASPR) within OS, consistent with source materials.

³² 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.

³³ 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.

³⁴ HHS Press Office, "HHS Strengthens Country's Preparedness for Health Emergencies, Announces Administration for Strategic Preparedness and Response (ASPR)," July 22, 2022, <https://www.hhs.gov/about/news/2022/07/22/hhs->

According to the announcement, HHS planned to move ASPR out of OS and, instead, establish the agency as an HHS operating division (i.e., an organizational level comparable to CDC or NIH). As the FY2023 President's budget and House committee bill were formulated prior to this announcement, this report reflects the assumptions underlying those proposals in keeping ASPR funding within the OS.

FY2023 HHS Appropriations Overview

Table 5 displays proposed FY2023 funding levels for HHS, along with FY2022 enacted 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.

In general, discretionary funds account for about 10% of HHS appropriations in the LHHS bill. Compared to the FY2022 funding levels, the FY2023 House committee bill would increase HHS discretionary appropriations by 14.4%. The FY2023 President's request proposed increasing HHS discretionary appropriations to a similar degree, by 14.1%.

Table 5. HHS Appropriations Overview

(in billions of dollars)

Funding	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Discretionary	108.6	123.9	124.2	—
Mandatory	1,039.6	1,131.1	1,131.1	—
Total BA in the Bill	1,148.2	1,255.0	1,255.3	—
<i>Emergency Funding (not in above totals)</i>				
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	—	—	—
P.L. 117-180, Division A	—	—	—	2.8

Source: Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 House Cmte. columns are generally drawn from the committee report (H.Rept. 117-403) accompanying the FY2023 House committee bill (H.R. 8295, as reported). Enacted totals ("Total BA in the Bill") for FY2022 do not include emergency-designated appropriations. Amounts shown for emergency-designated appropriations are based on CRS analysis of the specified laws. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

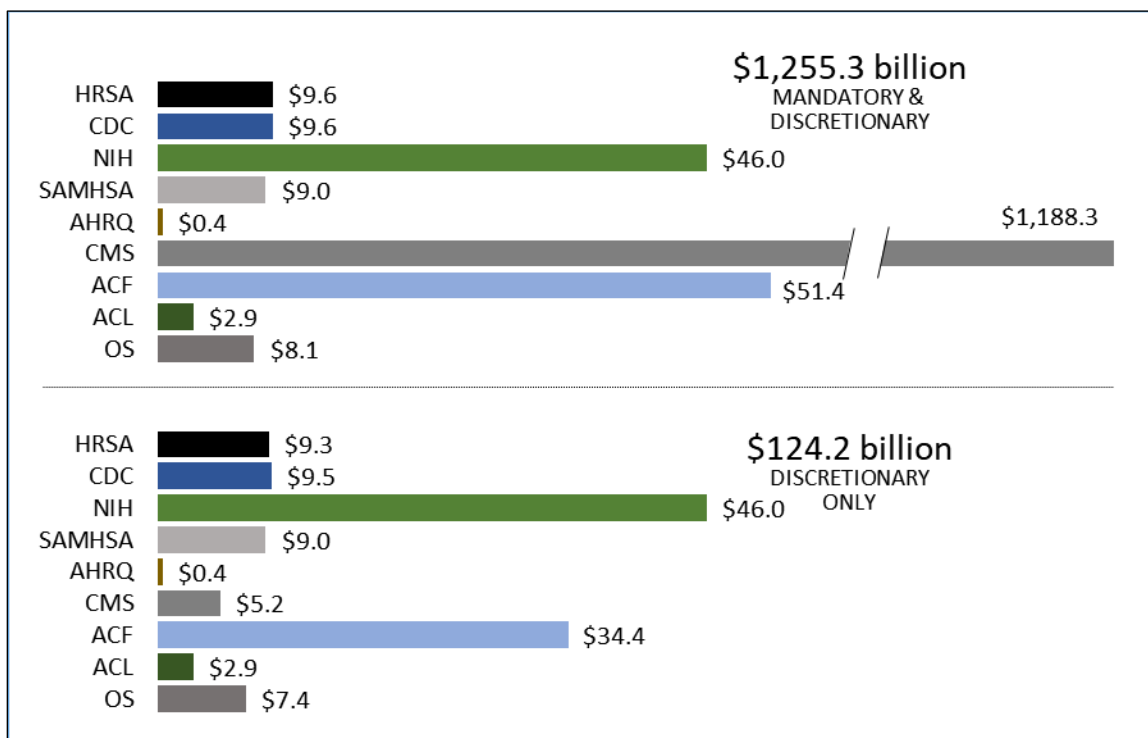
[strengthens-countrys-preparedness-health-emergencies-announces-administration-for-strategic-preparedness-response.html](#).

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

Figure 3 provides an HHS agency-level breakdown of FY2023 appropriations proposed by the House Appropriations Committee. 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 \$1.118 trillion in the House committee bill, which is 89.1% of all proposed appropriations for HHS. ACF and NIH account for the next-largest shares of total HHS appropriations, receiving about 4.1% and 3.7% apiece, respectively.

By contrast, when looking exclusively at discretionary appropriations, funding for CMS constitutes about 4.2% of FY2023 HHS appropriations proposed by the House committee. Instead, the bulk of discretionary appropriations would go to five PHS agencies (HRSA, CDC, SAMHSA, NIH, and AHRQ), accounting for a combined 59.8% of discretionary appropriations proposed for HHS. NIH typically receives the largest share of all discretionary funding among HHS agencies (37.1% in the FY2023 House committee proposal), with ACF accounting for the second-largest share (27.7%).

Figure 3. FY2023 House Committee-Reported 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 committee report (H.Rept. 117-403) accompanying the FY2023 House committee bill (H.R. 8295, as reported). FY2023 House committee totals ("Total BA in the Bill") do not include emergency-designated LHHS appropriations. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, 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 more than 20 times the funding appropriated to either ACF or NIH in the FY2022 House committee bill. 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 laws have used these funding mechanisms to direct additional support to certain programs and activities.

Public Health Service Evaluation Tap

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

The PHSA limits the set-aside to not less than 0.2% and not more than 1% of eligible program appropriations. However, LHHS appropriations acts have commonly established a higher maximum percentage for the set-aside and have distributed specific amounts of “tap” funding to selected HHS programs. In regular LHHS appropriations enacted between FY2010-FY2022, this higher maximum set-aside level was 2.5% of eligible appropriations.³⁵ Both the House committee bill and the President’s budget would continue 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

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 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.

³⁵ 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 House committee bill 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.

FY2014, but has received discretionary appropriations since then.³⁶ Since FY2015, LHHS appropriations laws have directed the largest share of tap transfers to NIH.³⁷

Under both the House committee bill and the President's budget, the amount of tap transfers to SAMHSA (\$134 million) would be the same as those directed in FY2022. In contrast, the amount of tap transfers to OS would be increased by \$33 million (+25.8%) in the House committee bill, and \$60 million (+46.3%) in the President's budget. The bulk of these proposed increases would be directed to the Office of the National Coordinator for Health Information Technology, which was solely funded by tap transfers as of FY2022. Finally, NIH tap funding would be increased by the House committee bill by \$111 million (+8.5%), but decreased under the President's budget by \$38 million (-2.9%).

In addition to the transfers to NIH, SAMHSA, and OS, the President's budget requested that AHRQ receive a tap transfer of \$40 million, for a funding total inclusive of transfers of \$416 million. In contrast, the House would fund AHRQ at \$385 million, and direct no tap transfers. If final appropriations were to adopt the President's proposal, it would be the first time since FY2014 that the LHHS bill would direct tap funds to AHRQ.

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 (\$151 million), and Paralysis Resource Center, Limb Loss, and Traumatic Brain Injury at ACL (\$28 million). The House committee bill would not adopt 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.³⁸ 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.³⁹

³⁶ 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*.

³⁷ Prior to FY2015, NIH had traditionally been by far the largest net donor of tap funds, rather than a net recipient. The joint explanatory statement accompanying the FY2015 omnibus explained this shift as being intended to ensure that tap transfers are a "net benefit to NIH rather than a liability" and noted that this change was in response to a growing concern at the loss of NIH funds to the tap. Joint Explanatory Statement, Proceedings and Debates of the 113th Congress, Second Session, *Congressional Record*, vol. 160, no. 151, Book II, December 11, 2014, p. H9832.

³⁸ For more information, see CRS Report R41301, *Appropriations and Fund Transfers in the Affordable Care Act (ACA)*.

³⁹ For the FY2022 LHHS omnibus, see Division H, §222, P.L. 117-103.

The ACA had appropriated \$2 billion in mandatory funds to the PPHF for FY2023, but initial PPHF appropriations have been affected by subsequent amendments.⁴⁰ Under current law, the FY2023 appropriation is \$1 billion.⁴¹ In addition, this appropriation was subject to a 5.7% reduction due to sequestration of nonexempt mandatory spending.⁴² (For more information on sequestration, see the budget enforcement discussion in the **Appendix**.)

After sequestration, the total PPHF appropriation available for FY2023 was \$943 million, the same amount as FY2022. Of this amount, the House committee bill and the President's budget would allocate \$903 million to CDC, \$12 million to SAMHSA, and \$28 million to ACL, the same amounts as FY2022 for all three operating divisions.

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).

Selected HHS Highlights by Agency

This section begins with a limited selection of discretionary funding highlights by HHS agency. The discussion is largely based on the proposed appropriations levels for FY2023 compared to FY2022 enacted levels.⁴³ 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 7** and **Table 8**) presenting more detailed information on FY2022 enacted and FY2023 proposed funding levels for HHS.

HRSA

The HRSA mission is focused on delivering health care services to those who are geographically isolated and economically or medically vulnerable.⁴⁴ The FY2023 House committee bill proposes \$9.3 billion in discretionary budget authority for HRSA. This is \$743 million (+8.7%) more than HRSA's discretionary funding level in the FY2022 LHHS omnibus and \$792 million (+9.3%) more than the FY2023 President's budget request.

The House committee bill proposes a number of increases for contraceptive programs compared to the FY2022 LHHS omnibus. For the Family Planning program authorized in Title X of the PHSA, the House committee bill proposes \$500 million, an increase of \$214 million (+74.5%) compared to FY2022 enacted. The House committee report notes that the bill requires that "all recipients of funds under this heading offer services consistent with the best available evidence-based standards, including the Quality Family Planning guidelines from the CDC and the Office of Population Affairs (OPA)."⁴⁵ The House committee report also directs the Secretary of HHS to "continue the process of revising" the CDC guidelines to incorporate the latest evidence and

⁴⁰ P.L. 112-96, P.L. 114-255, P.L. 115-96, and P.L. 115-123.

⁴¹ 42 U.S.C. §300u-11.

⁴² *OMB Report to the Congress on the BBEDCA 251A Sequestration for Fiscal Year 2023*, March 28, 2022, p. 7 of 16, https://www.whitehouse.gov/wp-content/uploads/2022/03/BBEDCA_251A_Sequestration_Report_FY2023.pdf.

⁴³ HHS budget materials can be found at <http://www.hhs.gov/budget/>.

⁴⁴ HRSA, *About HRSA*, <https://www.hrsa.gov/about/index.html>.

⁴⁵ H.Rept. 117-403, p. 66.

“support comprehensive reproductive and sexual health needs of all people.”⁴⁶ Also, one of the proposed increases to the Health Centers program is an increase of \$25 million specifically to “support grants for training and quality improvement efforts to make available patient-centered contraceptive care within health center primary care settings.”⁴⁷

The House committee report also proposes increased funding for a number of maternal health programs, including an increase of \$125 million (+16.7%) compared to FY2022 enacted for the Maternal and Child Health Block Grant. This increase would also include additional funds for maternal and child health projects of regional and national significance. For instance, the committee report proposes a new \$10 million innovation fund for “community-based organizations to support reducing maternal mortality and adverse maternal outcomes, as described in the fiscal year 2023 budget request.”⁴⁸ The committee report also recommends \$15 million (\$3 million more than FY2022 enacted) “to support continued implementation of the Alliance for Innovation on Maternal Health program’s maternal safety bundles.”⁴⁹ In addition, the committee report would reserve \$7 million (\$3 million more than FY2022 enacted) for the maternal mental health hotline, noting that the “COVID–19 pandemic has exacerbated maternal mental health conditions, with pregnant and new mothers experiencing anxiety and depression at a three to four times higher rate than prior to the pandemic.”⁵⁰

The House committee bill includes a number of initiatives in behavioral health care, including an increase of \$25 million for the Rural Communities Opioid Response Program (RCORP)⁵¹ which allows for “the expanded focus on behavioral health care, including SUD [substance use disorder], needs in rural communities;”⁵² an increase of \$10 million for “loan repayment for mental and behavioral health providers” under National Health Service Corps (NHSC)⁵³; and an increase of \$62 million for the Behavioral Health Workforce Education and Training (BHWET) to increase placements in rural and medically underserved areas.⁵⁴

CDC

CDC develops and supports community-based and population-wide programs and systems to promote health-related quality of life and to prevent the leading causes of disease, injury, disability, and death—both domestically and globally. For CDC, the FY2023 House committee bill proposes \$9.5 billion in discretionary budget authority. This is \$2.0 billion (+27.2%) more than CDC’s discretionary funding level in the FY2022 LHHS omnibus (\$7.5 billion) and \$80 million (-0.8%) less than the FY2023 President’s discretionary budget request (\$9.6 billion). The President’s discretionary budget request represents a \$2.1 billion increase (+28.3%) relative to the FY2022 LHHS omnibus. In addition to discretionary budget authority, CDC often receives a large portion of annual PPHF allocations. Both the House committee bill and the President’s budget propose directing \$903 million in PPHF funding to CDC, the same amount as in the FY2022

⁴⁶ H.Rept. 117-403, p. 66.

⁴⁷ H.Rept. 117-403, p. 44.

⁴⁸ H.Rept. 117-403, p. 59.

⁴⁹ H.Rept. 117-403, p. 55.

⁵⁰ H.Rept. 117-403, p. 57.

⁵¹ Note that this program is referred to as the Rural Communities Overdose Response Program in the House committee report and as the Rural Communities Opioid Response Program in HRSA documents.

⁵² H.Rept. 117-403, p. 65.

⁵³ H.Rept. 117-403, p. 47.

⁵⁴ H.Rept. 117-403, p. 50

omnibus. Similar to recent practice (since FY2015), the House committee bill would not direct PHS tap funds to CDC. The President's budget requested \$151 million in PHS tap funds to CDC. Inclusive of discretionary budget authority and directed transfers, CDC would receive a total of \$10.4 billion in the FY2023 House committee bill, which is \$2.0 billion (+24.3%) more than the FY2022 LHHS omnibus (\$8.4 billion) and \$231 million (-2.2%) less than the President's budget request (\$10.7 billion).

The FY2023 House committee bill proposes funding increases to all discretionary CDC accounts relative to the FY2022 LHHS omnibus. Congress generally designates funding for specific CDC programs in appropriations report language (rather than bill text). Many of the proposed increases in the FY2023 House committee bill focus on bolstering "core capacities" at CDC and CDC-funded state and local public health agencies.⁵⁵ For example, the FY2023 House committee bill proposes \$750 million for public health infrastructure and capacity in the CDC-Wide Activities and Program Support account, a \$550 million increase from the FY2022 enacted level and \$150 million more than the President's requested amount (\$600 million).⁵⁶ These funds are intended to support general capabilities of state, territorial and local health departments by supporting core functions such as workforce and technology. The FY2023 House committee bill also proposes \$250 million for the Public Health Data Modernization initiative in the Public Health Scientific Services account, an increase of \$150 million from the FY2022 enacted level (\$100 million) and \$50 more than the President's requested amount (\$200 million).⁵⁷ This initiative aims to modernize the technology, systems, and workforce for collecting public health data at the CDC and state, territorial, and local level.

NIH

NIH is the federal government's lead health and medical research agency. For NIH, the FY2023 House committee bill proposes \$46.0 billion in discretionary budget authority. This is \$2.4 billion (+5.5%) more than the FY2022 LHHS omnibus (\$43.7 billion) and \$2.9 billion (-6.0%) less than the President's discretionary budget request (\$49.0 billion; includes \$5 billion in funding for the Advanced Research Projects Agency for Health, see next paragraph). For PHS tap funds, the House committee bill would direct \$1.4 billion to NIH, which is \$111 million (+8.5%) more than the amount in the FY2022 omnibus (\$1.3 billion) and \$149 million (+11.7%) more than in the President's budget request (\$1.3 billion). Inclusive of discretionary budget authority and directed PHS tap transfers, NIH would receive a total of \$47.5 billion under the House committee bill, which is \$2.5 billion (+5.6%) more than the FY2022 LHHS omnibus (\$45.0 billion) and \$2.8 billion (-5.5%) less than the President's budget request (includes ARPA-H funding).

Funding for the Advanced Research Projects Agency for Health (ARPA-H) complicates analysis of NIH appropriations for FY2022 and FY2023. ARPA-H is a new agency with a focus on high-risk, high-reward health research.⁵⁸ The FY2022 LHHS omnibus funded ARPA-H with \$1.0 billion under the HHS Office of the Secretary, but gave the Secretary the ability to place ARPA-H anywhere in the department. The HHS Secretary subsequently chose to place ARPA-H within NIH. The Biden Administration's FY2023 budget request for NIH therefore includes proposed

⁵⁵ H.Rept. 117-403, p. 6

⁵⁶ H.Rept. 117-403, pp. 94-95; and CDC, "FY2023: President's Budget detail table," <https://www.cdc.gov/budget/documents/fy2023/FY-2023-CDC-Budget-Detail.pdf>.

⁵⁷ H.Rept. 117-403, p. 85; and CDC, "FY2023: President's Budget detail table," <https://www.cdc.gov/budget/documents/fy2023/FY-2023-CDC-Budget-Detail.pdf>.

⁵⁸ For more information on ARPA-H, see CRS Report R47074, *Advanced Research Projects Agency for Health (ARPA-H): Congressional Action and Selected Policy Issues*.

funding for ARPA-H (\$5.0 billion) within the NIH total. However, the House Appropriations Committee has taken the view that ARPA-H should be established as a separate entity within HHS (apart from NIH)⁵⁹ and has therefore proposed FY2023 ARPA-H funding (\$2.75 billion) in a separate account under the HHS Secretary. The numbers in this report generally follow the committee convention, which is to include ARPA-H funding within the HHS Office of the Secretary totals for FY2022 enacted (\$1.0 billion) and the FY2023 House committee bill (\$2.8 billion), but within NIH (\$5.0 billion) for the FY2023 President's request. The final placement of ARPA-H remains uncertain as Congress considers bills to formally authorize ARPA-H.⁶⁰ The following table shows NIH funding totals with and without ARPA-H to allow for further comparisons among the enacted and proposed amounts.

Table 6. NIH LHHS Totals with and without ARPA-H

(in millions of dollars)

	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)
ARPA-H total	1,000	5,000	2,750
NIH LHHS total (Discretionary BA + Transfers) with ARPA-H	45,959	50,252	50,209
NIH LHHS total (Discretionary BA + Transfers) without ARPA-H	44,959	45,233	47,459

Source: All amounts from H.Rept. 117-403.

As shown in **Table 6**, the House committee bill would provide \$2.8 billion for ARPA-H, an increase of \$1.8 billion (+175.0%) from the FY2022 LHHS omnibus and a decrease of \$2.3 billion (-45.0%) from the President's request. Looking at total amounts for NIH (inclusive of directed transfers), when including ARPA-H funding within the NIH total, the House committee bill would provide \$50.2 billion, which is \$24 million (-0.05%) less than the amount proposed in the President's budget request (\$50.2 billion). When excluding ARPA-H from the NIH total, the House committee bill would provide \$47.5 billion, an increase of \$2.2 billion (+4.9%) relative to the President's requested amount. In other words, much of the difference between the FY2023 House committee bill and the President's request for NIH is driven by differences in proposed amounts for ARPA-H.

All NIH accounts would receive increases (when accounting for transfers) under the House committee bill, except for the Office of the Director account. For example, the House committee bill would provide \$7.4 billion for the National Cancer Institute, the principal NIH institute tasked with conducting and funding cancer research and training. This amount would be an increase of \$466 million (+6.7%) from the FY2022 omnibus (\$6.9 billion) and \$665 million (+9.9%) from the President's request (\$6.7 billion).

For the most part, Congress does not specify funding levels for research areas within NIH accounts, thereby allowing NIH Institutes and Centers to award research funding on a competitive basis through their priority setting and scientific review processes. However, in recent years, Congress has specified funding levels for certain high priority areas through appropriations report

⁵⁹ H.Rept. 117-403, p. 242.

⁶⁰ For more information, see CRS Report R47074, *Advanced Research Projects Agency for Health (ARPA-H): Congressional Action and Selected Policy Issues*.

language. For instance, the House committee report recommends an increase of \$200 million for Alzheimer's disease and related dementias research.⁶¹

SAMHSA⁶²

SAMHSA is the federal agency primarily responsible for supporting community-based mental health and substance abuse treatment and prevention services. The SAMHSA mission is focused on reducing the impacts of substance abuse and mental illness.⁶³ SAMHSA supports activities that include education and training, prevention programs, early intervention activities, treatment services, and technical assistance.

The FY2023 House committee bill proposes \$9.0 billion in discretionary budget authority for SAMHSA. This is \$2.6 billion (+41.0%) more than SAMHSA's discretionary funding level in the FY2022 LHHS omnibus and \$1.1 billion (-11.0%) less than the FY2023 President's budget request. PHS tap funding (\$134 million) and PPHF funding (\$12 million) would be the same as the FY2022 LHHS omnibus under both the House committee bill and the President's budget proposal. Inclusive of discretionary budget authority and directed transfers, SAMHSA would receive a total of \$9.2 billion in the FY2023 House committee bill, which is \$2.7 billion (+40.1%) more than the FY2022 LHHS omnibus (\$6.5 billion) and \$1.1 billion (-10.8%) less than the President's budget request (\$10.3 billion).

Within the Mental Health account, the House committee report recommends \$747 million for the 988 Suicide and Crisis Lifeline (988 Lifeline, referred to in the accompanying report as the *988 Program*), which represents an increase of \$640 million (+600.5%) compared to the FY2022 LHHS omnibus.⁶⁴ In July 2022, the 988 Lifeline (formerly the National Suicide Prevention Lifeline) transitioned from a 10-digit number (1-800-273-8255) to the 3-digit hotline number (9-8-8). The 988 Lifeline is a national hotline that provides immediate crisis counseling and referral services for individuals experiencing suicidal thoughts or other mental distress. The new three digit number was launched to "make it simpler for people experiencing a mental health crisis to connect with lifesaving crisis intervention services."⁶⁵ The proposed funding would support implementation of the new three-digit hotline, in anticipation of higher call volume among other reasons. Of the above funding for the 988 Lifeline, \$30 million would be reserved for providing specialized services for LGBTQI+ youths.⁶⁶

Also within the Mental Health account, the House committee bill and report propose increased funding for mental health crisis response. For example, the committee recommends an increase of \$50 million for "mobile crisis response teams that divert the response for mental health crises from law enforcement to behavioral health teams."⁶⁷ The committee bill proposes an increase of \$85 million (+27.0%) for Certified Community Behavioral Health Clinics (CCHBCs), with the

⁶¹ H.Rept. 117-403, p. 124-5.

⁶² Section 244 of the House committee bill proposes to amend the Public Health Service Act to rename SAMHSA the "Substance Use and Mental Health Administration," and would make conforming changes to SAMHSA entities to replace "abuse" with "use." The House committee bill also proposes to rename several SAMHSA accounts and lines (e.g., rename the "Substance Abuse Prevention" account as "Substance Use Prevention"). This report uses the current names for these entities—those that are in effect as of the FY2022 enacted version of the LHHS bill.

⁶³ SAMHSA, *About Us*, <https://www.samhsa.gov/about-us>.

⁶⁴ *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2679-H2680.

⁶⁵ H.Rept. 117-403, pp. 159-160.

⁶⁶ H.Rept. 117-403, p. 160.

⁶⁷ H.Rept. 117-403, pp. 161-162.

report noting that “CCBHCs are required to partner with local agencies, and this often includes partnering with law enforcement to develop safe and effective crisis response.”⁶⁸ Additionally, the House committee bill would increase—from 5% to 10%—the set-aside within the Mental Health Block Grant (MHBG) for evidence-based crisis care programs. The purpose of the increase would be “to address the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances.”⁶⁹

Within the Substance Abuse Services account, the House committee bill and report focus on addressing the opioid and substance use disorder (SUD) crises. For instance, the committee bill would provide an increase of \$250 million (+16.4%) for the State Opioid Response (SOR) grants compared to FY2022 enacted. The committee report expresses support for using SOR grants to expand treatment access to SUD treatments in rural and underserved communities.⁷⁰ Within the Substance Abuse Prevention and Treatment Block Grant (SABG), the House committee report would establish a 10% *Recovery Set-Aside* for “the provision of evidence-informed SUD non-clinical recovery supports and services.”⁷¹

AHRQ

AHRQ conducts research aimed at reducing the costs of health care, promoting patient safety, measuring the quality of health care, and improving health care services, organization, and financing. For AHRQ, the FY2023 House committee bill proposes \$385 million in discretionary budget authority. This is \$35 million (+9.9%) more than AHRQ’s discretionary funding level in the FY2022 LHHS omnibus (\$350 million) and \$9 million (+2.4%) more than the FY2023 President’s discretionary budget request (\$376 million). The President’s discretionary budget request represents a \$26 million increase (+7.3%) relative to the FY2022 LHHS omnibus. In keeping with practices since FY2015, the FY2023 House committee bill would not direct PHS tap funds to AHRQ.⁷² The President’s budget requested \$40 million in PHS tap funds to AHRQ for Research on Health Costs, Quality and Outcomes (HCQO), which, in addition to the discretionary budget request, would bring AHRQ’s total combined funding to \$416 million (18.7% more than FY2022).

The House committee report would fund HCQO at \$238 million, which would be \$32 million (+15.7%) more than the FY2022 LHHS omnibus level, but \$31 million (-11.5%) less than the FY2023 President’s budget request (inclusive of requested tap transfers). Within HCQO, the President’s FY2023 budget proposed \$19 million in new funding for health systems research on Long COVID, including how to use digital health and telehealth, support Long COVID clinics in smaller communities, and enable primary care providers to use emerging evidence.⁷³ The House committee report expressed support for the budget’s proposed Long COVID efforts, but did not specify a dollar amount.⁷⁴

⁶⁸ H.Rept. 117-403, p. 163.

⁶⁹ H.Rept. 117-403, p. 163.

⁷⁰ H.Rept. 117-403, p. 171.

⁷¹ H.Rept. 117-403, p. 172.

⁷² Since FY2015, annual LHHS appropriations laws have not directed tap transfers to AHRQ, but in earlier years (FY2003-FY2014) AHRQ was funded primarily with tap transfers.

⁷³ HHS, AHRQ, FY20203 Congressional Justification, pp. 61-62, <https://www.ahrq.gov/sites/default/files/wysiwyg/cpi/about/mission/budget/2023/fy2023-cj.pdf>.

⁷⁴ H.Rept. 117-403, pp. 176-177.

Also within HCQO, the President's FY2023 budget proposed \$7 million in new funding to improve maternal health.⁷⁵ The House committee report expressed support for maternal health efforts, specifically to improve timely and accurate maternal morbidity and mortality state and local data, and to develop person-reported quality measures that capture birthing people's experiences of maternity care and inequities.⁷⁶ The committee report did not specify a dollar amount for maternal health.

CMS

CMS is the largest single health payer in the United States.⁷⁷ The agency administers Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the federal Marketplace. The FY2023 House committee bill and FY2023 President's budget request would provide \$5.2 billion in discretionary budget authority for CMS. This is \$348 million (+7.1%) more than the FY2022 enacted level. Both proposals would appropriate \$899 million for the CMS Health Care Fraud and Abuse Control (HCFAC) account, 3.0% more than FY2022. Of this total amount for HCFAC, \$576 million would be effectively exempt from the discretionary budget caps. (See the **Appendix** for an explanation of the LHHS budget cap exemptions.)

Both the House committee bill and the President's request would provide the CMS Program Management account with \$4.3 billion, which is 8.0% (+\$322 million) more than the amount provided in FY2022 (\$4.0 billion).⁷⁸ 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 House committee bill and the President's budget would eliminate a general provision (§227 in the FY2022 LHHS omnibus), 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 Affordable Care Act implementation.

ACF

The ACF mission is focused on promoting the "economic and social well-being of children, youth, families, and communities."⁷⁹ ACF administers a wide array of human services programs, including Head Start, child care, the Social Services Block Grant (SSBG), and various child welfare programs. The FY2023 House committee bill would provide \$34.4 billion in discretionary budget authority for ACF. This is \$4.5 billion (+15.0%) more than FY2022 and \$1.1 billion (+3.3%) more than the FY2023 President's budget request of \$33.3 billion.

⁷⁵ HHS, AHRQ, FY2023 Congressional Justification, pp. 54-56, <https://www.ahrq.gov/sites/default/files/wysiwyg/cpi/about/mission/budget/2023/fy2023-cj.pdf>.

⁷⁶ H.Rept. 117-403, pp. 176-177.

⁷⁷ FY2023 HHS Budget in Brief, p. 74, <https://www.hhs.gov/sites/default/files/fy-2023-budget-in-brief.pdf>.

⁷⁸ The FY2022 amount includes \$355 million in transfers authorized by P.L. 117-103, Division H, §227. The \$355 million is amount is included in the FY2022 account total on page 179 of H.Rept. 117-403, but is displayed separately as a scorekeeping adjustment on page 860 of H.Rept. 117-403.

⁷⁹ HHS, ACF, *What We Do*, <https://www.acf.hhs.gov/about/what-we-do>.

The FY2023 House committee bill would provide \$8.0 billion for the Refugee and Entrant Assistance account, an increase of \$1.6 billion (+24.2%) relative to FY2022. In contrast, the President's budget would slightly decrease this account relative to FY2022, by \$97 million (-1.5%). The House committee bill would omit 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 limit on those transfers enacted for FY2022 was 15%. The President's budget proposed to retain this provision.⁸⁰

The House committee report would direct \$6.7 billion of the appropriation for Refugee and Entrant Assistance programs toward the Unaccompanied Alien Children (UAC) program, a \$1.2 billion (21.9%) increase over the FY2022 level of \$5.5 billion.⁸¹ The UC program provides for the shelter, care, and placement of unaccompanied alien children who have been apprehended at the U.S.-Mexico border. The President's budget would provide \$4.9 billion for this program to allow the Office of Refugee Resettlement (ORR) to "continue to effectively care for children referred by the Department of Homeland Security [DHS], support processing centers along the Southwest Border co-operated by DHS and HHS, and implement service expansions."⁸²

The FY2023 LHHS committee bill included several general provisions that were enacted in prior fiscal years related to the UAC program (sometimes with alterations to them). For instance, the House committee bill would

- authorize HHS to accept donations for the care of UAC arrivals (with new authority to accept monetary donations) (§228),
- limit the use of funds for unlicensed facilities for unaccompanied children (with modifications to the conditions on use) (§229),
- impose additional congressional notification requirements prior to the use of unlicensed facilities (§230),
- prohibit HHS appropriations from being used to prevent a Member of Congress from visiting a UC facility for oversight purposes (with the omission of the prior notice requirement) (§231), and
- impose 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 (§232).

The FY2023 House committee bill also contains general provisions that were previously proposed in the same or similar form by the FY2022 House committee bill, but were not enacted in FY2022. These provisions would prohibit the use of funds for sharing any information pertaining to unaccompanied alien children for use or reference in removal proceedings or immigration enforcement (§233), require HHS to make efforts to place sibling unaccompanied alien children together (§234), and require HHS to submit a detailed spend plan for the account

⁸⁰ HHS, ACF, FY2023 Congressional Justification, p. 33, <https://www.acf.hhs.gov/sites/default/files/documents/olab/fy-2023-congressional-justification.pdf>.

⁸¹ The UAC program is also sometimes referred to as the Unaccompanied Children (UC) program. The \$5.5 billion in funding enacted for the UAC program in FY2022 includes \$1.6 billion that was enacted as part of the second FY2022 CR (P.L. 117-70), but does not include \$2.5 billion in emergency-designated funds enacted as part of the first FY2022 CR (P.L. 117-43). The latter funds are excluded from the FY2022 total above on the basis of their emergency designation. The committee accounts for these additional dollars in discussing their funding decisions on page 198 of H.Rept. 117-403.

⁸² HHS, ACF, FY2023 Congressional Justification, p. 37, <https://www.acf.hhs.gov/sites/default/files/documents/olab/fy-2023-congressional-justification.pdf>.

(§235). The FY2023 House committee bill also proposes a new general provision allowing funds provided to this account (in FY2023 and future years) to be used for children, parents, and legal guardians who were separated at the United States-Mexico border in connection with the Zero-Tolerance Policy (§236). The House committee report includes directives for ORR to increase services to children, develop plans for children who age-out of UAC status, coordinate with DHS to provide an analysis of case management, expand use of independent legal and mental health services for UACs, and limit the use of unlicensed facilities, among other things.⁸³

ACL

The ACL mission is focused on maximizing the “independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers.”⁸⁴ For ACL, the FY2023 House committee bill proposes \$2.9 billion in discretionary budget authority. This is \$600 million (+25.9%) more than ACL’s discretionary funding level in the FY2022 LHHS omnibus (\$2.3 billion) and \$68 million (-2.3%) less than the FY2023 President’s discretionary budget request (\$3.0 billion). The President’s discretionary budget request represents a \$668 million increase (+28.8%) relative to the FY2022 LHHS omnibus. Both the House committee bill and the President’s budget request propose directing \$28 million in PPHF funding to ACL, the same as in the FY2022 LHHS omnibus. The House committee bill would not direct PHS tap funds to ACL, in keeping with the FY2022 LHHS omnibus. The President’s budget requested \$28 million in PHS tap funds to ACL. Inclusive of discretionary budget authority and directed transfers, ACL would receive a total of \$2.9 billion under the House committee bill, which is \$600 million (+25.6%) more than the FY2022 LHHS omnibus (\$2.3 billion) and \$95 million (-3.1%) less than the President’s budget request.

For Nutrition Services Programs, the FY2023 House committee report proposes \$1.3 billion. This would be \$293 million (+30.3%) more than the FY2022 LHHS omnibus (\$967 million), and \$12 million (-1.0%) less than the FY2023 President’s discretionary budget request (\$1.3 billion). The President’s budget justification proposed the increased funding to meet a “sustained increase in demand” for services.⁸⁵

For Aging Network Support Activities, the House committee report proposes \$37 million, which would be \$19 million (100.2%) more than the FY2022 LHHS omnibus, and \$14 million (+61.1%) more than the President’s discretionary budget request. Within this line item, the House committee report would fund several activities that were authorized by the Supporting Older Americans Act of 2020 (P.L. 116-131),⁸⁶ but which have not received funding to date and for which the President’s FY2023 budget did not request funds:

- \$10.0 million to establish a Research, Demonstration, and Evaluation Center for the Aging Network with focus on falls prevention programs;
- \$1.0 million for an Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities with a focus on falls prevention and safe living environments; and

⁸³ H.Rept. 117-403, pp. 198-203.

⁸⁴ ACL, *About ACL*, <https://acl.gov/about-acl>.

⁸⁵ HHS, ACL, FY2023 Congressional Justification, p. 5, <https://acl.gov/about-acl/budget>.

⁸⁶ For background, see CRS Report R46439, *Older Americans Act: 2020 Reauthorization*.

- \$3.0 million for a Direct Care Workforce Demonstration project.⁸⁷

For Elder Rights Support Activities, the House committee report proposes \$100 million, which would be an increase of \$81 million (+429.8%) compared to the FY2022 LHHS omnibus, and an increase of \$23 million (+29.2%) compared to the President's budget request. The House committee report includes in this line item \$80 million for an Adult Protective Services (APS) formula grant program authorized by the Elder Justice Act.⁸⁸ This would be the first time this APS formula grant would be funded under the regular annual appropriations process.⁸⁹

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 FY2023 House committee bill and the President's budget would eliminate these existing restrictions (§§506 and 507 in the FY2022 LHHS omnibus⁹⁰).

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. Both the FY2023 House committee bill and the President's budget would retain these existing restrictions (§506 of the House committee bill).⁹¹

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).⁹² Starting in FY2016, the provision was modified to allow funds to be

⁸⁷ H.Rept. 117-96, pp. 214-215.

⁸⁸ For background, see CRS Report R43707, *The Elder Justice Act: Background and Issues for Congress*.

⁸⁹ In FY2021, this APS formula grant program received \$276.0 million in mandatory funding through the American Rescue Plan Act of 2021 (ARPA; P.L. 117-2; see CRS Report R46834, *American Rescue Plan Act of 2021 (P.L. 117-2): Public Health, Medical Supply Chain, Health Services, and Related Provisions*) and \$100.0 million in a supplemental appropriation in the Consolidated Appropriations Act, 2021 (P.L. 116-260, Division M, Coronavirus Response and Relief Supplemental Appropriations Act, 2021, 134 Stat. 1916).

⁹⁰ These provisions are commonly referred to as the Hyde and Weldon Amendments. For additional information, see CRS Report RL33467, *Abortion: Judicial History and Legislative Response*.

⁹¹ 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*.

⁹² The one exception is the FY1992 LHHS appropriations act (P.L. 102-170), which appears to have included no such

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 FY2023 House committee bill and the President’s budget would omit this provision entirely (§526 in the FY2022 LHHS omnibus).

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). Both the FY2023 House committee bill and the President’s budget would retain these existing restrictions (§210 [HHS] and §503(c) [all LHHS, plus PPHF transfers]).⁹³

Table 7. HHS Appropriations Totals by Agency

(in millions of dollars)

HHS Agency	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
HRSA	8,892	8,783	9,575	—
Mandatory BA	317	256	256	—
Discretionary BA	8,575	8,526	9,318	—
CDC^a	7,554	9,676	9,596	—
Mandatory BA	55	55	55	—
Discretionary BA	7,499	9,621	9,541	—
<i>Evaluation Tap Funding^b</i>	0	151	0	—
<i>PPHF^c</i>	903	903	903	—
<i>Subtotal (Discretionary BA + Transfers)</i>	<i>8,402</i>	<i>10,675</i>	<i>10,444</i>	—
NIH^a	43,650	48,962	46,038	—
Mandatory BA	0	0	0	—
Discretionary BA ^d	43,650	48,962	46,038	—
<i>Evaluation Tap Funding^b</i>	<i>1,309</i>	<i>1,272</i>	<i>1,421</i>	—
<i>Subtotal (Discretionary BA + Transfers)</i>	<i>44,959</i>	<i>50,233</i>	<i>47,459</i>	—
SAMHSA	6,400	10,137	9,025	—

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.

⁹³ The FY2023 House committee report directs that \$30 million apiece (\$60 million total) be allocated by the CDC and NIH for Firearm Injury and Mortality Prevention Research (H.Rept. 117-403). CDC and NIH funding reservations for Firearm Injury and Mortality Prevention were first included in LHHS explanatory statements in FY2020.

HHS Agency	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Mandatory BA	0	0	0	—
Discretionary BA	6,400	10,137	9,025	—
<i>Evaluation Tap Funding^b</i>	134	134	134	—
PPHF ^c	12	12	12	—
<i>Subtotal (Discretionary BA + Transfers)</i>	6,546	10,283	9,170	—
AHRQ	350	376	385	—
Mandatory BA	0	0	0	—
Discretionary BA	350	376	385	—
<i>Evaluation Tap Funding^b</i>	0	40	0	—
<i>Subtotal (Discretionary BA + Transfers)</i>	350	416	385	—
CMS	1,027,148	1,118,314	1,118,314	—
Mandatory BA	1,022,250	1,113,068	1,113,068	—
Discretionary BA	4,898	5,246	5,246	—
ACF	46,215	50,317	51,429	—
Mandatory BA	16,303	17,034	17,034	—
Discretionary BA ^e	29,912	33,283	34,395	—
ACL	2,318	2,986	2,918	—
Mandatory BA	0	0	0	—
Discretionary BA	2,318	2,986	2,918	—
<i>Evaluation Tap Funding^b</i>	0	28	0	—
PPHF ^c	28	28	28	—
<i>Subtotal (Discretionary BA + Transfers)</i>	2,346	3,041	2,946	—
Office of the Secretary (OS)	5,697	5,467	8,064	—
Mandatory BA	673	710	710	—
Discretionary BA	5,024	4,757	7,353	—
<i>Evaluation Tap Funding^b</i>	129	189	162	—
<i>Subtotal (Discretionary BA + Transfers)</i>	5,153	4,946	7,516	—
Total, HHS BA in the Bill	1,148,224	1,255,018	1,255,343	—
Mandatory	1,039,599	1,131,124	1,131,124	—
Discretionary	108,625	123,894	124,219	—
<i>Emergency Funding (not in above totals)</i>				—
P.L. 117-43, Divisions A and C	4,209	—	—	—
P.L. 117-58, Division J	500	—	—	—
P.L. 117-70, Division B	1,272	—	—	—

HHS Agency	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
P.L. 117-128, Title IV	954	—	—	—
P.L. 117-159, Division B	990	—	—	—
P.L. 117-180, Division A	—	—	—	2,775
Memoranda (non-emergency funds only)				
Total, BA Available in Fiscal Year (current year from any bill)	1,131,134	1,223,159	1,223,484	—
Total, BA Advances for Future Years (provided in current bill)	170,222	202,080	202,080	—
Total, BA Advances from Prior Years (for use in current year)	153,132	170,222	170,222	—

Sources: Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 House Cmte. columns are generally drawn from the committee report (H.Rept. 117-403) accompanying the FY2023 House committee bill (H.R. 8295, as reported). Enacted totals (“Total BA in the Bill”) for FY2022 do not include emergency-designated appropriations. Amounts shown for emergency-designated appropriations are based on CRS analysis of the specified laws. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

Notes: BA = budget authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees (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. In keeping with source materials, funding for the Advanced Research Projects Agency for Health (ARPA-H) is included in the NIH discretionary BA total in the FY2023 Request column (\$5.0 billion), but is included in the OS discretionary BA totals in the FY2022 Enacted (\$1.0 billion) and FY2023 House Cmte. (\$2.8 billion) columns. For further discussion, see the “NIH” section.
- e. 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.

Table 8. HHS Discretionary Appropriations for Selected Programs or Activities, by Agency

(in millions of dollars)

Agency or Selected Program	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
HRSA				
Community Health Centers	1,748	1,838	1,946	—
National Health Service Corps	122	210	156	—
Children's Hospitals Graduate Medical Education	375	350	385	—
Maternal & Child Health Block Grant	748	954	873	—
Autism and Other Developmental Disorders	54	57	57	—
Healthy Start	132	145	145	—
Ryan White AIDS Programs	2,495	2,655	2,695	—
Organ Transplantation	30	29	31	—
Telehealth	35	0	0	—
Rural Communities Opioid Response	135	165	160	—
Family Planning (Title X)	286	400	500	—
CDC				
Immunization and Respiratory Diseases	449	832	664	—
PPHF ^a	419	419	419	—
Subtotal (Discretionary BA + Transfers)	868	1,251	1,083	—
HIV/AIDS, Viral Hepatitis, STDs, TB Prevention	1,345	1,471	1,464	—
Emerging and Zoonotic Infectious Diseases	641	651	747	—
PPHF ^a	52	0	0	—
Subtotal (Discretionary BA + Transfers)	693	651	747	—
Chronic Disease Prevention and Health Promotion	1,084	1,357	1,347	—
PPHF ^a	255	255	255	—
Subtotal (Discretionary BA + Transfers)	1,339	1,612	1,602	—
Birth Defects and Developmental Disabilities	177	195	225	—
Public Health Scientific Services	652	655	867	—
Environmental Health	210	378	312	—
PPHF ^a	17	17	17	—
Evaluation Tap Funding ^b	0	7	0	—
Subtotal (Discretionary BA + Transfers)	227	402	329	—
Injury Prevention and Control	715	1,283	898	—
National Institute for Occupational Safety and Health	352	345	363	—

Agency or Selected Program	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Global Health	647	748	758	—
Buildings and Facilities	30	55	55	—
CDC-Wide Activities and Program Support	334	809	959	—
PPHF ^a	160	160	160	—
Subtotal (Discretionary BA + Transfers)	494	969	1,119	—
NIH				
National Institute of Allergy and Infectious Diseases	6,323	6,268	6,643	—
National Institute of General Medical Sciences	1,783	1,826	1,779	—
Evaluation Tap Funding	1,309	1,272	1,421	—
Subtotal (Discretionary BA + Transfers)	3,092	3,098	3,200	—
National Institute on Aging	4,220	4,011	4,443	—
National Institute on Drug Abuse	1,595	1,843	1,713	—
NIH Innovation Account	150	419	419	—
Advanced Research Projects Agency for Health (ARPA-H) ^c	0	5,000	0	—
SAMHSA				
Mental Health Programs of Regional & National Significance (PRNS)	587	1,518	1,543	—
PPHF ^a	12	12	12	—
Subtotal (Discretionary BA + Transfers)	599	1,530	1,555	—
Mental Health Block Grant	837	1,632	1,337	—
Evaluation Tap Funding ^b	21	21	21	—
Subtotal (Discretionary BA + Transfers)	858	1,653	1,358	—
Certified Community Behavioral Health Clinics	315	553	400	—
Children's Mental Health	125	225	225	—
Substance Abuse Treatment PRNS	520	564	641	—
Evaluation Tap Funding ^b	2	2	2	—
Subtotal (Discretionary BA + Transfers)	522	566	643	—
Substance Abuse Block Grant	1,829	2,929	2,329	—
Evaluation Tap Funding ^b	79	79	79	—
Subtotal (Discretionary BA + Transfers)	1,908	3,008	2,408	—
State Opioid Response Grants	1,525	2,000	1,775	—
Substance Abuse Prevention PRNS	218	312	248	—
Health Surveillance and Support	260	150	257	—
Evaluation Tap Funding ^b	31	31	31	—

Agency or Selected Program	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
<i>Subtotal (Discretionary BA + Transfers)</i>	292	181	289	—
AHRQ				
Research on Health Costs, Quality, and Outcomes	206	229	238	—
<i>Evaluation Tap Funding^b</i>	0	40	0	—
<i>Subtotal (Discretionary BA + Transfers)</i>	206	269	238	—
Medical Expenditure Surveys	72	72	72	—
Program Support	73	75	75	—
CMS				—
CMS Program Management	4,025	4,347	4,347	—
Health Care Fraud and Abuse Control	873	899	899	—
ACF				
Low Income Home Energy Assistance Program Formula Grants	3,800	3,975	4,000	—
Refugee and Entrant Assistance Programs ^d	6,425	6,328	7,979	—
Child Care and Development Block Grant	6,165	7,562	7,165	—
Head Start	11,037	12,203	12,397	—
Preschool Development Grants	290	450	350	—
Child Welfare Services	269	279	274	—
Adoption Opportunities	48	46	50	—
Community Services Block Grant	755	754	800	—
ACL				
Home & Community-Based Supportive Services	399	500	450	—
Family Caregiver Support Services	194	250	230	—
Nutrition Services Programs	967	1,272	1,260	—
Aging Network Support Activities	18	23	37	
Elder Rights Support Activities	19	77	100	
State Health Insurance Program (SHIP)	53	55	58	—
Developmental Disabilities Programs	186	232	203	—
WIOA Activities (transferred from ED)	273	323	301	—
Office of the Secretary				
Office of Nat'l Coord. for Health Information Technology	0	0	0	—
<i>Evaluation Tap Funding^b</i>	64	104	87	—
<i>Subtotal (Discretionary BA + Transfers)</i>	64	104	87	—
Office of the Inspector General	82	106	94	—

Agency or Selected Program	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Public Health and Social Services Emergency Fund	3,200	3,815	3,699	—
Advanced Research Projects Agency for Health (ARPA-H) ^c	1,000	0	2,750	—

Sources: Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 House Cmte. columns are generally drawn from the committee report (H.Rept. 117-403) accompanying the FY2023 House committee bill (H.R. 8295, as reported). Enacted totals (“Total BA in the Bill”) for FY2022 do not include emergency-designated appropriations. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

- a. PPHF funds are not appropriated in the LHHS bill, but are shown here for illustrative purposes as they may be used to supplement the funding selected agencies and programs receive through the appropriations process. Amounts shown for PPHF in this table are *in addition to* amounts shown for budget authority.
- b. By convention, this table shows the amount of PHS Evaluation Tap funds received by an agency for a particular program or activity separately from the budget authority appropriated for that program or activity. Tap amounts are *in addition to* amounts shown for budget authority, though the amounts shown for budget authority have not been adjusted to reflect potential “transfer-out” of funds to the tap.
- c. The FY2022 LHHS omnibus funded ARPA-H with \$1.0 billion under the HHS Office of the Secretary, but gave the Secretary the ability to place ARPA-H anywhere in the department. The HHS Secretary placed ARPA-H within NIH. The President’s FY2023 request for NIH therefore includes proposed funding for ARPA-H (\$5.0 billion) within the NIH total. However, the House Appropriations Committee has taken the view that ARPA-H should be established as a separate entity within HHS (apart from NIH), and has therefore proposed FY2023 ARPA-H funding (\$2.75 billion) in a separate account under the HHS Secretary. The numbers in this report generally follow the committee convention, which is to include ARPA-H funding within the HHS Office of the Secretary totals for FY2022 enacted and the FY2023 House committee bill, but within NIH for the FY2023 President’s request. 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)

All 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 1980.⁹⁴ Its mission is to “promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.”⁹⁵ 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 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.⁹⁶ 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 56% of undergraduate and graduate student aid in academic year (AY) 2021-2022.⁹⁷

FY2023 ED Appropriations Overview

Table 9 displays proposed FY2023 discretionary and mandatory ED budget authority, along with FY2022 enacted 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.

Discretionary funds represent the majority of ED’s annual appropriations, accounting for roughly 95% of ED funding. Proposed discretionary ED appropriations for FY2023 would increase under the House committee bill (+13.5%) and the President’s budget (+15.6%) compared to FY2022.

Table 9. ED Appropriations Overview

(in billions of dollars)

Funding	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Discretionary	76.4	88.3	86.7	—
Mandatory	3.7	3.9	3.9	—
Total BA in the Bill	80.1	92.3	90.7	—

⁹⁴ 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>.

⁹⁵ U.S. Department of Education, “About ED,” <http://www2.ed.gov/about/landing.jhtml>, accessed on October 28, 2022.

⁹⁶ 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>.

⁹⁷ For the purposes of this calculation, the federal contribution included \$131 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 2022*, p. 31, <https://research.collegeboard.org/media/pdf/trends-in-college-pricing-student-aid-2022.pdf>.

Funding	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
<i>Emergency Funding (not in above totals)</i>				
P.L. 117-58, Division J ^a	-0.4	—	—	—
P.L. 117-159, Division B ^b	2.1	—	—	—

Sources: Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 House Cmte. columns are generally drawn from the committee report (H.Rept. 117-403) accompanying the FY2023 House committee bill (H.R. 8295, as reported). Enacted totals (“Total BA in the Bill”) for FY2022 do not include emergency-designated appropriations. Amounts shown for emergency-designated appropriations are based on CRS analysis of the specified laws. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

- a. 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.
- b. 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 FY2023 appropriations proposals for selected ED accounts and programs.⁹⁸ **Table 10** tracks funding levels for major ED budget and appropriations accounts, and selected items within those accounts.

Elementary and Secondary Education

The primary sources of federal aid to elementary and secondary education are through the Elementary and Secondary Education Act (ESEA) and the Individuals with Disabilities Education Act (IDEA). The House committee report and President’s budget indicate an intention to increase appropriations in an effort to help reduce funding inequities between wealthier and lower income local educational agencies (LEAs) and raise the federal share of contributions toward the excess cost of educating children with disabilities.⁹⁹

The largest ESEA program, Grants to Local Educational Agencies as authorized under Title I-A, provides compensatory grants to LEAs to fund educational and related services for low-achieving

⁹⁸ ED budget materials can be found at <https://www2.ed.gov/about/overview/focus/performance.html>.

⁹⁹ When the predecessor legislation to IDEA was enacted in 1975 (P.L. 94-142), the assumption was that education for children with disabilities was, on average, twice as costly to provide as education for other children. At that time, the law authorized the federal government to provide grants to states to pay a percentage of each state’s “excess cost” of educating children with disabilities. For more information about the IDEA Part B Grants to States program, see CRS Report R41833, *The Individuals with Disabilities Education Act (IDEA), Part B: Key Statutory and Regulatory Provisions*.

and other students who attend elementary and secondary schools with relatively high concentrations of students from low-income families.

The largest part of the IDEA is Part B, Assistance for Education of all Children with Disabilities, which includes the Grants to States program that provides federal support for special education and related services for children and youth with disabilities between the ages of 3 and 21. IDEA Part B also funds a Preschool grants program that provides supplemental grants to states that provide preschool services to children with disabilities ages 3 through 5 years old. The IDEA Part B, Grants to States program is the largest and most often discussed part of the IDEA, generally accounting for more than 90% of total IDEA funding.

The House committee bill and President's budget would provide \$20.5 billion for ESEA Title I-A Grants to Local Educational Agencies, which would represent a 17.1% increase compared to the enacted FY2022 level of \$17.5 billion. Under the program, funds are allocated to LEAs via state educational agencies (SEAs) using four different allocation formulas specified in statute: Basic Grants, Concentration Grants, Targeted Grants, and Education Finance Incentive Grants (EFIG).¹⁰⁰ Both the Targeted Grant and EFIG formulas include weighting schemes to increase aid to LEAs with the highest concentrations of formula children—primarily children in poor families. The House committee bill would apply a majority of the increase to allocations under the Targeted Grant and EFIG formulas. The President's budget did not recommend a different distribution between the four allocation formulas.

The House committee bill would provide \$16.7 billion for IDEA Part B, which would represent a 21.4% increase compared to the enacted FY2022 level of \$13.8 billion. The President's budget would also provide \$16.8 billion for the program. The Part B Grants to States program is intended to supplement state and local funding to pay for some of the additional or excess costs of educating children with disabilities compared to children who have not been identified as children with disabilities. Both the House committee bill report and President's budget estimate that the federal share of the excess cost has decreased in recent years.

Student Aid Administration

The House committee bill would provide \$2.6 billion in discretionary funding for the Student Aid Administration account, which would be an increase of 26.8% compared to the FY2022 appropriation level of \$2.0 billion. The President's budget would provide about \$2.7 billion in discretionary funding, which would be a 30.5% increase over FY2022 funding. The Student Aid Administration account provides funds to administer the federal student aid programs authorized under Title IV of the Higher Education Act (HEA) and Title VII-A-I of the Public Health Service Act. Activities funded under the Student Aid Administration account include personnel compensation, loan servicing costs, student aid application processing, and the disbursement of aid dollars.

Loan servicing costs account for the largest portion of the spending under the account. ED uses third party vendors (i.e., loan servicers) to service the portfolio of ED-held non-defaulted federal student loans. Loan servicers are responsible for collecting payments on federal student loans, advising borrowers on resources and benefits to better manage their federal student loan obligations, responding to customer service inquiries, administering loan forgiveness and discharge benefits, and performing other associated administrative tasks. The current loan

¹⁰⁰ SEAs make a number of adjustments before determining the final amounts that LEAs actually receive, such as reservations for school improvement and administration. For more information about the ESEA Title I-A formula, see CRS Report R44164, *ESEA Title I-A Formulas: In Brief*.

servicing contracts were originally awarded between 2009 and 2013, and some have been successively extended through December 2023.

Since 2014, ED has been attempting to shift to a new student loan servicing environment.¹⁰¹ The House committee report proposes \$1.4 billion for loan servicing activities, compared to the \$1.0 billion provided for FY2022 (+42.7%). The President's budget proposes \$1.5 billion for loan servicing activities, or an increase of 50.4% compared to the FY2022 level. The House committee bill provides similar language to that which has been included in appropriations bills since FY2020 requiring that ED hold servicers accountable for contract requirements, service performance, and compliance with applicable consumer protection laws. The House committee report contains language similar language to that which has been included in appropriations bills since FY2020 requiring ED to provide quarterly briefings to the committee on its progress related to solicitations for Federal student loan servicing contracts.¹⁰² The President's budget states that the Administration intends to use the requested increase to award loan servicing contracts to provide a single servicing interface for all Direct Loan borrowers and hold servicers more accountable.¹⁰³

Table 10. Detailed ED Appropriations
(in millions of dollars)

Account and Selected Program	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Education for the Disadvantaged	18,230	21,281	21,261	—
Grants to Local Educational Agencies	17,537	20,537	20,537	—
Impact Aid	1,557	1,541	1,614	—
School Improvement Programs	5,596	5,526	5,906	—
Indian Education	189	186	195	—
Innovation and Improvement	1,301	1,572	1,485	—
Safe Schools and Citizenship Education	361	1,693	1,708	—
English Language Acquisition	831	1,075	1,000	—
Special Education	14,519	18,130	17,761	—
Part B—Assistance for Education of all Children with Disabilities ^a	13,753	16,762	16,699	—
Part C—Infants and Toddlers with Disabilities	496	932	621	—
Rehabilitation Services	3,863	4,126	4,105	—
Vocational Rehabilitation State Grants (mandatory)	3,719	3,950	3,950	—
Special Institutions for Persons with Disabilities	275	265	291	—

¹⁰¹ For more information on the modernization efforts, see U.S. Government Accountability Office, *Information Technology: Education Needs to Address Student Aid Modernization Weaknesses*, GAO-23-105333, October 20, 2022, <https://www.gao.gov/products/gao-23-105333>.

¹⁰² H.Rept. 117-403, pp. 280-283.

¹⁰³ U.S. Department of Education, *Student Aid Administration, Fiscal Year 2023 Budget Request*, pp. 13-48, <https://www2.ed.gov/about/overview/budget/budget23/justifications/y-saa.pdf>.

Account and Selected Program	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Career, Technical, and Adult Education	2,091	2,309	2,215	—
Career and Technical Education	1,387	1,570	1,482	—
Student Financial Assistance	24,580	26,345	24,639	—
<i>Pell maximum grant (non-add)</i>	5,835	6,335	6,335	—
Federal Pell Grant Program	22,475	24,275	22,475	—
Federal Direct Student Loan Program Account	25	0	0	—
Student Aid Administration	2,034	2,654	2,579	—
Loan Servicing Activities	975	1,466	1,391	—
Higher Education	2,994	3,793	3,959	—
Howard University	344	311	394	—
College Housing & Academic Facilities Loans^b	0	0	0	—
HBCU Capital Financing Program Account	20	21	21	—
Institute of Education Sciences	737	663	844	—
Departmental Management	594	786	690	—
Total, ED BA in the Bill	80,143	92,277	90,667	—
Subtotal, Mandatory	3,719	3,950	3,950	—
Subtotal, Discretionary	76,424	88,327	86,717	—
<i>Emergency Funding (not in above totals)</i>		—	—	—
P.L. 117-58, Division J ^c	-353	—	—	—
P.L. 117-159, Division B ^d	2,050	—	—	—
Memoranda (non-emergency funds only)				
Total, BA Available in Fiscal Year (current year from any bill)	80,143	92,277	90,667	—
Total, BA Advances for Future Years (provided in current bill)	22,597	22,597	22,597	—
Total, BA Advances from Prior Years (for use in current year)	22,597	22,597	22,597	—

Source: Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 House Cmte. columns are generally drawn from the committee report (H.Rept. 117-403) accompanying the FY2023 House committee bill (H.R. 8295, as reported). Enacted totals ("Total BA in the Bill") for FY2022 do not include emergency-designated appropriations. Amounts shown for emergency-designated appropriations are based on CRS analysis of the specified laws. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills. Non-add amounts are displayed in italics; these amounts are not part of the appropriations totals.

- a. Includes Part B Grants to States and Preschool Grants.
- b. The actual amount for College Housing & Academic Facilities Loans is \$435,000 for the FY2022 Enacted and \$298,000 for the FY2023 Request and the FY2023 House Cmte. (H.R. 8295) columns, each of which rounds to \$0 in millions (the unit of measure used in this table).
- c. 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.
- d. 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

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.

FY2023 Related Agencies Appropriations Overview

Table 11 displays FY2023 proposed funding levels for LHHS Related Agencies, along with FY2022 enacted levels. Note that the totals in this table do not include emergency-designated appropriations. Those amounts are generally displayed separately, along with the law in which they were enacted, at the bottom of the table and are in addition to regular appropriations. However, no such appropriations were enacted for the Related Agencies in FY2022, or thus far in FY2023.

In general, discretionary funding constitutes about 20% of total appropriations for LHHS Related Agencies each year. Compared to FY2022, discretionary appropriations for Related Agencies would be increased in both proposals. The House committee bill would increase them by 8.8% and the President's budget by 11.1%.

Table 11. Related Agencies Appropriations Overview

(in billions of dollars)

Funding	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Discretionary	16.0	17.7	17.4	—
Mandatory	57.0	59.6	59.6	—
Total BA in the Bill	73.0	77.4	77.0	—
<i>Emergency Funding (not in above totals)</i>	—	—	—	—

Sources: Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 House Cmte. columns are generally drawn from the committee report (H.Rept. 117-403) accompanying the FY2023 House committee bill (H.R. 8295, as reported). Enacted totals ("Total BA in the Bill") for FY2022 do not include emergency-designated appropriations. For consistency with source materials, amounts in this table generally do not reflect

mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

The largest share of funding appropriated to Related Agencies in the 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 usually receives about 84% of discretionary appropriations for LHHS Related Agencies. After SSA, the next-largest related agency in terms of appropriations is usually the Corporation for National and Community Service (CNCS), which usually accounts for about 2% of total appropriations and 7% of discretionary appropriations to LHHS Related Agencies. Typically, each of the remaining agencies receives less than \$1 billion from the annual LHHS appropriations bill. For more information, see **Table 12**.

Selected Related Agencies Highlights

The following sections highlight FY2023 appropriations issues for selected agencies, programs, or accounts within Related Agencies. **Table 12** tracks funding levels for the Related Agencies.

SSA Limitation on Administrative Expenses (LAE)

The SSA LAE account consists mainly of funds that are used by SSA to administer the Social Security and SSI programs and to support CMS in administering portions of Medicare. The account also contains funds that are specifically set aside for certain program integrity activities, such as continuing disability reviews (CDRs) and SSI nonmedical redeterminations. The House committee bill proposes \$14.4 billion in discretionary funding for the LAE account for FY2023, an increase of \$1.1 billion (+8.2%) compared to the FY2022 enacted level. The President's request of \$14.8 billion in discretionary funding for FY2023 would provide \$1.4 billion (+10.7%) more for the LAE account than the FY2022 enacted level.

Similar to FY2022, the House committee bill and the President's request would dedicate about 12% of total funding for the LAE account to program integrity activities in FY2023. The program integrity portion of the LAE account for FY2023 includes \$288 million in base funding subject to the committee allocations pursuant to the FY2023 deeming resolution, H.Res. 1151, as well as additional funding that is effectively exempt from those allocations and subject to an annual limit (*adjustment funding*; see the **Appendix** for further information). Both the House committee bill and the President's request would provide almost \$1.8 billion in combined program integrity funding for the LAE account for FY2023: \$288 million in base funding plus \$1.5 billion in adjustment funding, which is the maximum amount of adjustment funding permitted for FY2023 under H.Res. 1151. Compared to the FY2022 enacted level of nearly \$1.7 billion, the House committee bill and the President's request would both provide \$91 million (+5.3%) more in combined program integrity funding for the LAE account for FY2023.

Corporation for National and Community Service (CNCS)

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.¹⁰⁴ Compared to the FY2022 enacted level of \$1.2 billion, the House committee bill would increase total discretionary funding for CNCS by \$150 million (+13.0%), while the President's request would increase it by \$189 million (+16.5%).

National Labor Relations Board (NLRB)

The NLRB is an independent board that enforces provisions in the National Labor Relations Act (NLRA). Compared to the FY2022 enacted level of \$274 million, the House committee bill and the President's request would both increase total discretionary funding for NLRB by \$45 million (+16.5%).

Table 12. Detailed Related Agencies Appropriations

(in millions of dollars)

Agency, Program, Project, or Activity	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Committee for Purchase from People Who Are Blind or Severely Disabled (U.S. AbilityOne Commission)	11	13	13	—
Corporation for National and Community Service (CNCS)	1,151	1,340	1,301	—
<u>Selected CNCS Programs/Initiatives:</u>				
Volunteers in Service to America (VISTA)	100	106	106	—
National Senior Volunteer Corps	231	245	245	—
AmeriCorps State and National Grants	467	557	523	—
National Civilian Community Corps	35	38	38	—
National Service Trust	191	235	235	—
Corporation for Public Broadcasting (CPB)	545	625	625	—
Federal Mediation and Conciliation Service	50	54	54	—
Federal Mine Safety and Health Review Commission	18	18	18	—
Institute of Museum and Library Services (IMLS)	268	277	280	—
Medicare Payment Advisory Commission (MedPAC)	13	13	14	—
Medicaid and CHIP Payment and Access Commission (MACPAC)	9	10	9	—
National Council on Disability	4	4	4	—
National Labor Relations Board (NLRB)	274	319	319	—
National Mediation Board	15	15	15	—

¹⁰⁴ See CRS Report RL33931, *The Corporation for National and Community Service: Overview of Programs and Funding*.

Agency, Program, Project, or Activity	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Occupational Safety and Health Review Commission	14	15	15	—
Railroad Retirement Board (RRB)	147	153	153	—
Dual Benefits (minus tax receipts)	10	8	8	—
Federal Payment to RR Retirement Account (mandatory) ^a	0	0	0	—
Limitation on Administration	124	132	132	—
Inspector General	13	13	13	—
Social Security Administration (SSA)	70,443	74,536	74,204	—
Payments to Social Security Trust Funds (mandatory)	11	11	11	—
Supplemental Security Income (SSI) (mandatory)	56,982	59,635	59,635	—
Limitation on Administrative Expenses (LAE)	13,341	14,772	14,441	—
Regular LAE (incl. user fees, non-add)	11,633	12,973	12,642	—
Program Integrity (non-add)	1,708	1,799	1,799	—
Office of Inspector General	109	118	118	—
Total, Related Agencies BA in the Bill	72,960	77,392	77,025	—
Subtotal, Mandatory	56,993	59,646	59,646	—
Subtotal, Discretionary	15,967	17,746	17,379	—
<i>Emergency Funding (not in above totals)</i>	—	—	—	—
Memoranda (non-emergency funds only)				
Total, BA Available in Fiscal Year (current year from any bill)	76,900	77,102	76,735	—
Total, BA Advances for Future Years (provided in current bill)	16,125	16,365	16,365	—
Total, BA Advances from Prior Years (for use in current year)	20,065	16,075	16,075	—

Source: Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 House Cmte. columns are generally drawn from the committee report (H.Rept. 117-403) accompanying the FY2023 House committee bill (H.R. 8295, as reported). Enacted totals ("Total BA in the Bill") for FY2022 do not include emergency-designated appropriations. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

a. 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. 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).¹⁰⁵ (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 and thus far in FY2023 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 FY2031.¹⁰⁶

On March 28, 2022, concurrent with the release of the President's budget submission, President Biden issued the required FY2023 sequestration order, calling for nonexempt mandatory spending to be reduced on October 1, 2022.¹⁰⁷ At that time, the Office of Management and Budget (OMB) estimated that the FY2023 sequestration percentages would equal 2% of nonexempt Medicare spending and 5.7% of other nonexempt nondefense mandatory spending, for a total reduction of \$24 billion in FY2023.¹⁰⁸ (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

¹⁰⁵ 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.

¹⁰⁶ 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, and P.L. 117-58.

¹⁰⁷ Sequestration Order for Fiscal Year 2023 Pursuant to Section 251A of the Balanced Budget and Emergency Deficit Control Act, As Amended, *Federal Register* Volume 87, No. 62, March 31, 2022, p. 18603, <https://www.govinfo.gov/content/pkg/FR-2022-03-31/pdf/2022-06939.pdf>.

¹⁰⁸ *OMB Report to the Congress on the BBEDCA 251A Sequestration for Fiscal Year 2023*, March 28, 2022, https://www.whitehouse.gov/wp-content/uploads/2022/03/BBEDCA_251A_Sequestration_Report_FY2023.pdf. See the report's appendix for an itemized list of budget accounts that include mandatory spending subject to sequestration in FY2023, 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.¹⁰⁹

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.¹¹⁰ However, since those statutory limits expired, any exemptions from budget control for LHHS programs and activities generally were pursuant to provisions in or associated with a budget resolution, with certain exceptions for the reemployment services and eligibility assessments. The adjustments that apply to LHHS discretionary funding in the House¹¹¹ that are currently in effect (pursuant to H.Res. 1151, discussed below) 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 to the amount of appropriations each fiscal year that can be designated in this manner. FY2023 emergency-designated LHHS spending enacted as of the date of this report has totaled \$3.3 billion. (For FY2022, \$7.8 billion in LHHS emergency-designated discretionary spending was enacted.)

¹⁰⁹ For more information, see CRS Report R42050, *Budget “Sequestration” and Selected Program Exemptions and Special Rules*.

¹¹⁰ For further information, see CRS Report R45778, *Exceptions to the Budget Control Act’s Discretionary Spending Limits*.

¹¹¹ Section (d) of H.Res. 1151, 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 FY2023 adjustment for reemployment services and eligibility assessments pursuant to Section 314(g) of the Congressional Budget Act (CBA) continues to be in effect for both the House and the Senate, the limit on that adjustment in the CBA is the same as that provided by H.Res. 1151 (\$258 million in additional new budget authority).

- **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 FY2023, the amount of this adjustment is limited to \$1.5 billion in additional new budget authority. However, at least \$288 million must first be appropriated for these purposes, subject to the budget resolution limits, in order for the additional \$1.5 billion adjustment to be available. (For FY2022, the amount of the adjustment was \$1.4 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 FY2023, the amount of this adjustment is limited to \$576 million in additional new budget authority. However, at least \$323 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 FY2022, the amount of the adjustment was \$556 million, and the amount subject to the limits was \$317 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 FY2023, the amount of this adjustment is limited to \$258 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 \$258 million adjustment to be available.¹¹² (For FY2022, the amount of the adjustment was \$133 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.¹¹³ For the purposes of FY2023 LHHS appropriations, these procedures apply only to the NIH Innovation Account that was created by the act.¹¹⁴ The Cures Act provides that discretionary appropriations from this account (up to the amount authorized) are to be subtracted from any cost estimates provided for purposes of budget controls. Thus, the Cures Act ensures that appropriations from this account will not count against any spending limits, such as those associated with the budget resolution. For FY2023, these Cures Act funds allowed in the LHHS bill total \$1.085 billion.

¹¹² 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 FY2023 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).

¹¹³ 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.

¹¹⁴ 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)*.

FY2023 Budget Resolution

As of the date of this report there has been no House or Senate action on a FY2023 budget resolution. In its absence, on June 8, 2022, the House adopted a resolution (H.Res. 1151) to provide for 302(a) allocations to the House Appropriations Committee at a specified level, to provide limits on advance appropriations¹¹⁵, and to allow 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).¹¹⁶ 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 21.¹¹⁷ The Senate has not taken similar action to establish Senate Appropriations Committee allocations.¹¹⁸

Generally, the next step in the appropriations process is for each of the appropriations committees to adopt suballocations from the total amount allocated to them. These 302(b) suballocations provide a limit on current-year (i.e., FY2023) appropriations within each subcommittee's jurisdiction and incorporate any applicable scorekeeping adjustments made by CBO. The House Appropriations Committee reported their initial 302(b) suballocations for all 12 subcommittees on June 24 (H.Rept. 117-390).¹¹⁹

For current-year LHHS discretionary funding, **Table A-1** displays FY2022 enacted levels and the House FY2023 initial suballocations (H.Res. 1151). 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, FY2023 House committee suballocation would increase regular discretionary appropriations for LHHS relative to FY2022 by 14% (+\$27.4 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

¹¹⁵ *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*.

¹¹⁶ H.Res. 1151 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 FY2022-FY2027 pursuant to Section 314(g) of the Congressional Budget Act, subject to specified limits.

¹¹⁷ "Publication of Budgetary Material," *Congressional Record*, daily edition, Vol. 168, No. 105 (June 21, 2022), p. H5731-H5732.

¹¹⁸ For a discussion of budget enforcement through methods such as H.Res. 1151, see CRS Report R47175, *Setting Budgetary Levels: The House's FY2023 Deeming Resolution*.

¹¹⁹ Suballocations are commonly adjusted through the appropriations cycle to account for changing priorities. For FY2023, the House Appropriations Committee reported revised suballocations on July 1 (H.Rept. 117-398) to incorporate the cap adjustments where applicable and make an adjustment to outlay levels, but otherwise the suballocation for the LHHS subcommittee was the same as originally reported.

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 FY2022 and FY2023 Enacted Levels and FY2023 House 302(b) Suballocations

(budget authority in billions of dollars)

	FY2022 Enacted	FY2023 Initial House 302(b) (and Adjustments)	FY2023 Enacted
Regular Discretionary Appropriations	196.994	224.399	—
Adjustments ^a :			
Health care fraud and abuse control	0.556	0.576	—
Continuing disability reviews and redeterminations	1.435	1.511	—
Reemployment services and eligibility assessments	0.133	0.258	—
Emergency Requirements	7.831	—	3.270
Adjusted Appropriations	206.949	226.744	—

Source: 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>, and CRS analysis of the texts of relevant laws. The FY2023 House amount for regular discretionary appropriations is from page 3 of H.Rept. 117-403. The FY2023 House amount for the adjustments is from a CRS analysis of H.R. 8295, as reported. The FY2023 enacted emergency-designated appropriations are from CRS analysis of the texts of relevant laws.

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 FY2022, these funds totaled \$496 million; for FY2023, these funds total \$1.085 billion.)

a. The House initial 302(b) for FY2023 LHHS (H.Rept. 117-390) did not include any adjustments to the LHHS suballocations. These amounts are based on a CRS analysis of H.R. 8295, 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 FY2022 Enacted column include FY2022 advance appropriations budget authority provided by the FY2020 LHHS omnibus (P.L. 116-260) and the FY2021 LHHS omnibus (P.L. 116-260). Similarly, the FY2023 President's budget request and FY2023 House Cmte. columns include FY2023 advance appropriations budget authority provided by the FY2021 and FY2022 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. The amounts

in this table have not be adjusted for scorekeeping; those estimated scorekeeping adjustments are shown at the bottom of the table.

Table A-2. LHHS Appropriations Overview, by Bill Title: FY2022-FY2023

(current-year budget authority in billions of dollars)

Bill Title	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Title I: Labor	14.4	16.2	16.3	—
Discretionary	13.2	14.9	15.0	—
Mandatory	1.2	1.3	1.3	—
Title II: HHS	1,131.1	1,223.2	1,223.5	—
Discretionary	108.6	123.9	124.2	—
Mandatory	1,022.5	1,099.3	1,099.3	—
Title III: Education	80.1	92.3	90.7	—
Discretionary	76.4	88.3	86.7	—
Mandatory	3.7	3.9	3.9	—
Title IV: Related Agencies	76.9	77.1	76.7	—
Discretionary	15.9	17.7	17.3	—
Mandatory	61.0	59.4	59.4	—
Total Current Year BA^a	1,302.6	1,408.7	1,407.2	—
Discretionary	214.1	244.8	243.3	—
Mandatory	1,088.4	1,163.9	1,163.9	—
<i>Emergency Funding (not in above totals)</i>				
P.L. 117-43, Divisions A and C	4.2	—	—	—
P.L. 117-58, Division J ^b	-0.3	—	—	0.1
P.L. 117-70, Division B	1.3	—	—	—
P.L. 117-128, Title IV	1.0	—	—	—
P.L. 117-159, Division B ^c	1.6	—	—	0.4
P.L. 117-180, Division A	0.0	—	—	2.8
Memoranda:				
Advances for Future Years (provided in current bill) ^d	210.7	242.8	242.8	—
Advances from Prior Years (for use in current year) ^d	197.6	210.7	210.7	—
Additional Scorekeeping Adjustments ^e	-15.0	-33.9	-16.5	—

Source: Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 House Cmte. columns are generally drawn from the committee report (H.Rept. 117-403) accompanying the FY2023 House committee bill (H.R. 8295, as reported). 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. 117-58, Division J, enacted both FY2022 and advance appropriations for the Low Income Energy Assistance Program at HHS, of \$100 million each of FY2022-FY2026. It also rescinded \$343 million in previously enacted FY2022 emergency-designated LHHS appropriations.
- c. P.L. 117-159, Division B, enacted both FY2022 and advance appropriations for several programs at HHS and ED, totaling \$1.6 billion for FY2022, \$395 million for FY2023, \$395 million for FY2024, \$395 million for FY2025, and \$12 million for FY2026.
- d. 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.
- e. Totals in this table have generally not been adjusted for further scorekeeping. (To adjust for scorekeeping, add this line to the total budget authority.)

Author Information

Karen E. Lynch, Coordinator
Specialist in Social Policy

Jessica Tollestrup, Coordinator
Specialist in Social Policy

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