

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

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

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. Totals in the report tables do not include emergency-designated funds.

## Regular Appropriations

**FY2023 LHHS Omnibus:** On December 29, 2022, the Consolidated Appropriations Act, 2023 (FY2023 LHHS omnibus; H.R. 2617) was signed into law by the President (P.L. 117-328). The FY2023 LHHS omnibus provided full-year appropriations for all 12 annual appropriations acts in Divisions A-L. Annual discretionary LHHS appropriations totaled about \$225.9 billion. This amount is 5.6% more than FY2022 enacted and 7.8% less than the FY2023 President's budget request. The omnibus also provided \$1.196 trillion in mandatory funding, for a combined LHHS total of \$1.422 trillion. The distribution of discretionary funding was as follows:

- **DOL:** \$13.8 billion, 4.9% more than FY2022.
- **HHS:** \$115.4 billion, 6.6% more than FY2022.
- **ED:** \$79.6 billion, 4.1% more than FY2022.
- **Related Agencies:** \$17.0 billion, 6.7% more than FY2022.

**FY2023 LHHS Senate Action:** The FY2023 LHHS bill did not receive subcommittee, full committee, or initial floor action in the Senate. Senator Leahy, chair of the Senate Appropriations Committee, released a majority draft of the LHHS bill and accompanying draft report language on 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 did not receive 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 have provided \$243.3 billion in discretionary LHHS funds, a 13.8% increase from FY2022 enacted levels. This amount was 0.6% less than the FY2023 President's request. In addition, the House committee bill would have provided an estimated \$1.196 trillion in mandatory funding, for a combined total of \$1.439 trillion for LHHS as a whole. The distribution of proposed discretionary funding was as follows:

- **DOL:** \$15.0 billion, 14.0% more than FY2022.
- **HHS:** \$124.2 billion, 14.7% more than FY2022.
- **ED:** \$86.7 billion, 13.5% more than FY2022.
- **Related Agencies:** \$17.4 billion, 8.8% more than FY2022.

**FY2023 President's Budget Request:** The President's budget request was submitted to Congress on March 28, 2022. The President requested \$244.9 billion in discretionary funding for accounts funded by the LHHS bill, which is an increase of

14.5% 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 requested discretionary funding was as follows:

- **DOL:** \$14.9 billion, 13.0% more than FY2022.
- **HHS:** \$123.9 billion, 14.4% 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

Three acts have been signed into law providing LHHS emergency-designated appropriations for FY2023:

- 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 Program and for certain refugee and entrant assistance activities (§147).
- Division M of H.R. 2617 (P.L. 117-328, December 29, 2022), the Additional Ukraine Supplemental Appropriations Act, 2023, provided \$2.4 billion in emergency-designated appropriations for the Refugee and Entrant Assistance Account at ACF.
- Division N of H.R. 2617 (P.L. 117-328, December 29, 2022), the Disaster Relief Supplemental Appropriations Act, 2023, provided a total of \$4.25 billion in emergency-designated appropriations to several HHS accounts and programs within the Centers for Disease Control and Prevention, the National Institutes of Health, ACF, and the Public Health and Social Sciences Emergency Fund.

# Contents

Introduction .....	1
Report Roadmap and Useful Terminology .....	1
Scope of the Report.....	2
Important Budget Concepts.....	2
Mandatory vs. Discretionary Budget Authority .....	2
Total Budget Authority Provided in the Bill vs. Total Budget Authority Available in the Fiscal Year.....	3
Status of FY2023 LHHS Appropriations .....	4
FY2023 Emergency-Designated Appropriations .....	4
FY2023 Annual LHHS Appropriations.....	5
FY2023 Consolidated Appropriations Act .....	5
FY2023 Continuing Appropriations.....	6
Prior Congressional Action on an LHHS Bill.....	7
FY2023 President’s Budget Request.....	8
FY2022 LHHS Omnibus (Division H, Consolidated Appropriations Act, 2022, H.R. 2471, P.L. 117-103).....	8
Summary of FY2023 LHHS Appropriations.....	9
Department of Labor (DOL) .....	12
About DOL .....	13
FY2023 DOL Appropriations Overview .....	13
Selected DOL Highlights .....	14
Employment and Training Administration (ETA).....	14
Employment Service.....	15
Wage and Hour Division (WHD).....	15
Bureau of Labor Statistics (BLS).....	15
Bureau of International Labor Affairs (ILAB).....	16
Labor-Related General Provisions .....	16
Department of Health and Human Services (HHS).....	19
About HHS.....	19
FY2023 HHS Appropriations Overview .....	20
Special Public Health Funding Mechanisms.....	23
Public Health Service Evaluation Tap.....	23
Prevention and Public Health Fund .....	24
Selected HHS Highlights by Agency .....	25
Health Resources and Services Administration (HRSA).....	25
Centers for Disease Control and Prevention (CDC) .....	26
National Institutes of Health (NIH) .....	27
Substance Abuse and Mental Health Services Administration (SAMHSA).....	28
Agency for Healthcare Research and Quality (AHRQ).....	29
Centers for Medicare & Medicaid Services (CMS).....	29
Administration for Children and Families (ACF).....	30
Administration for Community Living (ACL) .....	31
Restrictions Related to Certain Controversial Issues .....	32
Department of Education (ED).....	40
About ED .....	40

FY2023 ED Appropriations Overview .....	41
Selected ED Highlights .....	42
Education for the Disadvantaged .....	42
Safe Schools and Citizenship Education .....	43
Student Financial Assistance .....	43
Related Agencies .....	46
FY2023 Related Agencies Appropriations Overview .....	46
Selected Related Agencies Highlights .....	47
SSA Limitation on Administrative Expenses (LAE) .....	48
Corporation for National and Community Service .....	48
National Labor Relations Board (NLRB) .....	48

## Figures

Figure 1. FY2023 Enacted LHHS Appropriations .....	6
Figure 2. FY2023 Enacted LHHS Appropriations by Title .....	12
Figure 3. FY2023 Enacted HHS Appropriations by Agency .....	22

## Tables

Table 1. Status of Full-Year LHHS Appropriations Legislation, FY2023 .....	5
Table 2. LHHS Appropriations Overview by Bill Title, FY2022-FY2023 .....	10
Table 3. DOL Appropriations Overview .....	14
Table 4. Detailed DOL Appropriations .....	17
Table 5. HHS Appropriations Overview .....	21
Table 6. HHS Appropriations Totals and Directed Transfers by Agency .....	34
Table 7. HHS Discretionary Appropriations and Directed Transfers for Selected Programs or Activities, by Agency .....	36
Table 8. ED Appropriations Overview .....	41
Table 9. Detailed ED Appropriations .....	44
Table 10. Related Agencies Appropriations Overview .....	47
Table 11. Detailed Related Agencies Appropriations .....	49
Table A-1. LHHS Discretionary FY2022 and FY2023 Enacted Levels and FY2023 House 302(b) Suballocations .....	55
Table A-2. LHHS Appropriations Overview, by Bill Title: FY2022-FY2023 .....	56

## Appendixes

Appendix. Budget Enforcement Activities .....	51
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## **Contacts**

Author Information.....	58
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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 the Inflation Reduction Act of 2022 (P.L. 117-169). 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 and enacted 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 and enacted 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 enacted version of the LHHS bill.<sup>1</sup>)

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 “Mandatory vs. Discretionary Budget Authority” section).

## Important Budget Concepts

### Mandatory vs. Discretionary Budget Authority<sup>2</sup>

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.

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<sup>1</sup> The figures reflect FY2023 enacted, but the distribution of funds (as measured by the relative share of funds going toward a particular department or agency) is generally illustrative of FY2022 enacted and as proposed by the FY2023 President’s budget and the House committee bill.

<sup>2</sup> For definitions of these and other budget terms, see U.S. Government Accountability Office (GAO), *A Glossary of* (continued...)

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.<sup>3</sup>

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.<sup>4</sup> In some cases, the report breaks out *current-year*

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*Terms Used in the Federal Budget Process*, GAO-05-734SP, September 1, 2005, <http://www.gao.gov/products/GAO-05-734SP>. (Terms of interest may include appropriated entitlement, direct spending, discretionary, entitlement authority, and mandatory.)

<sup>3</sup> 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*.

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

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

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**).<sup>6</sup> 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.<sup>7</sup> 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 Emergency-Designated Appropriations

Three acts have been signed into law providing LHHS emergency-designated appropriations for FY2023:

- 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 Program and for certain refugee and entrant assistance activities (§147).<sup>8</sup>
- Division M of H.R. 2617 (P.L. 117-328, December 29, 2022), the Additional Ukraine Supplemental Appropriations Act, 2023, provided \$2.4 billion in emergency-designated appropriations for the Refugee and Entrant Assistance Account at ACF.<sup>9</sup>

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

<sup>6</sup> As of the cover date of this report, the House and Senate have not adopted a budget resolution for FY2023. In its absence, on June 8, 2022, the House adopted a resolution (H.Res. 1151) to provide for House Appropriations Committee allocations and related purposes. For further information, see the **Appendix**.

<sup>7</sup> 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).

<sup>8</sup> The budgetary effects of Section 149 related to Afghan parolee eligibility for certain benefits also were emergency-designated. These budgetary effects are not included in this report because no definite dollar amount was specified. For further information, see CBO, *Estimated Discretionary Appropriations Under Division A of Senate Amendment Number 5745 to H.R. 6833, the Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023*, September 28, 2022, <https://www.cbo.gov/system/files/2022-09/hr6833-CA.pdf>.

<sup>9</sup> The budgetary effects of Section 1501 related to Afghan parolee eligibility for certain benefits also were emergency-designated. These budgetary effects are not included in this report because no definite dollar amount was specified. For further information, see CBO, *Discretionary Spending in Fiscal Year 2023 Under Divisions A Through L of H.R. 2617 (as modified by Senate Amendment 6552), the Consolidated Appropriations Act, 2023*, December 21, 2022, [https://www.cbo.gov/system/files/2022-12/HR-2617\\_div-A%E2%80%93N.pdf](https://www.cbo.gov/system/files/2022-12/HR-2617_div-A%E2%80%93N.pdf).

- Division N of H.R. 2617 (P.L. 117-328, December 29, 2022), the Disaster Relief Supplemental Appropriations Act, 2023, provided a total of \$4.25 billion in emergency-designated appropriations to several HHS accounts and programs:
  - \$86 million for CDC-wide Activities and Program Support Account (Centers for Disease Control and Prevention);
  - \$3 million to the National Institute of Environmental and Health Sciences (National Institutes of Health; NIH);
  - \$25 million to the Office of the Director (NIH);
  - \$3.5 billion to the Low Income Home Energy Assistance Program (ACF);
  - \$100 million to the Child Care and Development Block Grant (ACF);
  - \$408 million to the Children and Families Services Programs Account (ACF) for several programs, including \$345 million to the Head Start program; and
  - \$129 million to the Public Health and Social Services Emergency Fund.

## 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 voice vote	—	H.R. 8295 (H.Rept. 117-403) 6/30/22 32-24	—	—	—	—	H.R. 2617, Division H, 12/23/22 225-201	H.R. 2617, Division H, 12/22/22 68-29	P.L. 117-328 12/29/22

**Source:** CRS Appropriations Status Table.

## FY2023 Consolidated Appropriations Act

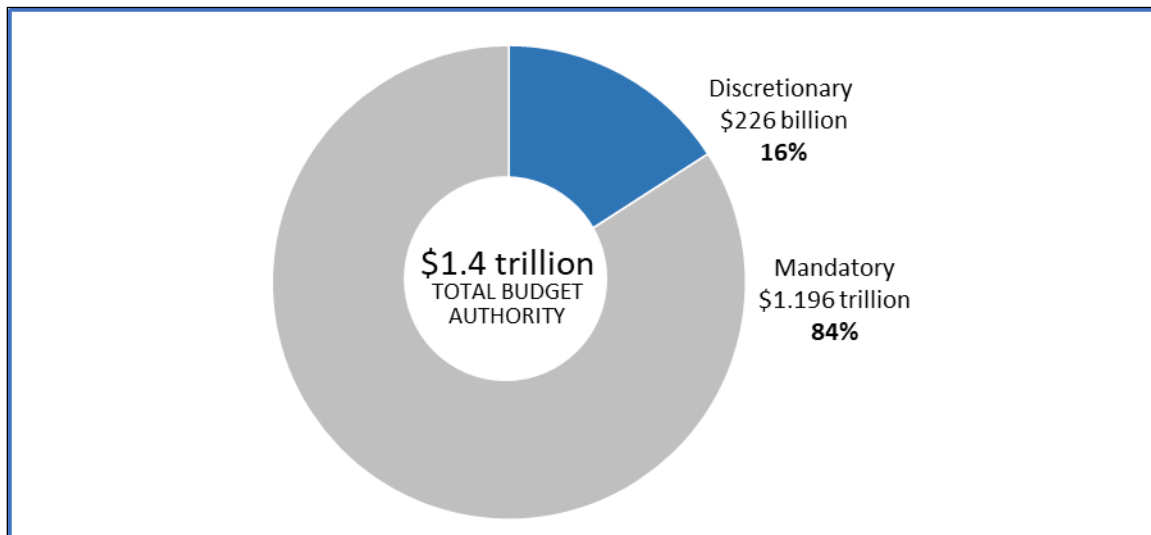
Full-year FY2023 appropriations for LHHS were enacted on December 29, 2022, when the Consolidated Appropriations Act, 2023 (FY2023 omnibus; H.R. 2617, P.L. 117-328) was signed into law by the President. The FY2023 omnibus provided full-year appropriations for all 12 annual appropriations acts in Divisions A-L. (Full-year LHHS appropriations were enacted in Division H.) Prior to its enactment, the final version of the measure was approved by the Senate on December 22 (68-29). It was approved by the House on December 23 (225-201).

See **Figure 1** for a breakdown of FY2023 discretionary and mandatory LHHS appropriations enacted in the FY2023 LHHS omnibus.<sup>10</sup> Annual discretionary LHHS appropriations totaled

<sup>10</sup> While the percentages in this figure were calculated based on amounts in the FY2022 LHHS omnibus, they are generally also illustrative—within a few percentage points—of the share of mandatory and discretionary funds in FY2022 and under the FY2023 President’s budget and the FY2023 House committee bill.

\$225.9 billion. This amount is 5.6% more than FY2022 enacted and 7.8% less than the FY2023 President's budget request. The omnibus also provided \$1.196 trillion in mandatory funding, for a combined LHHS total of \$1.422 trillion.

**Figure 1. FY2023 Enacted LHHS Appropriations**



**Source:** Amounts in this figure are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2023 LHHS omnibus (P.L. 117-328) available in the *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8874-S9198. Enacted totals for FY2023 do not include emergency-designated appropriations. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21<sup>st</sup> 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 Continuing Appropriations

Between the start of FY2023 and the enactment of full-year appropriations, FY2023 LHHS regular appropriations were provided by a series of 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 of the annual appropriations acts (including LHHS) through December 16, 2022. The measure, which was originally an unrelated vehicle that had been passed previously 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.

A second CR was signed into law on December 16, 2022 (Division A of H.R. 1437; P.L. 117-229), extending appropriations through December 23, 2022. The measure, which was originally an unrelated vehicle that had been passed previously by the House and the Senate, was amended in the House to contain the CR. The House passed (224-201) the amended bill on December 14. The Senate passed (71-19) the bill on December 15.

A third CR was signed into law on December 23, 2022 (Division A of H.R. 4373; P.L. 117-264), extending appropriations through December 30, 2022. The measure, which was originally an unrelated appropriations measure that had been passed previously by the House, was amended by the Senate to contain the CR. The Senate passed (voice vote) the amended bill on December 22. The House agreed to the measure pursuant to provisions of H.Res. 1531 on December 23.

In general, the FY2023 CRs 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).<sup>11</sup> The CRs also included several anomalies that were specific to LHHS accounts or related activities (§§101(8), 145-150).<sup>12</sup>

## **Prior Congressional Action on an LHHS Bill**

### ***FY2023 LHHS Action in the Senate***

The Senate Appropriations Committee did not report the FY2023 LHHS bill. However, the committee chair, Senator Leahy, released a majority draft of the LHHS bill and accompanying draft report language on July 28, 2022.<sup>13</sup> *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).<sup>14</sup> *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.

As reported by the full committee, the bill would have provided \$243.3 billion in discretionary LHHS funds, a 13.8% increase from FY2022 enacted levels. This amount was 0.6% less than the FY2023 President's request. In addition, the House committee bill would have provided an estimated \$1.196 trillion in mandatory funding, for a combined total of \$1.439 trillion for LHHS as a whole.

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<sup>11</sup> For an estimate of the discretionary appropriations contained in Division A of H.R. 6833, see CBO, *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>. For an estimate of the discretionary appropriations contained in Division A of H.R. 1437, see CBO, *Estimated Discretionary Appropriations Under Division A of the Further Continuing Appropriations and Extensions Act, 2023 (Rules Committee Print 117-72, the House Amendment to the Senate Amendment to H.R. 1437) as posted on the Rules Committee Website* (<https://rules.house.gov/bill/117/hr1437-sa>), with Adjustments Made in the House, December 14, 2022, [https://www.cbo.gov/system/files/2022-12/hr1437%28as\\_modified%29.pdf](https://www.cbo.gov/system/files/2022-12/hr1437%28as_modified%29.pdf).

<sup>12</sup> The LHHS anomalies are discussed in CRS Report R47283, *Overview of Continuing Appropriations for FY2023 (Division A of P.L. 117-180)*.

<sup>13</sup> See the 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>.

<sup>14</sup> 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.

## **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.<sup>15</sup> The Administration characterized the two LHHS budget amendments as technical in nature; neither were estimated to affect net budget authority totals.<sup>16</sup>

The President requested \$244.9 billion in discretionary funding for accounts funded by the LHHS bill, which is an increase of 14.5% 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.<sup>17</sup> (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.)<sup>18</sup> 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.<sup>19</sup> (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.)

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<sup>15</sup> 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](https://www.whitehouse.gov/wp-content/uploads/2022/06/FY_2023_Budget_Amendments_Package_6-7-22.pdf).

<sup>16</sup> Ibid, p. 14 and p. 20.

<sup>17</sup> 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.

<sup>18</sup> 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.

<sup>19</sup> 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. These totals include, where applicable, full-year non-emergency appropriations provided in continuing resolutions.

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 Enacted are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2023 LHHS omnibus (P.L. 117-328), available in the *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8874-S9198, unless otherwise noted. FY2023 House Committee amounts 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 and FY2023 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 in that separate display. Those amounts are based on CRS analysis of the texts of those laws. One exception to this rule is made in the **Appendix**, 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.<sup>20</sup> CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21<sup>st</sup> Century Cures Act (P.L. 114-255), as amended.

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

**Table 2** displays FY2023 discretionary and mandatory LHHS budget authority proposed and enacted, 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

<sup>20</sup> 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-FY2021 versions of this report, however, relied on source materials that generally did not reflect any transfers or other budgetary adjustments pursuant to administrative authorities except PPHF sequestration. For FY2023, the source materials used for this report continue this most recent approach.

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
<b>Title I: Labor</b>	<b>14.4</b>	<b>16.2</b>	<b>16.3</b>	<b>15.1</b>
Discretionary	13.2	14.9	15.0	13.8
Mandatory	1.2	1.3	1.3	1.3
<b>Title II: HHS</b>	<b>1,147.9</b>	<b>1,255.0</b>	<b>1,255.3</b>	<b>1,246.5</b>
Discretionary	108.3	123.9	124.2	115.4
Mandatory	1,039.6	1,131.1	1,131.1	1,131.1
<b>Title III: Education</b>	<b>80.1</b>	<b>92.3</b>	<b>90.7</b>	<b>83.5</b>
Discretionary	76.4	88.3	86.7	79.6
Mandatory	3.7	3.9	3.9	3.9
<b>Title IV: Related Agencies</b>	<b>73.0</b>	<b>77.4</b>	<b>77.0</b>	<b>76.7</b>
Discretionary	16.0	17.7	17.4	17.0
Mandatory	57.0	59.6	59.6	59.6
<b>Total BA in the Bill</b>	<b>1,315.4</b>	<b>1,440.8</b>	<b>1,439.3</b>	<b>1,421.9</b>
<b>Discretionary</b>	<b>213.9</b>	<b>244.9</b>	<b>243.3</b>	<b>225.9</b>
<b>Mandatory</b>	<b>1,101.5</b>	<b>1,196.0</b>	<b>1,196.0</b>	<b>1,196.0</b>
<i>Emergency Funding (not in above totals or memoranda below)</i>				
P.L. 117-43, Divisions A and C	4.2	0.0	0.0	0.0
P.L. 117-58, Division J	0.1	0.0	0.0	0.0
P.L. 117-70, Division B	1.3	0.0	0.0	0.0
P.L. 117-128, Title IV	1.0	0.0	0.0	0.0
P.L. 117-159, Division B	3.0	0.0	0.0	0.0
P.L. 117-180, Division A	0.0	0.0	0.0	2.8
P.L. 117-328, Division M	0.0	0.0	0.0	2.4
P.L. 117-328, Division N	0.0	0.0	0.0	4.3
<b>Memoranda:</b>				
Advances for Future Years (provided in current bill) <sup>a</sup>	210.7	242.8	242.8	242.8
Advances from Prior Years (for use in current year) <sup>a</sup>	197.6	210.7	210.7	210.7
Additional Scorekeeping Adjustments <sup>b</sup>	-14.7	-33.9	-16.5	-16.1

**Source:** Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2023 LHHS omnibus (P.L. 117-328) available in the *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8874-S9198. Amounts in the FY2023 House Committee column 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). Enacted totals (“Total BA in the Bill”) for FY2022 or FY2023 do not include emergency-designated appropriations. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

- 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.)

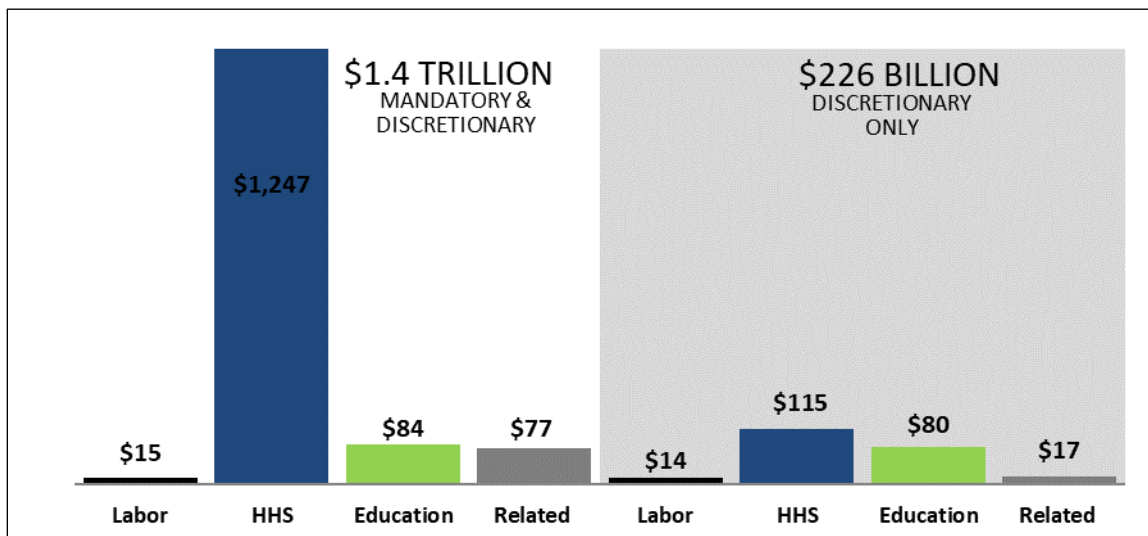
**Figure 2** displays discretionary and mandatory LHHS funding levels enacted for FY2023, by bill title. (While the percentages discussed in this section were calculated based on the FY2023 enacted amounts, they are generally also illustrative—within several percentage points—of the share of funds directed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

As this figure demonstrates, HHS accounts for the largest share of total FY2023 LHHS appropriations: \$1.247 trillion, or 87.7%. 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 5.9% 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 (51.1%), while ED accounts for a relatively larger share (35.2%). Together, these two departments represent the majority (86.3%) of discretionary LHHS appropriations. DOL and the Related Agencies account for the remaining discretionary funds, at 6.1% and 7.5% of the total, respectively.

**Figure 2. FY2023 Enacted 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 explanatory statement accompanying the FY2023 LHHS omnibus (P.L. 117-328), available in the *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8874-S9198. Enacted totals for FY2023 do not include emergency-designated appropriations. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21<sup>st</sup> 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 comprised of multiple entities that provide services related to employment and training, worker protection, income security, and contract enforcement. Annual LHHS appropriations laws direct funding to all DOL entities (see the text box).<sup>22</sup> The DOL entities fall primarily into two main functional areas—workforce development and worker protection. First, there are several DOL entities that administer workforce employment and training programs—such as the Workforce Innovation and Opportunity Act (WIOA) state formula grant programs, Job Corps, and the Employment Service—that provide direct funding for employment activities or administration of income security programs (e.g., for the Unemployment Insurance benefits program). Also included in this area is the Veterans’ Employment and Training Service (VETS), which provides employment services specifically for the veteran population. Second, there are several agencies that provide various worker protection services. For example, the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA), and the Wage and Hour Division (WHD) provide different types of regulation and oversight of working conditions. DOL entities focused on worker protection provide services to ensure worker safety, adherence to wage and overtime laws, and contract compliance, among other duties. In addition to these two main functional areas, DOL’s Bureau of Labor Statistics (BLS) collects data and provides analysis on the labor market and related labor issues.

### DOL Entities Funded via the LHHS Appropriations Process

Employment and Training Administration (ETA)  
Employee Benefits Security Administration (EBSA)  
Wage and Hour Division (WHD)  
Office of Federal Contract Compliance Programs (OFCCP)  
Office of Labor-Management Standards (OLMS)  
Office of Workers’ Compensation Programs (OWCP)  
Occupational Safety and Health Administration (OSHA)  
Mine Safety and Health Administration (MSHA)  
Bureau of Labor Statistics (BLS)  
Office of Disability Employment Policy (ODEP)  
Departmental Management (DM)<sup>21</sup>

## FY2023 DOL Appropriations Overview

**Table 3** displays FY2023 enacted and proposed funding levels for DOL, along with FY2022 levels. Following the conventions in this report, the totals in this table do not include emergency-designated appropriations; however, note that DOL received no emergency-designated appropriations in FY2022 or FY2023.

Discretionary funds represent the majority of DOL appropriations, accounting for 92% of FY2022 and FY2023 enacted levels. The FY2023 LHHS omnibus increased discretionary appropriations for DOL by \$652 million (+4.9%) compared to FY2022 enacted. Relative to FY2022 enacted, discretionary DOL appropriations would have increased by \$1.8 billion (+14.0%) under the FY2023 House committee bill and \$1.7 billion (+13.0%) under the FY2023 President’s budget request.

<sup>21</sup> Departmental Management includes the DOL salaries and expenses, Veterans Employment and Training Service (VETS), IT Modernization, and the Office of the Inspector General.

<sup>22</sup> 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)*.

**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	13.8
Mandatory	1.2	1.3	1.3	1.3
<b>Total BA in the Bill</b>	<b>14.4</b>	<b>16.2</b>	<b>16.3</b>	<b>15.1</b>
Emergency Funding (not in above totals)	—	—	—	—

**Source:** Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2023 LHHS omnibus (P.L. 117-328), available in the *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8874-S9198. Amounts in the FY2023 House Committee column 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). Enacted totals ("Total BA in the Bill") for FY2022 or FY2023 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 FY2023 enacted and proposed appropriations compared to FY2022 enacted appropriations for selected DOL accounts and programs.<sup>23</sup> **Table 4** displays funding for DOL programs and activities discussed in this section.

### Employment and Training Administration (ETA)

ETA administers the primary federal workforce development statute, the Workforce Innovation and Opportunity Act (WIOA, P.L. 113-128, as amended). The WIOA, which replaced the Workforce Investment Act, was enacted in July 2014 and authorized appropriations for its programs and activities from FY2015 through FY2020.

Title I of WIOA, which authorizes more than half of all funding for the programs authorized by the four titles of WIOA, includes three state formula grant programs serving Adults, Youth, and Dislocated Workers. The FY2023 LHHS omnibus provided a \$50 million increase (+1.7%) for the three WIOA state formula grant programs compared to FY2022. Compared to FY2022 enacted levels, the FY2023 President's budget would have provided \$140 million more (+4.9%) and the House committee bill would have increased funding by \$256 million (+8.9%).

The FY2023 LHHS omnibus provided \$326 million for the Dislocated Workers Activities National Reserve (DWA National Reserve), an increase of \$25 million (+8.3%) compared to the FY2022 enacted level. The House committee bill would have increased funding for the DWA

<sup>23</sup> DOL budget materials can be found at <https://www.dol.gov/general/aboutdol#budget>.

National Reserve by \$157 million (+52.0%), whereas the FY2023 President's budget would have increased funding for the DWA National Reserve by \$227 million (+75.3%), compared to FY2022. In addition, the FY2023 LHHS omnibus maintained a provision in that account (which originated in the FY2018 omnibus) directing \$50 million from the DWA National Reserve toward training and employment assistance for workers dislocated in the Appalachian, lower Mississippi, and Northern Border Regional Commission regions. The FY2023 LHHS omnibus maintained a provision that originated in the FY2020 omnibus directing \$65 million from the DWA National Reserve to be used in developing, offering, or improving career training programs at community colleges.

The FY2023 LHHS omnibus provided \$285 million for the Apprenticeship Grant program, which was \$50 million (+21.3%) more than the level enacted in FY2022. The House committee bill and the FY2023 President's budget would have increased the level of funding for the Apprenticeship Grant program by \$68 million (+28.9%) compared to the FY2022 enacted level.

Finally, under the pilot and demonstration authority in WIOA (§169), the FY2023 House committee bill and the FY2023 President's budget would have provided new funding for a National Youth Employment Program (\$75 million), a Climate Corps (\$15 million), and a Veterans Clean Energy Training program (\$10 million). These did not ultimately receive funding in the FY2023 LHHS omnibus.

## **Employment Service**

The FY2023 LHHS omnibus provided \$705 million for the Employment Service (ES), which was an increase of \$5 million (+0.7%) compared to the FY2022 LHHS omnibus. The FY2023 House committee bill would have provided \$749 million for the ES, which would have been an increase of \$49 million (+7.0%) compared to the FY2022 LHHS omnibus and \$28 million (+3.8%) more than requested in the FY2023 President's budget. The ES is a joint federal-state partnership that funds staff to provide career counseling, job search services, and administration of the work test for the UI system. The FY2023 House committee bill included a provision to prohibit DOL from using any funds provided in the bill to implement or enforce a 2020 final rule allowing the use of non-merit-staff employees to deliver Employment Service services.<sup>24</sup> This provision was not included in the FY2023 LHHS omnibus.

## **Wage and Hour Division (WHD)**

The FY2023 LHHS omnibus provided \$260 million for the WHD, an increase of \$9 million (+3.6%) compared to FY2022 enacted. The FY2023 House committee bill would have provided \$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), and other labor standards statutes.

## **Bureau of Labor Statistics (BLS)**

The FY2023 LHHS omnibus provided \$698 million for BLS, an increase of \$10 million (+1.5%) compared to FY2022 enacted, whereas the FY2023 House committee bill would have provided a \$38 million increase (+5.6%) and the FY2023 President's budget proposed a \$54 million increase (+7.8%) relative to FY2022. The explanatory statement accompanying the FY2023 LHHS omnibus notes that total funding includes \$10 million for BLS to implement the National

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<sup>24</sup> See Section 112.

Longitudinal Survey of Youth (NLSY) and \$14.5 million for BLS to continue planning and developing the new NLSY established in the FY2020 LHHS act.<sup>25</sup>

### **Bureau of International Labor Affairs (ILAB)**

The ILAB provides research, advocacy, technical assistance, and grants to promote workers' rights in different parts of the world. The FY2023 LHHS omnibus provided \$116 million for ILAB, which was an increase of \$10 million (+9.4%) from the FY2022 enacted level. The FY2023 House committee bill would have increased funding for ILAB by \$33 million (+30.9%) compared to the FY2022 LHHS omnibus, while the FY2023 President's budget would have increased funding by \$23 million (+21.5%) for ILAB.

### **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 LHHS omnibus.

The FY2023 LHHS omnibus continued several provisions that have been included in at least one previous LHHS appropriations act, including provisions that

- exempted certain insurance claims adjusters from overtime protection for two years following a “major disaster” (included since FY2016)<sup>26</sup>;
- directed the Secretary of Labor to accept private wage surveys as part of the process of determining prevailing wages in the H-2B program, even in instances in which relevant wage data are available from the Bureau of Labor Statistics (included since FY2016)<sup>27</sup>;
- authorized the Secretary of Labor to provide up to \$2 million in “excess personal property” to apprenticeship programs to assist training apprentices (included since FY2018)<sup>28</sup>;
- authorized the Secretary of Labor to employ law enforcement officers or special agents to provide protection to the Secretary of Labor and certain other employees and family members at public events and in situations in which there is a “unique and articulable” threat of physical harm (included since FY2018)<sup>29</sup>;
- authorized the Secretary of Labor to dispose of or divest “by any means the Secretary determines appropriate” all or part of the real property on which the Treasure Island Job Corps Center is located (included since FY2018)<sup>30</sup>; and
- prohibited annual appropriations from being used to alter the Interagency Agreement between DOL and the U.S. Department of Agriculture or to close any

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<sup>25</sup> *Congressional Record*, December 20, 2022, vol. 168, no. 198, book II, pp. S8874-S8875.

<sup>26</sup> See Division H, Title I, §108 of P.L. 117-328.

<sup>27</sup> See Division H, Title I, §110 of P.L. 117-103. The H-2B program allows for the temporary employment of foreign workers in nonagricultural sectors and requires these workers to be paid the “prevailing wage” (i.e., the average wage paid to similar workers in the local area). Under DOL regulations, private employer surveys may be considered only if the employer meets certain conditions.

<sup>28</sup> See Division H, Title I, §112 of P.L. 117-328.

<sup>29</sup> See Division H, Title I, §113 of P.L. 117-328.

<sup>30</sup> See Division H, Title I, §114 of P.L. 117-328.

Civilian Conservation Centers unless certain conditions are met (included since FY2020).<sup>31</sup>

**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
<b>ETA—Mandatory<sup>a</sup></b>	<b>540</b>	<b>494</b>	<b>494</b>	<b>494</b>
<b>ETA—Discretionary</b>	<b>9,942</b>	<b>11,076</b>	<b>11,269</b>	<b>10,488</b>
<u>Discretionary ETA Programs:</u>				
Training and Employment Services:	3,912	4,411	4,598	4,141
<u>State Formula Grants:</u>	2,879	3,019	3,135	2,929
Adult Activities Grants to States	871	900	941	886
Youth Activities Grants to States	933	964	1,033	948
Dislocated Worker Activities (DWA) Grants to States	1,076	1,155	1,162	1,096
<u>National Activities:</u>	1,033	1,392	1,462	1,212
DWA National Reserve	301	527	457	326
Native Americans	57	64	64	60
Migrant and Seasonal Farmworkers	95	97	105	97
YouthBuild	99	145	145	105
Reintegration of Ex-Offenders	102	150	150	115
Workforce Data Quality Initiative	6	6	6	6
Apprenticeship Grants	235	303	303	285
Community Projects	138	0	132	217
National Youth Employment Program	0	75	75	0
Climate Corps	0	15	15	0
Veterans Clean Energy Training	0	10	10	0
Job Corps	1,749	1,779	1,799	1,760
Community Service Employment for Older Americans	405	405	450	405
<u>State Unemployment Insurance and Employment Service Operations (SUI/ESO):</u>	3,711	4,258	4,214	4,009
Unemployment Compensation	2,869	3,353	3,303	3,158
Employment Service	700	721	749	705
Foreign Labor Certification	80	99	95	84
One-Stop Career Centers	63	86	68	63

<sup>31</sup> See Division H, Title I, §115 of P.L. 117-328.

Agency or Selected Program	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
ETA Program Administration	164	223	209	173
<b>Employee Benefits Security Administration</b>	<b>186</b>	<b>234</b>	<b>234</b>	<b>191</b>
<i>Pension Benefit Guaranty Corp. (PBGC) program level (non-add)<sup>b</sup></i>	(473)	(493)	(493)	(473)
<b>Wage and Hour Division</b>	<b>251</b>	<b>308</b>	<b>313</b>	<b>260</b>
<b>Office of Labor-Management Standards</b>	<b>46</b>	<b>50</b>	<b>46</b>	<b>49</b>
<b>Office of Federal Contract Compliance Programs</b>	<b>108</b>	<b>147</b>	<b>147</b>	<b>111</b>
<b>Office of Workers' Compensation Programs—Mandatory<sup>c</sup></b>	<b>683</b>	<b>756</b>	<b>756</b>	<b>756</b>
<b>Office of Workers' Compensation Programs—Discretionary</b>	<b>120</b>	<b>146</b>	<b>146</b>	<b>123</b>
<b>Occupational Safety &amp; Health Administration</b>	<b>612</b>	<b>701</b>	<b>712</b>	<b>632</b>
<b>Mine Safety &amp; Health Administration</b>	<b>384</b>	<b>423</b>	<b>404</b>	<b>388</b>
<b>Bureau of Labor Statistics</b>	<b>688</b>	<b>742</b>	<b>726</b>	<b>698</b>
<b>Office of Disability Employment Policy</b>	<b>41</b>	<b>59</b>	<b>59</b>	<b>43</b>
<b>Departmental Management</b>	<b>812</b>	<b>1,015</b>	<b>975</b>	<b>859</b>
Salaries and Expenses	368	492	499	392
<i>International Labor Affairs (non-add<sup>d</sup>)</i>	(106)	(129)	(139)	(116)
Veterans Employment and Training	325	331	339	335
IT Modernization	28	48	38	34
Working Capital Fund	0	36	0	0
Office of the Inspector General	91	108	99	97
<b>Total, DOL BA in the Bill</b>	<b>14,412</b>	<b>16,151</b>	<b>16,281</b>	<b>15,092</b>
<b>Subtotal, Mandatory</b>	<b>1,223</b>	<b>1,250</b>	<b>1,250</b>	<b>1,251</b>
<b>Subtotal, Discretionary</b>	<b>13,189</b>	<b>14,900</b>	<b>15,031</b>	<b>13,841</b>
<b>Memoranda (non-emergency funds only)</b>				
Total, BA Available in Fiscal Year (current year from any bill)	14,415	16,151	16,282	15,092
Total, BA Advances for Future Years (provided in current bill)	1,783	1,782	1,782	1,783
Total, BA Advances from Prior Years (for use in current year)	1,786	1,783	1,783	1,783
<i>Emergency Funding (not in above totals)</i>	—	—	—	—

**Source:** Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2023 LHHS omnibus (P.L. 117-328), available in the *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8874-S9198. Amounts in the FY2023 House Committee column 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). Enacted totals ("Total BA in the Bill") for FY2022 or FY2023 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.

### 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.

### 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).<sup>32</sup> For instance,

<sup>32</sup> 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 (continued...)

the LHHS bill directs funding to multiple Public Health Service (PHS) agencies, including the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the 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, recently renamed the Administration for Strategic Preparedness and Response [ASPR, see discussion below], is also a component of the PHS. ASPR funding has historically been provided within the Office of the Secretary.)

In addition, the LHHS bill provides funding for annually appropriated components of the CMS,<sup>33</sup> 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, as amended).

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*).<sup>34</sup> 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). This reorganization was approved by the HHS Secretary on January 27, 2023, and became effective on February 11, 2023.<sup>35</sup> As the FY2023 President's budget, House committee bill, and FY2023 LHHS omnibus 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 enacted and proposed FY2023 funding levels for HHS, along with FY2022 levels. The totals in this table do not include emergency-designated appropriations. Those

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(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.

<sup>33</sup> 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.

<sup>34</sup> 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-strengthens-countrys-preparedness-health-emergencies-announces-administration-for-strategic-preparedness-response.html>.

<sup>35</sup> U.S. Department of Health and Human Services, "Statement of Organization, Functions and Delegations of Authority," 88 *Federal Register* 10125-10127, February 16, 2023.

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.

In general, discretionary funds account for about 9% of HHS appropriations in the LHHS bill. Compared to the FY2022 funding levels, the FY2023 LHHS omnibus increased HHS discretionary appropriations by 6.6%. Both the House committee bill and the President's request would have increased HHS discretionary appropriations to a greater degree, by 14.7% and 14.4%, respectively.

**Table 5. HHS Appropriations Overview**

(in billions of dollars)

Funding	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Discretionary	108.3	123.9	124.2	115.4
Mandatory	1,039.6	1,131.1	1,131.1	1,131.1
<b>Total BA in the Bill</b>	<b>1,147.9</b>	<b>1,255.0</b>	<b>1,255.3</b>	<b>1,246.5</b>
<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. 117-159, Division B	3.0	—	—	—
P.L. 117-180, Division A	—	—	—	2.8
P.L. 117-328, Division M	—	—	—	2.4
P.L. 117-328, Division N	—	—	—	4.3

**Sources:** Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2023 LHHS omnibus (P.L. 117-328), available in the *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8874-S9198. Amounts in the FY2023 House Committee column 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). Enacted totals ("Total BA in the Bill") for FY2022 or FY2023 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. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21<sup>st</sup> Century Cures Act (P.L. 114-255), as amended.

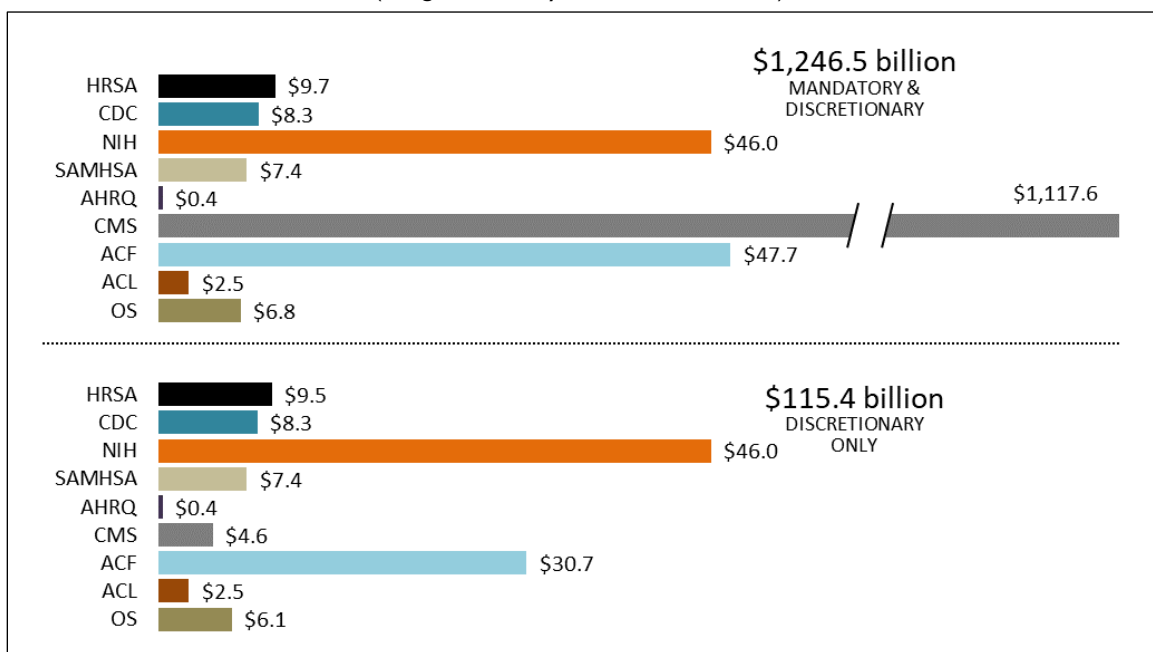
**Notes:** BA = budget authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for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

**Figure 3** provides an HHS agency-level breakdown of FY2023 enacted appropriations. As this figure demonstrates, annual HHS appropriations are dominated by mandatory funding, the majority of which goes to CMS to provide Medicaid benefits and payments to health care trust funds. When taking into account both mandatory and discretionary funding, CMS accounts for

\$1.118 trillion, which is 89.7% of all enacted appropriations for HHS. NIH and ACF account for the next-largest shares of total HHS appropriations, receiving 3.7% and 3.8% apiece, respectively.

By contrast, when looking exclusively at discretionary appropriations, funding for CMS constitutes about 4.0% of FY2023 enacted HHS appropriations. The bulk of discretionary appropriations went to the PHS agencies, which combined to account for 62.0% of discretionary appropriations provided for HHS.<sup>36</sup> NIH typically receives the largest share of all discretionary funding among HHS agencies (39.9% in FY2023), with ACF accounting for the second-largest share (26.6% in FY2023).

**Figure 3. FY2023 Enacted HHS Appropriations by Agency**  
(budget authority in billions of dollars)



**Source:** Amounts in this figure are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2023 LHHS omnibus (P.L. 117-328), available in the *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8874-S9198. Enacted totals for FY2023 do not include emergency-designated appropriations. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21<sup>st</sup> Century Cures Act (P.L. 114-255), as amended.

**Notes:** Details may not add to totals due to rounding. The bar representing the combined mandatory and discretionary total for CMS has been abbreviated due to space constraints. When taking into account both mandatory and discretionary funding, CMS receives over 20 times the funding appropriated to either ACF or NIH in the FY2023 LHHS omnibus. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

<sup>36</sup> This calculation does not include funding for ASPR, which is included in the totals for the Office of the Secretary, as per the source materials.

## Special Public Health Funding Mechanisms

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

### Public Health Service Evaluation Tap

The PHS Evaluation Set-Aside, also known as the PHS Evaluation Tap, is a unique feature of HHS appropriations. It is authorized by Section 241 of the Public Health Service Act (PHSA), and allows the Secretary of HHS to redistribute a portion of eligible PHS agency appropriations across HHS for program evaluation purposes. The PHSA limits the set-aside to not less than 0.2% and not more than 1.0% of eligible program appropriations.

LHHS appropriations acts have commonly established requirements in addition to those discussed above. These include a higher maximum percentage for the set-aside and directing specific amounts of tap funding to selected HHS programs. Since FY2010, and including in FY2023, this higher maximum set-aside level has been 2.5% of eligible appropriations.<sup>37</sup> (Both the House committee bill and the President's budget would have continued this 2.5% level.)<sup>38</sup>

Before FY2015, LHHS appropriations acts traditionally used the PHS Evaluation Tap to provide more than a dozen HHS programs with funding beyond their annual appropriations; in some cases, this was the sole source of funding for a program or activity. However, since FY2015 and including in FY2023, LHHS appropriations laws have directed tap funds to a smaller number of programs or activities within three HHS agencies (NIH, SAMHSA, and OS) and have not provided any tap transfers to AHRQ, CDC, and HRSA. This has been particularly notable for AHRQ, which had been funded primarily through tap transfers from FY2003 to FY2014, but has received discretionary appropriations since then.<sup>39</sup> Since FY2015, LHHS appropriations laws have directed the largest share of tap transfers to NIH.

#### Display of PHS Evaluation Tap Transfers

By convention, appropriations acts direct where specified PHS Evaluation Tap transfers are to be allocated, but do not specify the PHS funds that are to be the sources of those transfers. Thus, tables in this report show only the amount of PHS Evaluation Tap funds received by an agency (i.e., tables do not subtract the amount of the evaluation tap from donor agencies' appropriations). This also means that 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.

<sup>37</sup> See Section 204, Division H, P.L. 117-328, for the FY2023 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 FY2023 omnibus 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.

<sup>38</sup> After the LHHS appropriations act allocates this transfer authority to specified programs, any transfer authority that remains unallocated is available to be used by the HHS Secretary pursuant to the parameters established in law. (Such post-enactment PHS Evaluation Tap transfers for FY2022 and FY2023 are not within this scope of this report.)

<sup>39</sup> 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 (continued...)

Under the FY2023 LHHS omnibus, the amount of PHS Evaluation Tap transfers to SAMHSA (\$134 million) were the same as those directed in FY2022. This amount of tap transfers to SAMHSA was also proposed by the House committee bill and the President's budget. For the OS, the FY2023 LHHS omnibus slightly increased the amount of directed tap transfers, by \$2 million (+1.5%), to \$131 million. In contrast, the amount of OS tap transfers would have been increased by \$33 million (+25.8%) in the House committee bill, and \$60 million (+46.3%) in the President's budget. The enacted and proposed tap transfer increases for OS were largely directed to the Office of the National Coordinator for Health Information Technology, which was solely funded by tap transfers as of FY2022, and continued to receive no discretionary funding for FY2023. The FY2023 LHHS omnibus increased NIH tap funding by 7.9% (+\$103 million), to \$1.4 billion. Such transfers to NIH would have been increased to a similar degree by the House committee bill (+\$111 million, +8.5%), but would have been decreased under the President's budget (-\$38 million, -2.9%).

In addition to the transfers to SAMHSA, OS, and NIH, 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 committee bill would have funded AHRQ at \$385 million, and directed no tap transfers. Ultimately, the FY2023 LHHS omnibus also declined to direct any tap transfers, and provided AHRQ with \$374 million in discretionary appropriations.

The President's budget proposed expanding the activities and agencies funded by the PHS Evaluation 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). Neither the FY2023 LHHS omnibus nor the House committee bill adopted these 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.<sup>40</sup> 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.<sup>41</sup>

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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*.

<sup>40</sup> For more information, see CRS Report R41301, *Appropriations and Fund Transfers in the Affordable Care Act (ACA)*.

<sup>41</sup> For the FY2023 LHHS omnibus, see Division H, §222, P.L. 117-328 .

The ACA had appropriated \$2 billion in mandatory funds to the PPHF for FY2023, but this amount was reduced by subsequent laws that decreased PPHF funding for FY2022 and other fiscal years. Under current law, the FY2023 appropriation is \$1.3 billion.<sup>42</sup> This appropriation was subject to a 5.7% reduction due to sequestration of nonexempt mandatory spending.<sup>43</sup> (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. The FY2023 LHHS omnibus continued the FY2022 allocations of this funding: \$903 million to CDC, \$12 million to SAMHSA, and \$28 million to ACL. These were the same as the allocations proposed by the FY2023 House committee bill and the FY2023 President’s budget.

## Selected HHS Highlights by Agency

This section begins with a limited selection of FY2023 discretionary funding highlights by HHS agency. The discussion is largely based on the enacted FY2023 levels as compared to FY2022 enacted levels, and to a limited degree, the amounts that were proposed by the FY2023 President’s budget and the House committee bill.<sup>44</sup> These summaries are followed by a brief overview of significant provisions from annual HHS appropriations laws that restrict spending in certain controversial areas, such as abortion and stem cell research. The section concludes with two tables (**Table 6** and **Table 7**) presenting more detailed information on FY2022 enacted and FY2023 proposed and enacted funding levels for HHS.

### 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).

## Health Resources and Services Administration (HRSA)

The HRSA mission is focused on delivering health care services to those who are geographically isolated and economically or medically vulnerable.<sup>45</sup> The FY2023 LHHS omnibus provided \$9.5 billion in discretionary budget authority for HRSA. This was \$912 million (+10.6%) more than HRSA’s FY2022 discretionary funding level and \$961 million (+11.3%) more than the FY2023 President’s budget request.

The FY2023 LHHS omnibus increased funding for a number of maternal health programs, including an increase of \$75 million (+10.0%) compared to the FY2022 LHHS omnibus for the Maternal and Child Health Block Grant. The FY2023 LHHS House committee report, which proposed a more substantial increase to the block grant (+\$125 million), noted 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.”<sup>46</sup> Within total amounts available for Maternal and Child Health, report language also directed \$15 million (\$3 million more than FY2022) for “Alliance for Innovation in Maternal

<sup>42</sup> 42 U.S.C. §300u-11.

<sup>43</sup> OMB, *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](https://www.whitehouse.gov/wp-content/uploads/2022/03/BBEDCA_251A_Sequestration_Report_FY2023.pdf).

<sup>44</sup> HHS budget materials can be found at <http://www.hhs.gov/budget/>.

<sup>45</sup> HRSA, *About HRSA*, <https://www.hrsa.gov/about/index.html>.

<sup>46</sup> H.Rept. 117-403.

Health Safety Bundles” and \$7 million (\$3 million more than FY2022) for the maternal mental health hotline.<sup>47</sup>

The FY2023 LHHS omnibus also supported a number of initiatives to improve access to behavioral health care. For instance, the LHHS omnibus provided \$145 million (\$10 million more than FY2022) for the Rural Communities Opioid Response Program (RCORP)<sup>48</sup> to continue three rural centers of excellence and “to address rural tobacco and alcohol addiction.”<sup>49</sup> In addition, the explanatory statement included \$153 million (\$30 million more than FY2022) for Behavioral Health Workforce Education and Training (BHWET), which “establishes and expands internships or field placement programs in behavioral health, serving populations in rural and medically underserved areas.”<sup>50</sup>

### **Centers for Disease Control and Prevention (CDC)**

The CDC works to protect public health by providing leadership, information, and scientific expertise in preventing and controlling diseases, including outbreaks of infectious diseases. The CDC also works to promote health and quality of life by preventing and controlling injury, disability, and environmental health threats. The FY2023 LHHS omnibus provided \$8.3 billion in discretionary budget authority for the CDC, which was \$760 million (+10.1%) more than the CDC’s FY2022 funding level. The FY2023 LHHS omnibus did not direct any PHS tap funds to the CDC, continuing the practice started in FY2015. The FY2023 LHHS omnibus supplemented discretionary CDC appropriations by directing \$903 million in PPHF transfers to the CDC, which was the same level as in FY2022. Altogether, this combination of funding represented \$9.2 billion, an increase of \$760 million (+9.1%) relative to FY2022 in budget authority that is inclusive of directed transfers.

The President’s FY2023 budget request would have increased discretionary budget authority by \$2.1 billion (+28.3%) relative to FY2022, while also requesting that \$151 million in tap funds be directed to the CDC. The President’s budget also requested \$903 million in PPHF transfers, the same as FY2022 enacted. All told, this combination of funding would have totaled \$10.7 billion, representing an increase of \$2.3 billion (+27.1%) from FY2022. The FY2023 omnibus provided \$1.5 billion (-14.2%) less than the FY2023 requested amount, inclusive of directed transfers. (The FY2023 request also included other CDC mandatory spending proposals that were not adopted by Congress.)

All FY2023 CDC programmatic accounts received increases relative to FY2022 enacted levels, both in terms of discretionary appropriations and inclusive of directed transfers. Among notable increases, the CDC’s Public Health Scientific Services account received an increase of \$103 million relative to FY2022 enacted, which included an increase of \$75 million (\$175 million total) for the CDC’s public health data modernization efforts.<sup>51</sup> CDC’s public health data modernization efforts aim to modernize the technology, systems, and workforce for collecting

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<sup>47</sup> *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8876. See also H.Rept. 117-403, p. 8 and p. 55.

<sup>48</sup> Note that this program is referred to as the Rural Communities Overdose Response Program in the LHHS omnibus, explanatory statement, and House committee report. HRSA documents refer to this as the Rural Communities Opioid Response Program.

<sup>49</sup> *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, p. S8877.

<sup>50</sup> *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8875-S8876 and p. S9133. See also H.Rept. 117-403, p. 54.

<sup>51</sup> *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, p. S8879; and *Congressional Record*, vol. 168, no. 42, March 9, 2022, p. H2672.

public health data at the CDC and at state, territorial, tribal, and local levels. In addition, the CDC-Wide Activities and Program Support account received an increase of \$230 million (+69%) relative to FY2022 enacted discretionary funding. Within this account, \$350 million was provided for the public health infrastructure and capacity program, an increase of \$150 million relative to FY2022. These funds are intended to support general capabilities of state, territorial, and local health departments by supporting core functions such as workforce and technology. Furthermore, the CDC-Wide Activities and Program Support account newly includes a line item for the Center for Forecasting Epidemics and Outbreak Analytics (\$50 million). The Center for Forecasting Epidemics and Outbreak Analytics was first funded and established by the CDC in 2022 using American Rescue Plan Act (P.L. 117-2) appropriations.<sup>52</sup> The explanatory statement also includes funding to establish an Office of Rural Health (\$5 million), which is intended to “enhance the implementation of CDC’s rural health portfolio, coordinate efforts across CDC programs, and develop a strategic plan for rural health at CDC that maps the way forward both administratively and programmatically.”<sup>53</sup>

## **National Institutes of Health (NIH)**

NIH is the federal government’s lead health and medical research agency. The FY2023 LHHS omnibus provided \$46.0 billion in discretionary budget authority for NIH. This was \$2.4 billion (+5.5%) more than the FY2022 level. In addition, the FY2023 LHHS omnibus directed \$1.4 billion in PHS tap transfers to NIH, \$103 million (+7.9%) more than FY2022. Inclusive of directed transfers, NIH received \$47.5 billion in the FY2023 omnibus, an increase of \$2.5 billion (+5.6%) relative to FY2022 enacted. The FY2023 omnibus also provided \$1.5 billion for the Advanced Research Projects Agency for Health (ARPA-H) under the HHS Office of the Secretary—an increase of \$500 million (+50.0%) relative to FY2022. ARPA-H is a new agency focused on high-risk, high-reward health research that was first funded in the FY2022 omnibus. HHS used these funds to establish ARPA-H as an agency within NIH in March 2022.<sup>54</sup> NIH and ARPA-H together received a total of \$49.0 billion in the FY2023 omnibus, an increase of \$3.0 billion (+6.5%) relative to the FY2022 level.

The FY2023 President’s budget request for NIH proposed \$50.2 billion, comprising \$49.0 billion in discretionary budget authority (including \$5.0 billion for ARPA-H) and \$1.3 billion in PHS tap transfers.<sup>55</sup> Thus, the FY2023 omnibus provided \$1.3 billion (-2.5%) less than the budget requested amount inclusive of transfers and ARPA-H funding. (The FY2023 request also included other NIH mandatory spending proposals that were not adopted by Congress.)

All NIH Institute and Center (IC) accounts received increases in FY2023 relative to FY2022, when accounting for directed transfers. Among the ICs, the National Institute of Minority Health and Health Disparities (NIMHD) saw the largest percentage increase compared to FY2022 (+14.2%). Of the total \$65 million increase for NIMHD, \$25 million was directed for health disparities research in the explanatory statement.<sup>56</sup> The explanatory statement also directed increases for certain diseases and research areas within NIH accounts. For example, a \$226

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<sup>52</sup> CDC, “CDC Launches New Center for Forecasting and Outbreak Analytics,” press release, April 19, 2022, <https://www.cdc.gov/media/releases/2022/p0419-forecasting-center.html>.

<sup>53</sup> *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, p. S8881.

<sup>54</sup> See the textbox on the Advanced Research Projects Agency for Health in CRS Report R43341, *National Institutes of Health (NIH) Funding: FY1996-FY2023*.

<sup>55</sup> The budget request proposed ARPA-H appropriations in an account within NIH. See NIH, *FY2023 Congressional Justification*, p. 33, <https://officeofbudget.od.nih.gov/pdfs/FY23/br/Overview%20of%20FY%202023%20Presidents%20Budget.pdf>.

<sup>56</sup> *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, p. S8884.

million total increase for Alzheimer’s disease and related dementia research across NIH, including increases specified for the National Institute of Neurological Disorders and Stroke (\$75 million) and for the National Institute on Aging (\$151 million).<sup>57</sup> The explanatory statement also directed \$75 million for implementing the Accelerating Access to Critical Therapies for ALS Act (ACT for ALS Act; P.L. 117-79), an increase of \$50 million, within the Office of the Director account.<sup>58</sup>

## **Substance Abuse and Mental Health Services Administration (SAMHSA)**

SAMHSA is the federal agency primarily responsible for supporting community-based mental health and substance use treatment and prevention services. The SAMHSA mission is focused on reducing the impacts of substance use and mental illness.<sup>59</sup> SAMHSA supports activities that include education and training, prevention programs, early intervention activities, treatment services, and technical assistance. The FY2023 LHHS omnibus provided \$7.4 billion in discretionary budget authority for SAMHSA. This amount was \$970 million (+15.2%) more than SAMHSA’s FY2022 funding level and \$2.8 billion (-27.3%) less than the President’s FY2023 budget request. The FY2023 LHHS omnibus also directed \$134 million in PHS Evaluation Tap funding and \$12 million in PPHF funding to SAMHSA, which were the same amounts as FY2022. Inclusive of these directed transfers, the LHHS omnibus provided \$7.5 billion, or \$970 million (+14.8%), more funding than FY2022.

Within the Mental Health Programs of Regional and National Significance account, the FY2023 LHHS omnibus explanatory statement<sup>60</sup> included \$502 million for the 988 Program (also known as the *988 Suicide and Crisis Lifeline* or the *988 Lifeline*), which represents an increase of \$400 million (+493.6%) compared to the FY2022 LHHS omnibus.<sup>61</sup> In July 2022, the 988 Lifeline (formerly called 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.”<sup>62</sup> Within the increase for the 988 Lifeline, \$10 million is for Spanish speakers seeking text or chat access and \$30 million is for providing capacity and infrastructure for vulnerable youth.<sup>63</sup>

Within the Substance Abuse Treatment account, the FY2023 LHHS omnibus provided an increase of \$50 million (+3.3%) for the State Opioid Response (SOR) grants compared to the FY2022 LHHS omnibus. The explanatory statement notes that “large swings in funding between grant cycles can pose a significant challenge for States seeking to maintain programs that were instrumental in reducing drug overdose fatalities” and directs SAMHSA to “prevent unusually large changes” in a state’s allocation.<sup>64</sup>

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<sup>57</sup> *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8882-S8883.

<sup>58</sup> *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, p. S8885.

<sup>59</sup> SAMHSA, *About Us*, <https://www.samhsa.gov/about-us>.

<sup>60</sup> *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8887-S8888.

<sup>61</sup> *Congressional Record*, vol. 168, no. 42, book IV, March 9, 2022, pp. H2679-H2680.

<sup>62</sup> H.Rept. 117-403, pp. 159-160.

<sup>63</sup> *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8888. See also H.Rept. 117-403, pp. 159-160.

<sup>64</sup> *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8888.

## Agency for Healthcare Research and Quality (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. The FY2023 LHHS omnibus provided \$374 million in discretionary budget authority to AHRQ.<sup>65</sup> This amount was \$23 million (+6.6%) more than the amount provided by the FY2022 LHHS omnibus and \$3 million (-0.7%) less than the FY2023 President's discretionary budget request.<sup>66</sup> The FY2023 LHHS omnibus did not adopt the President's budget proposal to transfer \$40 million in PHS tap funds to AHRQ; the FY2023 LHHS omnibus funding was 10.2% less than the President's budget when including this proposed PHS tap transfer and the discretionary budget request for AHRQ.<sup>67</sup>

The FY2023 LHHS omnibus funded Health Costs, Quality and Outcomes (HCQO) at \$229 million, which was \$23 million (+11.2%) more than the FY2022 LHHS omnibus level. The explanatory statement accompanying the FY2023 LHHS omnibus provided \$10 million in new funding within HCQO for health systems research on Long COVID, including the development and implementation of new models of patient-centered coordinated care.<sup>68</sup> The explanatory statement also urged AHRQ to fund research on improving maternal health, but did not specify a dollar amount.<sup>69</sup>

## Centers for Medicare & Medicaid Services (CMS)

CMS is the largest single health payer in the United States.<sup>70</sup> The agency administers Medicare, Medicaid, the State Children's Health Insurance Program (CHIP), and the federal Marketplace. The FY2023 LHHS omnibus provided \$4.6 billion in discretionary budget authority for CMS, \$20 million (+0.4%) more than FY2022 enacted. Both the President's budget and the House committee bill would have provided \$703 million (+15.5%) more than in FY2022.

The FY2023 LHHS omnibus provided \$893 million for the CMS Health Care Fraud and Abuse Control (HCFAC) account, 2.3% more than FY2022 and 0.7% less than what was proposed by the President's budget and House committee bill. Of this total amount for HCFAC, \$576 million was specified in the LHHS omnibus as being effectively exempt from discretionary budget caps. (See the **Appendix** for an explanation of the LHHS budget cap exemptions.)

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<sup>65</sup> In addition to funds provided through the annual appropriations process, AHRQ is also scheduled in FY2023 to receive a transfer of certain mandatory funds that were authorized and appropriated to the Patient-Centered Outcomes Research Trust Fund (PCORTF) by ACA Section 6301(e), as amended (26 U.S.C. §9511). Transfers to AHRQ from the PCORTF are to be used to disseminate the results of patient-centered outcomes research. (PCORTF funds are generally not displayed in this report, as they are not provided by or modified through annual LHHS appropriations bills.) For more information on the PCORTF, see CRS Insight IN11010, *Funding for ACA-Established Patient-Centered Outcomes Research Trust Fund (PCORTF) Extended Through FY2029*.

<sup>66</sup> HHS, AHRQ, *FY2023 Congressional Justification*, p. AHRQ-15, <https://www.ahrq.gov/sites/default/files/wysiwyg/cpi/about/mission/budget/2023/fy2023-cj.pdf>. 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 of \$376 million, would have brought AHRQ's total combined funding to \$416 million (18.7% more than the FY2022 LHHS omnibus level of \$350 million). Total AHRQ funding in the FY2023 LHHS omnibus was 10.2% less than FY2023 President's budget request (inclusive of requested tap transfers).

<sup>67</sup> 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.

<sup>68</sup> *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, p. S8889.

<sup>69</sup> *Ibid.*

<sup>70</sup> FY2023 HHS Budget in Brief, p. 74, <https://www.hhs.gov/sites/default/files/fy-2023-budget-in-brief.pdf>.

The FY2023 LHHS omnibus provided the same amount as FY2022 enacted to the CMS Program Management Account (\$3.7 billion). Both the House committee bill and the President's request had proposed to increase that account by \$677 million (+18.5%). 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 FY2023 LHHS omnibus continued a provision (§227) that has been included in LHHS appropriations acts since FY2014 authorizing HHS to transfer additional funds into this account from Medicare trust funds. The terms of the provision required that such funds be used to support activities specific to the Medicare program, limited the amount of the transfers to \$455 million (a \$100 million increase relative to the FY2022 limit on such transfers), and explicitly prohibited such transfers from being used to support or supplant funding for ACA implementation. Both the President's budget and the House committee bill would have eliminated this provision.

### **Administration for Children and Families (ACF)**

The ACF mission is focused on promoting the "economic and social well-being of children, youth, families, and communities."<sup>71</sup> ACF administers a wide array of human services programs, including Head Start, child care, and various child welfare programs. The FY2023 LHHS omnibus provided \$30.7 billion in discretionary budget authority for ACF, \$742 million (+2.5%) more than FY2022. The President's budget would have increased funding for ACF relative to FY2022 enacted, by \$3.4 billion (+11.3%), whereas the House committee bill would have increased funding to a greater degree, by \$4.5 billion (+15.0%).

The FY2023 LHHS omnibus provided \$6.4 billion for the Refugee and Entrant Assistance programs account, an increase of \$2 million (+0.03%) relative to FY2022.<sup>72</sup> The President's budget would have decreased this account relative to FY2022, by \$97 million (-1.5 %), whereas the House committee bill would have increased the account by \$1.6 billion (+24.2%). The FY2023 LHHS omnibus retained a provision, included in LHHS appropriations since FY2015, authorizing HHS to augment appropriations for the Refugee and Entrant Assistance account via transfers from other discretionary HHS funds. The 15% limit on those transfers was the same as FY2022.

The explanatory statement accompanying the FY2023 LHHS omnibus directed \$5.5 billion of the appropriation for Refugee and Entrant Assistance programs toward the Unaccompanied Alien Children (UAC) program, the same amount as FY2022.<sup>73</sup> The UAC program provides for the shelter, care, and placement of unaccompanied alien children who have been apprehended in the United States. The President's budget would have decreased this account relative to FY2022, by \$604 million (-11.0 %), while including a mandatory spending proposal for contingency funds as to help address the "unpredictable fluctuations in program needs," which it estimated would cost \$1.5 billion.<sup>74</sup> The House committee bill would have increased the account by \$1.2 billion (+21.9%), without providing any contingency funds. Ultimately, in addition to the \$5.5 billion noted above, the FY2023 LHHS omnibus included the requested contingency funding, but it was

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<sup>71</sup> ACF, *What We Do*, <https://www.acf.hhs.gov/about/what-we-do>.

<sup>72</sup> Of the total amount for FY2022, \$1.6 billion was enacted as part of the second CR for FY2022, P.L. 117-70, for the Unaccompanied Alien Children program.

<sup>73</sup> *Ibid*.

<sup>74</sup> ACF, *FY2023 Congressional Justification*, pp. 41-42, <https://www.acf.hhs.gov/sites/default/files/documents/olab/fy-2023-congressional-justification.pdf>.

provided as discretionary spending. The FY2023 law directed that the amount of contingency funding be based on the unaccompanied children in excess of 13,000 that are referred to HHS under specified authorities for a given month during FY2023. Following the conventions of congressional source documents, the estimated budgetary cost of this contingency funding (\$1.0 billion) is included in the scorekeeping adjustments to the LHHS bill, and not the amounts for the Refugee and Entrant Assistance programs account.<sup>75</sup> (See the **Appendix** for further information.)

The FY2023 LHHS omnibus also included several general provisions that were enacted in FY2022 related to the UAC program. For instance, the LHHS omnibus

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

The House committee report included 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.<sup>76</sup> The explanatory statement accompanying the LHHS omnibus reiterated that language included in that House report “should be complied with unless specifically addressed to the contrary in this explanatory statement.”<sup>77</sup> It also contained additional directives, such as that ORR “place siblings in the same facility, or with the same sponsor, to the extent practicable, and so long as it is appropriate and in the best interest of the child.”<sup>78</sup>

## **Administration for Community Living (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.”<sup>79</sup> The FY2023 LHHS omnibus provided \$2.5 billion in discretionary budget authority for ACL. This was \$220 million (+9.5%) more than the FY2022 LHHS omnibus and \$448 million (-15.0%) less than the President’s request. In addition, the FY2023 LHHS omnibus directed \$28 million in PPHF transfers to ACL, the same as FY2022 and the FY2023 President’s budget.<sup>80</sup> The FY2023 LHHS omnibus did not adopt an additional proposal made in the President’s budget for \$28

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<sup>75</sup> *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, p. S9198.

<sup>76</sup> H.Rept. 117-403, pp. 198-203.

<sup>77</sup> *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8874.

<sup>78</sup> *Ibid*, p. S8890.

<sup>79</sup> ACL, *About ACL*, <https://acl.gov/about-acl>.

<sup>80</sup> The explanatory statement accompanying the FY2023 LHHS omnibus specified that the PPHF transfers were for the Alzheimer’s Disease Program, Chronic Disease Self-Management, and Falls Prevention. These distributions were consistent with FY2022 levels. *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, p. S8889. The same PPHF amounts were directed to these ACL programs by the FY2022 LHHS omnibus and accompanying explanatory statement, *Congressional Record*, vol. 168, no. 42, March 9, 2022, p. H2685.

million in evaluation tap funding.<sup>81</sup> Accounting for this proposal, the FY2023 LHHS omnibus enacted \$475 million (-15.6%) less than would have been provided in the President's budget, which had proposed larger than enacted increases for several ACL programs, including the Nutrition Services Program and home and community-based supportive services.

For Aging Network Support Activities, the explanatory statement accompanying the FY2023 LHHS omnibus provided \$30 million, which is \$12 million (+65.0%) more than the FY2022 amount. Within this line item, the explanatory statement funded certain activities that were authorized by the Supporting Older Americans Act of 2020 (P.L. 116-131),<sup>82</sup> but which had not received funding until the FY2023 LHHS omnibus, including the following:

- \$5 million to establish a Research, Demonstration, and Evaluation Center for the Aging Network with focus on falls prevention programs;
- \$1 million for an Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities with a focus on falls prevention and safe living environments.<sup>83</sup>

For Elder Rights Support Activities, the explanatory statement accompanying the FY2023 omnibus provided \$34 million, an increase of \$15 million (+79.5%) compared to the FY2022 LHHS omnibus. The explanatory statement included a line item of \$15 million for an Adult Protective Services (APS) formula grant program authorized by the Elder Justice Act.<sup>84</sup> This was the first time this APS formula grant has been funded under the regular annual appropriations process.<sup>85</sup>

## 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 President's budget and House

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<sup>81</sup> HHS, ACL, *FY 2023 Congressional Justification*, pp. 20, 26, [https://acl.gov/sites/default/files/about-acl/2022-02/FY2023\\_ACL-BudgetJustification.docx](https://acl.gov/sites/default/files/about-acl/2022-02/FY2023_ACL-BudgetJustification.docx)

<sup>82</sup> For background, see CRS Report R46439, *Older Americans Act: 2020 Reauthorization*.

<sup>83</sup> *Congressional Record*, vol. 168, no. 198, December 20, 2022, book II, p. S8891, referring to an earlier FY2023 House Appropriations Committee proposal in H. Rept. 117-403, pp. 214-215.

<sup>84</sup> For background, see CRS Report R43707, *The Elder Justice Act: Background and Issues for Congress*.

<sup>85</sup> 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).

committee bill would have omitted this provision entirely, but the FY2023 LHHS omnibus retained these existing restrictions (§§506 and 507).<sup>86</sup>

**Human Embryo Research:** Since FY1996, annual LHHS appropriations have included a provision prohibiting any LHHS funds (including NIH funds) from being used to create human embryos for research purposes or for research in which human embryos are destroyed. The FY2023 LHHS omnibus retained these existing restrictions (§508).<sup>87</sup>

**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).<sup>88</sup> Starting in FY2016, the provision was modified to allow funds to be used for needle exchange programs under the following conditions: (1) federal funds may not be used to purchase the needles, but may be used for other aspects of such programs; (2) the state or local jurisdiction must demonstrate, in consultation with CDC, that they are experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use; and (3) the program must be operating in accordance with state and local law. Both the FY2023 President's budget and House committee bill would have omitted this provision entirely, but the FY2023 LHHS omnibus retained these existing restrictions and conditions (§526).

**Gun Control:** Since FY1997, annual LHHS appropriations have included provisions prohibiting the use of certain funds for activities that advocate or promote gun control. Early versions of these provisions applied only to CDC; since FY2012, annual appropriations acts also have included HHS-specific restrictions, in addition to restrictions that apply to all LHHS funds (including funds transferred from the PPHF). FY2023 omnibus retained these existing restrictions (§210 [HHS] and §503(c) [all LHHS, plus PPHF transfers]).<sup>89</sup>

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<sup>86</sup> The current provisions are commonly referred to as the Hyde Amendment and the Weldon Amendment. For additional information, see CRS Report RL33467, *Abortion: Judicial History and Legislative Response*, and CRS In Focus IF12167, *The Hyde Amendment: An Overview*.

<sup>87</sup> 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*.

<sup>88</sup> The one exception is the FY1992 LHHS appropriations act (P.L. 102-170), which appears to have included no such provision. Since the provision's inception in FY1990, there has been variation in its scope and application during certain fiscal years. For example, the LHHS appropriations act for FY1998 (P.L. 105-78) made the ban subject to action by the HHS Secretary. The LHHS appropriations acts for FY2010 (P.L. 111-117, Division D) and FY2011 (P.L. 112-10, Division B) applied the ban only in locations that local authorities determined to be inappropriate.

<sup>89</sup> The FY2023 LHHS explanatory statement directs that \$12.5 million apiece (\$25 million total) be allocated by the CDC and NIH for Firearm Injury and Mortality Prevention Research (*Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8880 and S8886). CDC and NIH funding reservations for Firearm Injury and Mortality Prevention were first included in LHHS explanatory statements in FY2020. The report accompanying the FY2023 House committee bill had proposed that these amounts be increased to \$35 million for the CDC and \$25 million for the NIH (\$60 million total) (H.Rept. 117-403).

**Table 6. HHS Appropriations Totals and Directed Transfers by Agency**

(in millions of dollars)

HHS Agency	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
<b>HRSA</b>	<b>8,892</b>	<b>8,783</b>	<b>9,575</b>	<b>9,744</b>
Mandatory BA	317	256	256	256
Discretionary BA	8,575	8,526	9,318	9,487
<b>CDC<sup>a</sup></b>	<b>7,554</b>	<b>9,676</b>	<b>9,596</b>	<b>8,314</b>
Mandatory BA	55	55	55	55
Discretionary BA <sup>b</sup>	7,499	9,621	9,541	8,259
<i>Evaluation Tap Funding<sup>c</sup></i>	0	151	0	0
<i>PPHF<sup>d</sup></i>	903	903	903	903
<i>Subtotal (Discretionary BA + Transfers)</i>	8,402	10,675	10,444	9,162
<b>NIH<sup>a</sup></b>	<b>43,650</b>	<b>48,962</b>	<b>46,038</b>	<b>46,047</b>
Mandatory BA	0	0	0	0
Discretionary BA <sup>e</sup>	43,650	48,962	46,038	46,047
<i>Evaluation Tap Funding<sup>c</sup></i>	1,309	1,272	1,421	1,412
<i>Subtotal (Discretionary BA + Transfers)</i>	44,959	50,233	47,459	47,459
<b>SAMHSA</b>	<b>6,400</b>	<b>10,137</b>	<b>9,025</b>	<b>7,370</b>
Mandatory BA	0	0	0	0
Discretionary BA <sup>f</sup>	6,400	10,137	9,025	7,370
<i>Evaluation Tap Funding<sup>c</sup></i>	134	134	134	134
<i>PPHF<sup>d</sup></i>	12	12	12	12
<i>Subtotal (Discretionary BA + Transfers)</i>	6,546	10,283	9,170	7,516
<b>AHRQ</b>	<b>350</b>	<b>376</b>	<b>385</b>	<b>374</b>
Mandatory BA	0	0	0	0
Discretionary BA	350	376	385	374
<i>Evaluation Tap Funding<sup>c</sup></i>	0	40	0	0
<i>Subtotal (Discretionary BA + Transfers)</i>	350	416	385	374
<b>CMS</b>	<b>1,026,793</b>	<b>1,118,314</b>	<b>1,118,314</b>	<b>1,117,630</b>
Mandatory BA	1,022,250	1,113,068	1,113,068	1,113,068
Discretionary BA	4,543	5,246	5,246	4,563
<b>ACF</b>	<b>46,215</b>	<b>50,317</b>	<b>51,429</b>	<b>47,688</b>
Mandatory BA	16,303	17,034	17,034	17,034
Discretionary BA <sup>g</sup>	29,912	33,283	34,395	30,654
<b>ACL</b>	<b>2,318</b>	<b>2,986</b>	<b>2,918</b>	<b>2,538</b>
Mandatory BA	0	0	0	0

HHS Agency	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Discretionary BA	2,318	2,986	2,918	2,538
<i>Evaluation Tap Funding<sup>c</sup></i>	0	28	0	0
PPHF <sup>d</sup>	28	28	28	28
Subtotal (Discretionary BA + Transfers)	2,346	3,041	2,946	2,565
<b>Office of the Secretary (OS)</b>	<b>5,697</b>	<b>5,467</b>	<b>8,064</b>	<b>6,838</b>
Mandatory BA	673	710	710	710
Discretionary BA <sup>e</sup>	5,024	4,757	7,353	6,128
<i>Evaluation Tap Funding<sup>c</sup></i>	129	189	162	131
Subtotal (Discretionary BA + Transfers)	5,153	4,946	7,516	6,259
<b>Total, HHS BA in the Bill</b>	<b>1,147,869</b>	<b>1,255,018</b>	<b>1,255,343</b>	<b>1,246,542</b>
<b>Mandatory</b>	<b>1,039,599</b>	<b>1,131,124</b>	<b>1,131,124</b>	<b>1,131,124</b>
<b>Discretionary</b>	<b>108,270</b>	<b>123,894</b>	<b>124,219</b>	<b>115,418</b>
Emergency Funding (not in above totals or memoranda below)				—
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	—	—	—
P.L. 117-128, Title IV	954	—	—	—
P.L. 117-159, Division B	990	—	—	—
P.L. 117-180, Division A	—	—	—	2,775
P.L. 117-328, Division M	—	—	—	2,400
P.L. 117-328, Division N	—	—	—	4,250
<b>Memoranda</b>				
Total, BA Available in Fiscal Year (current year from any bill)	1,130,779	1,223,159	1,223,484	1,214,684
Total, BA Advances for Future Years (provided in current bill)	170,222	202,080	202,080	202,080
Total, BA Advances from Prior Years (for use in current year)	153,132	170,222	170,222	170,222

**Sources:** Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2023 LHHS omnibus (P.L. 117-328) available in the *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8874-S9198. Amounts in the FY2023 House Committee column 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). Enacted totals (“Total BA in the Bill”) for FY2022 or FY2023 do not include emergency-designated appropriations. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21<sup>st</sup> Century Cures Act (P.L. 114-255), as amended.

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

- a. Each year, CDC and NIH also receive funding in the Interior-Environment appropriations bill as part of their overall budget authority.
- b. Of the total FY2022 enacted for Environmental Health, \$1.5 million was enacted as part of the first continuing resolution for FY2022, P.L. 117-43, for the Vessel Sanitation Program.
- c. 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.
- d. 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.
- e. 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), FY2023 House Committee (\$2.8 billion), and FY2023 Enacted (\$1.5 billion) columns. For further discussion, see the National Institutes of Health (NIH) section.
- f. Of the total FY2023 enacted for Mental Health Programs of Regional and National Significance, \$62 million was enacted as part of the first continuing resolution for FY2023, P.L. 117-180, for the 988 Suicide and Crisis Lifeline.
- g. 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 7. HHS Discretionary Appropriations and Directed Transfers 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
<b>HRSA</b>				
Community Health Centers	1,749	1,839	1,947	1,859
National Health Service Corps	122	210	156	126
Children’s Hospitals Graduate Medical Education	375	350	385	385
Maternal & Child Health Block Grant	748	954	873	823
Autism and Other Developmental Disorders	54	57	57	56
Healthy Start	132	145	145	145
Ryan White AIDS Programs	2,495	2,655	2,695	2,571
Organ Transplantation	30	29	31	31
Telehealth	35	0	0	0
Rural Communities Opioid Response	135	165	160	145

Agency or Selected Program	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Family Planning (Title X)	286	400	500	286
<b>CDC</b>				
Immunization and Respiratory Diseases	449	832	664	500
PPHF <sup>a</sup>	419	419	419	419
Subtotal (Discretionary BA + Transfers)	868	1,251	1,083	919
HIV/AIDS, Viral Hepatitis, STDs, TB Prevention	1,345	1,471	1,464	1,391
Emerging and Zoonotic Infectious Diseases	641	651	747	699
PPHF <sup>a</sup>	52	0	0	0
Subtotal (Discretionary BA + Transfers)	693	651	747	699
Chronic Disease Prevention and Health Promotion	1,084	1,357	1,347	1,175
PPHF <sup>a</sup>	255	255	255	255
Subtotal (Discretionary BA + Transfers)	1,339	1,612	1,602	1,430
Birth Defects and Developmental Disabilities	177	195	225	206
Public Health Scientific Services	652	655	867	754
PPHF <sup>a</sup>	0	144	0	0
Subtotal (Discretionary BA + Transfers)	652	799	867	754
Environmental Health <sup>b</sup>	210	378	312	230
PPHF <sup>a</sup>	17	17	17	17
Evaluation Tap Funding <sup>c</sup>	0	7	0	0
Subtotal (Discretionary BA + Transfers)	227	402	329	247
Injury Prevention and Control	715	1,283	898	761
National Institute for Occupational Safety and Health	352	345	363	363
Global Health	647	748	758	693
Buildings and Facilities	30	55	55	40
CDC-Wide Activities and Program Support	334	809	959	564
PPHF <sup>a</sup>	160	160	160	160
Subtotal (Discretionary BA + Transfers)	494	969	1,119	724
<b>NIH</b>				
National Institute of Allergy and Infectious Diseases	6,323	6,268	6,643	6,562
National Institute of General Medical Sciences	1,783	1,826	1,779	1,827
Evaluation Tap Funding <sup>c</sup>	1,309	1,272	1,421	1,412
Subtotal (Discretionary BA + Transfers)	3,092	3,098	3,200	3,240
National Institute on Aging	4,220	4,011	4,443	4,408
National Institute on Drug Abuse	1,595	1,843	1,713	1,663

Agency or Selected Program	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
National Institute on Minority Health and Health Disparities	459	660	505	524
NIH Innovation Account	150	419	419	419
Advanced Research Projects Agency for Health (ARPA-H) <sup>d</sup>	0	5,000	0	0
<b>SAMHSA</b>				
Mental Health Programs of Regional & National Significance (PRNS) <sup>e</sup>	587	1,518	1,543	991
PPHF <sup>a</sup>	12	12	12	12
Subtotal (Discretionary BA + Transfers)	599	1,530	1,555	1,003
Mental Health Block Grant	837	1,632	1,337	987
Evaluation Tap Funding <sup>c</sup>	21	21	21	21
Subtotal (Discretionary BA + Transfers)	858	1,653	1,358	1,008
Certified Community Behavioral Health Clinics	315	553	400	385
Children's Mental Health	125	225	225	130
Substance Abuse Treatment PRNS	520	564	641	572
Evaluation Tap Funding <sup>c</sup>	2	2	2	2
Subtotal (Discretionary BA + Transfers)	522	566	643	574
Substance Abuse Block Grant	1,829	2,929	2,329	1,929
Evaluation Tap Funding <sup>c</sup>	79	79	79	79
Subtotal (Discretionary BA + Transfers)	1,908	3,008	2,408	2,008
State Opioid Response Grants	1,525	2,000	1,775	1,575
Substance Abuse Prevention PRNS	218	312	248	237
Health Surveillance and Support	260	150	257	302
Evaluation Tap Funding <sup>c</sup>	31	31	31	31
Subtotal (Discretionary BA + Transfers)	292	181	289	333
<b>AHRQ</b>				
Research on Health Costs, Quality, and Outcomes	206	229	238	229
Evaluation Tap Funding <sup>c</sup>	0	40	0	0
Subtotal (Discretionary BA + Transfers)	206	269	238	229
Medical Expenditure Surveys	72	72	72	72
Program Support	73	75	75	73
<b>CMS</b>				
CMS Program Management	3,670	4,347	4,347	3,670
Health Care Fraud and Abuse Control	873	899	899	893

Agency or Selected Program	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
<b>ACF</b>				
Low Income Home Energy Assistance Program Formula Grants	3,800	3,975	4,000	1,500
Refugee and Entrant Assistance Programs <sup>f</sup>	6,425	6,328	7,979	6,427
Child Care and Development Block Grant	6,165	7,562	7,165	8,021
Head Start	11,037	12,203	12,397	11,997
Preschool Development Grants	290	450	350	315
Child Welfare Services	269	279	274	269
Adoption Opportunities	48	46	50	51
Community Services Block Grant	755	754	800	770
<b>ACL</b>				
Home & Community-Based Supportive Services	399	500	450	410
Family Caregiver Support Services	194	250	230	205
Nutrition Services Programs	967	1,272	1,260	1,067
Aging Network Support Activities	18	23	37	30
Elder Rights Support Activities	19	77	100	34
State Health Insurance Program (SHIP)	53	55	58	55
Developmental Disabilities Programs	186	232	203	191
WIOA Activities (transferred from ED)	273	323	301	287
<b>Office of the Secretary</b>				
Office of Nat'l Coord. for Health Information Technology	0	0	0	0
<i>Evaluation Tap Funding<sup>c</sup></i>	64	104	87	66
<i>Subtotal (Discretionary BA + Transfers)</i>	64	104	87	66
Office of the Inspector General	82	106	94	87
Public Health and Social Services Emergency Fund	2,820	3,220	3,145	3,302
Advanced Research Projects Agency for Health (ARPA-H) <sup>d</sup>	1,000	0	2,750	1,500

**Sources:** Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2023 LHHS omnibus (P.L. 117-328), available in the *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8874-S9198. Amounts in the FY2023 House Committee column 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). Enacted totals ("Total BA in the Bill") for FY2022 or FY2023 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. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21<sup>st</sup> Century Cures Act (P.L. 114-255), as amended.

**Notes:** BA = budget authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include

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

- a. PPHF funds are not appropriated in the LHHS bill, but are shown here for illustrative purposes as they may be used to supplement the funding selected agencies and programs receive through the appropriations process. Amounts shown for PPHF in this table are *in addition to* amounts shown for budget authority.
- b. Of the total FY2022 enacted for Environmental Health, \$1.5 million was enacted as part of the first continuing resolution for FY2022, P.L. 117-43, for the Vessel Sanitation Program.
- c. By convention, this table shows the amount of PHS Evaluation Tap funds received by an agency for a particular program or activity separately from the budget authority appropriated for that program or activity. Tap amounts are *in addition to* amounts shown for budget authority, though the amounts shown for budget authority have not been adjusted to reflect potential “transfer-out” of funds to the tap.
- d. 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 took the view that ARPA-H should be established as a separate entity within HHS (apart from NIH), and therefore proposed FY2023 ARPA-H funding (\$2.75 billion) in a separate account under the HHS Secretary. The FY2023 LHHS omnibus ultimately funded ARPA-H in this manner (\$1.5 billion). 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, the FY2023 House committee bill, and FY2023 enacted, 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*.
- e. Of the total FY2023 enacted for Mental Health Programs of Regional and National Significance, \$62 million was enacted as part of the first continuing resolution for FY2023, P.L. 117-180, for the 988 Suicide and Crisis Lifeline.
- f. Of the total FY2022 enacted for Refugee and Entrant Assistance Programs, \$1.6 billion was enacted as part of the second CR for FY2022, P.L. 117-70, for the Unaccompanied Alien Children Program.

## Department of Education (ED)

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.<sup>90</sup> Its mission is to “promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.”<sup>91</sup> 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 educationally disadvantaged students and

<sup>90</sup> 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>.

<sup>91</sup> U.S. Department of Education, “About ED,” <http://www2.ed.gov/about/landing.jhtml>, accessed on March 23, 2023.

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.<sup>92</sup> 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.<sup>93</sup> (A large share of this aid is provided in the form of student loans that must be repaid.)

## FY2023 ED Appropriations Overview

**Table 8** displays FY2023 enacted and proposed funding levels for ED, along with FY2022 levels. 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.

Discretionary funds represent the majority of ED’s annual appropriations, accounting for more than 95% of the FY2022 and FY2023 enacted levels.<sup>94</sup> The FY2023 enacted discretionary ED appropriations were 4.1% higher than FY2022 levels. Proposed discretionary ED appropriations for FY2023 compared to FY2022 would have increased by 15.6% under the President’s budget, and by 13.5% under the House committee bill.

**Table 8. 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	79.6
Mandatory	3.7	3.9	3.9	3.9
<b>Total BA in the Bill</b>	<b>80.1</b>	<b>92.3</b>	<b>90.7</b>	<b>83.5</b>
<i>Emergency Funding (not in above totals)</i>				
P.L. 117-58, Division J <sup>a</sup>	-0.4	—	—	—
P.L. 117-159, Division B <sup>b</sup>	2.1	—	—	—

**Sources:** Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2023 LHHS omnibus (P.L. 117-328), available in the *Congressional Record*, vol. 168, no. 198, book II, December

<sup>92</sup> 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>.

<sup>93</sup> 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>.

<sup>94</sup> The only mandatory ED funding provided in the LHHS Appropriations Act in each of these years is for Vocational Rehabilitation State Grants. This excludes any rescissions of mandatory appropriations that are enacted as part of the appropriations process.

20, 2022, pp. S8874-S9198. Amounts in the FY2023 House Committee column 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). Enacted totals ("Total BA in the Bill") for FY2022 or FY2023 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. 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 for selected ED accounts and programs.<sup>95</sup> **Table 9** tracks funding levels for major ED budget and appropriations accounts, and selected items within those accounts.

### Education for the Disadvantaged

The Education for the Disadvantaged account is the largest account related to elementary and secondary education and has been the second largest overall within ED based on funding provided through the annual appropriations process in recent years. Within the account, a majority of funds are for Grants to Local Educational Agencies, authorized under Title I-A of the Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA; P.L. 114-95). Title I-A grants provide supplementary educational and related services to low-achieving students, other students attending elementary and secondary schools with relatively high concentrations of students from low-income families, and eligible students who live in the areas served by these public schools but attend private schools.<sup>96</sup>

The enacted FY2023 appropriation for the Education for the Disadvantaged account was \$19.1 billion, a 4.7% increase over the enacted FY2022 level of \$18.2 billion. Of the \$19.1 billion appropriated for the account, \$18.4 billion was provided for Title I-A grants.<sup>97</sup> The House committee bill and accompanying report had recommended a funding level of \$21.3 billion for the account, with \$20.5 billion designated for the Title I-A program.<sup>98</sup> President Biden's FY2023 budget requested \$21.3 billion in discretionary funding for the Education for the Disadvantaged Account, of which \$20.5 billion would have been provided for Title I-A grants. The President's FY2023 budget request also requested \$16.0 billion in mandatory funding, which is not included in **Table 9**.

<sup>95</sup> ED budget materials can be found at <https://www2.ed.gov/about/overview/focus/performance.html>.

<sup>96</sup> Although Title I-A funds are used to serve eligible private school students, funds remain under the control of public school authorities (i.e., they are not transferred to private schools).

<sup>97</sup> See the explanatory statement accompanying the LHHS omnibus (*Congressional Record*, vol. 168, no. 198, Book II, December 20, 2022, p. S9170).

<sup>98</sup> See H.Rept. 117-403, pp. 835-836.

## Safe Schools and Citizenship Education

The Safe Schools and Citizenship Education account provides funding for activities intended to improve students' safety and well-being, enhance the educational and developmental outcomes of children in distressed communities, and provide comprehensive services for students, their families, and community members in school settings.<sup>99</sup> The account includes several programs authorized under Title IV-F of the ESEA, as amended: Promise Neighborhoods; Full-Service Community Schools; and School Safety National Activities, including Project Prevent and Project School Emergency Response to Violence (Project SERV). Among ED appropriations accounts, the Safe Schools and Citizenship Education account received the largest percentage increase (+26.6%) in the FY2023 LHHS omnibus compared to the FY2022 LHHS omnibus.

The enacted FY2023 appropriation for the Safe Schools and Citizenship Education account was \$457 million, a \$96 million increase relative to the enacted level of \$361 million in FY2022. The House committee bill recommended \$1.7 billion for the account, and the President's budget requested \$1.7 billion for the account. Both the House committee bill and the President's budget would have designated the majority of funds (\$1.0 billion) for school-based mental health services.<sup>100</sup>

## Student Financial Assistance

The Student Financial Assistance account is the largest ED account funded in the LHHS bill. The Pell Grant program within the Student Financial Assistance account provides need-based financial aid primarily to low-income undergraduate students to help them cover the cost of higher education.<sup>101</sup> Pell Grants are the largest single source of federal grant aid for undergraduate students; ED projected that they would provide approximately \$38.7 billion in aid to roughly 6.7 million undergraduate students in FY2023.<sup>102</sup> The explanatory statement accompanying the FY2023 LHHS omnibus directed \$22.5 billion in discretionary funding to the Pell Grant program, which was the same amount as FY2022. (Additional mandatory funding for the program is appropriated outside the LHHS bill.) The House committee bill proposed the same amount for Pell Grants, whereas the President's budget requested \$24.3 billion in discretionary funding for Pell Grants.

The total maximum Pell Grant award is the sum of the discretionary maximum award level and the mandatory add-on award level. The discretionary award program costs may be funded through (1) annual discretionary appropriations; (2) a permanent, definite mandatory appropriation; and (3) the Pell Grant program surplus.<sup>103</sup> The mandatory add-on award program costs are funded by a

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<sup>99</sup> U.S. Department of Education, "Safe Schools and Citizenship Education," *Justification of Appropriation Estimates to the Congress: Fiscal Year 2023*, <https://www2.ed.gov/about/overview/budget/budget23/justifications/d-ssce.pdf>.

<sup>100</sup> The FY2023 President's budget proposed to establish a new School-Based Health Professionals program, within the School Improvement Programs account, that would provide formula grants to states to support increasing the number of health professionals—including school counselors, nurses, school psychologists, and social workers—at public schools. States would then award at least 80% of their allocations to local educational agencies on a competitive basis. To aid comparability between the President's budget and the House committee bill, this proposal is reflected in the Safe Schools and Citizenship Education account in this report. For more information, see pages 265-266 of H.Rept. 117-403.

<sup>101</sup> For more information about the program, see CRS Report R45418, *Federal Pell Grant Program of the Higher Education Act: Primer*.

<sup>102</sup> U.S. Department of Education, "Student Aid Overview," *Justification of Appropriation Estimates to the Congress: Fiscal Year 2023*, pp. 3-4, <https://www2.ed.gov/about/overview/budget/budget23/justifications/n-sao.pdf>.

<sup>103</sup> Because discretionary funds and the base award are appropriated in advance of the award year, they are based on (continued...)

permanent, indefinite mandatory appropriation. Both mandatory appropriation sources are provided outside the annual appropriations process, are authorized by and funded in the Higher Education Act of 1965 (HEA), as amended, and do not appear in **Table 9**.

The FY2023 LHHS omnibus increased the discretionary maximum Pell Grant award level to \$6,335, which is \$500 (+8.6%) more than the FY2022 level. The House committee bill recommended the same amount, as did the President's budget request.

As a result of Pell Grant award rules established in the HEA, the increase in the discretionary maximum Pell Grant award level would be expected to increase FY2023 discretionary and mandatory program costs, assuming no other changes. The FY2023 LHHS omnibus included two rescissions that may effectively offset the cost of aspects of the Pell Grant-related discretionary appropriations in the act and estimated changes to mandatory spending for that program. The first provision rescinded \$75 million of the FY2023 definite mandatory appropriation.<sup>104</sup> (The House committee bill would have reduced the FY2023 definite mandatory appropriation by \$221 million.) The other provision, which related to the Pell Grant program surplus, rescinded \$360 million of the surplus.<sup>105</sup> Both of these rescissions offset the cost of appropriations in the act, and are not shown in the table but are included in the scorekeeping adjustments shown elsewhere in this report.

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

Account and Selected Program	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
<b>Education for the Disadvantaged<sup>a</sup></b>	<b>18,230</b>	<b>21,281</b>	<b>21,261</b>	<b>19,088</b>
Grants to Local Educational Agencies	17,537	20,537	20,537	18,387
<b>Impact Aid</b>	<b>1,557</b>	<b>1,541</b>	<b>1,614</b>	<b>1,618</b>
<b>School Improvement Programs</b>	<b>5,596</b>	<b>5,526</b>	<b>5,906</b>	<b>5,811</b>
Supporting Effective Instruction State Grants	2,170	2,149	2,270	2,190
21 <sup>st</sup> Century Community Learning Centers	1,290	1,310	1,410	1,330
Student Support and Academic Enrichment Grants	1,280	1,220	1,355	1,380
<b>Indian Education</b>	<b>189</b>	<b>186</b>	<b>195</b>	<b>195</b>
<b>Innovation and Improvement</b>	<b>1,301</b>	<b>1,572</b>	<b>1,485</b>	<b>1,453</b>
<b>Safe Schools and Citizenship Education<sup>b</sup></b>	<b>361</b>	<b>1,693</b>	<b>1,708</b>	<b>457</b>
<b>English Language Acquisition</b>	<b>831</b>	<b>1,075</b>	<b>1,000</b>	<b>890</b>
<b>Special Education</b>	<b>14,519</b>	<b>18,130</b>	<b>17,761</b>	<b>15,453</b>

cost estimates. This can result in surpluses (or shortfalls) in discretionary appropriations. When annual discretionary funding available exceeds annual discretionary program costs, the Pell Grant program is able to accumulate a surplus that remains available to fund discretionary award program costs in subsequent years. The Congressional Budget Office (CBO) has estimated a surplus of \$13.8 billion at the start of FY2023. See Congressional Budget Office, *Pell Grant Program—CBO's May 2022 Baseline*, p. 2, <https://www.cbo.gov/system/files/2022-05/51304-2022-05-pellgrant.pdf>.

<sup>104</sup> P.L. 117-328, Division H, §308.

<sup>105</sup> P.L. 117-328, Division H, §314.

Account and Selected Program	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Part B—Assistance for Education of all Children with Disabilities <sup>c</sup>	13,753	16,762	16,699	14,614
Part C—Infants and Toddlers with Disabilities	496	932	621	540
<b>Rehabilitation Services</b>	<b>3,863</b>	<b>4,126</b>	<b>4,105</b>	<b>4,093</b>
Vocational Rehabilitation State Grants (mandatory)	3,719	3,950	3,950	3,950
<b>Special Institutions for Persons with Disabilities</b>	<b>275</b>	<b>265</b>	<b>291</b>	<b>301</b>
<b>Career, Technical, and Adult Education</b>	<b>2,091</b>	<b>2,309</b>	<b>2,215</b>	<b>2,191</b>
Career and Technical Education	1,387	1,570	1,482	1,462
<b>Student Financial Assistance</b>	<b>24,580</b>	<b>26,345</b>	<b>24,639</b>	<b>24,615</b>
<i>Pell maximum grant (non-add in dollars, not millions)</i>	<i>(5,835)</i>	<i>(6,335)</i>	<i>(6,335)</i>	<i>(6,335)</i>
Federal Pell Grant Program	22,475	24,275	22,475	22,475
<b>Federal Direct Student Loan Program Account<sup>d</sup></b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Student Aid Administration</b>	<b>2,034</b>	<b>2,654</b>	<b>2,579</b>	<b>2,034</b>
<b>Higher Education</b>	<b>2,994</b>	<b>3,793</b>	<b>3,959</b>	<b>3,526</b>
<b>Howard University</b>	<b>344</b>	<b>311</b>	<b>394</b>	<b>354</b>
<b>College Housing &amp; Academic Facilities Loans<sup>e</sup></b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>HBCU Capital Financing Program Account</b>	<b>20</b>	<b>21</b>	<b>21</b>	<b>21</b>
<b>Institute of Education Sciences</b>	<b>737</b>	<b>663</b>	<b>844</b>	<b>808</b>
<b>Departmental Management</b>	<b>594</b>	<b>786</b>	<b>690</b>	<b>634</b>
<b>Total, ED BA in the Bill</b>	<b>80,143</b>	<b>92,277</b>	<b>90,667</b>	<b>83,543</b>
<b>Subtotal, Mandatory</b>	<b>3,719</b>	<b>3,950</b>	<b>3,950</b>	<b>3,950</b>
<b>Subtotal, Discretionary</b>	<b>76,424</b>	<b>88,327</b>	<b>86,717</b>	<b>79,593</b>
<i>Emergency Funding (not in above totals or memoranda below)</i>				
P.L. 117-58, Division J <sup>f</sup>	-353	—	—	—
P.L. 117-159, Division B <sup>g</sup>	2,050	—	—	—
<b>Memoranda</b>				
Total, BA Available in Fiscal Year (current year from any bill)	80,143	92,277	90,667	83,543
Total, BA Advances for Future Years (provided in current bill)	22,597	22,597	22,597	22,597
Total, BA Advances from Prior Years (for use in current year)	22,597	22,597	22,597	22,597

**Sources:** Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2023 LHHS omnibus (P.L. 117-328), available in the *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8874-S9198. Amounts in the FY2023 House Committee column 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). Enacted totals (“Total BA in the Bill”) for FY2022 or FY2023 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. Non-add amounts are displayed in italics and parentheses; these amounts are not part of the appropriations totals.

- a. The FY2023 President's budget also requested an additional \$16.0 billion in mandatory funding for the Education for the Disadvantaged account.
- b. The FY2023 President's budget proposed to establish a new School-Based Health Professionals program, within the School Improvement Programs account, that would provide formula grants to support increasing the number of health professionals—including school counselors, nurses, school psychologists, and social workers—at public schools. To aid comparability between the President's budget and the House committee bill, which recommended funding for a similar purpose within the Safe Schools and Citizenship Education account, this proposal is reflected in the Safe Schools and Citizenship Education account in this report.
- c. Includes Grants to States Part B and Preschool Grants.
- d. In FY2022, \$25 million was appropriated to support Temporary Expanded Public Service Loan Forgiveness.
- e. Amounts for College Housing & Academic Facilities Loans are less than \$500,000 in each column, which rounds to \$0 in millions (the unit of measure used in this table). The FY2022 Enacted amount was \$435,000; and the FY2023 Request, FY2023 House Committee, and FY2023 Enacted amounts were all \$298,000.
- f. Section 90007(f)(1) of the Infrastructure Investment and Jobs Act (P.L. 117-58) rescinded \$353.4 million of unobligated balances previously made available for the Education Stabilization Fund.
- g. Division B of the Bipartisan Safer Communities Act (P.L. 117-59) provided \$1.05 billion for School Improvement Programs for FY2022 and \$200 million for Safe Schools and Citizenship Education for each fiscal year from FY2022 through FY2026 (\$1.0 billion total).

## Related Agencies

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

## FY2023 Related Agencies Appropriations Overview

**Table 10** displays FY2023 proposed and enacted funding levels for LHHS related agencies, along with FY2022 enacted levels. Following the conventions in this report, the totals in this table do not include emergency-designated appropriations; however, note that the related agencies received no emergency-designated appropriations in FY2022 or FY2023.

In general, discretionary funding constitutes about one-fifth of total appropriations for LHHS related agencies each year. The FY2023 LHHS omnibus increased discretionary appropriations for related agencies by about 6.7% compared to FY2022. The President's budget would have increased discretionary appropriations for related agencies by about 11.1%, while the House committee bill would have increased such appropriations by 8.8%.

**Table 10. Related Agencies Appropriations Overview**

(in billions of dollars)

Funding	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
<b>Discretionary</b>	16.0	17.7	17.4	17.0
<b>Mandatory</b>	57.0	59.6	59.6	59.6
<b>Total BA in the Bill</b>	73.0	77.4	77.0	76.7
<i>Emergency Funding (not in above totals)</i>	—	—	—	—

**Sources:** Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2023 LHHS omnibus (P.L. 117-328), available in the *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8874-S9198. Amounts in the FY2023 House Committee column 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). Enacted totals (“Total BA in the Bill”) for FY2022 or FY2023 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 SSA. When taking into account both mandatory and discretionary funding, SSA represents 96.4% of total appropriations to related agencies in the LHHS bill. The bulk of mandatory funding provided to SSA from the LHHS bill supports the Supplemental Security Income (SSI) program, which provides means-tested cash assistance to disabled adults and children and to seniors aged 65 or older.

When looking exclusively at discretionary funding, SSA received 83.6% of discretionary appropriations for LHHS related agencies in the FY2023 LHHS omnibus. After SSA, the next-largest related agency in terms of appropriations is usually the Corporation for National and Community Service (CNCS), which accounted for 1.7% of total appropriations and 7.7% of discretionary appropriations to LHHS related agencies in FY2023. Typically, each of the remaining related agencies receives less than \$1 billion from the annual LHHS appropriations bill. For more information, see **Table 11**.

## Selected Related Agencies Highlights

The following sections highlight FY2023 appropriations issues for selected related agencies. **Table 11** tracks funding levels for these related agencies.

## **SSA Limitation on Administrative Expenses (LAE)**

The SSA LAE account consists mainly of funds that are used by SSA to administer the Social Security and SSI programs and to support CMS in administering portions of Medicare.<sup>106</sup> 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 FY2023 LHHS omnibus provided \$14.1 billion to the LAE account, which was an increase of \$785 million (+5.9%) relative to the FY2022 enacted level. The President's request would have provided \$1.4 billion (+10.7%) more for the LAE account relative to FY2022, while the House committee bill would have increased LAE funding by \$1.1 billion (+8.2%).

Of the \$14.1 billion provided to the LAE account for FY2023, \$1.8 billion (12.6% of this total) was dedicated to program integrity activities. The program integrity portion of the LAE account specified \$273 million as base funding and \$1.5 billion as adjustment funding, which would have been the maximum amount of adjustment funding permitted for FY2023 under the FY2023 deeming resolution, H.Res. 1151 (see the **Appendix**).<sup>107</sup> The combined amount of program integrity funding enacted for FY2023 was \$76 million (+4.4%) more than the combined amount enacted for FY2022. Both the FY2023 President's budget and the House committee bill would have provided \$91 million (+5.3%) more in combined program integrity funding relative to the FY2022 enacted level.

## **Corporation for National and Community Service**

The CNCS is an independent federal agency that administers a variety of national and community service programs, such as AmeriCorps and the National Senior Volunteer Corps.<sup>108</sup> The FY2023 LHHS omnibus provided \$1.3 billion in total CNCS funding, a \$162 million (+14.1%) increase from the FY2022 enacted level. The FY2023 President's budget would have provided \$189 million (+16.5%) more in total CNCS funding relative to FY2022, while the House committee bill would have increased total CNCS funding by \$150 million (+13.0%).

## **National Labor Relations Board (NLRB)**

The NLRB is an independent board that enforces provisions in the National Labor Relations Act (NLRA). The FY2023 LHHS omnibus provided \$299 million for the NLRB, a \$25 million (+9.1%) increase from the FY2022 enacted level. This increase in funding for the NLRB was the first increase since FY2014.<sup>109</sup> Both the FY2023 President's budget and the House committee bill

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<sup>106</sup> For more information, see CRS Report R47480, *Social Security Administration (SSA): FY2023 Annual Limitation on Administrative Expenses (LAE) Appropriation: In Brief*.

<sup>107</sup> CRS has tabulated these amounts based on what is specified in the FY2023 LHHS omnibus. Readers should note that Section 1(i) of H.Res. 1151 specified at least \$288 million in base funding must first be appropriated for applicable program integrity purposes in order for the \$1.5 billion allocation adjustment to be available. However, the FY2023 LHHS omnibus specified \$273 million in base funding "is provided to meet the terms of a concurrent resolution on the budget in the Senate" (H.R. 2617, p. 448). For an alternative tabulation of this adjustment based on relevant procedures, see CBO, *Discretionary Spending in Fiscal Year 2023 Under Divisions A Through L of H.R. 2617 (as modified by Senate Amendment 6552), the Consolidated Appropriations Act, 2023*, December 21, 2022, [https://www.cbo.gov/system/files/2022-12/HR-2617\\_div-A%E2%80%93N.pdf](https://www.cbo.gov/system/files/2022-12/HR-2617_div-A%E2%80%93N.pdf).

<sup>108</sup> See CRS Report RL33931, *The Corporation for National and Community Service: Overview of Programs and Funding*.

<sup>109</sup> National Labor Relations Board, *FY2023 Justification of Performance Budget for the Committee on Appropriations*, March 28, 2022, p. 3, <https://www.nlr.gov/sites/default/files/attachments/pages/node-155/fy-2023-nlr-congressional-budget-justification.pdf>.

would have increased funding for the NLRB by \$45 million (+16.5%) compared to the FY2022 enacted level.

The FY2023 LHHS omnibus retained a provision that has been included in the LHHS bill since FY2012 that prohibits any funds appropriated to the NLRB in the bill, or any prior appropriations act, from being used to issue a directive or regulation to provide employees a means of voting through any electronic method in an election determining representation for collective bargaining (§408).

**Table 11. 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
<b>Committee for Purchase from People Who Are Blind or Severely Disabled (U.S. AbilityOne Commission)</b>	11	13	13	13
<b>Corporation for National and Community Service (CNCS)</b>	1,151	1,340	1,301	1,313
<u>Selected CNCS Programs/Initiatives:</u>				
Volunteers in Service to America (VISTA)	100	106	106	103
National Senior Volunteer Corps	231	245	245	237
AmeriCorps State and National Grants	467	557	523	557
National Civilian Community Corps	35	38	38	38
National Service Trust	191	235	235	230
<b>Corporation for Public Broadcasting (CPB)</b>	545	625	625	595
<b>Federal Mediation and Conciliation Service</b>	50	54	54	54
<b>Federal Mine Safety and Health Review Commission</b>	18	18	18	18
<b>Institute of Museum and Library Services (IMLS)</b>	268	277	280	295
<b>Medicare Payment Advisory Commission (MedPAC)</b>	13	13	14	14
<b>Medicaid and CHIP Payment and Access Commission (MACPAC)</b>	9	10	9	9
<b>National Council on Disability</b>	4	4	4	4
<b>National Labor Relations Board (NLRB)</b>	274	319	319	299
<b>National Mediation Board</b>	15	15	15	15
<b>Occupational Safety and Health Review Commission</b>	14	15	15	15
<b>Railroad Retirement Board (RRB)</b>	147	153	153	150
Dual Benefits (minus tax receipts)	10	8	8	8
Federal Payment to RR Retirement Account (mandatory) <sup>a</sup>	0	0	0	0
Limitation on Administration	124	132	132	128
Inspector General	13	13	13	14
<b>Social Security Administration (SSA)</b>	70,443	74,536	74,204	73,887

Agency, Program, Project, or Activity	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Payments to Social Security Trust Funds (mandatory)	11	11	11	11
Supplemental Security Income (SSI) (mandatory)	56,982	59,635	59,635	59,635
Limitation on Administrative Expenses (LAE)	13,341	14,772	14,441	14,126
<i>Regular LAE (incl. user fees, non-add)</i>	<i>(11,633)</i>	<i>(12,973)</i>	<i>(12,642)</i>	<i>(12,342)</i>
<i>Program Integrity (non-add)</i>	<i>(1,708)</i>	<i>(1,799)</i>	<i>(1,799)</i>	<i>(1,784)</i>
Office of Inspector General	109	118	118	115
<b>Total, Related Agencies BA in the Bill</b>	<b>72,960</b>	<b>77,392</b>	<b>77,025</b>	<b>76,681</b>
<b>Subtotal, Mandatory</b>	<b>56,993</b>	<b>59,646</b>	<b>59,646</b>	<b>59,646</b>
<b>Subtotal, Discretionary</b>	<b>15,967</b>	<b>17,746</b>	<b>17,379</b>	<b>17,035</b>
<i>Emergency Funding (not in above totals or memoranda below)</i>	—	—	—	—
<b>Memoranda</b>				
Total, BA Available in Fiscal Year (current year from any bill)	76,900	77,102	76,735	76,421
Total, BA Advances for Future Years (provided in current bill)	16,125	16,365	16,365	16,335
Total, BA Advances from Prior Years (for use in current year)	20,065	16,075	16,075	16,075

**Sources:** Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2023 LHHS omnibus (P.L. 117-328), available in the *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8874-S9198. Amounts in the FY2023 House Committee column 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). Enacted totals (“Total BA in the Bill”) for FY2022 or FY2023 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 P.L. 117-328, enacted on December 29, 2022).

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).<sup>110</sup> (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 since that time has 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 (and through FY2032 for Medicare only).<sup>111</sup>

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.<sup>112</sup> 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.<sup>113</sup> (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

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<sup>110</sup> 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.

<sup>111</sup> 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. In addition, P.L. 117-328 extended the sequester through FY2032 for Medicare only.

<sup>112</sup> 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>.

<sup>113</sup> *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](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.<sup>114</sup>

## **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.<sup>115</sup> 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 House<sup>116</sup> that are in effect for FY2023 (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.<sup>117</sup> 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

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<sup>114</sup> For more information, see CRS Report R42050, *Budget “Sequestration” and Selected Program Exemptions and Special Rules*.

<sup>115</sup> For further information, see CRS Report R45778, *Exceptions to the Budget Control Act’s Discretionary Spending Limits*.

<sup>116</sup> 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).

<sup>117</sup> In addition to the emergency adjustment that applies to the House in H.Res. 1151, the emergency adjustment that was established in the FY2022 budget resolution (S.Con.Res. 14, §4001) continued to apply in the Senate during the consideration of FY2023 appropriations.

enacted as of the cover date of this report has totaled \$9.9 billion.<sup>118</sup> (For FY2022, \$7.8 billion in LHHS emergency-designated discretionary spending was enacted.)

- **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 was limited to \$1.5 billion in additional new budget authority. However, at least \$288 million must have first been appropriated for these purposes (sometimes referred to as *base funding*), subject to the budget resolution limits, in order for the additional \$1.5 billion adjustment to be available. Ultimately, the amount specified by the FY2023 LHHS omnibus was \$273 million in base funding and \$1.5 billion in adjustment funding.<sup>119</sup> (For FY2022, base funding was \$273 million and adjustment funding was \$1.4 billion.)
- **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 have first been appropriated for these purposes (base funding), subject to the budget resolution limits, in order for the additional \$576 million adjustment to be available. Ultimately, the amount specified by the FY2023 LHHS omnibus was \$317 million in base funding and \$576 million in adjustment funding.<sup>120</sup> (For FY2022, base funding was \$317 million and adjustment funding was \$556 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 certain claimants of regular Unemployment Compensation, as defined in such section. For FY2023, the amount of this adjustment was limited to \$258 million in additional new budget authority. However, at least \$117 million must first have been appropriated for these purposes (base funding), subject to the budget resolution limits, in order for the additional \$258 million adjustment to be available.<sup>121</sup> Ultimately, the amount specified by the FY2023 LHHS omnibus was the same as the base and adjustment funding specified under the relevant procedures described above. (For

<sup>118</sup> CBO tabulates FY2023 emergency-designated funding according to relevant House and Senate procedures. See CBO, *Report on the Status of Discretionary Appropriations, Fiscal Year 2022, Senate*, February 10, 2023, <https://www.cbo.gov/system/files?file=2023-02/FY2023-Senate-2022-12-23.pdf>; and CBO, *Report on the Status of Discretionary Appropriations, Fiscal Year 2022, House*, February 10, 2023, <https://www.cbo.gov/system/files?file=2023-02/FY2023-House-2022-12-23.pdf>.

<sup>119</sup> CBO tabulates the distribution of this funding between base and adjustment amounts according to relevant House procedures in CBO, *Discretionary Spending in Fiscal Year 2023 Under Divisions A Through L of H.R. 2617 (as modified by Senate Amendment 6552), the Consolidated Appropriations Act, 2023*, December 21, 2022, [https://www.cbo.gov/system/files/2022-12/HR-2617\\_div-A%E2%80%93N.pdf](https://www.cbo.gov/system/files/2022-12/HR-2617_div-A%E2%80%93N.pdf).

<sup>120</sup> Ibid.

<sup>121</sup> 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).

FY2022, base funding was \$117 million and adjustment funding was \$133 million.)

Separate from these cap adjustments, the 21<sup>st</sup> 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.<sup>122</sup> For the purposes of FY2023 LHHS appropriations, these procedures apply only to the NIH Innovation Account that was created by the act.<sup>123</sup> 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 an applicable fiscal year. For FY2023, these Cures Act funds allowed in the LHHS bill totaled \$1.085 billion.

### FY2023 Budget Resolution

As of the cover date of this report, the House and Senate have not adopted a budget resolution for FY2023. 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 appropriations<sup>124</sup>, 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).<sup>125</sup> Pursuant to this resolution, the chair of the House Budget Committee, Representative Yarmuth, published in the *Congressional Record* (June 21) the House Appropriations Committee allocations.<sup>126</sup> The Senate did not take similar action to establish Senate Appropriations Committee allocations.<sup>127</sup>

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, 2022 (H.Rept. 117-390).<sup>128</sup>

<sup>122</sup> 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.

<sup>123</sup> The 21<sup>st</sup> 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)*.

<sup>124</sup> *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*.

<sup>125</sup> 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.

<sup>126</sup> "Publication of Budgetary Material," *Congressional Record*, daily edition, Vol. 168, No. 105 (June 21, 2022), p. H5731-H5732.

<sup>127</sup> 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*.

<sup>128</sup> Suballocations are commonly adjusted through the appropriations cycle to account for changing priorities. For (continued...)

For current-year LHHS discretionary funding, **Table A-1** displays FY2022 enacted, the House FY2023 initial suballocations (H.Res. 1151), and FY2023 enacted levels. The amounts shown in this table reflect total budget authority available for obligation in the fiscal year that is subject to the spending limits, regardless of the year in which it was first appropriated (i.e., 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.) The amount shown also takes into account any applicable CBO scorekeeping adjustments. Under this method of estimating the bill, FY2023 House committee suballocation would have increased regular discretionary appropriations for LHHS relative to FY2022 by 14% (+\$27.4 billion). Ultimately, the FY2023 LHHS omnibus provided an increase of 6.1% (+\$12.7 billion) relative to FY2022.

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

Compliance with discretionary spending allocations is evaluated based on budget authority *available in the current fiscal year*, adjusted for scorekeeping by CBO. As such, totals shown in this table may not be comparable to other totals shown in this report. Current-year budget authority totals exclude advance appropriations for future years, but include advance appropriations from prior years that become available in the current year. (Advance appropriations are provided to selected LHHS accounts, generally in order to manage specific planning concerns and ensure continuity of operations at the start of a new fiscal year.)

**Table A-1. LHHS Discretionary FY2022 and FY2023 Enacted Levels and FY2023 House 302(b) Suballocations**

(current-year budget authority in billions of dollars)

	<b>FY2022 Enacted</b>	<b>FY2023 Initial House 302(b) (and Adjustments)<sup>a</sup></b>	<b>FY2023 Enacted<sup>b</sup></b>
Regular Discretionary Appropriations	196.994	224.399	207.367
Adjustments:			
Health care fraud and abuse control	0.556	0.576	0.576
Continuing disability reviews and redeterminations	1.435	1.511	1.511
Reemployment services and eligibility assessments	0.133	0.258	0.258
Emergency Requirements	7.831	—	9.920
Adjusted Appropriations	206.949	226.744	219.632

**Source:** Table prepared by CRS. 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 Enacted amount for regular discretionary appropriations is from CBO, *Report on the Status of Discretionary Appropriations, Fiscal Year 2022, Senate, February 10, 2023*, <https://www.cbo.gov/system/files?file=2023-02/FY2023-Senate-2022-12-23.pdf>, and CRS analysis of the texts of

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.

relevant laws. The FY2023 Initial House and FY2023 Enacted adjustments are from CRS analysis of the texts of relevant laws. Amounts shown in this table generally reflect scorekeeping adjustments, where applicable.

**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 21<sup>st</sup> 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.
- b. Adjustments for FY2023 enacted are as stated in Division H of P.L. 117-328. Note that CBO tabulates the FY2023 enacted adjustments differently based on relevant procedures in CBO, *Discretionary Spending in Fiscal Year 2023 Under Divisions A Through L of H.R. 2617 (as modified by Senate Amendment 6552), the Consolidated Appropriations Act, 2023*, December 21, 2022, [https://www.cbo.gov/system/files/2022-12/HR-2617\\_div-A%E2%80%93N.pdf](https://www.cbo.gov/system/files/2022-12/HR-2617_div-A%E2%80%93N.pdf). See also CBO, *Report on the Status of Discretionary Appropriations, Fiscal Year 2022*, Senate, February 10, 2023, <https://www.cbo.gov/system/files?file=2023-02/FY2023-Senate-2022-12-23.pdf>; and CBO, *Report on the Status of Discretionary Appropriations, Fiscal Year 2022, House*, February 10, 2023, <https://www.cbo.gov/system/files?file=2023-02/FY2023-House-2022-12-23.pdf>.

## 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, FY2023 House Committee, and FY2023 Enacted columns include FY2023 advance appropriations 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.

**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
<b>Title I: Labor</b>	<b>14.4</b>	<b>16.2</b>	<b>16.3</b>	<b>15.1</b>
Discretionary	13.2	14.9	15.0	13.8
Mandatory	1.2	1.3	1.3	1.3
<b>Title II: HHS</b>	<b>1,130.8</b>	<b>1,223.2</b>	<b>1,223.5</b>	<b>1,214.7</b>
Discretionary	108.3	123.9	124.2	115.4
Mandatory	1,022.5	1,099.3	1,099.3	1,099.3
<b>Title III: Education</b>	<b>80.1</b>	<b>92.3</b>	<b>90.7</b>	<b>83.5</b>
Discretionary	76.4	88.3	86.7	79.6

Bill Title	FY2022 Enacted	FY2023 Request	FY2023 House Cmte. (H.R. 8295)	FY2023 Enacted
Mandatory	3.7	3.9	3.9	3.9
<b>Title IV: Related Agencies</b>	<b>76.9</b>	<b>77.1</b>	<b>76.7</b>	<b>76.4</b>
Discretionary	15.9	17.7	17.3	17.0
Mandatory	61.0	59.4	59.4	59.4
<b>Total Current Year BA<sup>a</sup></b>	<b>1,302.2</b>	<b>1,408.7</b>	<b>1,407.2</b>	<b>1,389.7</b>
<b>Discretionary</b>	<b>213.8</b>	<b>244.8</b>	<b>243.3</b>	<b>225.8</b>
<b>Mandatory</b>	<b>1,088.4</b>	<b>1,163.9</b>	<b>1,163.9</b>	<b>1,163.9</b>
<i>Emergency Funding (not in above totals or memoranda below)</i>				
P.L. 117-43, Divisions A and C	4.2	—	—	—
P.L. 117-58, Division J <sup>d</sup>	-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 <sup>a</sup>	1.6	—	—	0.4
P.L. 117-180, Division A	0.0	—	—	2.8
P.L. 117-328, Division M	—	—	—	2.4
P.L. 117-328, Division N	—	—	—	4.3
<b>Memoranda</b>				
Advances for Future Years (provided in current bill) <sup>d</sup>	210.7	242.8	242.8	242.8
Advances from Prior Years (for use in current year) <sup>d</sup>	197.6	210.7	210.7	210.7
Additional Scorekeeping Adjustments <sup>e</sup>	-14.7	-33.9	-16.5	-16.1

**Source:** Amounts in this table for the FY2022 Enacted, FY2023 Request, and FY2023 House Committee column 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.)

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