

Labor, Health and Human Services, and Education: FY2024 Appropriations

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Labor, Health and Human Services, and Education: FY2024 Appropriations

This report offers an overview of the FY2024 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), and for more than a dozen related agencies (including the Social Security Administration).

This report primarily focuses on regular FY2024 LHHS discretionary funding enacted during the annual appropriations process. Totals generally do not include emergency-designated funds, except as noted.

FY2024 Appropriations

FY2024 LHHS Omnibus: On March 23, 2024, the Further Consolidated Appropriations Act, 2024 (FY2024 LHHS omnibus; H.R. 2882) was signed into law (P.L. 118-47), providing full-year LHHS appropriations (Division D). Annual discretionary LHHS appropriations totaled \$227.7 billion (0.8% more than FY2023 enacted and 10.3% less than the FY2024 President's request). It also provided \$1.217 trillion in mandatory funding, for a combined LHHS total of \$1.445 trillion. The distribution of discretionary funding was as follows:

- **DOL:** \$13.7 billion, 1.1% less than FY2023.
- **HHS:** \$117.8 billion, 2.1% more than FY2023.
- **ED:** \$79.1 billion, 0.7% less than FY2023.
- **Related Agencies:** \$17.1 billion, 0.3% more than FY2023.

FY2024 Continuing Resolutions: Prior to the enactment of the LHHS omnibus, FY2024 appropriations were provided by a series of continuing resolutions (CRs): P.L. 118-15, P.L. 118-22, P.L. 118-35, and P.L. 118-40. In general, the FY2024 CRs funded discretionary programs at the same rate and under the same conditions as the FY2023 LHHS omnibus, with specified exceptions, and funded annually appropriated entitlements at current law levels.

FY2024 LHHS Senate Action: On July 27, 2023, the Senate Appropriations Committee voted to report and reported its FY2024 LHHS bill, 26-2 (S. 2624; S.Rept. 118-84). The measure was not previously marked up in subcommittee. As reported, the bill would have provided \$224.5 billion in non-emergency discretionary LHHS funds (0.6% less than comparable non-emergency FY2023 enacted levels and 11.5% less than the FY2024 President's request). In addition, it would have provided an estimated \$1.217 trillion in mandatory funding, for a combined LHHS non-emergency total of \$1.442 trillion. (The bill also would have provided an additional \$4.1 billion in emergency-designated discretionary appropriations [not included in the above or below totals] effectively to support regular operations for selected activities.) The distribution of proposed non-emergency discretionary funding was as follows:

- **DOL:** \$13.8 billion, 0.5% less than FY2023.
- **HHS:** \$113.9 billion, 1.3% less than FY2023.
- **ED:** \$79.6 billion, about the same as FY2023.
- **Related Agencies:** \$17.3 billion, 1.4% more than FY2023.

FY2024 LHHS House Action: While the House Appropriations Committee did not report its LHHS bill, a draft bill was approved in subcommittee on July 14, 2023 (voice vote). Subsequently, the House considered an LHHS bill (H.R. 5894) but did not vote on final passage. On November 14 and 15, H.R. 5894 was considered on the House floor under the terms of a special rule (H.Res. 864) that provided the amendments that would be in order and that the bill text would be Rules

Committee Print 118-13. Further proceedings were postponed after floor amendments were considered. *Because the House did not vote on passage of H.R. 5894 as amended on the floor, the term “House floor bill” refers to the text of H.R. 5894 as amended by Rules Committee Print 118-13. Budget numbers for the bill do not include the effects of floor amendments. Appendix B summarizes the amendments offered and their disposition.*

The House floor bill would have provided \$196.4 billion in discretionary LHHS funds (13.1% less than FY2023 enacted and 22.6% less than the FY2024 President’s request). In addition, it would have provided an estimated \$1.217 trillion in mandatory funding, for a combined LHHS total of \$1.414 trillion. The distribution of proposed discretionary funding was as follows:

- **DOL:** \$9.8 billion, 29.1% less than FY2023.
- **HHS:** \$103.7 billion, 10.2% less than FY2023.
- **ED:** \$67.4 billion, 15.3% less than FY2023.
- **Related Agencies:** \$15.5 billion, 9.1% less than FY2023.

FY2024 President’s Budget Request: The President’s budget request was submitted to Congress on March 9, 2023. The President requested \$253.8 billion in discretionary funding for accounts funded by the LHHS bill, which was an increase of 12.4% from FY2023 levels. In addition, the President requested \$1.217 trillion in annually appropriated mandatory funding, for an LHHS total of \$1.471 trillion. The distribution of requested discretionary funding was as follows:

- **DOL:** \$15.5 billion, 12.0% more than FY2023.
- **HHS:** \$129.6 billion, 12.3% more than FY2023.
- **ED:** \$90.0 billion, 13.1% more than FY2023.
- **Related Agencies:** \$18.7 billion, 9.8% more than FY2023.

FY2024 Emergency-Designated Appropriations

LHHS emergency-designated appropriations for FY2024 were enacted in P.L. 118-50 (H.R. 815, April 24, 2024), which provided \$481 million in such appropriations for the HHS Refugee and Entrant Assistance account.

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Introduction

This report provides an overview of FY2024 enacted and proposed appropriations for accounts traditionally funded in the appropriations bill for the Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS). This bill provides discretionary and mandatory appropriations to three federal departments: the Department of Labor (DOL), the Department of Health and Human Services (HHS), and the Department of Education (ED). In addition, the bill provides annual appropriations for more than a dozen related agencies, including the Social Security Administration (SSA).

Discretionary funds represent less than one-fifth of the total funds appropriated in the annual LHHS bill. Nevertheless, the LHHS bill is typically the largest single source of discretionary funds for domestic nondefense federal programs among the various appropriations bills.

(The Department of Defense bill is the largest source of discretionary funds among all federal programs.) Because the appropriations process both *provides* and *controls* discretionary funding (concepts discussed further in the “Mandatory vs. Discretionary Budget Authority” section), the bulk of this report is focused on these funds.

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

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

Scope of the Report: Emergency-Designated Discretionary Funding

This report primarily focuses on regular FY2024 LHHS discretionary funding proposed during the annual appropriations process. The emergency discretionary funding that was enacted for FY2023, proposed in the Senate for FY2024, and enacted for FY2024, is generally not included in the budgetary amounts 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. *The exceptions to this general rule, all within the Department of Health and Human Services section of this report, are noted.*

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 FY2024 appropriations and (for context) a review of the conclusion of the FY2023 appropriations process. This is followed by a high-level summary and analysis of enacted appropriations for FY2024 compared to FY2023 funding levels and those proposed for FY2024. The body of the report contains overview sections for each of the major titles of the bill: DOL, HHS, ED, and Related Agencies (RA). These sections provide selected highlights from FY2024 enacted funding levels compared to FY2023, as well as those proposed for FY2024. (Note that the distribution of funds is sometimes illustrated by figures, which in all cases are based on the FY2024 enacted LHHS appropriations.¹)

¹ The figures reflect the distribution of FY2024 enacted appropriations. However, the FY2024 enacted distribution of funds (as measured by the relative share of funds going toward a particular department or agency) is also generally (continued...)

Appendix A provides a summary of budget enforcement activities for FY2024. This includes information on mandatory spending sequestration pursuant to the Budget Control Act of 2011 (BCA; P.L. 112-25), discretionary spending budget enforcement under the Fiscal Responsibility Act spending limits (FRA; P.L. 118-5), the House draft LHHS subcommittee spending allocation, the Senate LHHS subcommittee spending allocation, and current-year spending levels.

Appendix B provides an overview of the LHHS floor amendments that were offered in the House during its consideration of H.R. 5894.

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 (sometimes referred to as AmeriCorps), the Corporation for Public Broadcasting, the Institute of Museum and Library Services, the National Labor Relations Board, and the Railroad Retirement Board.

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 Authority²

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

illustrative of the distribution of funds in FY2023 enacted appropriations and those proposed by the FY2024 President’s budget, the Senate committee bill, and the House floor bill.

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

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

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 FY2024 President’s budget submission reflect current-law (or current services) estimates; they generally do not include the President’s proposed changes to a mandatory spending program’s authorizing statute that might affect total spending. (In general, such proposals are excluded from this report, as they typically would be enacted in authorizing legislation.)

The report focuses most closely on discretionary funding because discretionary funding receives the bulk of attention during the appropriations process. (While the LHHS bill includes more mandatory funding than discretionary funding, the appropriators generally have less flexibility in adjusting mandatory funding levels than discretionary funding levels.)

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

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

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

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

³ Sometimes appropriations measures include amendments to laws authorizing mandatory spending programs and thereby change the amount of mandatory appropriations needed. Because such amendments are legislative in nature, they may violate parliamentary rules separating authorizations and appropriations. For more information, see CRS Report R42388, *The Congressional Appropriations Process: An Introduction*.

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

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

As the annual appropriations process unfolds, the amount of current-year budget authority is measured against 302(b) allocation ceilings (budget enforcement caps for appropriations subcommittees that traditionally emerge following the budget resolution process, see **Appendix A**). The process of measuring appropriations against these spending ceilings takes into account *scorekeeping adjustments*, which are made by the Congressional Budget Office (CBO) to reflect conventions and special instructions of Congress.⁶ Unless otherwise specified, appropriations levels displayed in this report do not reflect additional scorekeeping adjustments. (Those scorekeeping adjustments are displayed at the bottom of **Table 2**.)

Status of FY2024 LHHS Appropriations

FY2024 Emergency-Designated Appropriations

Emergency designated appropriations are effectively exempt from otherwise applicable budget enforcement requirements, such as committee allocations, as described above. LHHS emergency-designated appropriations for FY2024 were enacted in P.L. 118-50 (H.R. 815, April 24, 2024), Division B, the Ukraine Security Supplemental Appropriations Act, 2024, which provided \$481 million in emergency-designated appropriations for the Refugee and Entrant account at the Administration for Children and Families (HHS).⁷

FY2024 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		Initial Floor Consideration		Resolution of House and Senate Differences			
House	Senate	House	Senate	House	Senate	Conf. Report	House Final Passage	Senate Final Passage	Public Law
5/18/23	—	—	S. 2624	H.R. 5894	—	—	H.R. 2882	H.R. 2882	P.L. 118-47
voice			(S.Rept. 118-84)	11/15/23			3/22/24	3/23/24	3/23/24
vote			7/27/23	Chair			Final	74-24	
			26-2	Postponed			approval		
				Proceedings			via adoption of H.Res. 1102 ^a		

Source: CRS Appropriations Status Table.

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

⁷ The budgetary effects of Section 301 of Division B, related to 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, *CBO Estimate for H.R. 8035, Ukraine Security Supplemental Appropriations Act, 2024, As Posted on the website of the House Committee on Rules on April 17, 2024*, April 19, 2024, https://www.cbo.gov/system/files/2024-04/hr8035_Ukraine_Security_Supplemental_Appropriations_Act_2024.pdf.

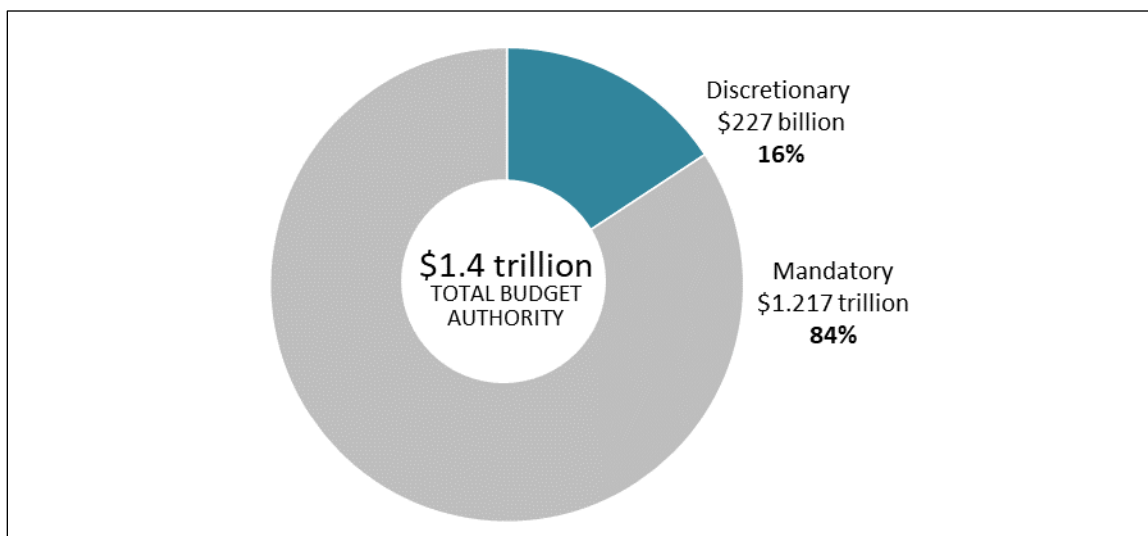
- a. The House vote on final passage of the LHHS omnibus was with regard to the special rule H.Res. 1102, which was brought up under suspension of the rules and passed by a vote of 286-134. H.Res. 1102 as agreed to by the House, deemed that the House concurred in the Senate amendment to H.R. 2882 passed on March 12, 2024 with a further amendment that included six appropriations bill divisions.

FY2024 Further Consolidated Appropriations Act

Full-year FY2024 appropriations for LHHS were enacted on March 23, 2024, when the Further Consolidated Appropriations Act, 2024 (FY2024 LHHS omnibus; H.R. 2882; P.L. 118-47) was signed into law by the President. The FY2024 LHHS omnibus provided full-year appropriations for six of the annual appropriations acts in Divisions A-F, with LHHS appropriations being provided in Division D. Prior to its enactment, the final version of the measure was approved by the House on March 22,⁸ and the Senate on March 23 (74-24).

See **Figure 1** for a breakdown of FY2024 discretionary and mandatory LHHS appropriations enacted in the FY2024 LHHS omnibus.⁹ Annual discretionary LHHS appropriations totaled about \$227.7 billion. This amount is 0.8% more than FY2023 enacted and 10.3% less than the FY2024 President's budget request. The omnibus also provided \$1.217 trillion in mandatory funding, for a combined LHHS total of \$1.445 trillion.

Figure 1. FY2024 Enacted LHHS Appropriations



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Enacted totals for FY2024 do not include emergency-designated, contingent, or indefinite discretionary 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

⁸ The House vote on final passage of the LHHS omnibus was with regard to the special rule H.Res. 1102, which was brought up under suspension of the rules and passed by a vote of 286-134. H.Res. 1102 as agreed to by the House, deemed that the House concurred in the Senate amendment to H.R. 2882 passed on March 12, 2024 with a further amendment that included six appropriations bill divisions.

⁹ While the percentages in this figure were calculated based on amounts in the FY2024 LHHS omnibus, they are generally also illustrative—within a few percentage points—of the share of mandatory and discretionary funds in FY2023 and under the FY2024 President's budget, FY2024 House floor bill, and FY2024 Senate committee bill.

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

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

FY2024 Continuing Appropriations

Between the start of FY2024 and the enactment of full-year annual appropriations, LHHS appropriations were provided by a series of CRs. The first FY2024 CR was signed into law on September 30, 2023 (Division A of H.R. 5860; P.L. 118-15). It provided continuing appropriations for all 12 of the annual appropriations acts (including LHHS) through November 17, 2023. H.R. 5860 was introduced by Representative Granger, the House Appropriations Committee Chair, on September 30, 2023. That same day, the measure was passed by both the House (335-91) and the Senate (88-9), and signed into law. Subsequently, three additional CRs were enacted, which extended the provisions of the first CR with some additional provisions (see Division A of P.L. 118-22, enacted on November 16, 2023; Division A of P.L. 118-35, enacted on January 19, 2024; Division A of P.L. 118-40, enacted on March 1, 2024). The fourth CR funded LHHS through March 22, 2024.

In general, the FY2024 CRs funded discretionary programs at the same rate and under the same conditions as in FY2023 annual appropriations acts (§101), with specified exceptions, and funded annually appropriated entitlements at their current law levels (§111). The CRs included a few provisions that are specific to LHHS accounts or related activities. Most of these LHHS-specific provisions were included in the first CR and continued in the subsequent CRs (§§101(8), 133); one new LHHS-specific provision was added in the second CR (§145).¹⁰

Prior Congressional Action on an LHHS Bill

FY2024 LHHS Action in the Senate (S. 2624)

In the Senate, the Senate Appropriations Committee reported its FY2024 LHHS bill out of committee, but it did not receive floor consideration. On July 27, 2023, the Senate Appropriations Committee voted to report the FY2024 LHHS bill, 26-2; the measure was subsequently reported to the Senate that same day (S. 2624; S.Rept. 118-84). The measure was not formally marked up in subcommittee prior to full committee action.

As reported by the full committee, the bill would have provided \$224.5 billion in non-emergency discretionary LHHS funds, a 0.6% decrease from comparable non-emergency FY2023 enacted levels. This amount was 11.5% less than the FY2024 President's request. In addition, the Senate committee bill would have provided an estimated \$1.217 trillion in mandatory funding, for a combined non-emergency total of \$1.442 trillion for LHHS as a whole.

The Senate committee bill would also have provided an additional \$4.1 billion in emergency-designated discretionary appropriations not included in the above totals. These funds would

¹⁰ The LHHS-specific provisions in the first CR (§§101(8) and 133) are discussed in CRS Report R47749, *Overview of Continuing Appropriations for FY2024 (Division A of P.L. 118-15)*.

effectively have been available to support regular operations for a selection of LHHS programs and activities, as the bill did not explicitly target the funds toward needs arising from specific disasters or other events. These emergency-designated funds would have increased the total amount of discretionary funds in the Senate committee bill by roughly 1.8%.

FY2024 LHHS Action in the House (H.R. 5894, as amended by Rules Committee Print 118-13)

In the House, the FY2024 LHHS bill was approved in subcommittee on July 14, 2023, by a voice vote.¹¹ The bill was not marked up by the full committee.

In November 2023, the House considered an LHHS bill, but did not vote on final passage. This bill (H.R. 5894), the text of which was substantially the same as the subcommittee draft bill, had been introduced on October 6, 2023, by Representative Aderholt, Chair of the House Appropriations LHHS Subcommittee. H.R. 5894 was brought to the House floor for consideration on November 14, under the terms of a special rule (H.Res. 864), that specified the amendments that would be in order and provided that the text of the bill would be Rules Committee Print 118-13, which in effect made numerous alterations to the provisions in H.R. 5894 as introduced.¹² The House considered floor amendments over two days, and then further proceedings were postponed on November 15. *Because the House voted to adopt H.Res. 864, but did not vote on passage of H.R. 5894 as amended on the floor, the “House floor bill” referred to throughout this report is the text of H.R. 5894 as amended by Rules Committee Print 118-13. Thus, the budget numbers for the House floor bill presented in this report do not include the effects of any floor amendments. Appendix B provides a summary of the amendments offered and their disposition.*

The House floor bill would have provided \$196.4 billion in discretionary LHHS funds, a 13.1% decrease from FY2023 enacted levels. This amount was 22.6% less than the FY2024 President’s request. In addition, the House floor bill would have provided an estimated \$1.217 trillion in mandatory funding, for a combined total of \$1.414 trillion for LHHS as a whole.

FY2024 President’s Budget Request

The President’s budget request was submitted to Congress on March 9, 2023. On May 9, the President submitted amendments to the FY2024 budget request that included changes to the amounts requested for specified Department of Education accounts.¹³ *These changes are reflected in the amounts for the President’s budget that are presented in this report.*

¹¹ See draft text linked to House Appropriations Committee, “Committee Releases FY24 Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill,” July 13, 2023, <https://appropriations.house.gov/news/press-releases/committee-releases-fy24-labor-health-and-human-services-education-and-related>.

¹² See the Rules Committee report accompanying H.Res. 864 for the text of the amendments made in order (H.Rept. 118-272). The text of Rules Committee Print 118-13 is posted at <https://appropriations.house.gov/sites/evo-subsites/republicans-appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. A comparative print of H.R. 5894 and the Rules Committee Print 118-13 is posted at https://rules.house.gov/sites/republicans.rules118.house.gov/files/118hr5894ih_to_LHHS%20RCP%20FINAL.xml.pdf. Draft explanatory materials accompanying H.R. 5894 and Rules Committee Print 118-13 (hereinafter, “House explanatory materials”) were released by the House Appropriations Committee and posted at <https://appropriations.house.gov/sites/evo-subsites/republicans-appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>.

¹³ See the budget amendments package at https://www.whitehouse.gov/wp-content/uploads/2023/05/FY_2024_Budget_Amendment_Corrections_5-9-23.pdf.

The President requested \$253.8 billion in discretionary funding for accounts funded by the LHHS bill, which would be an increase of 12.4% from FY2023 levels. In addition, the President requested \$1.217 trillion in annually appropriated mandatory funding, for a total of \$1.471 trillion for LHHS as a whole.

Conclusion of FY2023 Appropriations Process

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 Division 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, 2022 (68-29). It was approved by the House on December 23, 2022 (225-201).

Annual discretionary LHHS appropriations in the omnibus totaled \$225.9 billion. This amount was 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. (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.)

In addition to regular FY2023 appropriations, several HHS accounts and programs received emergency-designated appropriations in Divisions N and M of the FY2023 omnibus, as well as Division A of the first FY2023 CR (P.L. 117-180). All told, these FY2023 LHHS emergency appropriations totaled \$9.4 billion.¹⁴ Some of these funds, totaling \$750 million, were targeted to needs arising from particular disasters or events (e.g., Hurricanes Fiona and Ian). In other cases, the funds were not so targeted, and instead could effectively be used to support regular program operations, including \$4.5 billion for the Low Income Home Energy Assistance Program (LIHEAP) and \$4.2 billion for the Refugee and Entrant Assistance account.

Summary of FY2024 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 non-emergency 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.

The funding amounts for FY2024 enacted are generally drawn from or calculated based on the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. The funding amounts for FY2023 Enacted, FY2024 Request, and FY2024 Senate Committee are generally drawn from or calculated based on data contained in S.Rept. 118-84, unless otherwise noted. FY2024 House floor amounts are generally drawn from the explanatory materials accompanying H.R. 5894 and Rules Committee Print 118-13 (hereinafter, "House explanatory materials") that were released by the House Appropriations Committee and posted at <https://appropriations.house.gov/sites/evo-subsites/republicans-appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>, unless otherwise noted.

Emergency-designated LHHS appropriations are generally not included in FY2023 and FY2024 totals ("Total BA in the Bill"). (For informational purposes, FY2023 enacted, FY2024 proposed, and FY2024 enacted emergency-

¹⁴ In addition to these amounts, the FY2023 omnibus (Division H) also provided a contingent emergency appropriation that only became available if certain conditions were met.

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.) There are two notable exceptions to this general rule:

- Funding in the “Selected HHS Highlights by Agency” section includes, as noted, certain emergency-designated funds that effectively could be used to support regular program operations (i.e., the appropriations did not limit use of funds to activities associated with a particular disaster or event, such as needs arising from a hurricane). Such funds were enacted in FY2023, proposed in the FY2024 Senate committee bill, and enacted in FY2024. Likewise, **Table 6** and **Table 7** also break out this emergency funding for regular program operations for relevant HHS operating divisions, accounts, and budget lines. All FY2023 and FY2024 emergency-designated funding (for both regular program operations and for specified emergencies) also is included at the bottom of these HHS tables.
- Funding in **Appendix A** includes all FY2023 enacted, FY2024 Senate committee bill, and FY2024 enacted emergency-designated funds in the “Adjusted Appropriations” totals, as scored by the Congressional Budget Office.

Post-enactment adjustments, such as mandatory spending sequestration (where applicable), or transfers and reprogramming of funds pursuant to executive authorities, are generally not included in this report except as noted.¹⁵ CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

Report language, which Congress may use to further specify funding or to communicate a range of directives to the agency, is frequently referenced in this CRS report. 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 Development and Components*.

Table 2 displays FY2024 enacted and proposed discretionary and mandatory LHHS budget authority along with FY2023 enacted levels, by bill title. The amounts shown in this table reflect total budget authority provided in the annual LHHS bill (i.e., all funds appropriated in the bill, regardless of the fiscal year in which the funds become available), not total budget authority available for the current fiscal year. (For a comparable table showing current-year budget authority, see **Table A-2**.) Note that the totals in this table do not include emergency-designated appropriations; those amounts are displayed separately at the bottom of the table and are in addition to regular appropriations.

¹⁵ 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). Since FY2018, each version of this report has relied on source materials that generally did not reflect any transfers or other budgetary adjustments pursuant to administrative authorities except PPHF sequestration.

Table 2. LHHS Appropriations Overview by Bill Title, FY2023-FY2024

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

Bill Title	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Title I: Labor	15.1	16.8	15.1	11.1	15.0
Discretionary	13.8	15.5	13.8	9.8	13.7
Mandatory	1.3	1.3	1.3	1.3	1.3
Title II: HHS	1,246.5	1,278.7	1,263.0	1,252.8	1,267.0
Discretionary	115.4	129.6	113.9	103.7	117.8
Mandatory	1,131.1	1,149.1	1,149.1	1,149.1	1,149.1
Title III: Education	83.5	94.3	83.8	71.7	83.3
Discretionary	79.6	90.0	79.6	67.4	79.1
Mandatory	3.9	4.3	4.3	4.3	4.3
Title IV: Related Agencies	76.7	81.2	79.7	78.0	79.5
Discretionary	17.0	18.7	17.3	15.5	17.1
Mandatory	59.6	62.5	62.5	62.5	62.5
Total BA in the Bill	1,421.9	1,471.0	1,441.7	1,413.5	1,444.8
Discretionary	225.9	253.8	224.5	196.4	227.7
Mandatory	1,196.0	1,217.1	1,217.1	1,217.1	1,217.1
<i>Emergency Funding (not in above totals or memoranda below)^a</i>					
P.L. 117-180, Division A	2.8	—	—	—	—
P.L. 117-328, Division M	2.4	—	—	—	—
P.L. 117-328, Division N	4.3	—	—	—	—
S. 2624, Title II	—	—	4.1	—	—
P.L. 118-50	—	—	—	—	0.5
Memoranda:					
Advances for Future Years (provided in current bill) ^b	242.8	297.0	297.0	296.5	297.0
Advances from Prior Years (for use in current year) ^b	210.7	242.8	242.8	242.8	242.8
Additional Scorekeeping Adjustments ^c	-16.1	-30.9	-26.5	-47.0	-30.4

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/evo-subsites/republicans-appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Amounts in this table for FY2024 Enacted are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Totals ("Total BA in the Bill") do not include emergency-designated, contingent, or indefinite discretionary appropriations. CRS

calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended. 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. Note that amounts shown for scorekeeping are calculated using the source documents specified, but the Congressional Budget Office is responsible for the official scoring of the bill.

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.

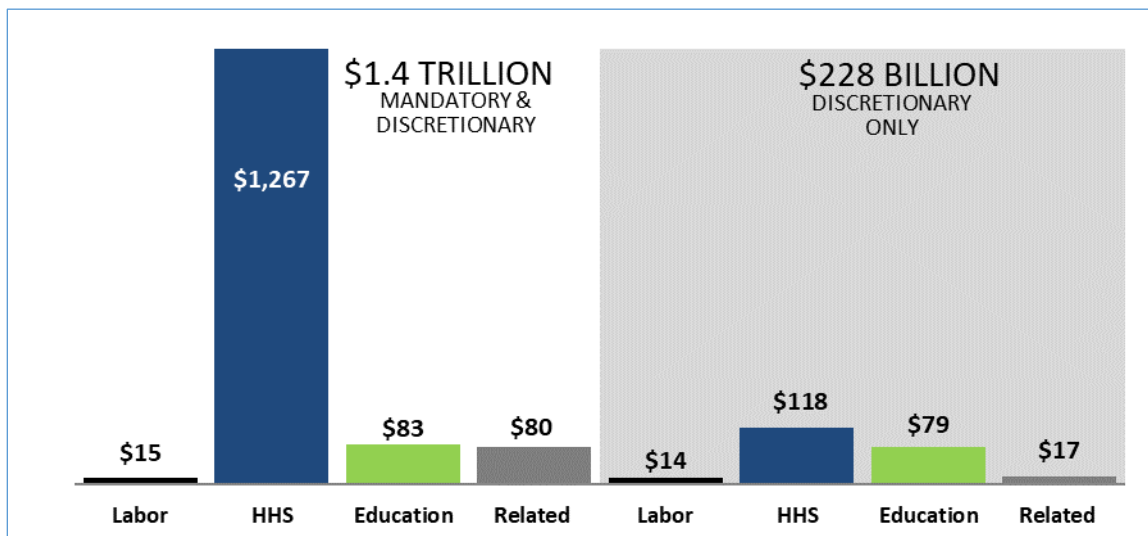
- a. The FY2023 LHHS omnibus, the FY2024 President's budget request, the FY2024 Senate committee bill, and the FY2024 LHHS omnibus, included a contingent appropriation for the HHS Refugee and Entrant Assistance account. The contingent funds become available only if certain conditions were met. These funds would have received an emergency designation under the FY2024 President's request and the Senate committee bill. Consistent with source materials, the estimated amount of the contingent appropriations is treated as a scorekeeping adjustment and is thus not included in this total. In addition, Division A of the Continuing Appropriations Act, 2024 and Other Extensions Act (H.R. 5860; P.L. 118-15, September 30, 2023) provided a rate for operations of \$2.5 billion in emergency-designated appropriations for Low Income Home Energy Assistance Program (§101(8)) at the HHS Administration for Children and Families (ACF). Because this funding is provided at a *rate for operations*, and not a definite amount, it is not included in the tables in this report.
- b. 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.
- c. 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 in the FY2024 LHHS omnibus, by bill title. (While the percentages discussed in this section were calculated based on FY2024 enacted, they are generally also illustrative—within several percentage points—of the share of funds directed to each bill title in FY2023, and under the FY2024 proposals.)

As this figure demonstrates, HHS accounts for the largest share of total FY2024 LHHS appropriations: \$1.267 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 5.8% and 5.5%, respectively. (The majority of the ED appropriations each year are discretionary, while the bulk of funding for the Related Agencies goes toward mandatory payments and administrative costs of the Supplemental Security Income program at the Social Security Administration.) DOL accounts for the smallest share of total LHHS funds, 1.0%.

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 (51.8%), while ED accounts for a relatively larger share (34.7%). Together, these two departments represent the majority (86.5%) of discretionary LHHS appropriations. DOL and the Related Agencies account for the remaining discretionary funds, at 6.0% and 7.5% of the total, respectively.

Figure 2. FY2024 Enacted LHHS Appropriations by Title
(non-emergency 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 FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Totals do not include emergency-designated, contingent, or indefinite discretionary appropriations. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

Notes: Details may not add to totals due to rounding. Amounts in this figure (1) reflect all 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.

FY2024 LHHS Congressionally Directed Spending and Community Project Funding

The terms Congressionally Directed Spending (CDS) in the Senate and Community Project Funding (CPF) in the House have been recently used to describe various types of congressional funding allocations that are often referred to as *earmarks*. For the FY2024 appropriations cycle, the Senate Appropriations Committee announced that it would accept CDS requests for a selection of budget accounts.¹⁶ The House Appropriations Committee likewise allowed CPF requests within a selection of accounts.¹⁷ This is the third fiscal year in a row the Appropriations Committees have included CDS or CPF requests for at least some appropriations bills and accounts.¹⁸

¹⁶ Senate Appropriations Committee, FY2024 Congressionally Directed Spending, <https://www.appropriations.senate.gov/fy-2024-congressionally-directed-spending>.

¹⁷ House Appropriations Committee, FY24 Community Project Funding, <https://appropriations.house.gov/fiscal-year-2024-community-project-funding>.

¹⁸ For further background, see CRS Report R45429, *Lifting the Earmark Moratorium: Frequently Asked Questions*.

CDS and CPF requests are subject to a number of chamber-specific rules, protocols, and restrictions. Earmark definitions vary by chamber, but typically refer to funding that directly benefits a specific entity, locality, congressional district, or state without going through a formula or competitive award process. For the FY2024 cycle, the April 2024 Senate Appropriations Committee guidance identified several accounts in the LHHS bill as eligible for CDS requests:¹⁹

- DOL, Employment and Training Administration, Training and Employment Services
- HHS, Health Resources and Services Administration, Program Management
- HHS, Substance Abuse and Mental Health Services Administration, Health Surveillance and Program Support
- HHS, Administration for Children and Families, Children and Families Services Programs
- HHS, Administration for Community Living, Aging and Disability Services Programs
- ED, Innovation and Improvement, Fund for the Improvement of Education
- ED, Higher Education, Fund for the Improvement of Postsecondary Education

However, the April 2024 House Appropriations Committee guidance did not identify any LHHS accounts for CPF requests.²⁰

Ultimately, the FY2024 LHHS omnibus provided funding for more than a thousand items designated as CDS requests across the seven LHHS accounts where earmark requests were accepted by the Senate Appropriations Committee. In a handful of cases, these items also carried a CPF designation. In such cases, the initial CPF request had been made for the same entity in a bill other than LHHS. A full list of the LHHS CDS and CPF items can be found on pp. H1898-H2000 of the explanatory statement accompanying the FY2024 LHHS omnibus.²¹

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.

¹⁹ Senate Appropriations Committee, Labor, Health and Human Services, Education, and Related Agencies: FY2024 Congressionally Directed Spending—Eligible Agencies and Accounts, https://www.appropriations.senate.gov/imo/media/doc/FY%202024_CDS%20Appropriations%20Accounts_LHHS_FINAL_02152023.pdf.

²⁰ House Appropriations Committee, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Chairman Robert B. Aderholt Dear Colleague, February 28, 2023, <https://appropriations.house.gov/sites/evo-subsites/repUBLICans-appropriations.house.gov/files/FY24%20Labor%2C%20Health%20and%20Human%20Services%2C%20Education%2C%20and%20Related%20Agencies%20Dear%20Colleague.pdf>.

²¹ The explanatory statement accompanying the FY2024 LHHS omnibus is in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070.

About DOL

DOL is a federal department comprising multiple entities that provide services related to employment and training, worker protection, income security, and contract enforcement. Annual LHHS appropriations laws direct funding to all DOL entities (see the text box).²³ The DOL entities fall primarily into two main functional areas—workforce development and worker protection. First, several DOL entities 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, several agencies 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 Labor-Management Standards (OLMS)
Office of Federal Contract Compliance Programs (OFCCP)
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)²²

FY2024 DOL Appropriations Overview

Table 3 displays FY2024 enacted and proposed funding levels for DOL, along with FY2023 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 FY2023 or FY2024.

Discretionary funds represent the majority of DOL appropriations, accounting for 92% of FY2023 and FY2024 enacted levels. The FY2024 LHHS omnibus decreased discretionary appropriations for DOL by \$145 million (-1.1%) compared to the FY2023 LHHS omnibus. Relative to FY2023 LHHS omnibus, discretionary DOL appropriations would have decreased by \$4.0 billion (-29.1%) under the FY2024 House floor bill, decreased by \$71 million (-0.5%) under the Senate committee bill, and increased by \$1.7 billion (+12.0%) under the FY2024 President’s budget request.

²² Departmental Management includes the DOL salaries and expenses, the Bureau of International Labor Affairs, Veterans Employment and Training Service (VETS), IT Modernization, and the Office of the Inspector General.

²³ 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	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Discretionary	13.8	15.5	13.8	9.8	13.7
Mandatory	1.3	1.3	1.3	1.3	1.3
Total, DOL BA in the Bill	15.1	16.8	15.1	11.1	15.0
<i>Emergency Funding (not in above totals)</i>	—	—	—	—	—

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/evo-subsites/republicans-appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Amounts in this table for FY2024 Enacted are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Totals ("Total BA in the Bill") do not include emergency-designated, contingent, or indefinite discretionary appropriations.

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

Selected DOL Highlights

The following sections present highlights from the FY2024 enacted and proposed appropriations compared to the FY2023 LHHS omnibus for selected DOL accounts and programs.²⁴

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

Employment and Training Administration (ETA)

ETA administers federal workforce development programs, including those authorized under Title I of the Workforce Innovation and Opportunity Act (WIOA; P.L. 113-128, as amended), and provides oversight to state workforce agencies in the implementation and administration of state unemployment insurance programs, federal unemployment compensation programs, and other wage-loss, worker dislocation and adjustment assistance compensation programs. These services are primarily provided through state workforce agencies and local workforce development systems.

The FY2024 LHHS omnibus provided \$10.4 billion in discretionary budget authority for the ETA. This is \$137 million less (-1.3%) than the FY2023 enacted level (\$10.5 billion). Under the FY2024 LHHS omnibus and accompanying explanatory statement, most discretionary ETA programs and activities received flat funding relative to FY2023, though a few experienced decreases. For instance, the enacted bill provided \$301 million for the Dislocated Worker Assistance (DWA) National Reserve, which is \$25 million (-7.7%) less than FY2023. The DWA

²⁴ DOL budget materials can be found at <https://www.dol.gov/general/aboutdol#budget>.

National Reserve provides employment services and other assistance to workers laid off due to emergencies or major disasters. Within the \$301 million appropriated for the DWA National Reserve, the explanatory statement accompanying the FY2024 LHHS omnibus directs ETA to fund four initiatives totaling \$145 million, which would leave \$156 million for other DWA National Reserve activities.²⁵ FY2023 funding for the DWA National Reserve was \$326 million, which included \$135 million for three initiatives and \$191 million for other DWA National Reserve activities.

While the Senate committee bill would have largely maintained ETA funding at the FY2023 level—including level funding for most WIOA programs—the House floor bill would have reduced discretionary ETA funding by \$3.5 billion, or 33.2%, below the enacted FY2023 levels. The reduction would have primarily come from the proposed elimination of several workforce programs, including Job Corps (\$1.8 billion in FY2023), WIOA Youth Activities (\$948 million in FY2023), and Community Service Employment for Older Americans (\$405 million in FY2023). Finally, the FY2024 President’s budget requested \$200 million to expand sector-based training programs (the SECTOR program); however, funding for this program was not included in the House floor bill, the Senate committee bill, nor the FY2024 LHHS omnibus.

Occupational Safety and Health Administration (OSHA)

OSHA is the federal government’s primary regulator of workplace safety and health. OSHA promulgates occupational safety and health standards and enforces compliance with these standards through workplace inspections, abatement orders, and civil monetary penalties. States may develop their own occupational safety and health systems (“state plans”) that must be “at least as effective” as OSHA at providing for safe workplaces, and OSHA provides grants to assist states in funding their state plans. OSHA also provides compliance assistance and education to employers and enforces 25 federal whistleblower protection laws.²⁶

The FY2024 LHHS omnibus provided \$632 million in discretionary budget authority for OSHA, the same as in FY2023. The FY2024 President’s budget had proposed increasing OSHA funding by \$106 million (+16.8%) relative to FY2023, whereas House floor bill and Senate committee bill would have reduced OSHA funding by \$95 million (-15.1%) and \$4 million (-0.6%), respectively.

The FY2024 LHHS omnibus reserved a maximum of \$120 million to support state plans and retained the long-standing provisions limiting OSHA activities related to small farms and to small businesses in industries with injury rates below national averages. This is consistent with FY2023 and each of the FY2024 proposals (President’s budget, House floor, and Senate committee). Finally, the FY2024 LHHS omnibus provided that no less than \$3.5 million of the appropriation be for Voluntary Protection Programs (VPP), part of OSHA’s compliance assistance activities. This is also consistent with FY2023 and the FY2024 proposals.

Wage and Hour Division (WHD)

The WHD is responsible for enforcing the Fair Labor Standards Act (FLSA), the Davis-Bacon Act (DBA), the Family and Medical Leave Act (FMLA), and other labor standards statutes. The FY2024 LHHS omnibus provided \$260 million for the WHD, which is the same as in FY2023. The FY2024 President’s budget and the FY2024 Senate committee bill proposed increasing WHD appropriations by \$81 million (+31.1%) and \$5 million (+1.7%), respectively, relative to FY2023.

²⁵ *Congressional Record*, vol. 170, no. 170, book II, March 22, 2024, pp. H1886.

²⁶ A list of the federal whistleblower statutes enforced by OSHA is at <https://www.whistleblowers.gov/statutes>.

By contrast, the FY2024 House floor bill would have decreased WHD funding by \$75 million (-28.8%), relative to FY2023. The House explanatory materials expressed concerns with a recent increase in illegal child labor and with minimum wage requirements governing work on certain federal contracts.²⁷

Bureau of Labor Statistics (BLS)

BLS is the principal federal statistical agency responsible for measuring labor market trends, working conditions, price changes, and productivity, through data products such as the Current Population Survey and the Consumer Price Index. The FY2024 LHHS omnibus provided \$698 million for BLS, which is the same as was provided in the FY2023 omnibus and as was proposed in the FY2024 Senate committee bill. The FY2024 House floor bill would have decreased BLS funding by \$40 million (-5.7%) relative to FY2023, whereas the FY2024 President's budget requested an increase of \$60 million (+8.7%).

The proposed \$60 million increase in the President's budget would have supported a number of different activities. For instance, the President's budget would have provided increases of \$11.9 million to support the measurement of poverty and of inflation for low-income households, \$9.6 million to improve the timeliness and reliability of the Job Openings and Labor Turnover Survey, and \$7.9 million to match rising costs in fielding the Current Population Survey and research and test methods of modernizing this survey.²⁸

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 FY2024 LHHS omnibus provided \$116 million for ILAB, which is the same as the FY2023 enacted level and the level proposed in the FY2024 Senate committee bill. The FY2024 House floor bill would have eliminated funding for ILAB, while the FY2024 President's budget would have increased funding by \$14 million (+12.4%) 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 FY2024 LHHS omnibus.

The FY2024 LHHS omnibus continued several provisions that have been included in previous LHHS appropriations acts, including provisions that

- exempted certain insurance claims adjusters from overtime protection for two years following a "major disaster" (included since FY2016);²⁹
- 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);³⁰

²⁷ House explanatory materials, pp. 12-13.

²⁸ FY2024 Congressional Budget Justification, Bureau of Labor Statistics, pp. BLS-11 and BLS-12, <https://www.dol.gov/sites/dolgov/files/general/budget/2024/CBJ-2024-V3-01.pdf>.

²⁹ See Division D, Title I, §108 of P.L. 118-47.

³⁰ See Division D, Title I, §110 of P.L. 118-47. The H-2B program allows for the temporary employment of foreign (continued...)

- 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);³¹
- 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);³²
- 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 and the Gary Job Corps Center are located (included since FY2018);³³ 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 Civilian Conservation Centers unless certain conditions are met (included since FY2020).³⁴

Table 4. Detailed DOL Appropriations

(in millions of dollars)

Agency or Selected Program	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
ETA—Mandatory^a	494	31	31	31	31
ETA—Discretionary	10,488	11,479	10,427	7,005	10,351
<u>Discretionary ETA Programs:</u>					
Training and Employment Services:	4,141	4,421	4,017	2,837	4,006
<u>State Formula Grants:</u>	2,929	3,019	2,929	1,808	2,929
Adult Activities Grants to States	886	900	886	712	886
Youth Activities Grants to States	948	964	948	0	948
Dislocated Worker Activities (DWA) Grants to States	1,096	1,155	1,096	1,096	1,096
<u>National Activities:</u>	1,212	1,402	1,087	1,029	1,077
DWA National Reserve	326	364	306	361	301
Native Americans	60	64	60	60	60
Migrant and Seasonal Farmworkers	97	97	97	97	97

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.

³¹ See Division D, Title I, §112 of P.L. 118-47.

³² See Division D, Title I, §113 of P.L. 118-47.

³³ See Division D, Title I, §114 of P.L. 118-47.

³⁴ See Division D, Title I, §115 of P.L. 118-47.

Agency or Selected Program	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
YouthBuild	105	145	105	105	105
Reintegration of Ex-Offenders	115	170	115	115	115
Workforce Data Quality Initiative	6	11	6	6	6
Apprenticeship Grants	285	335	290	285	285
Community Projects	217	0	108	0	108
Climate Corps	0	15	0	0	0
SECTOR Partnerships	0	200	0	0	0
Job Corps	1,760	1,835	1,760	0	1,760
Community Service Employment for Older Americans	405	405	405	0	405
<u>State Unemployment Insurance and Employment Service Operations (SUI/ESO):</u>	4,009	4,592	4,072	4,006	4,006
Unemployment Compensation	3,158	3,680	3,225	3,165	3,160
Employment Service	705	724	700	705	700
Foreign Labor Certification	84	103	85	73	84
One-Stop Career Centers	63	86	63	63	63
ETA Program Administration	173	225	173	163	173
Employee Benefits Security Administration	191	249	191	153	191
<i>Pension Benefit Guaranty Corp. (PBGC) program level (non-add)^b</i>	<i>(493)</i>	<i>(513)</i>	<i>(513)</i>	<i>(513)</i>	<i>(513)</i>
Wage and Hour Division	260	341	265	185	260
Office of Labor-Management Standards	49	53	49	49	49
Office of Federal Contract Compliance Programs	111	151	111	83	111
Office of Workers' Compensation Programs—Mandatory^c	756	1,249	1,249	1,249	1,249
Office of Workers' Compensation Programs—Discretionary	123	152	123	109	123
Occupational Safety & Health Administration	632	739	629	537	632
Mine Safety & Health Administration	388	438	388	325	388
Bureau of Labor Statistics	698	758	698	658	698
Office of Disability Employment Policy	43	61	37	43	43
Departmental Management	859	1,084	854	661	850

Agency or Selected Program	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Salaries and Expenses	392	546	393	201	388
<i>International Labor Affairs (non-add)^d</i>	(116)	(131)	(116)	(0)	(116)
Veterans Employment and Training	335	348	335	335	335
IT Modernization	34	79	29	27	29
Office of the Inspector General	97	111	97	97	97
Total, DOL BA in the Bill	15,091	16,785	15,050	11,088	14,976
Subtotal, Mandatory	1,250	1,280	1,280	1,280	1,280
Subtotal, Discretionary	13,841	15,505	13,770	9,808	13,696
<i>Emergency Funding (not in above totals or memoranda below)</i>	—	—	—	—	—
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	15,092	16,788	15,053	11,091	14,979
Total, BA Advances for Future Years (provided in current bill)	1,782	1,779	1,779	1,779	1,779
Total, BA Advances from Prior Years (for use in current year)	1,782	1,782	1,782	1,782	1,782

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/evo-subsites/repUBLICANS-appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Amounts in this table for FY2024 Enacted are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Totals ("Total BA in the Bill") do not include emergency-designated, contingent, or indefinite discretionary appropriations.

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.

- 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). The reduction in funding in the FY2024 LHHS omnibus and the FY2024 proposals reflects the termination provisions for the TAA program, which took effect on July 1, 2022. For details, see FY2024 Congressional Budget Justification, Federal Unemployment Benefits and Allowances, p. FUBA-11, <https://www.dol.gov/sites/dolgov/files/general/budget/2024/CBJ-2024-VI-06.pdf>.
- PBGC funding is provided outside the LHHS Appropriations Act.
- 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.
- 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). 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 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).³⁵

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 Administration for Strategic Preparedness and Response (ASPR), is also a component of the PHS. ASPR was previously the Assistant Secretary for Preparedness and Response within the Office of the Secretary. Its reorganization as an HHS operating division was approved by the HHS Secretary on January 27, 2023, and became effective on February 11, 2023.³⁶ For comparability, the source documents used for this report display FY2023 enacted funding within ASPR, and not within the Office of the Secretary, and this report follows that convention.

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)
Administration for Strategic Preparedness & Response (ASPR)
Office of the Secretary (OS)

³⁵ Three HHS public health agencies receive annual funding from appropriations bills other than the LHHS bill: the Food and Drug Administration (funded through the Agriculture appropriations bill), the Indian Health Service (funded through the Interior-Environment appropriations bill), and the Agency for Toxic Substances and Disease Registry (funded through the Interior-Environment appropriations bill). In addition, while the National Institutes of Health (NIH) receive the majority of their appropriations from the LHHS bill, one NIH institute (the National Institute of Environmental Health Sciences) receives appropriations from two bills: LHHS and the Interior-Environment bill.

³⁶ U.S. Department of Health and Human Services, "Statement of Organization, Functions and Delegations of Authority," 88 *Federal Register*, 10125-10127, February 16, 2023.

In addition to funding the above PHS agencies, the LHHS bill provides funding for annually appropriated components of the CMS,³⁷ 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.

Finally, the LHHS bill also provides funding for the HHS Office of the Secretary (OS), which encompasses a broad array of management, research, and oversight functions in support of the entire department.

Treatment of Certain HHS Emergency-Designated Funds

The general discussion of total HHS appropriations under the header “FY2024 HHS Appropriations Overview” follows the convention used throughout the report of excluding emergency appropriations. (These emergency funds are listed at the bottom of **Table 5** and are not included in the table totals.) However, the remainder of the discussion and tables in the HHS section offer some analysis that is inclusive of a subset of emergency-designated funds. This analysis draws a distinction between emergency appropriations that effectively could be used to support regular program operations from those that would be limited to supporting activities associated with a particular disaster or event (e.g., needs arising from a hurricane). The analysis in this section includes, where applicable, the former type of emergency appropriations to offer a more robust picture of total budgetary resources provided for *regular program operations* in FY2023 enacted, the FY2024 Senate committee bill, and FY2024 enacted. (The FY2024 President’s budget and the FY2024 House floor bill did not include such funds. Neither did the FY2024 LHHS omnibus; however, the Ukraine Security Supplemental Appropriations Act, 2024 [Division B of P.L. 118-50] did include such funds.) As a result, **Table 6** and **Table 7** (and the surrounding discussion) break out FY2023 enacted, FY2024 Senate committee bill, and FY2024 enacted emergency funding for regular program operations for relevant HHS operating divisions, accounts, and budget lines. Consistent with the rest of the report, all FY2023 and FY2024 emergency-designated funding (for both regular program operations and specified emergencies) also is included at the bottom of these HHS tables.

FY2024 HHS Appropriations Overview

Table 5 displays FY2024 proposed and enacted funding levels for HHS, along with FY2023 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.

In general, discretionary funds account for about 9% of HHS appropriations in the LHHS bill. The FY2024 LHHS omnibus increased appropriations for HHS by 2.1% relative to FY2023. The President’s request would have increased HHS discretionary appropriations by 12.3%, whereas

³⁷ 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.

the Senate committee bill and House floor bill would have decreased non-emergency discretionary appropriations, by 1.3% and 10.2%, respectively.

Table 5. HHS Appropriations Overview

(in billions of dollars)

Funding	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Discretionary	115.4	129.6	113.9	103.7	117.8
Mandatory	1,131.1	1,149.1	1,149.1	1,149.1	1,149.1
Total, HHS BA in the Bill	1,246.5	1,278.7	1,263.0	1,252.8	1,267.0
<i>Emergency Funding (not in above totals)^a</i>					
P.L. 117-180, Division A	2.8	—	—	—	—
P.L. 117-328, Division M	2.4	—	—	—	—
P.L. 117-328, Division N	4.3	—	—	—	—
S. 2624, Title II	—	—	4.1	—	—
P.L. 118-50	—	—	—	—	0.5

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/evo-subsites/republishers-appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Amounts in this table for FY2024 Enacted are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Totals ("Total BA in the Bill") do not include emergency-designated, contingent, or indefinite discretionary appropriations. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

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

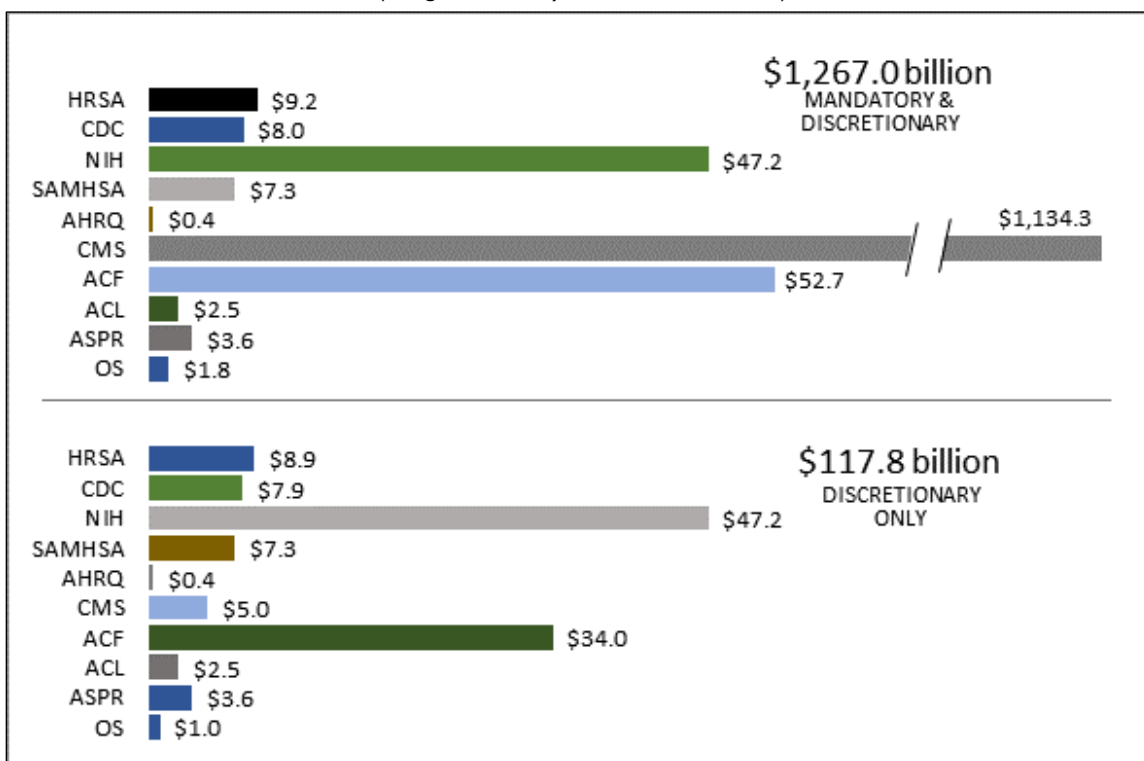
- a. The FY2023 LHHS omnibus, the FY2024 President's budget request, the FY2024 Senate committee bill, and the FY2024 LHHS omnibus, included a contingent appropriation for the HHS Refugee and Entrant Assistance account. The contingent funds become available only if certain conditions were met. These funds would have received an emergency designation under the FY2024 President's request and the Senate committee bill. Consistent with source materials, the estimated amount of the contingent appropriations is treated as a scorekeeping adjustment and is thus not included in this total, where applicable. In addition, Division A of the Continuing Appropriations Act, 2024 and Other Extensions Act (H.R. 5860; P.L. 118-15, September 30, 2023) provided a rate for operations of \$2.5 billion in emergency-designated appropriations for Low Income Home Energy Assistance Program (§101(8)) at the HHS Administration for Children and Families (ACF). Because this funding is provided at a rate for operations, and not a definite amount, it is not included in the tables in this report.

Figure 3 provides an HHS agency-level breakdown of the FY2024 enacted non-emergency HHS 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 \$1.134 trillion, which is 89.5% of enacted FY2024 appropriations for

HHS. ACF and NIH account for the next-largest shares of total HHS appropriations, receiving 4.2% and 3.7% apiece, respectively.

By contrast, when looking exclusively at discretionary appropriations, funding for CMS constitutes about 4.3% of enacted FY2024 HHS appropriations. The bulk of discretionary appropriations would go to the PHS agencies, which combined to account for 63.9% of discretionary appropriations provided for HHS. NIH typically receives the largest share of all discretionary funding among HHS agencies (40.0% in FY2024 enacted), with ACF accounting for the second-largest share (29.8% in FY2024 enacted).

Figure 3. FY2024 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 FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Enacted totals for FY2024 do not include emergency-designated, contingent, or indefinite discretionary appropriations. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

Notes: Details may not add to totals due to rounding. The bar representing the combined mandatory and discretionary total for CMS has been abbreviated due to space constraints. When taking into account both mandatory and discretionary funding, CMS receives over 20 times the funding appropriated to either ACF or NIH in the 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.

Special Public Health Funding Mechanisms

Annual appropriations for HHS Public Health Service agencies are perhaps best understood in the context of certain HHS-specific funding mechanisms, including the Public Health Service Evaluation Set-Aside, the Prevention and Public Health Fund (PPHF), and 21st Century Cures Act authorities. 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 commonly establish requirements in addition to those in statute.

These include a higher maximum percentage

for the set-aside and directing specific amounts of tap funding to selected HHS programs.³⁸ Since FY2010, and including in FY2024, this higher maximum set-aside level has been 2.5% of eligible appropriations.³⁹ The Senate committee bill would have increased the maximum set-aside level to 2.8%. Both the House floor bill and the President’s budget, however, would have continued the 2.5% level.

Although annual LHHS appropriations acts typically direct PHS Evaluation tap transfers to selected accounts and activities, they do not specify which account is the source of the transfer. As a result, tables show amounts *transferred in*, without showing amounts *transferred out* (see text box).

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, between FY2015 and FY2023, LHHS appropriations acts directed tap funds to a smaller number of programs or activities within three HHS agencies (NIH, SAMHSA, and OS). This change has been

Display of PHS Evaluation Tap Transfers

By convention, appropriations acts direct the allocation of specified PHS Evaluation Tap transfers, 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 transfers from donor agencies’ appropriations). This also means that for agencies receiving tap amounts shown in the following tables, these amounts are in addition to the amount of budget authority in those tables. However, those budget authority amounts have not been reduced to reflect the potential *transfer out* of funds under the tap.

³⁸ 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 are not within this scope of this report.)

³⁹ See Section 204, Division D, P.L. 118-47, for the FY2024 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 FY2024 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. The FY2024 President’s budget and the Senate committee bill would have retained the recent phrasing (“and”), while the House floor bill would have reverted to the older construction (“of”).

particularly notable for AHRQ, which had been funded primarily through tap transfers from FY2003 to FY2014, but has received discretionary appropriations since then.⁴⁰ Also between FY2015 and FY2023, LHHS appropriations laws directed the largest share of tap transfers to NIH.

The FY2024 LHHS omnibus followed this same general pattern as in recent years, except that \$43 million in transfers were also directed to the Public Health Scientific Services within the CDC. The President's budget and the Senate committee bill had proposed that the CDC be transferred tap funds in the amounts of \$177 million and \$244 million, respectively. (The House floor bill proposed no such transfers for the CDC.) The FY2024 LHHS omnibus directed the same amount of PHS Evaluation Tap transfers to SAMHSA (\$134 million) as in FY2023 and all of the FY2024 proposals. For OS, the FY2024 LHHS omnibus directed \$134 million in transfers, a slight increase (+\$3 million, +2.3%) relative to FY2023. The Senate committee bill had proposed a \$5 million increase (+3.8%), the President's budget had proposed a \$66 million increase (+50.2%), whereas the House floor bill would have decreased the transfers by \$17 million (-12.8%). The OS tap funds were largely directed to the Office of the National Coordinator for Health Information Technology, which has been solely funded by tap transfers as of FY2022. Finally, the FY2024 LHHS omnibus directed NIH tap transfers in the same amount as FY2023 enacted (\$1.4 billion), the same as what had been proposed in the Senate committee bill. The House floor bill would have decreased these transfers by \$85 million (-6.0%), while the President's budget would have increased them by \$536 million (+37.9%).

In addition to the transfers to CDC, SAMHSA, OS, and NIH, the President's budget requested that AHRQ receive a tap transfer of \$45 million, for an AHRQ funding total inclusive of transfers of \$448 million. This proposal was not adopted by the FY2024 LHHS omnibus, the Senate committee bill, or the House floor bill.

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.⁴¹ One of these, the Prevention and Public Health Fund (PPHF, ACA §4002, as amended), was given a permanent, annual appropriation that was intended to provide support each year to prevention, wellness, and related public health programs funded through HHS accounts.

Display of PPHF Transfers

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

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

⁴⁰ Until FY2015, AHRQ had not received a discretionary appropriation in an annual appropriations act in more than a decade. FY2009 was the exception to this general pattern, as AHRQ received a supplemental appropriation from the American Recovery and Reinvestment Act that year. In recent years, AHRQ has also received some transfers from the Prevention and Public Health Fund and the Patient-Centered Outcomes Research Trust Fund, though these transfers were generally much smaller than the transfers AHRQ received from the tap. For more information, see CRS Report R44136, *The Agency for Healthcare Research and Quality (AHRQ) Budget: Fact Sheet*.

⁴¹ For more information, see CRS Report R41301, *Appropriations and Fund Transfers in the Affordable Care Act (ACA)*.

distribution of PPHF funds and prohibited the Secretary from making further transfers for those years.⁴²

The ACA had appropriated \$2 billion in mandatory funds to the PPHF for FY2024, but this amount was reduced by subsequent laws that decreased PPHF funding for FY2024 and other fiscal years.⁴³ Under current law, the FY2024 appropriation is \$1.3 billion.⁴⁴ This appropriation is subject to a 5.7% reduction due to sequestration of nonexempt mandatory spending.⁴⁵ (For more information on sequestration, see the budget enforcement discussion in the **Appendix A**.) After sequestration, the total PPHF appropriation available for FY2024 is \$1.2 billion, a \$283 million (+30.0%) increase relative to FY2023. The FY2024 LHHS omnibus (and earlier proposals) distributed the entirety of this additional funding to the CDC. In total, the CDC received \$1.2 billion, which is 31.3% more than FY2023. The FY2024 LHHS omnibus (and earlier proposals) also allocated \$12 million to SAMHSA and \$28 million to ACL (the same as FY2023).

21st Century Cures Act, NIH Innovation Account

The 21st Century Cures Act (P.L. 114-255; hereinafter referred to as the “Cures Act”) established the NIH Innovation Account. The Cures Act transferred funds to the NIH Innovation Account and authorized specific amounts to be appropriated for each of FY2017 through FY2026. For FY2024, the amount authorized is \$407 million, which is \$678 million (-62.5%) less than the amount authorized for FY2023. The Cures Act also specifies how the \$407 million for FY2024 is to be distributed: \$325 million for the Precision

Medicine Initiative and \$172 million for the BRAIN Initiative. The FY2024 omnibus (and the FY2024 proposals) provided the full \$407 million for the account and would distribute the funds as authorized. As with the PHS tap and PPHF, these directed transfers are noted (where applicable) in the discussion and tables that follow.

The Cures Act also specified that amounts appropriated to the NIH Innovation Account (up to the authorized funding level for the year) are effectively to be excluded from certain budgetary estimates. For consistency with source documents, the NIH, HHS, and bill-wide totals in this report generally include funds provided to this account. An exception is that these funds are excluded from totals in **Table A-1**, as this table only includes LHHS funds subject to discretionary spending limits.

Display of Cures Act Transfers

For consistency with source materials, the directed transfers of Cures Act funding shown in **Table 7** are in addition to amounts otherwise appropriated to the accounts. In addition, note that in the case of funds for the BRAIN Initiative, these are displayed in the institutes to which they were transferred by HHS.⁴⁶

⁴² For the provision in the FY2024 LHHS omnibus, see Division D, §222, P.L. 118-47.

⁴³ For a list of these laws and the amounts that were changed, see CRS Report R47895, *Prevention and Public Health Fund: In Brief*.

⁴⁴ 42 U.S.C. §300u-11.

⁴⁵ *OMB Report to the Congress on the BBEDCA 251A Sequestration for Fiscal Year 2024*, March 13, 2023, p.6 of 17, https://www.whitehouse.gov/wp-content/uploads/2023/03/BBEDCA_Sequestration_Report_and_Letter_3-13-2024.pdf.

⁴⁶ <https://officeofbudget.od.nih.gov/pdfs/FY25/cy/FY%202024%20NIH%20Operating%20Plan%20-%20Web%20Version.pdf>

Selected HHS Highlights by Agency

The following sections present highlights from the FY2024 enacted and proposed appropriations compared to the FY2023 LHHS omnibus for selected HHS agencies.⁴⁷ 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 FY2023 enacted and FY2024 proposed funding levels for HHS.

National Institutes of Health

NIH is the federal government's lead health and medical research agency. NIH is home to 27 Institutes and Centers (ICs), as well as a new agency, the Advanced Research Projects Agency for Health (ARPA-H). ARPA-H was first established in 2022 and is focused on driving health innovation.⁴⁸ Since FY2023, Congress has included funding for ARPA-H within NIH appropriations. As shown earlier in **Figure 3**, NIH (including ARPA-H) receives the largest share of all discretionary funding provided to HHS agencies in the LHHS act.

In FY2024, NIH received a total of \$47.2 billion in discretionary budget authority. This is \$378 million (-0.8%) less than the comparable FY2023 funding level of \$47.5 billion. In addition, the FY2024 LHHS omnibus directed \$1.4 billion in PHS tap transfers to NIH, the same amount as in FY2023, for a combined total of \$48.6 billion. This marks the first time that NIH has seen a year-to-year decrease in its LHHS funding level since FY2013.⁴⁹ The FY2024 enacted LHHS total for NIH is also less than the FY2024 requested level (-4.3%) and the amount proposed in the Senate committee bill (-1.3%), and more than the proposed amount in the House floor bill (+7.7%), inclusive of directed transfers and emergency-designated appropriations, where applicable.

These trends are explained, in large part, by a reduction in funding for the NIH Innovation Account as authorized by the Cures Act. As noted earlier, the Cures Act authorized \$407 million for FY2024, which is \$678 million (-62.5%) less than the amount authorized for FY2023; the FY2024 LHHS omnibus provided the amount authorized.⁵⁰ Appropriations to the Innovation Account are “no-year” funds that are available until expended.⁵¹

Outside of the ICs receiving a decrease in new Cures Act funds, all other NIH ICs would receive flat or increasing funds in FY2024, relative to FY2023. The National Institute on Aging received the largest increase (+100 million; +2.3%). The explanatory statement expresses an expectation

⁴⁷ HHS budget materials can be found at <http://www.hhs.gov/budget/>.

⁴⁸ See CRS Report R47568, *Advanced Research Projects Agency for Health (ARPA-H): Overview and Selected Issues*.

⁴⁹ See CRS Report R43341, *National Institutes of Health (NIH) Funding: FY1996-FY2025* for further information and analysis. Note that total NIH funding, as discussed in this report, includes some amounts provided outside of the LHHS bill.

⁵⁰ The NIH Innovation Account is effectively exempt from discretionary spending limits. In terms of LHHS discretionary budget authority effectively subject to the spending limits, NIH actually received an increase in FY2024 funding relative to FY2023 enacted. This increase in discretionary funding did not fully compensate for the effect of the decreased Cures Act Innovation Account authorization level in FY2024. See the report section, “21st Century Cures Act,” for further information about this type of funding.

⁵¹ After the Cures Act was enacted in 2017, NIH's funding plan indicated that it would carry over certain FY2023 Innovation Account balances to mitigate the effects of the decrease in FY2024 for that account. See NIH, *Implementation of Funding Plan for the NIH Innovation Projects Under the 21st Century Cures Act*, <https://www.nih.gov/sites/default/files/research-training/initiatives/nih-cures-innovation-plan.pdf>.

that the majority of this increase (\$90 million) will be used for research on Alzheimer’s disease and related dementias.⁵²

Administration for Children and Families

The ACF mission is focused on promoting the “economic and social well-being of children, youth, families, and communities.”⁵³ ACF administers a wide array of human services programs, including Head Start, child care, and various child welfare programs.

The FY2024 LHHS omnibus provided \$34.0 billion in non-emergency discretionary budget authority to ACF. This is \$3.3 billion (+10.9%) more than the comparable FY2023 level of \$30.7 billion. In addition, ACF received some emergency funds to support regular program operations in both FY2023 and FY2024; the FY2024 Senate committee bill also proposed some emergency funds for regular program operations. When accounting for such funds, the FY2024 enacted level for ACF totaled \$34.5 billion. This is less than the comparable FY2023 level (-12.3%) and the FY2024 President’s request (-5.8%), while it is more than was proposed in the Senate committee bill (+1.1%) and the House floor bill (+22.0%).

The Refugee and Entrant Assistance account at ACF supports various services for populations of refugees, asylees, entrants, unaccompanied alien children, and other special populations (e.g., victims of trafficking or torture). In recent years, appropriations acts have provided this account definite funds (i.e., where the total amount of appropriations is specified), and contingent funds (i.e., where the amount of appropriations ultimately provided is based on future events or needs that emerge during the fiscal year). The FY2024 LHHS omnibus provided \$6.3 billion in non-emergency discretionary appropriations for this account. This is 1.6% less than the comparable FY2023 funding level of \$6.4 billion. In addition, the account also received definite emergency discretionary appropriations for regular program operations in both FY2023 and FY2024. When accounting for these funds, the account received a total of \$6.8 billion in FY2024. This is less than the comparable FY2023 level (-35.8%) and the FY2024 President’s request level (-6.2%), but it is more than the amounts in the Senate committee bill (+5.9%) and the House floor bill (+146.9%).

The FY2024 LHHS omnibus retained a provision, first included in the FY2023 LHHS omnibus, that would make additional funds (above the \$5.4 billion already specified) available for the UAC program, contingent on certain conditions being met. The contingency funds are to be provided for any month in which referrals of unaccompanied children exceed a certain threshold. The FY2024 referral threshold was set at 16,000, with funding set at \$15 million per 500 referrals and totaling a minimum of \$65 million. (In FY2023, the threshold was set at 13,000, with funding set at \$25 million per 500 referrals with no minimum.) Following the conventions of congressional source documents, the estimated cost of the contingency funds is treated as a scorekeeping adjustment to the LHHS bill and is not included in the amounts shown in this report.

The FY2024 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 FY2024 limit on those transfers was set at 15%, the same limit that has been used since FY2019.

The explanatory statement accompanying the FY2024 LHHS omnibus directed the majority (\$5.4 billion) of the Refugee and Entrant Assistance appropriation toward the Unaccompanied Alien Children (UAC) program. This program provides for the shelter, care, and placement of

⁵² *Congressional Record*, vol 170, No. 51, March 22, 2024, Book II, p. H1890.

⁵³ ACF, What We Do, <https://www.acf.hhs.gov/about/what-we-do>.

unaccompanied alien children who have been apprehended in the United States. The UAC funding level (excluding contingent appropriations) of \$5.4 billion is \$100 million (-1.8%) less than the comparable FY2023 level. The FY2024 President's budget and the Senate committee bill would each have maintained non-emergency UAC appropriations at FY2023 levels (\$5.5 billion), while the House floor bill would have reduced UAC funding by \$3.3 billion (-59.1%) relative to FY2023.

The FY2024 LHHS omnibus retained several UAC-related general provisions that had been included in appropriations acts since at least FY2020. For instance, the FY2024 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 ACF Office of Refugee Resettlement (§234).

The joint explanatory statement also included several directives related to the UAC program, primarily focused on reporting. In addition, the explanatory statement reiterated language from the Senate committee report about placing children with trusted adult relatives, where possible. The explanatory statement directed the Office of Refugee Resettlement to provide the committees with information on the number of children released under this initiative, including the type of sponsor and costs.

Administration for Strategic Preparedness and Response

ASPR leads the nation's medical and public health preparedness for, response to, and recovery from disasters and other public health emergencies.⁵⁴ ASPR became an HHS Operating Division effective February 2023.⁵⁵ Previously, ASPR was a subcomponent of Office of the Secretary and funded within the Public Health and Social Services Emergency Fund (PHSSEF). As part of the FY2024 request, the Biden Administration requested a new separate LHHS appropriations account for ASPR, consistent with other HHS Operating Divisions.⁵⁶ The FY2024 LHHS omnibus ultimately provided standalone appropriations for ASPR activities; separately, the omnibus eliminated dedicated funding for the PHSSEF.

The FY2024 LHHS omnibus appropriated \$3.6 billion in non-emergency discretionary budget authority for ASPR. This is \$5 million (+0.1%) more than the comparable FY2023 level, but \$637 million (-14.9%) less than was requested in the FY2024 President's budget (\$4.3 billion). The House floor bill would have provided a modest decrease (-0.3%) relative to FY2023. In addition

⁵⁴ Administration for Strategic Preparedness and Response (ASPR), "ASPR Program Offices," <https://aspr.hhs.gov/AboutASPR/ProgramOffices/Pages/ProgramOffice.aspx>.

⁵⁵ ASPR, HHS, "Statement of Organization, Functions and Delegations of Authority," 88 *Federal Register* 10125, February 11, 2023.

⁵⁶ ASPR, *Congressional Justification FY2024*, p. 16, <https://aspr.hhs.gov/AboutASPR/BudgetandFunding/Documents/FY2024/ASPR-cj.pdf>.

to regular discretionary budget authority, the FY2024 Senate committee bill proposed some emergency funds to support regular program operations for ASPR. When accounting for these emergency funds, that proposal would have provided a modest increase (+1.2%) relative to FY2023.

While the FY2024 LHHS omnibus provided an overall increase for ASPR, relative to FY2023, this was not the case for each ASPR program or activity. For instance, the omnibus provided \$15 million for the HHS Coordination Operations and Response Element (H-CORE), a decrease of 80% (-\$60 million) from comparable FY2023 levels. H-CORE was established during the COVID-19 pandemic to provide dedicated operational and logistics capabilities to respond to novel and emerging health threats. The House floor bill had proposed eliminating all funding for H-CORE and would have also reduced or eliminated funding for several other programs, noting in explanatory materials that it balanced increases to biodefense programs elsewhere with reductions to administrative accounts that were either “outdated legacies of the pandemic response” or had “failed to fulfill their purpose when confronted with the last pandemic.”⁵⁷

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 life endangerment; and (3) federal programs and state and local governments that receive LHHS funding are prohibited from discriminating against health care entities that do not provide or pay for abortions or abortion services. The FY2024 LHHS omnibus retained these existing restrictions (§§506 and 507). The Senate committee bill and the House floor bill all would have retained these existing restrictions, whereas the President’s budget would have eliminated them.⁵⁸ The FY2024 House floor bill would have additionally amended the Public Health Service Act to establish a right for designated parties to bring civil action for certain violations of §507(d)⁵⁹ in the FY2023 LHHS omnibus “or any subsequent substantially similar provision” (§246 of the House floor bill). The House floor bill also proposed two new abortion-related funding restrictions in the HHS title of the bill: prohibiting funds to specified entities that perform or provide funds to another entity that performs abortions other than those involving cases of rape, incest, or life endangerment (§239); and prohibiting funds to support or administer

⁵⁷ House explanatory materials, pp. 3-4.

⁵⁸ The current provisions are commonly referred to as the Hyde and Weldon Amendments. For additional information, see CRS Report RL33467, *Abortion: Judicial History and Legislative Response*, *Abortion: Judicial History and Legislative Response*, and CRS In Focus IF12167, *The Hyde Amendment: An Overview*.

⁵⁹Section 507(d) provides “(1) None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions. (2) In this subsection, the term “health care entity” includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.”

certain abortion-related grants, contracts, or cooperative agreements (§240). In addition, the House floor bill proposed a bill-wide prohibition on funds to hospitals and other entities that provide abortion-related training if the training programs do not satisfy specified requirements (§541). None of these proposed House floor bill provisions were included in the enacted bill.

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 FY2024 LHHS omnibus (and all of the earlier proposals) retained these existing restrictions (§508).⁶⁰ The House floor bill would also have prohibited the use of funds for human fetal tissue research if such tissue was obtained through an induced abortion (§238 of the House floor bill), but this provision was not included in the final bill.

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).⁶¹ Starting in FY2016, the provision was modified to allow funds to be used for needle exchange programs under the following conditions: (1) federal funds may not be used to purchase the needles, but may be used for other aspects of such programs; (2) the state or local jurisdiction must demonstrate, in consultation with CDC, that they are experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use; and (3) the program must be operating in accordance with state and local law. The FY2024 LHHS omnibus (as well as the Senate committee bill and House floor bill) retained these restrictions (§526). The FY2024 President's budget would have omitted this provision entirely.

Gun Control: Since FY1997, annual LHHS appropriations have included provisions prohibiting the use of certain funds for activities that advocate or promote gun control. Early versions of these provisions applied only to CDC; since FY2012, annual appropriations acts also have included HHS-specific restrictions, in addition to restrictions that apply to all LHHS funds (including funds transferred from the PPHF). The FY2024 LHHS omnibus (and all of the earlier proposals) retained these restrictions (§210 [HHS] and §503(c) [all LHHS, plus PPHF transfers]).⁶²

⁶⁰ 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*.

⁶¹ 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.

⁶² The FY2024 LHHS explanatory statement directed that \$12.5 million apiece (\$25 million total) be allocated by the CDC and NIH for Firearm Injury and Mortality Prevention Research (*Congressional Record*, vol. 51, no. 170, book II, March 22, 2024, pp. H1889, H1891-1892). (CDC and NIH funding reservations for Firearm Injury and Mortality Prevention were first included in LHHS explanatory statements in FY2020.) The report accompanying the FY2024 Senate committee bill (S.Rept. 118-84, pp. 80, 124) would have maintained these set-asides, whereas the FY2024 House explanatory materials would have provided no funding. The FY2024 President's budget requested \$35 million for the CDC and \$12.5 million for the NIH (\$47.5 million total).

Table 6. HHS Appropriations Totals and Directed Transfers by Agency

(in millions of dollars)

HHS Agency	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
HRSA	9,744	9,466	9,139	7,522	9,172
Mandatory BA	256	261	261	261	261
Discretionary BA	9,487	9,205	8,877	7,260	8,910
CDC^a	8,314	10,273	7,767	6,405	7,993
Mandatory BA	55	55	55	55	55
Discretionary BA	8,259	10,217	7,712	6,350	7,938
<i>Evaluation Tap Funding^b</i>	0	177	244	0	43
<i>PPHF^c</i>	903	1,186	1,186	1,186	1,186
<i>Subtotal (Discretionary BA + Transfers)</i>	9,162	11,581	9,142	7,536	9,167
NIH^a	47,547	48,822	47,134	43,795	47,169
Mandatory BA	0	0	0	0	0
Discretionary BA	47,547	48,822	47,134	43,795	47,169
<i>Evaluation Tap Funding^b</i>	1,412	1,948	1,412	1,327	1,412
<i>Emergency (Regular Operations)^d</i>	0	0	678	0	0
<i>Subtotal (Discretionary BA + Transfers + Emergency)</i>	48,959	50,770	49,224	45,123	48,581
SAMHSA	7,370	10,275	7,188	6,976	7,301
Mandatory BA	0	0	0	0	0
Discretionary BA ^e	7,370	10,275	7,188	6,976	7,301
<i>Evaluation Tap Funding^b</i>	134	134	134	134	134
<i>PPHF^c</i>	12	12	12	12	12
<i>Emergency (Regular Operations)^d</i>	0	0	217	0	0
<i>Subtotal (Discretionary BA + Transfers + Emergency)</i>	7,516	10,420	7,550	7,122	7,446
AHRQ	374	403	371	0	369
Mandatory BA	0	0	0	0	0
Discretionary BA	374	403	371	0	369
<i>Evaluation Tap Funding^b</i>	0	45	0	0	0
<i>Subtotal (Discretionary BA + Transfers)</i>	374	448	371	0	369
CMS	1,117,630	1,134,749	1,133,847	1,133,504	1,134,302
Mandatory BA	1,113,068	1,129,262	1,129,262	1,129,262	1,129,262
Discretionary BA	4,563	5,487	4,585	4,242	5,040
ACF^f	47,688	55,363	49,995	47,012	52,748

HHS Agency	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Mandatory BA	17,034	18,748	18,748	18,748	18,748
Discretionary BA	30,654	36,615	31,247	28,264	34,000
<i>Emergency (Regular Operations)^d</i>	8,675 ^f	0	2,850	0	481
<i>Subtotal (Discretionary BA + Emergency)</i>	39,329	36,615	34,097	28,264	34,481
ACL	2,538	3,028	2,525	2,474	2,520
Mandatory BA	0	0	0	0	0
Discretionary BA	2,538	3,028	2,525	2,474	2,520
<i>PPHF^c</i>	28	28	28	28	28
<i>Subtotal (Discretionary BA + Transfers)</i>	2,565	3,055	2,552	2,502	2,548
ASPR	3,630	4,272	3,299	3,621	3,635
Mandatory BA	0	0	0	0	0
Discretionary BA	3,630	4,272	3,299	3,621	3,635
<i>Emergency (Regular Operations)^d</i>	0	0	375	0	0
<i>Subtotal (Discretionary BA + Emergency)</i>	3,630	4,272	3,674	3,621	3,635
Office of the Secretary (OS)	1,708	2,096	1,769	1,503	1,762
Mandatory BA	710	793	793	793	793
Discretionary BA	998	1,303	976	710	969
<i>Evaluation Tap Funding^b</i>	131	197	136	114	134
<i>Subtotal (Discretionary BA + Transfers)</i>	1,129	1,500	1,112	825	1,103
Total, HHS BA in the Bill	1,246,542	1,278,747	1,263,032	1,252,812	1,266,970
Mandatory	1,131,124	1,149,120	1,149,120	1,149,120	1,149,120
Discretionary	115,418	129,627	113,912	103,692	117,850
<i>Emergency Funding (not in above totals or memoranda below)</i>					
P.L. 117-180, Division A	2,775	—	—	—	—
P.L. 117-328, Division M	2,400	—	—	—	—
P.L. 117-328, Division N	4,250	—	—	—	—
S. 2624, Title II	—	—	4,120	—	—
P.L. 118-50	—	—	—	—	481
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	1,214,684	1,230,447	1,214,732	1,204,512	1,218,670
Total, BA Advances for Future Years (provided in current bill)	202,080	250,380	250,380	250,380	250,380

HHS Agency	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Total, BA Advances from Prior Years (for use in current year)	170,222	202,080	202,080	202,080	202,080

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/evo-subsites/republicans-appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Amounts in this table for FY2024 Enacted are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Totals (“Total BA in the Bill”) do not include emergency-designated, contingent, or indefinite discretionary appropriations; agency totals include emergency funds for regular appropriations *where noted*, but do not include contingent or indefinite appropriations. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

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

- a. Each year, CDC and NIH also receive funding in the Interior-Environment appropriations bill as part of their overall budget authority.
- b. By convention, this table shows only the amount of PHS Evaluation Tap funds received by an agency, not the amount of tap funds donated by an agency. That is to say, tap amounts shown in this table are *in addition to* amounts shown for budget authority, but the amounts shown for budget authority have not been adjusted to reflect potential “transfer-out” of funds to the tap.
- c. PPHF funds are not appropriated in the LHHS bill, but are shown here for illustrative purposes as they may be used to supplement the funding selected agencies and programs receive through the appropriations process. Amounts shown for PPHF in this table are *in addition to* amounts shown for budget authority.
- d. These table lines include emergency-designated funds that effectively could be used to support regular program operations (i.e., the appropriations did not limit use of funds to activities associated with a particular disaster or event, such as needs arising from a hurricane) that were enacted in FY2023 and FY2024, or proposed in the FY2024 Senate committee bill. All FY2023 and FY2024 emergency-designated funding (for both regular program operations and specified emergencies) is listed at the bottom of this table. These table lines do not include estimated costs of proposals in the FY2024 President’s request and Senate committee bill to provide emergency-designated indefinite contingent appropriations; consistent with source materials these contingent appropriations are treated as a scorekeeping adjustment.
- 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. For FY2023, \$8.7 billion in definite emergency-designated funds were enacted that effectively could be used to support regular program operations (i.e., the appropriations did not limit use of funds to activities associated with a particular disaster or event, such as needs arising from a hurricane). In addition to the \$8.7 billion in emergency funding that could be used for regular program operations, ACF also received \$750 million in FY2023 emergency-designated funds that were targeted to specific disasters. The funds that were available for more limited purposes are not included in the ACF totals shown here, but are included in the emergency totals in the memoranda lines of this table, where appropriate. Finally, in FY2023 and FY2024, ACF also received a contingent appropriation for the Refugee and Entrant Assistance account (i.e., funds were to become available only if certain conditions were met). The FY2024 President’s budget and Senate committee bills also proposed contingent appropriations for this account; under these proposals,

such funds would have received an emergency designation. Consistent with source materials, the estimated amount of the contingent appropriations is treated as a scorekeeping adjustment and is thus not included in any totals shown in this table. FY2023 emergency-designated appropriations for ACF were enacted in Section 101(8) and Section 147 of Division A of P.L. 117-180 (Continuing Appropriations Act, 2023), Division H of P.L. 117-328 (LHHS Appropriations Act, 2023), Division M of P.L. 117-328 (Additional Ukraine Supplemental Appropriations Act, 2023), and Division N of P.L. 117-328 (Disaster Relief Supplemental Appropriations Act, 2023). FY2024 emergency-designated appropriations were enacted in Division D of P.L. 118-47 and Division B of P.L. 118-50.

**Table 7. HHS Discretionary Appropriations and Directed Transfers
for Selected Programs or Activities, by Agency**
(in millions of dollars)

Agency or Selected Program	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
HRSA					
Community Health Centers	1,858	1,938	1,858	1,858	1,858
National Health Service Corps	126	176	129	126	129
Children's Hospitals Graduate Medical Education	385	385	385	400	390
Maternal & Child Health Block Grant	816	937	813	781	814
Healthy Start	145	185	145	0	145
Ryan White AIDS Programs	2,571	2,696	2,571	2,333	2,571
Rural Communities Opioid Response	145	165	155	145	145
Family Planning (Title X)	286	512	286	0	286
CDC					
Emerging and Zoonotic Infectious Diseases	699	794	699	709	708
PPHF ^a	52	52	52	52	52
Subtotal (Discretionary BA + Transfers)	751	846	751	761	760
Chronic Disease Prevention and Health Promotion	1,175	1,551	1,180	798	1,193
PPHF ^a	255	262	255	330	241
Subtotal (Discretionary BA + Transfers)	1,430	1,814	1,435	1,128	1,434
Public Health Preparedness and Response	883	943	898	735	938
Environmental Health	230	397	230	131	192
PPHF ^a	17	17	17	51	51
Evaluation Tap Funding ^b	0	7	0	0	0
Subtotal (Discretionary BA + Transfers)	247	421	247	182	243
NIH					
National Cancer Institute	7,104	7,820	7,164	7,104	7,224
NIH Innovation Account Transfer	216	0	0	0	0
Emergency (Regular Operations) ^c	0	0	216	0	0

Agency or Selected Program	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
<i>Subtotal (Discretionary BA + NIH Innovation + Emergency)</i>	7,320	7,820	7,380	7,104	7,224
National Institute of Neurological Disorders and Stroke	2,589	2,739	2,625	2,589	2,604
<i>NIH Innovation Account Transfer</i>	225	86	86	86	86
<i>Emergency (Regular Operations)</i>	0	0	139	0	0
<i>Subtotal (Discretionary BA + NIH Innovation)</i>	2,814	2,825	2,850	2,675	2,690
National Institute of Allergy and Infectious Diseases	6,562	6,562	6,562	5,062	6,562
National Institute of General Medical Sciences	1,827	1,292	1,827	1,827	1,832
<i>Evaluation Tap Funding^b</i>	1,412	1,948	1,412	1,327	1,412
<i>Subtotal (Discretionary BA + Transfers)</i>	3,240	3,240	3,240	3,155	3,245
National Institute on Aging	4,408	4,412	4,510	4,408	4,508
National Institute of Mental Health	2,113	2,456	2,213	2,113	2,188
<i>NIH Innovation Account Transfer</i>	225	0	86	86	86
<i>Emergency (Regular Operations)^c</i>	0	0	139	0	0
<i>Subtotal (Discretionary BA + NIH Innovation + Emergency)</i>	2,338	2,456	2,438	2,199	2,274
Advanced Research Projects Agency for Health (ARPA-H)	1,500	2,500	1,500	500	1,500
SAMHSA					
Mental Health Programs of Regional & National Significance (PRNS) ^d	1,053	1,788	1,065	1,004	1,068
<i>PPHF^a</i>	12	12	12	12	12
<i>Subtotal (Discretionary BA + Transfers)</i>	1,065	1,800	1,077	1,016	1,080
Mental Health Block Grant	987	1,632	1,022	987	987
<i>Evaluation Tap Funding^b</i>	21	21	21	21	21
<i>Subtotal (Discretionary BA + Transfers)</i>	1,008	1,653	1,043	1,008	1,008
Substance Abuse Treatment PRNS	572	753	574	468	574
<i>Evaluation Tap Funding^b</i>	2	2	2	2	2
<i>Subtotal (Discretionary BA + Transfers)</i>	574	755	576	470	576
Substance Use Prevention, Treatment, and Recovery Services Block Grant	1,929	2,629	1,969	1,929	1,929
<i>Evaluation Tap Funding^b</i>	79	79	79	79	79
<i>Subtotal (Discretionary BA + Transfers)</i>	2,008	2,708	2,048	2,008	2,008
Substance Abuse Prevention PRNS	237	246	237	180	237

Agency or Selected Program	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Health Surveillance and Support	302	151	212	110	210
<i>Evaluation Tap Funding^b</i>	31	31	31	31	31
<i>Subtotal (Discretionary BA + Transfers)</i>	333	182	244	141	242
AHRQ					
Research on Health Costs, Quality, and Outcomes	229	252	226	0	224
<i>Evaluation Tap Funding^b</i>	0	45	0	0	0
<i>Subtotal (Discretionary BA + Transfers)</i>	229	297	226	0	224
Medical Expenditure Surveys	72	72	72	0	72
Program Support	73	79	73	0	73
CMS					
CMS Program Management	3,670	4,550	3,670	3,327	3,670
Health Care Fraud and Abuse Control	893	937	915	915	915
ACF					
Low Income Home Energy Assistance Program Formula Grants	1,500	4,111	1,500	4,011	4,025
<i>Emergency (Regular Operations)^c</i>	4,500	0	2,575	0	0
<i>Subtotal (Discretionary BA + Emergency)</i>	6,000	4,111	4,075	4,011	4,025
Refugee and Entrant Assistance Programs	6,427	7,259	6,427	2,757	6,327
<i>Emergency (Regular Operations)^c</i>	4,175	0	0	0	481
<i>Subtotal (Discretionary BA + Emergency)</i>	10,602	7,259	6,427	2,757	6,808
Child Care and Development Block Grant	8,021	9,000	8,721	8,021	8,746
Head Start	11,997	13,112	11,997	11,247	12,272
Preschool Development Grants	315	360	310	0	315
ACL					
Home & Community-Based Supportive Services	410	500	410	410	410
Family Caregiver Support Services	205	250	210	205	207
Nutrition Services Programs	1,067	1,284	1,059	1,067	1,059
Aging Network Support Activities	30	40	30	30	30
Elder Rights Support Activities	34	77	34	19	34
Developmental Disabilities Programs	191	214	191	191	191
WIOA Activities (transferred from ED)	287	324	287	287	287
Administration for Strategic Preparedness and Response					
Biomedical Advanced Research and Development Authority (BARDA)	950	1,015	820	1,100	1,015

Agency or Selected Program	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
<i>Emergency (Regular Operations)^c</i>	0	0	150	0	0
<i>Subtotal (Discretionary BA + Emergency)</i>	950	1,015	970	1,100	1,015
Project BioShield	820	830	670	850	825
<i>Emergency (Regular Operations)^c</i>	0	0	150	0	0
<i>Subtotal (Discretionary BA + Emergency)</i>	820	830	820	850	825
Strategic National Stockpile	965	995	965	1,000	980
H-CORE	75	83	50	0	15
Pandemic Influenza Preparedness	328	375	302	328	315
Hospital Preparedness Program	305	312	305	155	305
Office of the Secretary					
Office of Nat'l Coord. for Health Information Technology	0	0	0	0	0
<i>Evaluation Tap Funding^b</i>	66	104	71	56	69
<i>Subtotal (Discretionary BA + Transfers)</i>	66	104	71	56	69
Office of the Inspector General	87	117	87	80	87
Public Health and Social Services Emergency Fund	138	278	116	0	0

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/evo-sites/republicans-appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Amounts in this table for FY2024 Enacted are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Totals do not include emergency-designated appropriations (except as noted), nor to totals include contingent or indefinite discretionary appropriations. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

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

- 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.
- 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.
- These table lines include emergency-designated funds that effectively could be used to support regular program operations (i.e., the appropriations did not limit use of funds to activities associated with a particular disaster or event, such as needs arising from a hurricane) that were enacted in FY2023 and

FY2024, or proposed in the FY2024 Senate committee bill. The amounts on these lines exclude emergency funds that were targeted to particular disasters or events in FY2023. The amounts shown for the Refugee and Entrant Assistance account do not include emergency-designated contingent appropriations proposed in the FY2024 President's request and Senate committee bill. These contingent appropriations are treated as a scorekeeping adjustment.

- d. 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.

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 1980.⁶³ Its mission is to “promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access for students of all ages.”⁶⁴ 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 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 14% of overall funding for elementary and secondary education in the United States.⁶⁵ The majority of school funding—about 86%—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 55% of undergraduate and graduate student aid in academic year (AY) 2022-2023.⁶⁶ (A large share of this aid is provided in the form of student loans that must be repaid.)

⁶³ ED in its current incarnation became a department in 1980 pursuant to the Department of Education Organization Act (P.L. 96-88; enacted on October 17, 1979). However, the Department dates its origins to 1867. See U.S. Department of Education, “The Federal Role in Education,” <http://www2.ed.gov/about/overview/fed/role.html>.

⁶⁴ U.S. Department of Education, “About ED,” <https://www.ed.gov/about>.

⁶⁵ U.S. Department of Education, National Center for Education Statistics, *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2021–22 (Fiscal Year 2022)* (NCES 2024-301), May 2024, <https://nces.ed.gov/pubs2024/2024301.pdf>.

⁶⁶ For the purposes of this calculation, the federal contribution included \$133 billion (grants, loans, work-study, and tax benefits) out of a total of \$241 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 2023*, p. 32, <https://research.collegeboard.org/media/pdf/Trends%20Report%202023%20Updated.pdf>.

FY2024 ED Appropriations Overview

Table 8 displays FY2024 enacted and proposed funding levels for ED, along with FY2023 enacted levels. The totals in this table do not include emergency-designated appropriations. Those amounts are generally displayed separately, along with the law in which they were enacted, at the bottom of the table and are in addition to regular appropriations. However, no such appropriations were enacted for ED in FY2023 or FY2024.

Discretionary funds represent the majority of ED’s annual appropriations, accounting for roughly 95% of ED funding. The FY2024 enacted discretionary ED appropriations were 0.7% lower than FY2023 levels. Proposed discretionary ED appropriations for FY2024 compared to FY2023 would have increased by 13.1% under the President’s budget, decreased by 15.3% under the House floor bill, and decreased by less than 0.1% under the Senate committee bill.

Table 8. ED Appropriations Overview

(in billions of dollars)

Funding	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Discretionary	79.6	90.0	79.6	67.4	79.1
Mandatory	3.9	4.3	4.3	4.3	4.3
Total, ED BA in the Bill	83.5	94.3	83.8	71.7	83.3
<i>Emergency Funding (not in above totals)</i>	—	—	—	—	—

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/evo-subsites/republicans-appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Amounts in this table for FY2024 Enacted are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Totals (“Total BA in the Bill”) do not include emergency-designated, contingent, or indefinite discretionary appropriations.

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

Selected ED Highlights

The following sections present highlights from FY2024 enacted and proposed appropriations compared to FY2023 enacted appropriations for selected ED accounts and programs.⁶⁷ **Table 9** tracks funding levels for major ED budget and appropriations accounts, and selected items within those accounts.

⁶⁷ ED budget materials can be found at <https://www2.ed.gov/about/overview/focus/performance.html>.

Education for the Disadvantaged

The Education for the Disadvantaged account is the largest account related to elementary and secondary education and has been the second largest overall within ED based on funding provided through the annual appropriations process in recent years. Within the account, a majority of funds are for Grants to Local Educational Agencies, authorized under Title I-A of the Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA; P.L. 114-95). Title I-A grants provide supplementary educational and related services to low-achieving and other students attending elementary and secondary schools with relatively high concentrations of students from low-income families, as well as eligible students who live in the areas served by these public schools but attend private schools.⁶⁸

The enacted FY2024 appropriation for the Education for the Disadvantaged account was \$19.1 billion, a 0.1% (+\$20 million) increase from the enacted FY2023 level of just over \$19.1 billion. Of the \$19.1 billion appropriated for the account, \$18.4 billion was provided for Title I-A grants. The President's 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 Senate committee bill would have provided \$19.3 billion in discretionary funding for the account, of which \$18.6 billion would have been provided for Title I-A.

The House floor bill would have provided a funding level of \$13.1 billion for the account, with \$12.4 billion designated for the Title I-A program. In addition to providing \$6.0 billion less for the Grants to Local Educational Agencies program as compared to the FY2023 LHHS omnibus, which is reflected in the amount above, the FY2024 House floor bill would have also rescinded approximately \$8.7 billion of the FY2024 advance appropriations provided under the FY2023 LHHS omnibus and made available on October 1, 2023.⁶⁹ (That rescission would be in addition to the reduction above.) The House explanatory materials argue that, due to various factors (including unspent balances from certain one-time COVID-19-era appropriations), "States do not need additional Federal funding for public schools."⁷⁰

Student Aid Administration

The Student Aid Administration account provides funds to administer the federal student aid programs authorized under Title IV of the Higher Education Act (HEA) and Title VII-A-I of the Public Health Service Act. Activities funded under the Student Aid Administration account include personnel compensation, student loan servicing costs, student aid application processing, including implementation of the FAFSA Simplification Act (Title VII, Division FF of P.L. 116-260), and the disbursement of aid dollars.

The FY2024 LHHS omnibus provided \$2.1 billion in discretionary funding for Student Aid Administration, an increase of 1.2% (+\$25 million) from the enacted FY2023 discretionary funding level of \$2.0 billion. The Student Aid Administration account was the only account within ED to receive an increase in discretionary funding of more than 1.0% from enacted FY2023 levels.

The FY2024 President's budget requested \$2.7 billion for Student Aid Administration, which would have been an increase of 30.5% (+\$620 million) from the enacted FY2023 funding level.

⁶⁸ 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).

⁶⁹ For further information about the House proposal, see CRS Report R47732, *Estimated ESEA Title I-A FY2023 and FY2024 State Grants Under the House Appropriations Committee Subcommittee-Approved Bill*.

⁷⁰ House explanatory materials, pp. 179-180.

The FY2024 Senate committee bill would have provided \$2.2 billion in discretionary budget authority for the Student Aid Administration account, which would have been 7.4% (+\$150 million) more than the enacted FY2023 funding level. The FY2024 House floor bill would have provided \$1.8 billion for the account, which would have been a 13.0% (-\$265 million) decrease compared to the enacted FY2023 funding level.

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

In April 2023, ED announced that it had awarded new contracts to five student loan servicers as part of its Unified Servicing and Data Solution (USDS) solicitation.⁷¹ ED also extended legacy servicer contracts through 2024. The President's budget stated that the requested increase in funds reflected the transition from legacy servicing contracts to the USDS loan servicing contracts and the return to repayment for millions of borrowers whose monthly payments had been paused in light of the COVID-19 pandemic.⁷² The FY2024 LHHS omnibus contained similar language to provisions included in appropriations bills since FY2020, requiring ED to provide quarterly briefings to the committees on its progress related to solicitations for and implementation of Federal student loan servicing contracts.

Higher Education

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

The FY2024 LHHS omnibus provided \$3.3 billion for the Higher Education account, a 6.9% decrease (-\$243 million) from the enacted FY2023 level of \$3.5 billion. This reduction relative to FY2023 was largely taken from the reservation in the account for Congressionally Directed Spending projects.⁷³ The FY2024 President's budget requested \$4.0 billion for Higher Education, which would have been a 13.1% (+\$461 million) increase over the enacted FY2023 funding level. The Senate committee bill would have provided \$3.3 billion, which would have represented a 7.5% (-\$266 million) decrease. The House floor bill would have provided \$2.8 billion, which would have been a decrease of 21.5% (-\$759 million) compared to the enacted FY2023 funding level.

⁷¹ U.S. Department of Education, "U.S. Department of Education's Office of Federal Student Aid Awards New Contracts to Five Companies to Serve Borrowers, Reduce Delinquency, and Improve Accountability," April 24, 2023, <https://www.ed.gov/news/press-releases/us-department-educations-office-federal-student-aid-awards-new-contracts-five-companies-serve-borrowers-reduce-delinquency-and-improve-accountability>.

⁷² U.S. Department of Education, *Student Aid Administration, Fiscal Year 2024 Budget Request*, p. 20, <https://www2.ed.gov/about/overview/budget/budget24/justifications/q-saa.pdf>.

⁷³ For background on this type of funding allocation, see the report section, FY2024 LHHS Congressionally Directed Spending and Community Project Funding.

Table 9. Detailed ED Appropriations

(in millions of dollars)

Account and Selected Program	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Education for the Disadvantaged^a	19,088	21,255	19,263	13,055	19,108
Grants to Local Educational Agencies	18,387	20,537	18,562	12,354	18,407
Impact Aid	1,618	1,618	1,628	1,618	1,625
School Improvement Programs	5,811	5,890	5,821	4,850	5,776
Supporting Effective Instruction State Grants	2,190	2,190	2,190	1,681	2,190
21 st Century Community Learning Centers	1,330	1,330	1,330	1,330	1,330
Student Support and Academic Enrichment Grants	1,380	1,405	1,400	1,380	1,380
School Readiness	0	500	0	0	0
Indian Education	195	202	195	195	195
Innovation and Improvement	1,453	1,604	1,237	737	1,203
Safe Schools and Citizenship Education	457	1,075	437	316	457
English Language Acquisition	890	1,195	897	0	890
Special Education	15,453	18,179	15,662	15,453	15,467
Part B—Assistance for Education of all Children with Disabilities ^b	14,614	16,762	14,789	14,614	14,634
Part C—Infants and Toddlers with Disabilities	540	932	560	540	540
Rehabilitation Services	4,093	4,406	4,397	4,397	4,397
Vocational Rehabilitation State Grants (mandatory)	3,950	4,254	4,254	4,254	4,254
Special Institutions for Persons with Disabilities	301	301	301	301	303
Career, Technical, and Adult Education	2,191	2,448	2,211	2,191	2,181
Career and Technical Education	1,462	1,689	1,482	1,462	1,452
Student Financial Assistance	24,615	26,415	24,595	22,475	24,615
<i>Pell maximum grant (non-add in dollars, not millions)</i>	<i>(6,335)</i>	<i>(6,835)</i>	<i>(6,585)</i>	<i>(6,335)</i>	<i>(6,335)</i>
Federal Pell Grant Program	22,475	24,275	22,475	22,475	22,475
Student Aid Administration	2,034	2,654	2,184	1,769	2,059
Free Community College and Tuition Subsidies	0	500	0	0	0
Higher Education	3,526	3,987	3,260	2,767	3,283
Howard University	354	347	304	302	304
College Housing & Academic Facilities Loans^c	0	0	0	0	0

Account and Selected Program	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
HBCU Capital Financing Program Account	21	21	21	21	21
Institute of Education Sciences	808	871	793	707	793
Departmental Management	634	793	627	515	627
Total, ED BA in the Bill	83,543	94,260	83,834	71,671	83,306
Subtotal, Mandatory	3,950	4,254	4,254	4,254	4,254
Subtotal, Discretionary	79,593	90,007	79,580	67,418	79,052
<i>Emergency Funding (not in above totals or memoranda below)</i>	—	—	—	—	—
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	83,543	94,260	83,834	71,671	83,306
Total, BA Advances for Future Years (provided in current bill)	22,597	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 ^d	22,597

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/evo-subsites/repUBLICans-appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Amounts in this table for FY2024 Enacted are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 170, book II, March 22, 2024, pp. H1886-H2070. Totals (“Total BA in the Bill”) do not include emergency-designated, contingent, or indefinite discretionary appropriations.

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.

- The amount shown in the FY2024 House floor bill column does not reflect the proposed rescission of advance appropriations for FY2024 that were provided under the FY2023 LHHS omnibus.
- Includes Grants to States Part B and Preschool Grants.
- Amounts for College Housing & Academic Facilities Loans are less than \$500,000 for each column, which round to \$0 in millions (the unit of measure used in this table). The FY2023 Enacted amount was \$298,000; the FY2024 Request amount was \$321,000; FY2024 Senate committee bill amount was \$298,000; the FY2024 House floor bill amount was \$321,000; and the FY2024 enacted amount was \$298,000).
- This amount does not reflect the proposed rescissions in the House floor bill. Consistent with source materials, these rescissions are treated as scorekeeping adjustments and displayed separately.

Related Agencies

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

FY2024 Related Agencies Appropriations Overview

Table 10 displays FY2024 proposed and enacted funding levels for LHHS Related Agencies, along with FY2023 enacted levels. The totals in this table do not include emergency-designated appropriations. Those amounts are generally displayed separately, along with the law in which they were enacted, at the bottom of the table and are in addition to regular appropriations. However, no such appropriations were enacted for the Related Agencies in FY2023 or FY2024.

In general, discretionary funding constitutes about 22% of total appropriations for LHHS Related Agencies each year. The FY2024 LHHS omnibus increased discretionary appropriations for Related Agencies by 0.3% compared to FY2023. The President's budget would have increased discretionary appropriations for Related Agencies by 9.8%, the Senate committee bill would have increased them by 1.4%, and the House floor bill would have decreased them by 9.1%.

Table 10. Related Agencies Appropriations Overview

(in billions of dollars)

Funding	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Discretionary	17.0	18.7	17.3	15.5	17.1
Mandatory	59.6	62.5	62.5	62.5	62.5
Total, Related Agencies BA in the Bill	76.7	81.2	79.7	78.0	79.5
<i>Emergency Funding (not in above totals)</i>	—	—	—	—	—

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/evo-subsites/republicans-appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Amounts in this table for FY2024 Enacted are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Totals ("Total BA in the Bill") do not include emergency-designated, contingent, or indefinite discretionary appropriations.

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

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

When looking exclusively at discretionary funding, SSA usually receives about 84% of discretionary appropriations for LHHS Related Agencies. After SSA, the next-largest related agency in terms of appropriations is usually the Corporation for National and Community Service (CNCS), which usually accounts for about 2% of total appropriations and 7% of discretionary appropriations to LHHS Related Agencies.⁷⁴ Typically, each of the remaining 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 FY2024 appropriations issues for selected agencies, programs, or accounts within Related Agencies. **Table 11** tracks funding levels for the Related Agencies.

SSA Limitation on Administrative Expenses (LAE)

The SSA LAE account consists mainly of funds that are used by SSA to administer the Social Security and SSI programs and to support CMS in administering portions of Medicare.⁷⁵ 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 FY2024 LHHS omnibus provided \$14.2 billion to the LAE account, a \$100 million (+0.7%) increase from the FY2023 enacted level. The President's budget would have provided \$1.4 billion (+9.6%) more for the LAE account relative to FY2023, the Senate committee bill would have increased LAE funding by \$292 million (+2.1%), and the House floor bill would have decreased LAE funding by \$173 million (-1.2%).

Of the \$14.2 billion provided to the LAE account for FY2024, \$1.9 billion (13.0% of this total) was dedicated to program integrity activities. The program integrity portion of the LAE account for FY2024 includes \$273 million in base funding subject to the discretionary spending caps established by the Fiscal Responsibility Act of 2023 (P.L. 118-5), as well as additional funding that is effectively exempt from those caps and subject to an annual limit (*adjustment funding*; see **Appendix A** further information). The FY2024 LHHS omnibus provided \$1.6 billion in adjustment funding, which was the maximum amount permitted for FY2024 under the Fiscal Responsibility Act of 2023. Both the Senate committee bill and the House floor bill would have provided \$1.9 billion in combined program integrity funding for the LAE account: \$273 million in base funding plus \$1.6 billion in adjustment funding. The President's budget, which was released prior to the enactment of the Fiscal Responsibility Act of 2023, also would have

⁷⁴ In 2020, the Corporation for National and Community Service (CNCS) announced that the agency's operating name would become "AmeriCorps," but that CNCS would remain the agency's legal name. For additional information, see "AmeriCorps Unveils New Logo, New Name for Agency," September 29, 2020, <https://americorps.gov/newsroom/press-release/2020/americorps-unveils-new-logo-new-name-agency>. In keeping with source materials, this report generally uses the legal name, CNCS, when referring to the agency, and uses the term AmeriCorps in reference to specific programs operated by CNCS.

⁷⁵ See CRS Report R47746, *Social Security Administration (SSA): FY2024 Annual Limitation on Administrative Expenses (LAE) Appropriation: In Brief*.

provided \$1.9 billion in combined program integrity funding for the LAE account, but distributed as \$287 million in base funding plus \$1.6 billion in adjustment funding.

Corporation for National and Community Service (CNCS)

The CNCS, operating as AmeriCorps, is an independent federal agency that administers a variety of national and community service programs.⁷⁶ The FY2024 LHHS omnibus provided \$1.3 billion in total CNCS funding, a \$50 million (-3.8%) decrease from the FY2023 enacted level. The President's budget would have provided \$166 million (+12.6%) more in total CNCS funding relative to FY2023, the Senate committee bill would have decreased total CNCS funding by the same amount as the FY2024 LHHS omnibus, and the House floor bill would have decreased total CNCS funding by \$652 million (-49.7%).

National Labor Relations Board (NLRB)

The NLRB is an independent board that enforces provisions in the National Labor Relations Act (NLRA). The FY2024 LHHS omnibus maintained the FY2023 funding level for the NLRB of \$299 million. The President's budget would have provided \$77 million (+25.7%) more in total NLRB funding relative to FY2023, the Senate committee bill would have maintained the FY2023 funding level, and the House floor bill would have decreased total NLRB funding by \$99 million (-33.2%).

The FY2024 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	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Committee for Purchase from People Who Are Blind or Severely Disabled (operating as the U.S. AbilityOne Commission)	13	15	13	13	13
Corporation for National and Community Service (CNCS) (operating as AmeriCorps)	1,313	1,479	1,263	661	1,263
<u>Selected CNCS Programs/Initiatives:</u>					
Volunteers in Service to America (VISTA)	103	142	103	0	103
National Senior Volunteer Corps	237	262	237	162	237
AmeriCorps State and National Grants	557	651	557	425	557
National Civilian Community Corps	38	43	38	0	38
National Service Trust	230	213	180	0	180

⁷⁶ See CRS Report RL33931, *The Corporation for National and Community Service: Overview of Programs and Funding*, and AmeriCorps, "FAQs: What is CNCS?," <https://americorps.gov/about/faqs>.

Agency, Program, Project, or Activity	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Corporation for Public Broadcasting (CPB)	595	635	595	0	595
Federal Mediation and Conciliation Service	54	56	54	54	54
Federal Mine Safety and Health Review Commission	18	19	18	18	18
Institute of Museum and Library Services (IMLS)	295	295	290	295	295
Medicaid and CHIP Payment and Access Commission (MACPAC)	9	10	9	9	9
Medicare Payment Advisory Commission (MedPAC)	14	14	14	14	14
National Council on Disability	4	4	4	4	4
National Labor Relations Board (NLRB)	299	376	299	200	299
National Mediation Board	15	16	15	15	15
Occupational Safety and Health Review Commission	15	16	15	15	15
Railroad Retirement Board (RRB)	150	160	149	124	147
Dual Benefits (minus tax receipts)	8	7	7	7	7
Federal Payment to RR Retirement Account (mandatory) ^a	0	0	0	0	0
Limitation on Administration	128	139	128	103	126
Inspector General	14	15	14	14	14
Social Security Administration (SSA)	73,887	78,075	76,999	76,534	76,807
Payments to Social Security Trust Funds (mandatory)	11	10	10	10	10
Supplemental Security Income (SSI) (mandatory)	59,635	62,456	62,456	62,456	62,456
Limitation on Administrative Expenses (LAE)	14,126	15,488	14,418	13,953	14,226
<i>Regular LAE (incl. user fees, non-add)</i>	<i>(12,342)</i>	<i>(13,618)</i>	<i>(12,567)</i>	<i>(12,102)</i>	<i>(12,375)</i>
<i>Program Integrity (non-add)</i>	<i>(1,784)</i>	<i>(1,870)</i>	<i>(1,851)</i>	<i>(1,851)</i>	<i>(1,851)</i>
Office of Inspector General	115	120	115	115	115
Total, Related Agencies BA in the Bill	76,681	81,169	79,737	77,956	79,548
Subtotal, Mandatory	59,646	62,466	62,466	62,466	62,466
Subtotal, Discretionary	17,035	18,703	17,271	15,490	17,082
<i>Emergency Funding (not in above totals or memoranda below)</i>	—	—	—	—	—
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	76,421	75,219	73,827	72,581	73,638
Total, BA Advances for Future Years (provided in current bill)	16,335	22,275	22,235	21,700	22,235
Total, BA Advances from Prior Years (for use in current year)	16,075	16,325	16,325	16,325	16,325

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/evo-subsites/repUBLICans-appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Amounts in this table for FY2024 Enacted are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Totals ("Total BA in the Bill") do not include emergency-designated, contingent, or indefinite discretionary appropriations.

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

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

Appendix A. Budget Enforcement Activities

The framework for budget enforcement under the congressional budget process has both statutory and procedural elements.

The statutory elements relevant to the LHHS bill are primarily the limits on defense and nondefense discretionary spending in the Balanced Budget and Emergency Deficit Control Act of 1985 (BBEDCA; P.L. 99-177), as amended by the Fiscal Responsibility Act. LHHS appropriations are classified as nondefense spending, and the bill has the largest share of such spending compared to the other annual appropriations bills. In addition, certain funding in the LHHS bill is affected by the mandatory spending sequester derived from the Budget Control Act of 2011 (BCA; P.L. 112-25) and the BBEDCA, as amended (most recently by P.L. 117-328, enacted on December 29, 2022).

The procedural elements of budget enforcement for LHHS are primarily associated with the budget resolution and limit both total discretionary spending and spending under the jurisdiction of each appropriations subcommittee.

After summarizing the status of budget enforcement for the FY2024 appropriations cycle, this appendix presents current-year FY2024 LHHS budgetary amounts in **Table A-1** and **Table A-2**.

Statutory Discretionary Spending Limits

The statutory limits on discretionary spending that are currently in effect were enacted as part of the Fiscal Responsibility Act of 2023 (FRA; P.L. 118-5) on June 3, 2023.⁷⁷ Prior to the FRA, statutory limits on discretionary spending had been in effect from FY2012 through FY2021.⁷⁸ The FRA amended the BBEDCA to provide limits on defense discretionary (all spending under budget function 050) and nondefense discretionary (all other spending) for FY2024 and FY2025. All funding in the LHHS bill is subject to the nondefense limit.

The applicable statutory limit on nondefense discretionary spending for FY2024 was \$703.65 billion under the FRA.⁷⁹ This represented a \$40.2 billion (-5%) reduction relative to FY2023 enacted nondefense discretionary spending when accounting for Congressional Budget Office

⁷⁷ For more information, see CRS Insight IN12168, *Discretionary Spending Caps in the Fiscal Responsibility Act of 2023*.

⁷⁸ During this period, 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). 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. The BCA statutory limits on discretionary spending expired at the end of FY2021, which meant that discretionary budget enforcement since that time occurred via procedural means only for FY2022 and FY2023 (CRS Report R46752, *Expiration of the Discretionary Spending Limits: Frequently Asked Questions*).

⁷⁹ This limit was an “initial” limit for FY2024. Under the FRA, this limit was to be automatically revised in the event a CR was in effect for any budget account on January 1, 2024. The revision would have resulted in an increase in nondefense discretionary spending levels and a decrease for defense discretionary spending levels when compared with the original limits. The revised nondefense discretionary limit was to be \$736.45 billion, which was roughly \$32.8 billion (+5%) more than the original FRA limit for nondefense discretionary spending. (This was estimated using CBO, *Report on the Status of Discretionary Appropriations, Fiscal Year 2023, U.S. Senate, February 10, 2023*, <https://www.cbo.gov/system/files?file=2023-02/FY2023-Senate-2022-12-23.pdf>.) However, the FRA also called for the revised limits to revert to the original FRA limits if full-year appropriations were enacted before April 30. Thus, although appropriations were being provided under a CR on January 1, 2024, the initial limits were ultimately applicable to FY2024 LHHS annual appropriations because final appropriations were enacted prior to April 30. For more information, see CRS Insight IN12183, *The FRA’s Discretionary Spending Caps Under a CR: FAQs*.

(CBO) scorekeeping, and prior to any adjustments to the limits pursuant to BBEDCA authorities.⁸⁰

For LHHS programs and activities, the FRA provides for adjustments to the nondefense spending limit for health care fraud and abuse control, continuing disability reviews and redeterminations, and reemployment services and eligibility assessments, up to a specified amount of funding for each of FY2024 and FY2025.⁸¹ The maximum amount of funding allowed for these LHHS adjustments was \$2.447 billion total in FY2024 and \$2.531 billion in FY2025. See the report section, “Exceptions to Budget Enforcement,” for more information about these adjustments.

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).⁸²

On March 13, 2023, concurrent with the release of the President’s budget submission, President Biden issued the required FY2024 sequestration order, calling for nonexempt mandatory spending to be reduced on October 1, 2023.⁸³ At that time, the Office of Management and Budget (OMB) announced that the FY2024 sequestration percentages would equal 2% of nonexempt Medicare spending and 5.7% of other nonexempt nondefense mandatory spending, for a total reduction of \$26 billion in FY2024.⁸⁴ (OMB also announced an 8.3% reduction, totaling \$2.0 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 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

⁸⁰ These calculations are based on CBO, *Report on the Status of Discretionary Appropriations, Fiscal Year 2023, U.S. Senate, February 10, 2023*, <https://www.cbo.gov/system/files?file=2023-02/FY2023-Senate-2022-12-23.pdf>. Note that CBO tabulates a slightly different amount of funding using House conventions in CBO, *Report on the Status of Discretionary Appropriations, Fiscal Year 2023, U.S. House of Representatives, February 10, 2023*, <https://www.cbo.gov/system/files?file=2023-02/FY2023-House-2022-12-23.pdf>. See CRS Insight IN12183, *The FRA’s Discretionary Spending Caps Under a CR: FAQs*.

⁸¹ The FRA also provided for a designation for emergency requirements, which would generally be available for funding under the purview of any appropriations act (not just LHHS).

⁸² 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.

⁸³ Sequestration Order for Fiscal Year 2024 Pursuant to Section 251A of the Balanced Budget and Emergency Deficit Control Act, As Amended, Federal Register Volume 88, No. 51, March 16, 2023, p. 16171, <https://www.govinfo.gov/content/pkg/FR-2023-03-16/pdf/2023-05511.pdf>.

⁸⁴ *OMB Report to the Congress on the BBEDCA 251A Sequestration for Fiscal Year 2024*, March 13, 2023, https://www.whitehouse.gov/wp-content/uploads/2023/03/BBEDCA_Sequestration_Report_and_Letter_3-13-2024.pdf. The BBEDCA, as amended, calls for the sequestration percentages for FY2022-FY2031 to be the same percentages as in FY2021, so these percentages no longer change year to year. See the report’s appendix for an itemized list of budget accounts that include mandatory spending subject to sequestration in FY2024, 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.

contains several programs that are subject to special rules under sequestration, such as health centers and portions of Medicare.⁸⁵

Budget Resolution, 302(b) Suballocations

The procedural elements of budget enforcement generally stem from requirements under the Congressional Budget Act of 1974 (P.L. 93-44) that are associated with the adoption of an annual budget resolution. Through this process, the Appropriations Committee in each chamber receives a procedural limit on the total amount of discretionary budget authority for the upcoming fiscal year, referred to as a 302(a) allocation. The Appropriations Committee subsequently divides this allocation among its 12 subcommittees. These subcommittee-level spending limits are referred to as 302(b) suballocations. The 302(b) suballocations restrict the amount of budget authority available to each subcommittee for the agencies, projects, and activities under its jurisdiction, effectively acting as a cap on each of the 12 regular appropriations bills. Enforcement of the 302(a) allocation and 302(b) suballocations occurs through points of order.⁸⁶

There was no House or Senate action on a FY2024 budget resolution.⁸⁷ For the purposes of providing 302(a) allocations and budgetary aggregates for the consideration of FY2024 appropriations, as well as other matters that would have been traditionally associated with the budget resolution, the FRA directed the Chairs of the House Budget Committee and the Senate Budget Committee to enter those amounts into the *Congressional Record* as soon as practicable. These were published in the Senate on June 21, 2023, but were not published in the House.⁸⁸

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., FY2024) appropriations within each subcommittee's jurisdiction and incorporate any applicable scorekeeping adjustments made by CBO.⁸⁹ On June 15, 2023, the House Appropriations Committee voted to approve draft suballocations for all 12 subcommittees, including LHHS (33-27).⁹⁰ The Senate Appropriations Committee reported its formal suballocations on June 22, 2023 (15-13).⁹¹ These suballocations are displayed in **Table A-1**.

Exceptions to Budget Enforcement

For the past several years, certain federal 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

⁸⁵ For more information, see CRS Report R42050, *Budget "Sequestration" and Selected Program Exemptions and Special Rules*.

⁸⁶ For further information, see CRS Report 98-815, *Budget Resolution Enforcement*.

⁸⁷ The House Budget Committee voted to report a FY2024 budget resolution on September 20, 2023, but the measure has not yet been reported.

⁸⁸ "Budget Enforcement Levels," *Congressional Record*, daily edition, vol. 169, no. 108 (June 21, 2023), pp. S2180-S2181.

⁸⁹ Such suballocations are commonly revised throughout the appropriations process to reflect changing budgetary priorities.

⁹⁰ The House Appropriations Committee suballocations have not been formally reported, but they have been published by the committee at https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/documents/FY24%20House%20Subcommittee%20Allocations%206.13.23_0.pdf.

⁹¹ S.Rept. 118-45. These suballocations were subsequently revised in S.Rept. 118-57, S.Rept. 118-69, S.Rept. 118-78, S.Rept. 118-98, S.Rept. 118-108, S.Rept. 118-162, S.Rept. 118-169.

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 the statutory spending limits, these adjustments can be made under Section 251(b) of the BBEDCA.⁹² The adjustments that apply to LHHS discretionary funding for the FY2024 budget cycle are summarized below:

- **Emergency requirement.** Funding for this adjustment is designated as being provided for an emergency requirement.⁹³ There are no criteria that would restrict the use of this adjustment to particular accounts or activities, and no dollar limit on the amount of funding each fiscal year that can be designated in this manner.
- **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 U.S. Attorneys. For FY2024, the amount of this adjustment is limited to \$1.6 billion in additional new budget authority. However, at least \$273 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 \$1.6 billion adjustment to be available.
- **Health care fraud and abuse control.** Funding for this adjustment is for the health care fraud abuse control program at CMS (in HHS). For FY2024, the amount of this adjustment is limited to \$604 million in additional new budget authority. However, at least \$311 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 \$604 million adjustment to be available.
- **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 FY2024, the amount of this adjustment is limited to \$265 million in additional new budget authority. However, at least \$117 million must first have been appropriated for these purposes (sometimes referred to as *base funding*), subject to the budget resolution limits, in order for the additional \$265 million adjustment to be available.⁹⁴

Separate from these cap adjustments, the 21st Century Cures Act (Cures Act, P.L. 114-255), which was enacted on December 13, 2016, includes additional budget enforcement procedures related to the discretionary spending limits.⁹⁵ For the purposes of FY2024 LHHS appropriations, these

⁹² For further information, see CRS Report R45778, *Exceptions to the Budget Control Act's Discretionary Spending Limits*.

⁹³ 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) continues to apply in the Senate during the consideration of FY2024 appropriations.

⁹⁴ 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).

⁹⁵ 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 (continued...)

procedures apply only to the NIH Innovation Account that was created by the act.⁹⁶ 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 FY2024, these Cures Act funds allowed in the LHHS bill total \$407 million.

FY2024 LHHS Spending Subject to Spending Limits

Table A-1 displays LHHS funding subject to budget enforcement for FY2023 and FY2024 (as enacted), along with the House FY2024 initial suballocations the FY2024 Senate committee-reported bill (S. 2624). 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.)

The amounts shown in the table also take into account any applicable CBO scorekeeping adjustments. Under this method of estimating the bill, the House proposal would have reduced regular discretionary appropriations for LHHS by 29% (-\$60.3 billion) relative to FY2023. The Senate proposal would have reduced discretionary appropriations for LHHS by 6% (-\$12.1 billion) relative to FY2023. Ultimately, the FY2024 LHHS omnibus provided a decrease of 6.2% (-\$12.9 billion) relative to FY2023, not accounting for adjustments.

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.

Table A-1. LHHS Discretionary Appropriations: Comparison of FY2023 Enacted, FY2024 House Initial 302(b) Suballocation, FY2024 Senate Committee-Reported Bill, and FY2024 Enacted

(current-year budget authority in billions of dollars)

	FY2023 Enacted	FY2024 Draft House Committee Suballocation^a	FY2024 Senate Committee- Reported Bill (S. 2624)	FY2024 Enacted
Regular Discretionary Appropriations	207.367	147.096	195.231	194.434
Adjustments: ^b				
Program Integrity	2.345	2.447	2.447	2.447
Health care fraud and abuse control (non-add)	0.576	0.604	0.604	0.604

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.

⁹⁶ The 21st Century Cures Act also created a non-LHHS account—the FDA Innovation Account—and made it subject to similar budget enforcement-related provisions. For more information, see CRS Report R44720, *The 21st Century Cures Act (Division A of P.L. 114-255)*.

	FY2023 Enacted	FY2024 Draft House Committee Suballocation ^a	FY2024 Senate Committee- Reported Bill (S. 2624)	FY2024 Enacted
Continuing disability reviews and redeterminations (non-add)	1.511	1.578	1.578	1.578
Reemployment services and eligibility assessments (non-add)	0.258	0.265	0.265	0.265
Emergency Requirements ^c	9.920	—	4.500	0.481 ^d
Adjusted Appropriations	219.632	149.543	202.178	197.362

Source: The FY2023 Enacted amounts are from CBO, *CBO Estimate for Divisions A through N of H.R. 2617 (as modified by S.A. 6552), the Consolidated Appropriations Act, 2023*, December 21, 2022, <https://www.cbo.gov/publication/58872>; and CRS analysis of P.L. 117-180 and P.L. 117-328. The FY2024 House Appropriations Committee initial suballocations are as published at https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/documents/FY24%20House%20Subcommittee%20Allocations%206.13.23_0.pdf. The FY2024 Senate Committee-reported bill (S. 2624) amounts are from S.Rept. 118-84, p. 1, and CRS analysis of the text of S. 2624. FY2024 Enacted amounts are from CBO, *Report on the Status of Discretionary Appropriations, Fiscal Year 2024, House of Representatives, as of March 23, 2024*, <https://www.cbo.gov/system/files/2024-04/FY2024-House-2024-03-23.pdf>; and CRS analysis of P.L. 118-50. “Regular discretionary appropriations” exclude funds for which special rules apply under the spending limits (e.g., funds for certain program integrity activities and emergency requirements), as well as funds provided under authorities in the 21st Century Cures Act (P.L. 114-255) that are effectively exempt from the spending limits.

Notes: It is common for suballocations to be revised to reflect actual action on appropriations bills and changes in congressional priorities. Amounts include advance appropriations enacted in prior fiscal years that first become available in those fiscal years. Regular appropriations reflect current-year discretionary budget authority subject to the spending limits and exclude funds that are effectively exempt from these 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 and funds provided under certain authorities in the 21st Century Cures Act (P.L. 114-255) that are effectively exempt from discretionary spending limits. (For FY2023, the Cures Act funds totaled \$1.085 billion; for FY2024, these funds totaled \$407 million.)

- According to page 2 of the draft explanatory materials released by the House Appropriations Committee, the LHHS appropriations in H.R. 5894 (and presumably as proposed in Rules Committee Print 118-13) align with the draft subcommittee suballocation (House Appropriations Committee, draft explanatory materials timestamped 03:26 on November 2, 2023, p. 2, <https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>).
- The FY2023 enacted amounts for these activities are identified via CRS analysis of Division H of P.L. 117-328. Note that CBO tabulates these 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. See also CBO, *Report on the Status of Discretionary Appropriations, Fiscal Year 2023, House of Representatives*, February 10, 2023, <https://www.cbo.gov/system/files?file=2023-02/FY2023-House-2022-12-23.pdf>; and CBO, *Report on the Status of Discretionary Appropriations, Fiscal Year 2023, Senate*, February 10, 2023, <https://www.cbo.gov/system/files?file=2023-02/FY2023-Senate-2022-12-23.pdf>.
- Unlike other tables in this report, emergency amounts in this table include estimated costs of contingent emergency appropriations for the HHS Refugee and Entrant Assistance account proposed in the FY2024 Senate committee-reported bill.
- Division A of the Continuing Appropriations Act, 2024 and Other Extensions Act (H.R. 5860; P.L. 118-15, September 30, 2023) provided a rate for operations of \$2.5 billion in emergency-designated appropriations for Low Income Home Energy Assistance Program (§101(8)) at the HHS Administration for Children and Families (ACF). Because this funding is provided at a rate for operations, and not a definite amount, it is not included in the tables in this report. In addition, the budgetary effects of Section 301 of Division B of P.L. 118-50, related to 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, *CBO Estimate for H.R. 8035, Ukraine Security Supplemental Appropriations Act, 2024, As Posted on the website of the House Committee on Rules on April 17, 2024, April 19, 2024*, https://www.cbo.gov/system/files/2024-04/hr8035_Ukraine_Security_Supplemental_Appropriations_Act_2024.pdf.

Current-Year Budget Authority

Table A-2 displays the total LHHS current-year budget authority, by title. Unlike the prior table, the amounts shown here have not been adjusted for congressional scorekeeping. The totals in this table exclude funds designated as an emergency requirement. The amounts shown 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 FY2023 enacted column include FY2023 advance appropriations budget authority provided by the FY2021 LHHS omnibus (P.L. 116-260) and the FY2022 LHHS omnibus (P.L. 117-103). Similarly, the FY2024 President’s budget request, FY2024 Senate Cmte., FY2024 House Floor, and FY2024 enacted columns include FY2024 advance appropriations provided by the FY2022 and FY2023 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: FY2023-FY2024

(current-year budget authority in billions of dollars)

Bill Title	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Title I: Labor	15.1	16.8	15.1	11.1	15.0
Discretionary	13.8	15.5	13.8	9.8	13.7
Mandatory	1.3	1.3	1.3	1.3	1.3
Title II: HHS	1,214.7	1,230.4	1,214.7	1,204.5	1,218.7
Discretionary	115.4	129.6	113.9	103.7	117.8
Mandatory	1,099.3	1,100.8	1,100.8	1,100.8	1,100.8
Title III: Education	83.5	94.3	83.8	71.7	83.3
Discretionary	79.6	90.0	79.6	67.4	79.1
Mandatory	3.9	4.3	4.3	4.3	4.3
Title IV: Related Agencies	76.4	75.2	73.8	72.6	73.6
Discretionary	17.0	18.7	17.3	16.0	17.1
Mandatory	59.4	56.6	56.6	56.6	56.6
Total Current Year BA^a	1,389.7	1,416.7	1,387.4	1,359.9	1,390.6
Discretionary	225.8	253.8	224.5	196.9	227.7
Mandatory	1,163.9	1,162.9	1,162.9	1,162.9	1,162.9

Emergency Funding (not in above totals or memoranda below)^b

Bill Title	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
P.L. 117-180, Division A	2.8	—	—	—	—
P.L. 117-328, Division M	2.4	—	—	—	—
P.L. 117-328, Division N	4.3	—	—	—	—
S. 2624, Title II	—	—	4.1	—	—
P.L. 118-50	—	—	—	—	0.5

Memoranda

Advances for Future Years (provided in current bill) ^c	242.8	297.0	297.0	296.5	297.0
Advances from Prior Years (for use in current year) ^c	210.7	242.8	242.8	242.8 ^d	242.8
Additional Scorekeeping Adjustments ^e	-16.1	-30.9	-26.5	-47.0	-30.4

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/evo-subsites/republicans-appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Amounts in this table for FY2024 Enacted are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2024 LHHS omnibus (P.L. 118-47) available in the *Congressional Record*, vol. 170, no. 51, book II, March 22, 2024, pp. H1886-H2070. Enacted totals (“Total BA in the Bill”) for FY2023 do not include emergency-designated, contingent, or indefinite discretionary appropriations. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended. Note that amounts shown for scorekeeping are calculated using the source documents specified, but CBO is responsible for the official scoring of the bill.

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.

- 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).
- Amounts shown here do not include emergency-designated for indefinite amounts (e.g., the contingent emergency appropriation for the Refugee and Entrant Assistance account in the FY2024 Senate committee bill, or the emergency appropriation provided at a rate of operations for the Low Income Home Energy Assistance Program in the first FY2024 continuing resolution). In addition, pursuant to instructions in Section 103 of the FRA, this table does not include emergency-designated advance appropriations enacted prior to FY2024 (e.g., those in P.L. 117-58, Division J and P.L. 117-159, Division B).
- The calculation for total budget authority in the bill (rather than total budget authority available for obligation in the current fiscal year) is as follows: Total Current Year BA minus Advances from Prior Years plus Advances for Future Years. The amount for both Advances from Prior Years and Advances for Future Years is the combined total of mandatory and discretionary spending.
- The amount shown in the FY2024 House floor bill column does not reflect the proposed rescission of advance appropriations for FY2024 that were provided under the FY2023 LHHS omnibus. These are reflected in the scorekeeping adjustments line.
- Totals in this table have generally not been adjusted for further scorekeeping. (To adjust for scorekeeping, add this line to the total budget authority.)

Appendix B. House Floor Amendments Offered to H.R. 5894, as Amended by Rules Committee Print 118-13

Although the House Appropriations Committee LHHS Subcommittee approved a draft bill on July 14, 2023, that bill was not marked up by the full committee. Subsequently, the House considered an LHHS bill, but did not vote on final passage. This bill (H.R. 5894), the text of which was substantially the same as the subcommittee draft bill, had been introduced on October 6, 2023, by Representative Aderholt, Chair of the House Appropriations LHHS Subcommittee.

H.R. 5894 was brought to the House floor for consideration on November 14, under the terms of a special rule (H.Res. 864), that specified the amendments that would be in order and provided that the text of the bill would be Rules Committee Print 118-13, which in effect made numerous alterations to the provisions in H.R. 5894 as introduced.⁹⁷ This rule also provided the authority for the chair of the Appropriations Committee or her designee to offer any of the amendments made in order en bloc (i.e., in groups of amendments to be disposed of together);⁹⁸ a total of 49 amendments were considered in this manner. When counting amendments considered en bloc as separate amendments, 109 amendments were adopted, 23 were rejected, and 2 were offered and withdrawn.

A summary of each amendment that was offered and its disposition is listed in **Table B-1** below. The summary of each amendment is as published in H.Rept. 118-272, the Rules Committee report accompanying H.Res. 864. (Note that not all amendments that were made in order were offered.) Some amendments proposed to increase and decrease funding for the same appropriations account by identical amounts, thereby having no net budgetary effect. These are commonly called “plus-minus” amendments.⁹⁹ While this type of amendment generally would not produce a budgetary effect, offering the amendment would allow the Member time to speak on the amendment when the House is considering legislation. This may allow the Member to communicate preferences related to that specific program or account.

Table B-1. LHHS House Floor Amendments Offered to H.R. 5894

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
1. Miller (IL): Reduces the funds provided to the Occupational Safety and Health Administration to \$0.	No	Failed, recorded vote: 131 - 300
2. Higgins (LA): Reduces the Mine Safety and Health Administration's Salary and Expenses account by \$1,000,000, attributed to the salary and benefits	No	Adopted, voice vote

⁹⁷ See the Rules Committee report accompanying H.Res. 864 for the text of the amendments made in order (H.Rept. 118-272). The text of Rules Committee Print 118-13 is posted at https://rules.house.gov/sites/republicans.rules118.house.gov/files/LHHS%20RCP%20FINAL_xml.pdf. A comparative print of H.R. 5894 and the Rules Committee Print 118-13 is posted at https://rules.house.gov/sites/republicans.rules118.house.gov/files/118hr5894ih_to_LHHS%20RCP%20FINAL_xml.pdf. Draft explanatory materials accompanying H.R. 5894 and Rules Committee Print 118-13 also were released by the House Appropriations Committee and posted at <https://appropriations.house.gov/sites/evo-subsites/republicans-appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>.

⁹⁸ For further information about en bloc authority in the context of House floor consideration of appropriations measures, see CRS Report R46841, *Changes in the House of Representatives' Initial Consideration of Regular Appropriations Measures, 113th-116th Congresses*.

⁹⁹ For more information, see CRS In Focus IF11973, *“Plus-Minus” Amendments to Regular Appropriations Measures*.

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
cuts of William O'Dell and Christopher Williamson and redirects these funds to the Department of Labor's Office of Inspector General's account.		
3. Sherrill (NJ): Increases funding for the Department of Education's Office of Elementary and Secondary Education—Education for the Disadvantaged account by \$5 million to allow K–12 schools to implement and administer high-impact tutoring programs that will help students recover from COVID-related academic challenges. Reduces funding for the Department of Labor's Departmental Management—Salaries and Expenses account by \$5 million.	Yes	Adopted, voice vote
4. Cloud (TX): Strikes a reference to a job corps center on Treasure Island in Sec. 114 and replaces it with the job corps center located in San Marcos, Texas.	No	Adopted, voice vote
5. Harris (MD), Murphy (NC), Burgess (TX), Wenstrup (OH): Decreases the Office of the Secretary of HHS by \$10,000,000. Increases the HRSA Health Workforce topline by \$9,500,000.	Yes	Adopted, voice vote
6. Meuser (PA): Provides the Health Workforce Account with an additional \$10 million for the Nurse Corps programs which is offset with a \$19 million deduction to the National Institute of Nursing Research.	No	Adopted, voice vote
7. Caraveo (CO): Increases and decreases the Maternal and Child Health Block Grant by \$35 million for the purpose of providing support for maternal and child health care services; prenatal, delivery, and postnatal care; and screenings, diagnostic and treatment services to improve the health and well-being of mothers, children, and families.	Yes	Adopted, voice vote
8. Boebert (CO): Transfers funds from HHS General Department Management to the Small Rural Hospital Improvement Grant Program.	No	Adopted, voice vote
9. Boebert (CO): Transfers funds from HHS General Department Management for the purchase and implementation of telehealth services to improve health care coordination for rural veterans between rural providers and the Department of Veterans Affairs.	No	Adopted, voice vote
10. Boebert (CO): Transfers funds from HHS General Department Management to the Rural Emergency Hospital Technical Assistance Program.	No	Adopted, voice vote
11. Boebert (CO): Transfers funds from HHS General Department Management to the Rural Residency Planning and Development Program to support physician workforce expansion in rural areas.	No	Adopted, voice vote
12. Boebert (CO): Transfers funds from HHS General Department Management to suicide prevention research and techniques to combat the mental health epidemic.	Yes	Adopted, voice vote
13. Boebert (CO): Transfers funds from HHS General Department Management to the Inspector General to combat waste, fraud, and abuse.	No	Adopted, voice vote
14. Castor (FL): Increases and decreases funding for the Centers for Disease Control and Prevention in support of the President's request to prevent HPV-related cancers through the Cancer Moonshot Initiative.	Yes	Adopted, voice vote
15. Miller (WV): Directs \$5,000,000 of funding to the CDC's TGS program to promote early detection of emerging pathogens and infectious diseases through airport wastewater study. Reduces funding for the Office of the Secretary of the HHS by the same amount.	Yes	Adopted, voice vote
16. Pfluger (TX): Decreases and increases funds by \$1,500,000 within the CDC's National Center for Emerging and Zoonotic Infectious Diseases for the purpose of funding grants for research and surveillance activities on the	Yes	Adopted, voice vote

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
prevalence of Valley Fever and the health impacts on the population affected.		
17. Murphy (NC): Increases and decreases funding for the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion to support the Presidential Physical Fitness Test.	Yes	Adopted, voice vote
18. Sherrill (NJ): Increases funding by \$5 million for the CDC Chronic Disease Prevention and Health Promotion Account to award grants for the creation of programs to improve prevention, identification, and treatment of cardiovascular disease in women. The offset of \$5 million is from the Office the Secretary General Departmental Management Account.	Yes	Adopted, voice vote
19. Mills (FL): Reduces the appropriated amount for the Public Health Scientific Services to the FY19 appropriated amount.	No	Adopted, voice vote
20. Gallagher (WI), Crow (CO): Increases funding for the Centers for Disease Control and Prevention ALS Registry by \$5,000,000 to support research to prevent ALS among active military personnel and veterans, and reduces funding for the Office of the Secretary of General Departmental Management by \$5,000,000.	Yes	Adopted, voice vote
21. Gottheimer (NJ): Increases and decreases funds by \$1,000,000 in the Centers for Disease Control and Prevention's Environmental Health account to emphasize the importance of every child having access to drinking water at school that's free of lead and dangerous materials.	Yes	Adopted, voice vote
22. Grothman (WI): Increases and decreases funding in CDC Wide Activities and Program Support by \$1,000,000 to express the intent for the CDC to conduct a study on the connection between vitamin D deficiencies and COVID-19 mortality rates in the United States; and the role of vitamin D in suppressing severe COVID-19 symptoms; and determine whether or not a recommendation should be made on the supplemental intake of vitamin D to boost immune health and protect against complications associated with respiratory illness and infections.	No	Adopted, voice vote
23. Gottheimer (NJ): Increases and decreases funding by \$5 million for the National Cancer Institute to support improved access to lifesaving screening, diagnostic, and treatment services in an effort to reduce disparities and advance health equity in breast and cervical cancer.	Yes	Adopted, voice vote
24. Jackson Lee (TX): Increases funding for the National Cancer Institute by \$2,000,000 to research triple negative breast cancer.	Yes	Adopted, voice vote
25. Murphy (NC), Costa (CA): Transfers \$1,000,000 from the Department of Health and Human Services Office of the Secretary to the National Institute of Neurological Disorders and Stroke to fund a Pediatric-Onset Epilepsies Consortium to enable cooperative research studies, accelerate the development of knowledge about the epilepsies, and rapidly advance therapeutic options and their implementation to improve treatments and health care outcomes.	Yes	Adopted, voice vote
27. Gluesenkamp Perez (WA): Increases and decreases funding for the National Institute of Allergy and Infectious Disease to recognize the economic burden of Hand, Foot, and Mouth Disease and highlight the importance of developing a vaccine for its prevention.	Yes	Adopted, voice vote
28. Good (VA): Transfers \$10 million allocated for the Office of Diversity in Biomedical Research to the Spending Reduction Account.	No	Failed, recorded vote: 190 - 241
29. Caraveo (CO): Increases and decreases the Eunice Kennedy Shriver National Institute of Child Health and Human Development by \$10 million, for the purpose of continued research and training to understand human	Yes	Adopted, voice vote

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
development across the lifespan to improve health outcomes and reduce costs associated with illness and disability.		
30. Gottheimer (NJ): Increases funding by \$10 million for the National Institute on Aging to strengthen the Alzheimer's Disease Education and Referral (ADEAR) Center's research on Alzheimer's disease including causes, diagnostic tools, treatments, and cures. The offset of \$10 million is from the Office of the Secretary General Departmental Management Account.	Yes	Adopted, voice vote
31. Barragan (CA): Increases and decreases funds for the National Institute on Minority Health and Health Disparities (NIMHD) by \$1,000,000 to express the intent that increased funding be included for the NIMHD Research Endowment Program to provide continued support to existing grantees, and to expand the number of statutorily eligible institutions receiving grants through a competitive process.	Yes	Adopted, voice vote
32. Good (VA): Transfers \$524.4 million from the National Institute of Minority Health and Health Disparities to the Spending Reduction Account.	No	Failed, recorded vote: 140 - 294
33. Rosendale (MT): Prohibits funding for the John E. Fogarty International Center saving approximately \$95 million.	No	Failed, recorded vote: 183 - 251
34. Pfluger (TX): Decreases the amount appropriated to the NIH's Office of the Director by \$3,748,715 to redress the amount of federal funds the NIH awarded EcoHealth Alliance, Inc. to conduct gain-of-function research at the Wuhan Institute of Virology.	No	Adopted, voice vote
35. Mills (FL): Reduces the appropriated amount for the Office of the Director, NIH to the FY19 appropriated amount.	No	Failed, recorded vote: 186 - 247
36. Clyde (GA): Reduces funds for the NIH.	No	Adopted, voice vote
37. Steil (WI): Increases the Substance Abuse Mental Health Budget by \$18 million for the 9–8–8 National Suicide Prevention Lifeline. The offset is decreasing funding from the NIH Office of the Director.	Yes	Adopted, voice vote
38. Harris (MD), Burgess (TX): Decreases the appropriation for NIH buildings and facilities by \$59,000,000. Increases the appropriation for Project BioShield by \$50,000,000.	No	Adopted, voice vote
39. Harris (MD), Dunn (FL): Decreases the appropriation for NIH buildings and facilities by \$119,000,000. Increases the appropriation for the Strategic National Stockpile by \$100,000,000.	No	Adopted, voice vote
40. Balint (VT): Increases and decreases funding for the SAMHSA Disaster Response Program to highlight the importance of supporting disaster survivors' mental health.	Yes	Adopted, voice vote
41. Molinaro (NY): Subtracts and adds \$10,000,000 to highlight the importance of bolstering 988 infrastructure and care coordination.	Yes	Adopted, voice vote
42. Murphy (NC): Transfers \$2 million from the Office of the Secretary General Departmental Management to the Substance Abuse and Mental Health Administration to increase available grants to prevent prescription drug and illicit opioid overdoses.	Yes	Adopted, voice vote

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
43. Caraveo (CO): Increases and decreases the National Child Traumatic Stress Initiative by \$7 million for the purpose of raising awareness of the impact of traumatic stress on children and adolescents and to increase availability and accessibility of trauma-informed care, services, and treatments.	Yes	Adopted, voice vote
44. Barr (KY): Increases funding for the Treatment, Recovery, and Workforce Support Program.	Yes	Adopted, voice vote
45. Gottheimer (NJ): Increases funding by \$10 million for the Assistant Secretary for Mental Health and Substance Use to award grants, contracts, and cooperative agreements for planning, establishing, or administering programs to prevent and address the misuse of opioids, related drugs, and other drugs commonly used in pain management or injury recovery, as well as the co-use of one or more such drugs with other substances, by students and student athletes. The offset of \$10 million is from the Office of the Secretary General Departmental Management Account.	Yes	Adopted, voice vote
46. Pettersen (CO): Transfers \$2 million from the Office of Secretary General Departmental Management Account to the Substance Abuse and Mental Health Administration for the purpose of expanding mobile Medication Assisted Treatment (MAT) units in rural communities.	Yes	Adopted, voice vote
47. Molinaro (NY): Subtracts and adds \$2,000,000 to specify that SAMHSA should explore using its funds for crisis stabilization centers that provide walk-in care services for individuals with serious mental health conditions and/or substance use disorders as an effective approach to reducing emergency department visits, hospitalizations, or incarceration.	Yes	Adopted, voice vote
48. Steube (FL): Increases and decreases funding to the Administration for Children and Families by \$2,000,000 to highlight the need for innovative foster care programming that recognizes the adversities, challenges, and traumas that children and families involved in the foster care system often confront in such vulnerable periods.	Yes	Adopted, voice vote
49. Ramirez (IL): Increases and decreases funding for the Services for Survivors of Torture Program.	Yes	Adopted, voice vote
50. Ciscomani (AZ): Increases and decreases funding for Head Start.	Yes	Adopted, voice vote
51. Jackson Lee (TX): Increases funds by \$2,000,000 for the Head Start Act, including Head Start partnerships.	Yes	Adopted, voice vote
52. Molinaro (NY): Increases and decreases funding for the Administration of Community Living by \$5,000,000 to build up telephone reassurance services to support the mental health and overall well-being of socially vulnerable older adults.	Yes	Adopted, voice vote
53. Dunn (FL), Miller (WV): Increases and decreases the funding by \$400 million for the Administration for Strategic Preparedness and Response's (ASPR) Project Bioshield to highlight the importance of HHS funding oral antiviral therapeutics as part of Project NextGen.	Yes	Adopted, voice vote
54. Carter (GA), Burgess (TX): Directs \$15 million to carry out Section 2409 of Public Law 117-328 to allow states to build or maintain their own medical stockpile for their specific and unique needs, while coordinating with the SNS and ensuring it is robust.	No	Adopted, voice vote
55. Good (VA): Transfers \$28 million allocated for Minority AIDS prevention to the Spending Reduction Account.	No	Failed, recorded vote: 109 - 324 (Roll no 653)

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
56. Hudson (NC): Transfers \$2,000,000 from HHS office of the Secretary and transfer it to the Office of Inspector General to support investigation and oversight functions of HHS in disrupting counterfeit medicine.	Yes	Adopted, voice vote
57. Kiggans (VA): Increases and decreases Medicare Hearings and Appeals funding by \$196,000,000 to direct CMS to transmit information, either on the CMS website or on the claim denial notification, to those whose Medicare/Medicaid claims are denied about how to effectively appeal their denied claims.	Yes	Adopted, voice vote
59. Houchin (IN): Increases and decreases the ESEA account by \$1 million dollars to highlight the importance of the Literacy Education for All, Results for the Nation program under ESEA.	Yes	Adopted, voice vote
60. Houchin (IN): Increases and decreases the HEA account by \$1 million dollars to highlight the importance of our future educators teaching the science of reading through a phonics-based curriculum.	Yes	Adopted, voice vote
61. Boebert (CO): Transfers funds from the Department of Education bureaucracy to Charter School Grants.	No	Adopted, voice vote
62. Boebert (CO): Transfers funds from the Department of Education bureaucracy to Rural School Programs.	No	Adopted, voice vote
63. Boebert (CO): Transfers funds from the Department of Education bureaucracy to the Office of Indian Education.	No	Adopted, voice vote
64. Scott, David (GA): Increases and decreases funding for the Assistance for Arts Education to highlight the need for professional development for arts educators to better include and accommodate students with disabilities.	Yes	Adopted, voice vote
65. Molinaro (NY): Increases and decreases IDEA funding to emphasize the importance of supporting students with intellectual and developmental disabilities.	Yes	Adopted, voice vote
66. Molinaro (NY), Houchin (IN): Increases and decreases IDEA funding to highlight the importance for school districts to inform parents of their right to have a third-party advocate in IEP meetings.	Yes	Adopted, voice vote
67. Steil (WI), Grothman (WI): Transfers \$5,000,000 from the Department of Education's Departmental Management Program Administration account to the Department of Education's Special Education account for the purpose of carrying out Part B of the Individuals with Disabilities Education Act (IDEA).	Yes	Adopted, voice vote
68. McGarvey (KY): Increases and decreases funding by \$2 million to highlight the importance of continued funding for the American Printing House for the Blind and their mission providing accessible and innovative reading materials to people who are blind or low vision.	Yes	Adopted, voice vote
69. Biggs (AZ): Cuts funding for the Student Financial Assistance Program.	No	Failed, recorded vote: 85 - 350
70. Biggs (AZ): Strikes funding to the Student Aid Administration.	No	Failed, recorded vote: 81 - 353
71. Biggs (AZ): Strikes funding to the Higher Education Program.	No	Failed, recorded vote: 81 - 354
72. Molinaro (NY): Increases and decreases Department of Education funding to ensure that students are protected against antisemitic activity and those students who are affected have access to adequate counseling services.	Yes	Adopted, voice vote

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
73. Moore (WI): Demonstrates the importance of the TRIO program by increase/decrease by \$1 million.	Yes	Adopted, voice vote
74. Ramirez (IL): Increases and decreases funding for Augustus F. Hawkins Centers of Excellence grants.	Yes	Adopted, voice vote
75. Ramirez (IL): Increases and decreases funding for Development Hispanic-Serving Institutions Program.	Yes	Adopted, voice vote
76. Biggs (AZ): Strikes funding to the Institute of Education Sciences.	No	Failed, recorded vote: 118 - 316
77. Lawler (NY): Increases/decreases funding at the Department of Education's Office of Civil Rights to prioritize the investigation of antisemitic incidents on college campuses.	Yes	Adopted, voice vote
78. Perry (PA): Reduces funding for the National Labor Relations Board by \$100 million.	No	Failed, recorded vote: 169 - 257
79. Gottheimer (NJ): Increases and decreases funds by \$10 million to hire more Social Security Administration employees in the Office of Hearing Operations to reduce hearings backlog and processing times for disability claims.	Yes	Adopted, voice vote
80. Kiley (CA): Prohibits funds made available under this Act from being used by the Department of Health and Human Services or any grantee to implement a mask mandate for children at Head Start programs	No	Adopted, voice vote
81. Boebert (CO): Transfers funds from the Department of Education bureaucracy to the Office of the Inspector General to combat Waste, Fraud, and abuse.	No	Adopted, voice vote
82. Allen (GA): Restricts any funds made available by this Act to be used to finalize, implement, or enforce the proposed rule entitled "Retirement Security Rule: Definition of an Investment Advice Fiduciary" or any substantially similar rule.	No	Adopted, voice vote
83. Wagner (MO): Prohibits the Department of Labor from using funds to finalize, implement, or enforce proposed amendments to class prohibited transaction exemptions (PTEs) available to investment advice fiduciaries.	No	Adopted, voice vote
84. Norman (SC): Prohibits funding to carry out the actions described in the fact sheet released by the White House related to cracking down on junk fees in retirement investment advice.	No	Adopted, voice vote
85. Biggs (AZ): Prohibits the Department of Health and Human Services from making any voluntary contributions to the World Health Organization.	No	Adopted, voice vote
86. Biggs (AZ), Roy (TX): Prohibits the use of funds to pay for the salary and expenses of ORR Director Robin Dunn Marcos.	No	Failed, recorded vote: 173 - 254
87. Brecheen (OK): Prohibits funds to finalize, implement, administer, or enforce the proposed rule entitled "Safe and Appropriate Foster Care Placement Requirements for Titles IV-E and IV-B," which requires foster families to affirm a foster child's LGBTQI+ identity.	No	Adopted, voice vote
90. Cammack (FL): Prohibits funds from being used to finalize any rule or regulation that has resulted in or is likely to result in an annual effect on the economy of \$100 million or more.	No	Adopted, voice vote
92. Crane (AZ): Reduces federal education funding by \$37,735,000.	No	Failed, recorded vote: 151 - 273

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
96. Good (VA): Prohibits funds from being used to require universities to enforce COVID-19 vaccine requirements for students and faculty.	No	Adopted, voice vote
99. Gosar (AZ): Prohibits funding for NIH grant R01AI110964 “Understanding the Risk of Bat Coronavirus Emergence” and Cooperative Agreement U01AI151797 “Understanding Risk of Zoonotic Virus Emergence in EID Hotspots of Southeast Asia.”	No	Adopted, voice vote
100. Graves (LA): Prohibits the use of funds to promulgate new major rules if OMB determines that the regulation is likely to result in a significant impact on the economy, a major increase in prices for consumers, or adverse effects on American global competition.	No	Adopted, voice vote
101. Greene (GA): Prohibits funding for the implementation of the CDC’s recommendation to add the COVID vaccine to the child and adolescent immunization schedule.	No	Adopted, voice vote
102. Greene (GA): Prohibits funding for vaccine mandates.	No	Adopted, voice vote
103. Greene (GA), Miller (IL): Reduces the salary of Rachel Levine, Assistant Secretary for Health, to \$1.	No	Failed, recorded vote: 170 - 254, 1 Present
104. Greene (GA), Miller (IL): Reduces the salary of Miguel Cardona, Secretary of Education, to \$1.	No	Failed, recorded vote: 165 - 260, 1 Present
105. Hageman (WY): Prohibits the Department of Labor from providing climate literacy training.	No	Adopted, voice vote
106. Hageman (WY): Prohibits the Department of Labor from administering environmental justice grant programs.	No	Adopted, voice vote
107. Hageman (WY): Prohibits funds made available by this Act from being used to implement or carry out the strategies provided by the Department of Education’s September 2023 report titled “Strategies for Increasing Diversity and Opportunity in Higher Education.”	No	Adopted, voice vote
108. Hageman (WY): Prohibits funds made available by this Act from being used to carry out educational priorities, including invitational priorities, concerning the American History and Civics Education programs, and referenced in 86 FR 20348 relating to “Proposed Priorities—American History and Civics Education.”	No	Adopted, voice vote
109. Harris (MD), Burgess (TX), McCormick (GA), Wenstrup (OH): Limits the amount that the National Institutes of Health provides grantees for facilities and administrative costs to 30% of the total grant.	No	Withdrawn
110. Hern (OK): Prohibits funds from being used for a Confucius Classroom.	No	Adopted, voice vote
111. Hern (OK): Ensures the Department of Health and Human Services implements consumer protections passed in the surprise billing law that provides patients with an advanced cost estimate for their health care services.	No	Adopted, recorded vote: 411 - 14
112. Higgins (LA): Reduces the salary of Christopher Williamson, Assistant Secretary of the Mine Safety and Health Administration, to \$1.	No	Failed, recorded vote: 148 - 280, 1 Present
113. Higgins (LA): Reduces the salary of William O’Dell, District Manager in Dallas, Texas, of the Mine Safety and Health Administration, to \$1.	No	Failed, recorded vote: 144 - 279, 1 Present

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
114. Lawler (NY): Prohibits funding under this Act from going toward colleges and universities that authorize, facilitate, provide funding for, or otherwise support any event promoting antisemitism on campus.	No	Adopted, recorded vote: 373 - 54
115. Massie (KY): Prohibits funds from being used to fund any grant related to any transgenic edible vaccine.	No	Adopted, voice vote
116. Massie (KY), Miller-Meeks (IA): Prohibits funds from being made available to conduct or support gain of function research.	No	Adopted, voice vote
117. McCormick (GA): Reduces the salary of Xavier Becerra, Secretary of the Department of Health and Human Services, to \$1.	No	Failed, recorded vote: 162 - 262, 1 Present
118. Miller (IL): Reduces the salary of Catherine E. Lhamon, Assistant Secretary for Civil Rights at the U.S. Department of Education, to \$1.	No	Failed, recorded vote: 157 - 268, 1 Present
119. Miller (IL): Reduces the salary of Douglas L. Parker, Assistant Secretary of Labor for Occupational Safety and Health, to \$1.	No	Failed, recorded vote: 155 - 270, 1 Present
120. Miller (IL): Prohibits funds to the World Health Organization.	No	Adopted, voice vote
121. Miller (IL): Prohibits funds to Office of Population Affairs.	No	Failed, recorded vote: 204 - 224
122. Miller (WV), Pfluger (TX), Fleischmann (TN): Prevents funds from being used to finalize, implement, or enforce the proposed rule published by the Department of Health and Human Services entitled "Medicaid Program; Misclassification of Drugs, Program Administration and Program Integrity Updates Under the Medicaid Drug Rebate Program" (88 Fed. Reg. 34238 (May, 26, 2023)).	No	Adopted, voice vote
123. Miller-Meeks (IA): Prohibits funding for CDC's firearm injury and mortality prevention research.	No	Adopted, recorded vote: 216 - 211
124. Moore (UT), Schneider (IL): Increases and decreases funding for the U.S. Department of Health and Human Services HRSA Wide Activities and Programs Support account to urge HRSA to provide Congress an accounting of unpaid and partially paid claims by HRSA's COVID-19 Uninsured Program, an accounting of funding to pay these claims since its initiation, including instances in which funding intended for this program was diverted to other activities, and a plan for payment of legitimate claims still outstanding for services provided under this program.	No	Adopted, voice vote
126. Murphy (NC), Hern (OK), Wenstrup (OH), Hageman (WY), Barr (KY), Houchin (IN), Rosendale (MT), Burgess (TX), Fischbach (MN): Prohibits funds from being used to finalize, implement, or enforce the proposed rule entitled: "Medicare and Medicaid Programs: Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting (CMS 3442-P)."	No	Adopted, voice vote
127. Ogles (TN): Prohibits funds from use to impose a COVID-19 mask mandate.	No	Adopted, voice vote
128. Ogles (TN): Prohibits funds for Guidance issued by Secretary Becerra regarding mandated use of preferred pronouns.	No	Adopted, voice vote
129. Perry (PA): Prohibits the use of funds for the Mine Safety and Health Administration to finalize, implement, or enforce the proposed rule entitled, "Lowering Miners' Exposure to Respirable Crystalline Silica and Improving Respiratory Protection."	No	Adopted, voice vote

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
130. Perry (PA): Prohibits the use of funds for the NLRB to implement, administer, or enforce the “Representation-Case Procedures” rule, which imposes “ambush” elections.	No	Adopted, voice vote
131. Perry (PA), Good (VA), Allen (GA): Prohibits the use of funds to implement or enforce the “Cemex” decision which imposes a back-door card check system for union elections.	No	Adopted, voice vote
132. Pfluger (TX), Burgess (TX), Crenshaw (TX), Weber (TX), Gooden (TX), Moran (TX), De La Cruz (TX), Babin (TX): Prohibits funding to finalize, implement or enforce policies in CMS’s policies included in the informational bulletin promulgated by the Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services on February 17, 2023, and proposed limitation for state directed payments as stated in the May 3, 2023, proposed rule titled “Medicaid Program; Medicaid and Children’s Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality.”	No	Adopted, voice vote
133. Rosendale (MT): Prohibits funds made available by this Act from conducting or supporting any gain-of-function research involving a potential pandemic pathogen by Rocky Mountain Laboratories.	No	Adopted, voice vote
134. Rosendale (MT): Reduces the salary of Vincent Munster, Chief, Virus Ecology Section, National Institute of Allergy and Infectious Diseases to \$1.	No	Failed, recorded vote: 155 - 268, I Present
135. Rosendale (MT), Brecheen (OK): Prohibits funds from being used to implement the proposed rule entitled “Unaccompanied Children Program Foundational Rule” issued by the Administration for Children and Families.	No	Withdrawn
136. Roy (TX), Cammack (FL): Prohibits funds appropriated by this Act to implement certain executive orders regarding climate change.	No	Adopted, voice vote
137. Santos (NY): Prohibits funds from being used to establish, implement, or enforce any vaccine mandate.	No	Adopted, voice vote
138. Schweikert (AZ): Increases funding for the National Eye Institute by \$5 million for the development of autonomous eye screening for diabetic retinopathy. Offsets the increase with a decrease in funding of \$5 million from the General Departmental Management account under the Office of the Secretary of Health and Human Services.	No	Adopted, voice vote
139. Schweikert (AZ): Increases funding by \$2 million for the CDC “Emerging Zoonotic and Infectious Disease account with the intention that these funds be used for Coccidioidomycosis otherwise known as “Valley Fever.” Offsets the increase with a decrease in funding of \$2 million from the General Departmental Management account under the Office of the Secretary of Health and Human Services.	No	Adopted, voice vote
140. Schweikert (AZ): Reduces each amount appropriated or otherwise made available by this Act that is not required to be appropriated or made available by a provision of law by 26.2%, equal to the amount that entities with taxing authority receive in the bill.	No	Failed by voice vote
141. Schweikert (AZ), Miller (WV): Increases and decreases funding of \$5 million for the National Institute on Drug Abuse to support research on cures for synthetic opioids and fentanyl. Offsets the increase with a decrease in funding of \$5 million from the General Departmental Management account under the Office of the Secretary of Health and Human Services.	Yes	Adopted, voice vote

142. Smucker (PA), Van Orden (WI): Prohibits ED from using funds to implement, administer, or enforce a provision of their Oct. 31 final rule that would prohibit education and training programs from exceeding their state's minimum hours requirements.	No	Adopted, voice vote
143. Tenney (NY): Prohibits funding for Executive Order 14019.	No	Adopted, voice vote
144. Van Duyne (TX): Prohibits funds from being used to enforce ASC-20 of the Ambulatory Surgical Center Quality Reporting Program (ASCQR) which requires ASCs to report their COVID-19 Vaccination Coverage Among Health Care Personnel data.	No	Adopted, voice vote
146. Lawler (NY), Ciscomani (AZ): Increases funding for Head Start.	No	Adopted, voice vote

Sources: The amendment numbers and summaries are from pages 3-14 of H.Rept. 118-272. En bloc consideration and the disposition of all amendments is from *Congressional Record*, daily edition, Vol. 169, Nos. 188 and 189 (November 14, 2023), and *Congressional Record*, daily edition, Vol. 169, No. 190 (November 15, 2023).

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