Congressional Research Service
Informing the legislative debate since 1914

Labor, Health and Human Services, and Education: FY2016 Appropriations

Updated October 4, 2016

Congressional Research Service
https://crsreports.congress.gov
R44287

CRS REPORT
Prepared for Members and
Committees of Congress

Summary

This report provides an overview of actions taken by Congress and the President to provide FY2016 appropriations for accounts funded by the Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) appropriations bill. This bill provides funding for all accounts funded through the annual appropriations process at the Departments of Labor (DOL) and Education (ED). It provides annual appropriations for most agencies within the Department of Health and Human Services (HHS), with certain exceptions (e.g., the Food and Drug Administration is funded via the Agriculture bill). The LHHS bill also provides funds for more than a dozen related agencies, including the Social Security Administration (SSA).

FY2016 Supplemental Appropriations: On September 29, 2016, President Obama signed into law H.R. 5325 (P.L. 114-223), a legislative vehicle that contained the Zika Response and Preparedness Appropriations Act, 2016, in Division B. The bill had been passed by the House and Senate one day earlier, on September 28, 2016. The Zika supplemental contained in this law provided $1.1 billion in emergency appropriations for domestic and international Zika response efforts. Of this, a total of $933 million was provided to HHS programs and activities. The budgetary totals in this report do not include these emergency appropriations.

FY2016 Omnibus: On December 18, 2015, President Obama signed into law the Consolidated Appropriations Act, 2016 (P.L. 114-113), which provided FY2016 LHHS appropriations in Division H. This law appropriated $170 billion in discretionary funding for LHHS, which is roughly $6 billion (+4%) more than FY2015 enacted levels and $5 billion (-3%) less than the FY2016 President's request. In addition, the FY2016 omnibus provided an estimated $718 billion in mandatory LHHS funding (pre-sequester), for a total of $888 billion for LHHS as a whole.

- **DOL:** The FY2016 omnibus provided roughly $12 billion in discretionary funding for DOL, about 2% more than FY2015 enacted.
- **HHS:** The FY2016 omnibus provided roughly $75 billion in discretionary funding for HHS, about 6% more than FY2015 enacted.
- **ED:** The FY2016 omnibus provided roughly $68 billion in discretionary funding for ED, about 2% more than FY2015 enacted.
- **Related:** The FY2016 omnibus provided roughly $15 billion in discretionary funding for LHHS related agencies, about 3% more than FY2015 enacted.

FY2016 Continuing Resolutions: The FY2016 omnibus followed three government-wide continuing resolutions (CRs), which had provided temporary funding earlier in the fiscal year (P.L. 114-53, P.L. 114-96, and P.L. 114-100). With limited exceptions, the CRs generally funded discretionary LHHS programs at FY2015 levels, minus a reduction of less than one percent (-0.2108%).

Earlier Senate LHHS Action: On June 25, 2015, the Senate Appropriations Committee approved its FY2016 LHHS appropriations bill by a vote of 16-14 (S. 1695; S.Rept. 114-74). This bill would have provided $162 billion in discretionary LHHS funds, which is about 1% less than FY2015 enacted levels. In addition, the Senate committee bill would have provided an estimated $718 billion in mandatory funding, for a total of $880 billion for LHHS as a whole.

Earlier House LHHS Action: On June 24, 2015, the House Appropriations Committee approved its FY2016 LHHS bill by a vote of 30-21 (H.R. 3020; H.Rept. 114-195). This bill would have provided $161 billion in discretionary LHHS funds, which is about 2% less than FY2015 enacted levels. In addition, the House committee bill would have provided an estimated $718 billion in mandatory funding, for a total of roughly $879 billion for LHHS as a whole.

President's Budget Submission: On February 2, 2015, the Obama Administration released the FY2016 President's budget. The President requested $175 billion in discretionary funding for accounts funded by the LHHS bill, which is about 6% more than FY2015 enacted levels. In addition, the President requested roughly $718 billion in annually appropriated mandatory funding, for a total of roughly $893 billion for LHHS as a whole.

Contents

Introduction 1
Report Roadmap and Useful Terminology 1
Scope of the Report 1
Important Budget Concepts 2
Mandatory vs. Discretionary Budget Authority 2
Total Budget Authority Provided in the Bill vs. Total Budget Authority Available in the Fiscal Year 3
FY2016 LHHS Appropriations Status 4
Zika Response and Preparedness Appropriations Act, 2016 4
FY2016 Omnibus Appropriations 5
FY2016 Continuing Resolutions 6
Congressional Action on a Stand-Alone LHHS Bill 6
FY2016 LHHS Action in the Senate 6
FY2016 LHHS Action in the House 6
FY2016 President's Budget Request 6
Conclusion of the FY2015 Appropriations Process 7
Emergency Ebola Appropriations 7
Summary of FY2016 LHHS Appropriations 8
Department of Labor (DOL) 10
About DOL 11
FY2016 DOL Appropriations Overview 11
Selected DOL Highlights 12
Employment and Training Administration (ETA) 12
Wage and Hour Division (WHD) 13
Bureau of International Labor Affairs (ILAB) 13
Labor-Related General Provisions 13
Department of Health and Human Services (HHS) 17
About HHS 17
FY2016 HHS Appropriations Overview 18
Special Public Health Funding Mechanisms 19
Public Health Service Evaluation Tap 20
Prevention and Public Health Fund 21
Selected HHS Highlights by Agency 21
HRSA 22
CDC 22
NIH 22
SAMHSA 23
AHRQ 24
CMS 24
ACF 26
ACL 27
Funding Restrictions Related to Certain Controversial Issues 27
HHS Detail Tables 29
Department of Education (ED) 34
About ED 34

FY2016 ED Appropriations Overview 35
Selected ED Highlights 35
Education for the Disadvantaged 35
Innovation and Improvement 36
Safe Schools and Citizenship Education 37
Special Education 37
Pell Grants 38
Related Agencies 42
FY2016 Related Agencies Appropriations Overview 42
Selected Related Agencies Highlights 43

Figures

Figure 1. FY2016 Omnibus Appropriations for Labor, HHS, ED, and Related Agencies 5
Figure 2. FY2016 Omnibus LHHS Appropriations by Title 10
Figure 3. FY2016 Omnibus Appropriations to HHS by Agency 19

Tables

Table 1. Status of Full-Year LHHS Appropriations Legislation, FY2016 4
Table 2. LHHS Appropriations Overview by Bill Title, FY2015-FY2016 8
Table 3. DOL Appropriations Overview 12
Table 4. Detailed DOL Appropriations 14
Table 5. HHS Appropriations Overview 18
Table 6. HHS Appropriations Totals by Agency 29
Table 7. HHS Discretionary Appropriations for Selected Programs or Activities, by Agency 31
Table 8. ED Appropriations Overview 35
Table 9. Detailed ED Appropriations 39
Table 10. Related Agencies Appropriations Overview 43
Table 11. Detailed Related Agencies Appropriations Table 45

Table A-1. FY2016 LHHS Discretionary 302(b) Suballocations and FY2016 Enacted, Along with Comparable FY2015 Levels 49
Table A-2. LHHS Appropriations Overview by Bill Title, FY2015-FY2016 50

Appendixes

Appendix. Budget Enforcement Activities 47

Contacts

Author Information 51

Acknowledgments 51

Introduction

This report provides an overview of FY2016 appropriations actions for accounts traditionally funded in the appropriations bill for the Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS). This bill provides discretionary and mandatory appropriations to three federal departments: the Department of Labor (DOL), the Department of Health and Human Services (HHS), and the Department of Education (ED). In addition, the bill provides annual appropriations for more than a dozen related agencies, including the Social Security Administration (SSA).

Discretionary funds represent less than one-quarter of the total funds appropriated in the LHHS bill. Nevertheless, the LHHS bill is typically the largest single source of discretionary funds for domestic non-defense federal programs among the various appropriations bills (the Department of Defense bill is the largest source of discretionary funds among all federal programs). The bulk of this report is focused on discretionary appropriations because these funds receive the most attention during the appropriations process.

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

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

Report Roadmap and Useful Terminology

This report is divided into several sections. The opening section provides an explanation of the scope of the LHHS bill (and hence, the scope of this report), as well as an introduction to important terminology and concepts that carry throughout the report.

Next is a series of sections describing major congressional actions on FY2016 appropriations and (for context) a review of the conclusion of the FY2015 appropriations process.

This is followed by a high-level summary and analysis of proposed and enacted appropriations for FY2016, compared to FY2015 enacted funding levels.

The body of the report concludes with overview sections for each of the major titles of the bill: DOL, HHS, ED, and Related Agencies. These sections provide selected highlights from FY2016 proposed and enacted funding levels, compared to FY2015 enacted funding levels.

Finally, an **Appendix** provides a summary of budget enforcement activities for FY2016. This includes information on the Bipartisan Budget Act of 2015 (P.L. 114-74), the Budget Control Act of 2011 (BCA; P.L. 112-25), and sequestration, as well as efforts related to the budget resolution, subcommittee spending allocations, and the final enacted levels for FY2016.

Scope of the Report

This report is focused strictly 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 the 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 (provided in the Agriculture appropriations bill), the Indian Health Service (provided in the Interior-Environment appropriations bill), and the Agency for Toxic Substances and Disease Registry (also funded through the Interior-Environment appropriations bill);
- the Department of Education; and
- more than a dozen related agencies, including the Social Security Administration, the Corporation for National and Community Service, the Corporation for Public Broadcasting, the Institute of Museum and Library Services, the National Labor Relations Board, and the Railroad Retirement Board.

Note also that funding totals displayed in this report do not reflect amounts provided outside of the annual appropriations process. Certain direct spending programs, such as Old-Age, Survivors, and Disability Insurance and parts of Medicare, receive funding directly from their authorizing statutes; such funds are not reflected in the totals provided in this report because they are not provided through the annual appropriations process (see related discussion in the "Important Budget Concepts" section).

Important Budget Concepts

Mandatory vs. Discretionary Budget Authority[1]

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

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.[2]

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., Old-Age, Survivors, and Disability Insurance). The funding amounts in this report do not include budget authority

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

[2] 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*, by Jessica Tollestrup.

provided outside of the appropriations process. Instead, the amounts reflect only those funds, discretionary and mandatory, that are provided through appropriations acts.

Note that, as displayed in this report, mandatory amounts for the 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.)

Note also that the report focuses most closely on discretionary funding. This is because discretionary funding receives the bulk of attention during the appropriations process. (As noted earlier, although the LHHS bill includes more mandatory funding than discretionary funding, the appropriators generally have less flexibility in adjusting mandatory funding levels than discretionary funding levels.)

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

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.[3] 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).[4]

As the annual appropriations process unfolds, the amount of current-year budget authority is measured against 302(b) allocation ceilings (budget enforcement caps for appropriations subcommittees that traditionally emerge following the budget resolution process). The process of measuring appropriations against these spending ceilings takes into account *scorekeeping adjustments*, which are made by the Congressional Budget Office (CBO) to reflect conventions and special instructions of Congress.[5] Unless otherwise specified, appropriations levels displayed in this report do not reflect additional scorekeeping adjustments.

[3] 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.

[4] Such figures exclude advance appropriations for future years, but include advance appropriations from prior years that become available in the current year.

[5] For more information on scorekeeping, see CRS Report 98-560, *Baselines and Scorekeeping in the Federal Budget Process*, by Bill Heniff Jr.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).

FY2016 LHHS Appropriations Status

Table 1 provides a timeline of major legislative actions toward full-year FY2016 LHHS appropriations. The remainder of this section provides additional detail on these and other steps toward full-year LHHS appropriations. It also provides a summary of the supplemental appropriations for HHS that were enacted as part of the Zika Response and Preparedness Appropriations Act, 2016.

Table 1. Status of Full-Year LHHS Appropriations Legislation, FY2016

Subcommittee Markup						Resolution of House and Senate Differences			
House	Senate	House Report	House Initial Passage	Senate Report	Senate Initial Passage	Conf. Report	House Final Passage	Senate Final Passage	Public Law
H.R. 3020 6/17/15 voice vote	S. 1695 6/23/15 voice vote	H.Rept. 114-195 6/24/15 30-21		S.Rept. 114-74 6/25/15 16-14		Explanatory materials inserted in *Congressional Record*[a]	H.R. 2029 12/18/15 316-113	H.R. 2029 12/18/15 66-33	P.L. 114-113 12/18/15

Source: CRS Appropriations Status Table.

a. *Congressional Record,* daily edition, vol. 161, no. 184, Book III, (December 17, 2015), pp. H10281-H10362, available at https://www.gpo.gov/fdsys/pkg/CREC-2015-12-17/pdf/CREC-2015-12-17-bk3.pdf.

Zika Response and Preparedness Appropriations Act, 2016

On September 29, 2016, President Obama signed into law H.R. 5325 (P.L. 114-223), a legislative vehicle that contained the Zika Response and Preparedness Appropriations Act, 2016, in Division B. The bill had been passed by the House and Senate one day earlier, on September 28, 2016. The Zika supplemental contained in this law provided $1.1 billion in emergency appropriations for domestic and international Zika response efforts. Of this, a total of $933 million was provided to the Department of Health and Human Services. These funds were distributed as follows:

- $394 million to the Centers for Disease Control and Prevention (CDC) for preventing, preparing for, and responding to the Zika virus and related health conditions. Of this amount, $44 million is intended to restore funds to the Public Health Emergency Preparedness cooperative agreement program that had previously been reprogrammed for Zika response activities.
- $152 million to the National Institute of Allergy and Infectious Diseases at the National Institutes of Health (NIH) for Zika-related research, as well as development of vaccines and other medical countermeasures for Zika.
- $387 million for the Public Health and Social Services Emergency Fund for preventing, preparing for, and responding to the Zika virus and related health conditions. Of this amount, $75 million is to be available for reimbursing the costs of Zika-related health care not covered by private health insurance, $20 million is to be transferred to the Maternal and Child Health Block Grant for projects of national significance in Puerto Rico and other territories, $40 million is to expand the delivery of primary health services provided by community health centers, and $6 million is to support the assignment of National Health Service Corps members to Puerto Rico and other territories.

The FY2016 budgetary totals in this report do not include these supplemental emergency appropriations, which were appropriated in the final week of FY2016.

For further information, see CRS Report R44460, *Zika Response Funding: Request and Congressional Action*, by Susan B. Epstein and Sarah A. Lister.

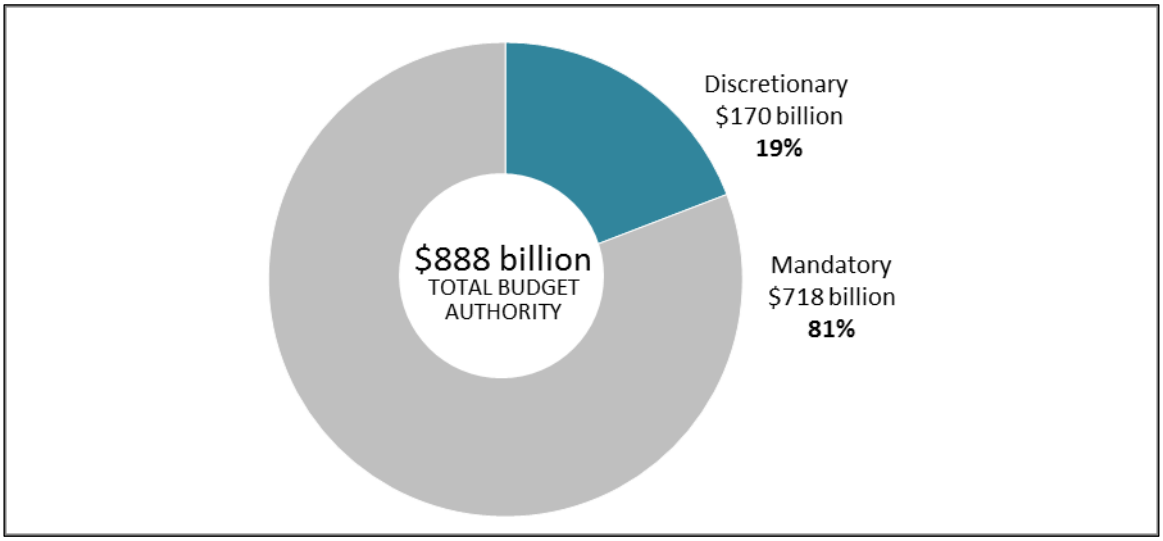
FY2016 Omnibus Appropriations

On December 18, 2015, President Obama signed into law the Consolidated Appropriations Act, 2016 (P.L. 114-113). The final version of this bill was agreed to by both the House and the Senate on the same day that it was enacted. The enacted version provided regular, full-year appropriations for all 12 of the annual appropriations acts, including LHHS (see Division H).

This law appropriated $170 billion in discretionary funding for LHHS, which is roughly $6 billion (+4%) more than FY2015 enacted levels and $5 billion (-3%) less than the FY2016 President's request. In addition, the FY2016 omnibus provided an estimated $718 billion in mandatory LHHS funding (pre-sequester), for a total of $888 billion for LHHS as a whole.

See **Figure 1** for the breakdown of discretionary and mandatory LHHS appropriations in the FY2016 omnibus.[6]

Figure 1. FY2016 Omnibus Appropriations for Labor, HHS, ED, and Related Agencies



Source: Amounts estimated based on data provided in the joint explanatory statement accompanying the FY2016 omnibus (P.L. 114-113). For consistency with source materials, amounts displayed here do not reflect sequestration or re-estimates of mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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 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.

[6] While the percentages in this figure were calculated based on amounts in the FY2016 omnibus, they are generally also illustrative (within two percentage points) of the share of mandatory vs. discretionary LHHS funds in FY2015 (as enacted) and under the other FY2016 proposals (e.g., President's request, House and Senate LHHS committee bills).

FY2016 Continuing Resolutions

The FY2016 omnibus followed three government-wide continuing resolutions (CRs), which had provided temporary funding earlier in the fiscal year (P.L. 114-53, P.L. 114-96, and P.L. 114-100). With limited exceptions, these CRs generally funded discretionary LHHS programs at the same rate and under the same conditions as the LHHS title in the FY2015 omnibus (Division G, P.L. 113-235), minus an across-the-board reduction of less than one percent (-0.2108%). The CRs explicitly did not include funding based on Title VI of Division G, which had provided emergency-designated funding to HHS in FY2015 in response to the Ebola outbreak in Africa.

Mandatory programs covered by these CRs were generally continued at current law levels, less sequestration (where applicable).

The first FY2016 CR (P.L. 114-53) included several special provisions for LHHS appropriations. These provisions are summarized in CRS Report R44214, *Overview of the FY2016 Continuing Resolution (H.R. 719)*, by Jessica Tollestrup. These provisions were continued in the two subsequent extensions of the first CR (listed above).

Congressional Action on a Stand-Alone LHHS Bill

FY2016 LHHS Action in the Senate

On June 25, the Senate Appropriations Committee approved its FY2016 LHHS appropriations bill by a vote of 16-14 (S. 1695; S.Rept. 114-74). Prior to this, on June 23, the Senate LHHS Subcommittee had approved a draft bill for full committee consideration.

As reported by the full committee, this bill would have provided $162 billion in discretionary LHHS funds. This is about 1% less than FY2015 enacted levels and 7% less than the FY2016 President's request. In addition, the Senate committee bill would have provided an estimated $718 billion in mandatory funding, for a combined total of $880 billion for LHHS as a whole.

FY2016 LHHS Action in the House

On June 24, the House Appropriations Committee approved its FY2015 LHHS bill by a vote of 30-21 (H.R. 3020; H.Rept. 114-195). Prior to this, on June 17, the House LHHS Subcommittee had approved a draft bill for full committee consideration.

As reported by the full committee, this bill would have provided $161 billion in discretionary LHHS funds. This is about 2% less than FY2015 enacted levels and 8% less than the FY2016 President's request. In addition, the House committee bill would have provided an estimated $718 billion in mandatory funding, for a combined total of $879 billion for LHHS as a whole.

FY2016 President's Budget Request

On February 2, 2015, the Obama Administration released the FY2016 President's budget. The President requested $175 billion in discretionary funding for accounts funded by the LHHS bill, which is about 6% more than FY2015 enacted levels. In addition, the President requested roughly $718 billion in annually appropriated mandatory funding, for a total of roughly $893 billion for the LHHS bill as a whole.

Conclusion of the FY2015 Appropriations Process

On December 16, 2014, President Obama signed into law the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235). The final version of this bill was agreed to in the House on December 11, 2014, and in the Senate on December 13, 2014. The enacted law provided regular, full-year appropriations for 11 of the 12 annual appropriations bills, including LHHS (see Division G). This law appropriated $164 billion in discretionary funding for LHHS (not counting emergency Ebola funds), which is roughly comparable to amounts provided in FY2014 (+0.05%) and the FY2015 President's request (-0.1%). In addition, the FY2015 omnibus appropriated $681 billion in mandatory LHHS funding (pre-sequester), for a total of $846 billion for LHHS as a whole.

Emergency Ebola Appropriations

In addition to non-emergency LHHS appropriations, the FY2015 omnibus also provided $2.7 billion in emergency-designated funding to HHS in response to the Ebola outbreak in Africa (see Division G, Title VI).[7] These funds were distributed as follows:

- $1.8 billion to the Centers for Disease Control and Prevention (CDC) for activities to enhance domestic preparedness, support overseas operations to end the Ebola epidemic, and prevent the spread of Ebola and other infectious diseases;
- $238 million to the National Institutes of Health (NIH) for clinical trials on experimental Ebola vaccines and treatments; and
- $733 million to the Public Health and Social Services Emergency Fund, which is administered within the HHS Office of the Secretary, for drug and vaccine development and domestic hospital preparedness.[8]

[7] This amount does not include Ebola-related funds appropriated to the HHS Food and Drug Administration (FDA) in Division A, Title VIII, of the FY2015 omnibus (P.L. 113-235). The FDA falls within the jurisdiction of the Agriculture appropriations bill, not LHHS. In addition, the amount specified above does not include $88 million appropriated to HHS for Ebola-related activities in the first FY2015 continuing resolution (P.L. 113-164).

[8] For more information, see CRS Report R43807, *FY2015 Funding to Counter Ebola and the Islamic State (IS)*, coordinated by Susan B. Epstein.

Summary of FY2016 LHHS Appropriations

Dollars and Percentages in this Report

Amounts displayed in this report are typically rounded to the nearest million or billion (as labeled). Dollar and percent changes discussed in the text of this report are based on unrounded amounts.

Funding levels are generally drawn from (or estimated based on) the following congressional documents:

- Amounts for FY2016 enacted are based on the joint explanatory statement accompanying the FY2016 omnibus (P.L. 114-113) and, as such, do not include supplemental emergency appropriations subsequently enacted in the Zika Response and Preparedness Appropriations Act, 2016 (P.L. 114-223, Division B).
- Amounts for FY2015 enacted, the FY2016 request, and the FY2016 House Appropriations Committee-reported LHHS bill (H.R. 3020) are generally based on data in H.Rept. 114-195.
- Amounts for the FY2016 Senate Appropriations Committee-reported LHHS bill (S. 1695) are generally based on data in S.Rept. 114-74.

Throughout this report, the FY2016 House Appropriations Committee-reported LHHS bill and Senate Appropriations Committee-reported LHHS bill are commonly referred to as the House and Senate "committee bills."

For consistency with source materials, amounts in this report generally do not reflect mandatory spending sequestration or re-estimates of mandatory spending programs, where applicable, nor do they reflect transfers or reprogramming of funds pursuant to executive authorities, or any other adjustments for comparability.[9] One exception is that estimated transfers from the Prevention and Public Health Fund, displayed in certain HHS tables, do reflect mandatory sequestration, per the convention of source materials. In addition, amounts for FY2015 generally exclude emergency Ebola funds appropriated to HHS by the FY2015 omnibus (Division G, Title VI), as well as Ebola-related funds provided by the first FY2015 CR (P.L. 113-164).

Table 2 displays FY2016 discretionary and mandatory LHHS budget authority provided or proposed, by bill title, along with FY2015 enacted levels. The amounts shown in this table reflect total budget authority provided in the bill (i.e., all funds appropriated in the current 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** in the **Appendix**.)

Table 2. LHHS Appropriations Overview by Bill Title, FY2015-FY2016

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

Bill Title	FY2015 Enacted	FY2016 Request	FY2016 House Cmte (H.R. 3020)	FY2016 Senate Cmte (S. 1695)	FY2016 Enacted
Title I: Labor	**13.3**	**14.5**	**12.4**	**12.7**	**13.7**
Discretionary	11.9	13.2	11.7	11.4	12.2
Mandatory	1.4	1.4	0.7	1.4	1.6
Title II: HHS	**691.7**	**732.8**	**728.9**	**728.1**	**732.2**
Discretionary	71.0	75.8	71.3	71.0	75.1
Mandatory	620.7	657.1	657.6	657.1	657.1

[9] The recent practice for Congressional Research Service (CRS) reports on the LHHS bill has been to adjust appropriations amounts in the prior year column (but not any columns for the current year) to reflect sequestration, re-estimates of mandatory spending, transfers, reprogramming, and other adjustments for comparability. This report breaks from that practice due to new display conventions in source documents.

Bill Title	FY2015 Enacted	FY2016 Request	FY2016 House Cmte (H.R. 3020)	FY2016 Senate Cmte (S. 1695)	FY2016 Enacted
Title III: Education	**70.5**	**74.1**	**67.8**	**69.2**	**71.7**
Discretionary	67.1	70.7	64.4	65.8	68.3
Mandatory	3.3	3.4	3.4	3.4	3.4
Title IV: Related Agencies	**70.0**	**71.3**	**69.9**	**69.9**	**70.8**
Discretionary	14.2	15.1	13.8	13.7	14.6
Mandatory	55.9	56.2	56.2	56.2	56.2
Total BA in the Bill	**845.6**	**892.8**	**879.0**	**879.9**	**888.4**
Discretionary	**164.2**	**174.8**	**161.2**	**161.9**	**170.2**
Mandatory	**681.3**	**718.0**	**717.8**	**718.0**	**718.2**
Title VI: Ebola (emergency)[a]	**2.7**	**-**	**-**	**-**	**-**
Memoranda:					
Advances for Future Years (provided in current bill)[b]	160.8	158.5	158.5	158.5	158.5
Advances from Prior Years (for use in current year)[b]	151.5	160.8	160.8	160.8	160.8
Additional Scorekeeping Adjustments[c]	-6.0	-5.5	-6.6	-7.1	-6.6

Source: Amounts shown for FY2015 enacted, the FY2016 request, and the FY2016 House committee bill are generally drawn from (or estimated based on) H.Rept. 114-195, while amounts for the FY2016 Senate committee bill are generally drawn from S.Rept. 114-74. Amounts for FY2016 enacted were estimated based on data in the joint explanatory statement accompanying the FY2016 omnibus. For consistency with source materials, amounts in this report generally do not reflect sequestration or re-estimates of mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. FY2015 enacted totals do not include Ebola-related funds provided by the first FY2015 CR (P.L. 113-64) or in Division G, Title VI, of the FY2015 omnibus (P.L. 113-235).

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 the Senate Committees on Appropriations; and (4) do not include appropriations that occur outside of appropriations bills. No amounts are shown for Title V, because this title consists solely of general provisions.

a. Total does not include $88 million appropriated to HHS for Ebola-related activities in the first FY2015 CR.

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 the current year is as follows: Total BA in the Bill minus Advances for Future Years plus Advances from Prior Years.

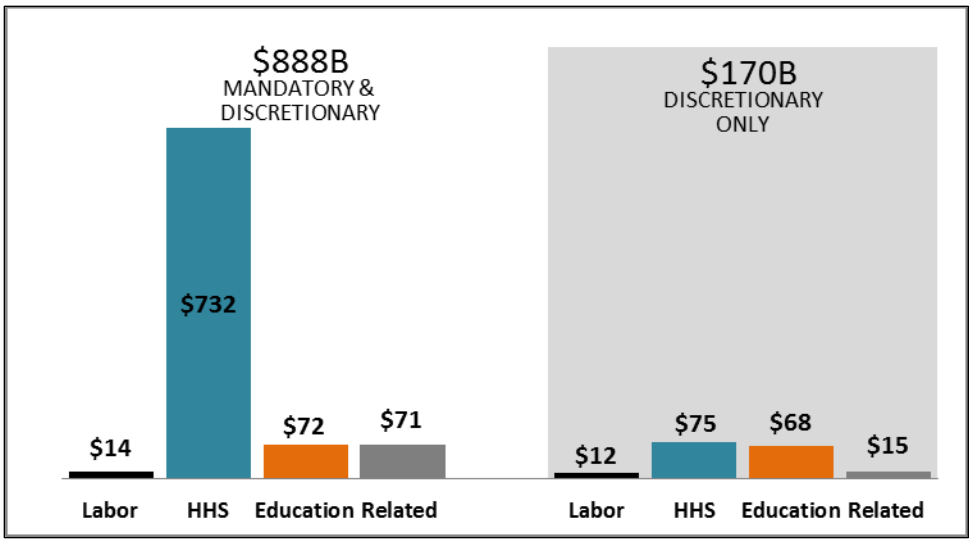
c. Totals in this table have generally not been adjusted for further scorekeeping. (To adjust for scorekeeping, add this line to the total budget authority.)

Figure 2 displays the FY2016 enacted discretionary and mandatory LHHS funding levels, by bill title. As this figure demonstrates, HHS accounts for the largest share of total FY2016 LHHS appropriations: $732 billion, or 82% of total LHHS appropriations. 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 about 8% apiece. The majority of the ED appropriations 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. Finally, DOL accounts for the smallest share of total LHHS funds: roughly 2%.

When looking only at discretionary appropriations, however, the overall composition of LHHS funding is noticeably different. HHS accounts for a comparatively smaller share of total discretionary appropriations (44%), while ED accounts for a relatively larger share (40%). Together, these two departments represent the majority (84%) of discretionary LHHS appropriations. Meanwhile, DOL and Related Agencies combine to account for a roughly even split of the remaining 16% of discretionary LHHS funds.

Figure 2. FY2016 Omnibus LHHS Appropriations by Title



Source: Amounts estimated based on data provided in the joint explanatory statement accompanying the FY2016 omnibus (P.L. 114-113). For consistency with source materials, amounts displayed here do not reflect sequestration or re-estimates of mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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 (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.

Department of Labor (DOL)

Note that all amounts in this section are based on regular LHHS appropriations only. Amounts in this section do not include mandatory funds provided outside of the annual appropriations process (e.g., direct appropriations for Unemployment Insurance benefits payments). All amounts in this section are rounded to the nearest million or billion (as labeled). The dollar changes and percentage changes discussed in the text are based on unrounded amounts. For consistency with source materials, amounts do not reflect sequestration or re-estimates of mandatory spending programs, where applicable, nor do they reflect transfers or reprogramming of funds pursuant to executive authorities.

About DOL

DOL is a federal department comprised of multiple entities that provide services related to employment and training, worker protection, income security, and contract enforcement. Annual LHHS appropriations laws direct funding to all DOL entities (see box for all entities supported by the LHHS bill).[11] The DOL entities fall primarily into two main functional areas—workforce development and worker protection. First, there are several DOL entities that administer workforce employment and training programs, such as the Workforce Innovation and Opportunity Act (WIOA) state formula grant programs, Job Corps, and the Employment Service, that provide direct funding for employment activities or administration of income security programs (e.g., for the Unemployment Insurance benefits program).[12] Also included in this area is the Veterans' Employment and Training Service (VETS), which provides employment services specifically for the veteran population. Second, there are several agencies that provide various worker protection services. For example, the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA), and the Wage and Hour Division (WHD) provide different types of regulation and oversight of working conditions. DOL entities focused on worker protection provide services to ensure worker safety, adherence to wage and overtime laws, and contract compliance, among other duties. In addition to these two main functional areas, DOL's Bureau of Labor Statistics (BLS) collects data and provides analysis on the labor market and related labor issues.

DOL Entities Funded via the LHHS Appropriations Process

- Employment and Training Administration (ETA)
- Employee Benefits Security Administration (EBSA)
- Wage and Hour Division (WHD)
- Office of Federal Contract Compliance Programs (OFCCP)
- Office of Labor-Management Standards (OLMS)
- Office of Workers' Compensation Programs (OWCP)
- Occupational Safety and Health Administration (OSHA)
- Mine Safety and Health Administration (MSHA)
- Bureau of Labor Statistics (BLS)
- Office of Disability Employment Policy (ODEP)
- Departmental Management (DM)[10]

FY2016 DOL Appropriations Overview

The FY2016 omnibus provided roughly $13.7 billion in combined mandatory and discretionary appropriations for DOL. This is about $384 million (+3%) more than the FY2015 enacted level and $812 million (-6%) less than the FY2016 President's request. (See **Table 3**.) Of the total provided, roughly $12.2 billion (89%) is discretionary.

[10] Departmental Management includes the Veterans Employment and Training Service (VETS), IT Modernization, and the Office of the Inspector General.

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

[12] The Workforce Innovation and Opportunity Act (WIOA; P.L. 113-128) became law in July 2014 and reauthorized many of the programs previously authorized by the Workforce Investment Act (WIA). Most of the provisions in WIOA went into effect on July 1, 2015.

Table 3. DOL Appropriations Overview

(Dollars in billions)

Funding	FY2015 Enacted	FY2016 Request	FY2016 House Cmte	FY2016 Senate Cmte	FY2016 Enacted
Discretionary	11.9	13.2	11.7	11.4	12.2
Mandatory	1.4	1.4	0.7	1.4	1.6
Total BA in the Bill	**13.3**	**14.5**	**12.4**	**12.7**	**13.7**

Source: Amounts shown for FY2015 enacted, the FY2016 request, and the FY2016 House committee bill are generally drawn from (or estimated based on) H.Rept. 114-195, while amounts for the FY2016 Senate committee bill are generally drawn from S.Rept. 114-74. Amounts for FY2016 enacted were estimated based on data in the joint explanatory statement accompanying the FY2016 omnibus. For consistency with source materials, amounts in this report do not reflect sequestration or re-estimates of mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

Selected DOL Highlights

The following sections present FY2016 appropriations highlights for selected DOL accounts and programs. **Table 4** displays funding for DOL programs and activities discussed in this section.

Employment and Training Administration (ETA)

ETA administers the primary federal workforce development law, the Workforce Innovation and Opportunity Act (WIOA, P.L. 113-128). The WIOA, which replaced the Workforce Investment Act, was signed into law in July 2014, with most provisions going into effect in FY2015.

Title I of the WIOA includes three state formula grant programs serving Adults, Youth, and Dislocated Workers. The FY2016 omnibus matched the President's budget request by providing an increase of $86 million (+3%) to three state formula grant programs compared to the FY2015 enacted levels. The FY2016 House committee bill would have provided the same level of funding for these three formula grant programs as was provided in the FY2015 omnibus ($2.6 billion), while the FY2016 Senate committee bill would have decreased funding for the formula grant programs by $132 million (-5%) compared to FY2015.

The WIOA allows governors to reserve up to 15% of the funds received from the three state formula grants for a combination of required (e.g., evaluations of state workforce programs) and allowable (e.g., research and demonstration projects) workforce activities. However, the FY2015 omnibus superseded this provision, by lowering the governors' reserve limit to 10% of the WIOA state formula grants. The FY2016 omnibus returned the reserve to its statutory limit of 15%, which was consistent with provisions in the FY2016 Senate committee bill. This was in contrast to provisions in the FY2016 House committee bill, which would have changed the reserve limit to 11%.

The FY2016 omnibus provided the same funding ($221 million) as the FY2015 enacted level for the Dislocated Workers Activities National Reserve (DWA National Reserve). Similar to the President's FY2016 request and the Senate committee bill, the FY2016 omnibus directed $19

million of the DWA National Reserve toward employment and training activities for dislocated coal workers. The FY2016 President's budget requested an increase in funds for the DWA National Reserve from the FY2015 level of $221 million to $241 million to cover a $20 million set-aside to provide reemployment and training to workers dislocated from coal mines and coal-fired power plants. The FY2016 Senate committee bill would have decreased funding for the DWA National Reserve to $200 million but, like the FY2016 President's budget, would have directed $19 million for dislocated coal workers. The FY2016 House committee bill would have reduced funding for the DWA National Reserve to $74 million.

The FY2016 omnibus rejected the FY2016 Senate committed bill proposal that would have moved the Office of Disability Employment Policy (ODEP) into ETA. In addition, the FY2016 omnibus provided $38 million in appropriations for ODEP, compared to the Senate committee bill proposal of $24 million.

The FY2016 omnibus provided $90 million for the Apprentice Grant program. In FY2015, DOL used $90 million in funds from H-1B fees to support apprenticeship activities, which were similar to the activities funded in the FY2016 omnibus. While the FY2016 President's budget requested $100 million in LHHS appropriations to support this new Apprentice Grant program, neither the FY2016 Senate nor House committee bills would have funded this initiative.

Wage and Hour Division (WHD)

The FY2016 omnibus maintained the same funding for WHD ($228 million) as the FY2015 enacted level, despite the FY2016 President's budget request for an increase of $49 million (+22%) for WHD, in support of the WHD's strategic enforcement initiatives. The WHD administers and enforces a range of laws that provide labor standards (e.g., minimum wages, working hours), such as the Fair Labor Standards Act (FLSA), the Davis-Bacon Act (DBA), and the McNamara-O'Hara Service Contract Act (SCA). The FY2016 President's request reflected an emphasis on "strategic enforcement," which would involve proactive efforts to monitor and enforce compliance rather than complaint-driven, reactive enforcement. The FY2016 Senate and House committee bills would have reduced funding for the WHD by $18 million (-8%) and $12 million (-5%), respectively.

Bureau of International Labor Affairs (ILAB)

The explanatory statement on the FY2016 omnibus called for DOL to reserve $86 million for ILAB, which was $5 million (-5%) less than its FY2015 funding level of $91 million. The FY2016 President's budget requested an increase of $4 million (+4%) for ILAB, which provides research, advocacy, technical assistance, and grants to promote workers' rights in different parts of the world. The FY2016 Senate and House committee proposals would have reduced funding for ILAB by $61 million (-67%) and $59 million (-65%), respectively. Language in S.Rept. 114-74 and H.Rept. 114-195 indicated that the proposed reduction was intended to eliminate new international grants, which typically constitute about two-thirds of ILAB's expenditures.

Labor-Related General Provisions

Annual LHHS appropriations acts regularly contain general provisions related to certain labor issues. This section highlights two newly proposed general provisions from one or both of the FY2016 committee bills. (See also the "Selected Related Agencies Highlights" section of this report for a brief discussion of newly proposed restrictions on funding for the National Labor Relations Board contained in the FY2016 House and Senate committee bills.)

The FY2016 omnibus did not include provisions from the FY2016 Senate and House committee bills related to the proposed fiduciary rule. Briefly, DOL issued a proposed rule on April 20, 2015, that would expand the definition of "investment advice" within employer-sponsored private-sector pension plans and individual retirement accounts. Individuals who provide financial recommendations that meet the definition of "investment advice" must meet a higher "fiduciary" standard that requires acting solely in the interests of plan participants. As proposed, the rule may increase the number of individuals held to this higher standard.[13] The comment period for this proposed rule ended in September 2015; DOL has not yet published a final rule. The FY2016 Senate and House committee bills contained new (identical) provisions that would have prohibited the use of DOL funds made available in the bill to finalize, implement, administer, or enforce a proposed fiduciary rule.[14]

The FY2016 omnibus adopted the language of the Senate committee bill regarding the use of private surveys in the H-2B wage determination process. The FY2016 Senate committee bill contained a new provision directing 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.[15] The H-2B program allows for the temporary employment of foreign workers in non-agricultural 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. The House committee bill did not include a comparable provision.

Table 4. Detailed DOL Appropriations

(Dollars in millions)

Agency or Selected Program	FY2015 Enacted	FY2016 Request	FY2016 House Cmte	FY2016 Senate Cmte	FY2016 Enacted
ETA—Mandatory[a]	**711**	**664**	**0**	**664**	**861**
ETA—Discretionary	**9,014**	**9,902**	**8,864**	**8,683**	**9,203**
Discretionary ETA Programs:					
Training and Employment Services:	3,140	3,402	3,003	2,936	3,335
Adult Activities Grants to States	777	816	777	737	816
Youth Activities Grants to States	832	873	832	790	873
Dislocated Worker Activities (DWA) Grants to States	1,016	1,021	1,016	965	1,021
Federally Administered Programs:[b]	430	461	291	418	442
DWA National Reserve	221	241	74	200	221
Native Americans	46	50	50	41	50
Migrant and Seasonal Farmworkers	82	82	82	73	82

[13] For more information, see CRS Report R44207, *Department of Labor's 2015 Proposed Fiduciary Rule: Background and Issues*, by John J. Topoleski and Gary Shorter.

[14] See Section 113 of H.R. 3020 and Section 110 of S. 1695.

[15] See Section 111 of S. 1695.

Agency or Selected Program	FY2015 Enacted	FY2016 Request	FY2016 House Cmte	FY2016 Senate Cmte	FY2016 Enacted
Women in Apprenticeship	1	0	0	0	1
YouthBuild	80	85	82	80	85
Technical Assistance	0	3	3	1	3
National Activities:	86	232	88	26	184
Reintegration of Ex-Offenders	82	95	82	22	88
Workforce Data Quality Initiative	4	37	6	4	6
Apprenticeship Grants[c]	0	100	0	0	90
Job Corps	1,688	1,716	1,688	1,683	1,689
Community Service Employment for Older Americans	434	434	434	400	434
State Unemployment Insurance and Employment Service Operations (SUI/ESO):	3,597	4,138	3,580	3,520	3,590
Unemployment Compensation	2,791	2,898	2,760	2,738	2,760
Employment Service	684	1,084	684	654	700
Foreign Labor Certification	62	76	76	62	62
One-Stop Career Centers	60	80	60	66	68
State Paid Leave Fund	0	35	0	0	0
ETA Program Administration	155	177	158	144	155
Employee Benefits Security Administration	**181**	**207**	**181**	**169**	**181**
Pension Benefit Guaranty Corp, program level (non-add)	***(415)***	***(432)***	***(432)***	***(432)***	***(432)***
Wage and Hour Division	**228**	**277**	**216**	**210**	**228**
Office of Labor-Management Standards	**39**	**47**	**42**	**36**	**41**
Office of Federal Contract Compliance Programs	**106**	**114**	**101**	**96**	**105**
Office of Workers' Compensation Programs—Mandatory[d]	**691**	**698**	**698**	**698**	**698**
Office of Workers' Compensation Programs—Discretionary	**113**	**120**	**115**	**110**	**116**
Occupational Safety & Health Administration	**553**	**592**	**535**	**524**	**553**
Mine Safety & Health Administration	**376**	**395**	**371**	**357**	**376**
Bureau of Labor Statistics	**592**	**633**	**609**	**579**	**609**
Office of Disability Employment Policy	**39**	**38**	**38**	**0**	**38**
Departmental Management	**705**	**855**	**670**	**621**	**722**
Salaries and Expenses	338	376	285	259	334
International Labor Affairs (non-add)	*(91)*	*(95)*	*(32)*	*(30)*	*(86)*
Veterans Employment and Training	270	271	271	270	271

Agency or Selected Program	FY2015 Enacted	FY2016 Request	FY2016 House Cmte	FY2016 Senate Cmte	FY2016 Enacted
IT Modernization	15	120	30	13	30
Office of the Inspector General	82	88	85	79	86
Total, DOL BA in the Bill	**13,347**	**14,542**	**12,439**	**12,748**	**13,730**
Subtotal, Mandatory	**1,401**	**1,363**	**698**	**1,363**	**1,559**
Subtotal, Discretionary	**11,945**	**13,180**	**11,741**	**11,385**	**12,171**
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	13,350	14,544	12,582	12,750	13,732
Total, BA Advances for Future Years (provided in current bill)	1,793	1,791	1,650	1,791	1,791
Total, BA Advances from Prior Years (for use in current year)	1,796	1,793	1,793	1,793	1,793

Source: Amounts shown for FY2015 enacted, the FY2016 request, and the FY2016 House committee bill are generally drawn from (or estimated based on) H.Rept. 114-195, while amounts for the FY2016 Senate committee bill are generally drawn from S.Rept. 114-74. Amounts for FY2016 enacted were estimated based on data in the joint explanatory statement accompanying the FY2016 omnibus. For consistency with source materials, amounts in this report do not reflect sequestration or re-estimates of mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

a. Mandatory funding within ETA goes to Federal Unemployment Benefits and Allowances (FUBA). FUBA funds Trade Adjustment Assistance for Workers (TAA). At the time the FY2016 House committee bill was reported, authorization of appropriations for TAA had expired. The House committee-reported bill would not have appropriated funding for TAA. TAA was subsequently reauthorized by P.L. 114-27 on June 29, 2015.

b. The subtotal for "Federally Administered Programs" includes $24 million for the Office of Disability Employment Policy (ODEP), which reflects the FY2016 Senate committee-reported bill's proposed transfer of ODEP to ETA.

c. In FY2015, DOL used $90 million in funds from H-1B fees to support apprenticeship activities, which were similar to the activities funded in the FY2016 omnibus.

d. 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.

Department of Health and Human Services (HHS)

Note that all figures 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 pre-appropriated mandatory funds provided by authorizing laws, such as the Patient Protection and Affordable Care Act (ACA, P.L. 111-148).[16] All amounts in this section are rounded to the nearest million or billion (as labeled). The dollar changes and percentage changes discussed in the text are based on unrounded amounts. For consistency with source materials, amounts generally do not reflect sequestration (except in the case of transfers from the Prevention and Public Health Fund, as discussed below) or re-estimates of mandatory spending programs, where applicable, nor do they reflect transfers or reprogramming of funds pursuant to executive authorities.

HHS Agencies Funded via the LHHS Appropriations Process

- Health Resources and Services Administration (HRSA)
- Centers for Disease Control and Prevention (CDC)
- National Institutes of Health (NIH)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Medicare & Medicaid Services (CMS)
- Administration for Children and Families (ACF)
- Administration for Community Living (ACL)
- Office of the Secretary (OS)

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 **box** for agencies supported by the LHHS bill).[17] For instance, the LHHS bill directs funding to five Public Health Service (PHS) agencies: the Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Substance Abuse and Mental Health Services Administration (SAMHSA), and Agency for Healthcare Research and Quality (AHRQ).[18] These public health agencies support diverse missions, ranging from the provision of health care services and supports (e.g., HRSA, SAMHSA), to the advancement of health care quality and medical research (e.g., AHRQ, NIH), to the prevention and control of infectious and chronic diseases (e.g., CDC). In addition, the LHHS bill provides funding for annually appropriated components of CMS,[19] which is the HHS agency responsible for the administration of Medicare, Medicaid, the State Children's Health Insurance Program (CHIP), and consumer protections and private health insurance provisions of the ACA. The LHHS bill

[16] The ACA was subsequently amended by the Health Care and Education Reconciliation Act (P.L. 111-152). These two laws are collectively referred to as the ACA in this report. (Previous CRS reports on the Patient Protection and Affordable Care Act used the acronym PPACA to refer to the statute, but newer reports will use "ACA," in conformance with the more widely used acronym for the law.) For information on funding directly appropriated by the ACA, see the tables in CRS Report R41301, *Appropriations and Fund Transfers in the Affordable Care Act (ACA)*, by C. Stephen Redhead.

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

[18] For more information on HHS PHS agencies, see CRS Report R43304, *Public Health Service Agencies: Overview and Funding (FY2010-FY2016)*, coordinated by C. Stephen Redhead and Agata Dabrowska.

[19] Much of the funding for CMS activities is directly appropriated in authorizing legislation, and thus is not subject to the annual appropriations process.

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. ACL is a relatively new agency within HHS—it was established in April 2012 by bringing together the Administration on Aging, the Office of Disability, and the Administration on Developmental Disabilities (renamed the Administration on Intellectual and Developmental Disabilities) into one agency.[20] Finally, the LHHS bill also provides funding for the HHS Office of the Secretary (OS), which encompasses a broad array of management, research, oversight, and emergency preparedness functions in support of the entire department.

FY2016 HHS Appropriations Overview

The FY2016 omnibus provided roughly $732.2 billion in combined mandatory and discretionary appropriations for HHS. This is about $40.5 billion (+6%) more than FY2015 enacted and $619 million (-0.1%) less than the FY2016 President's request. (See **Table 5**.) Of the total provided, roughly $75.1 billion (10%) is discretionary.

Table 5. HHS Appropriations Overview

(Dollars in billions)

Funding	FY2015 Enacted	FY2016 Request	FY2016 House Cmte	FY2016 Senate Cmte	FY2016 Enacted
Discretionary	71.0	75.8	71.3	71.0	75.1
Mandatory	620.7	657.1	657.6	657.1	657.1
Total BA in the Bill	**691.7**	**732.8**	**728.9**	**728.1**	**732.2**
Title VI Ebola (emergency)	2.7	-	-	-	-

Source: Amounts shown for FY2015 enacted, the FY2016 request, and the FY2016 House committee bill are generally drawn from (or estimated based on) H.Rept. 114-195, while amounts for the FY2016 Senate committee bill are generally drawn from S.Rept. 114-74. Amounts for FY2016 enacted were estimated based on data in the joint explanatory statement accompanying the FY2016 omnibus. For consistency with source materials, amounts in this report generally do not reflect sequestration or re-estimates of mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. FY2015 enacted totals do not include Ebola-related funds provided by the first FY2015 CR (P.L. 113-64) or in Division G, Title VI, of the FY2015 omnibus (P.L. 113-235).

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 the Senate Committees on Appropriations; and (4) do not include appropriations that occur outside of appropriations bills.

Figure 3 provides an agency-level breakdown of HHS appropriations in the FY2016 omnibus.

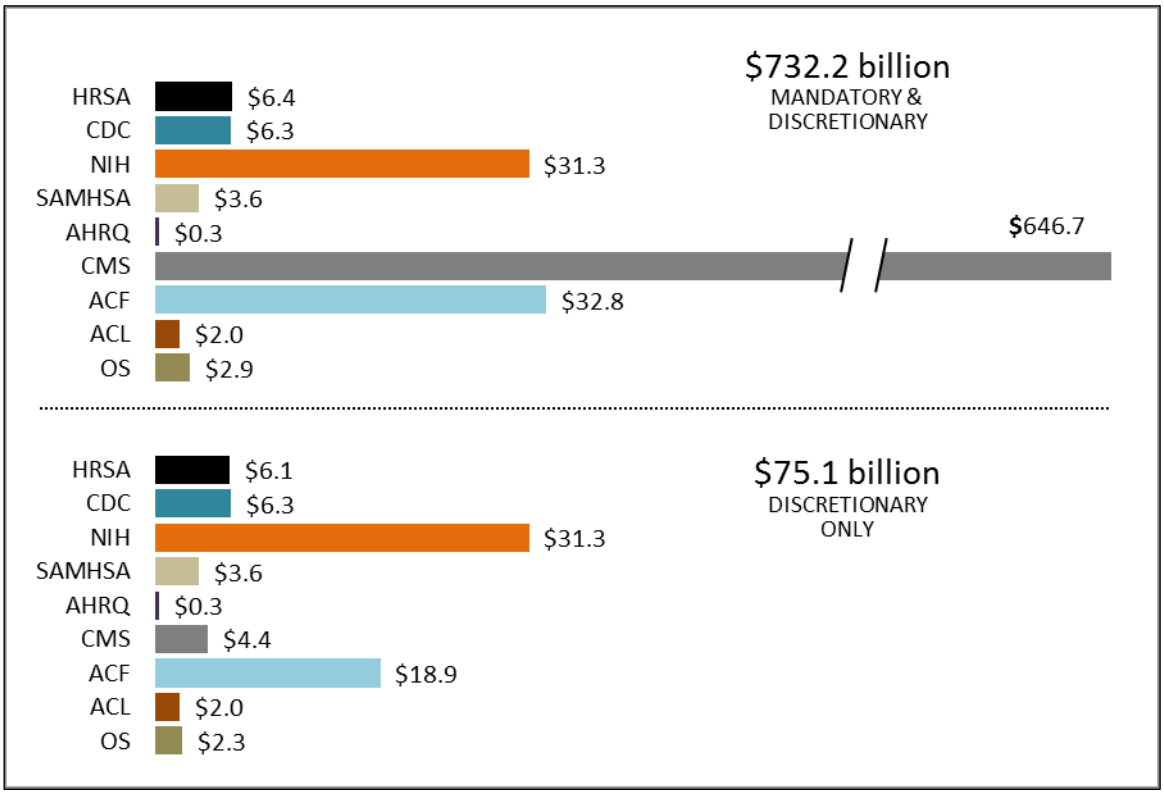
As this figure demonstrates, annual HHS appropriations are dominated by mandatory funding, the majority of which goes to CMS to provide Medicaid benefits and payments to health care trust

[20] See the HHS Secretary's press release from April 16, 2012: http://www.hhs.gov/news/press/2012pres/04/20120416a.html. For more information on the ACL, see http://www.hhs.gov/acl/.

funds. When taking into account both mandatory and discretionary funding, CMS accounts for $647 billion (88%) of total HHS appropriations in the FY2016 omnibus. ACF and NIH account for the next-largest shares of total HHS appropriations, receiving about 4% apiece.

By contrast, when looking exclusively at discretionary appropriations, funding for CMS constitutes only about 6% of HHS appropriations in the FY2016 omnibus. Instead, the bulk of discretionary appropriations go to the PHS agencies, which combine to account for 63% of discretionary appropriations in FY2016. NIH typically receives the largest share of all discretionary funding among HHS agencies (42% in the omnibus), with ACF accounting for the second-largest share (25% in the omnibus).

Figure 3. FY2016 Omnibus Appropriations to HHS by Agency



Source: Amounts estimated based on data provided in the joint explanatory statement accompanying the FY2016 omnibus (P.L. 114-113). For consistency with source materials, amounts displayed here do not reflect sequestration or re-estimates of mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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 (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.

Special Public Health Funding Mechanisms

Annual appropriations for HHS public health service agencies are best understood in the context of certain additional funding mechanisms: the Public Health Service Evaluation Set-Aside and the

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

The PHSA limits the set-aside to not less than 0.2% and not more than 1% of eligible program appropriations. However, LHHS appropriations acts have commonly established a higher maximum percentage for the set-aside and distributed specific amounts of "tap" funding to selected HHS programs. The FY2016 omnibus maintained the maximum set-aside level at 2.5% of eligible appropriations, the same percentage that has been in place since FY2010.[21] The FY2016 President's budget had proposed increasing the set-aside to 3.0% of eligible appropriations, but this proposal was rejected in both the House and Senate committee bills for FY2016. The Senate committee bill proposed to retain the set-aside at 2.5%, while the House committee bill proposed to reduce the set-aside to 2.4% of eligible appropriations *or* $1.068 billion, whichever was less.[22]

Before FY2015, the PHS tap traditionally provided more than a dozen HHS programs with funding beyond their annual appropriations and, in some cases, was the sole source of funding for a program or activity. However, in both FY2015 and FY2016, LHHS appropriations directed tap funds to only about a half dozen programs or activities within just three HHS agencies (NIH, SAMHSA, and OS) and did not provide any tap transfers to AHRQ, CDC, and HRSA. This has been particularly notable for AHRQ, since the agency had been funded primarily through tap transfers from FY2003 to FY2014.[23] In FY2015, however, AHRQ received a discretionary appropriation in an annual appropriations act for the first time in more than a decade, and this method of funding was continued in FY2016. In addition, unlike years past, LHHS appropriations for FY2015 and FY2016 directed the largest share of tap transfers ($715 million in FY2015 and $780 million in FY2016) to NIH. As a result, NIH went from being by far the largest net donor of tap funds to a net recipient of tap funds.[24]

[21] See P.L. 114-113, Division H, §205. The FY2016 omnibus retained changes 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. Previously, such provisions had restricted tap funs to the "evaluation of the implementation" of programs authorized under the Public Health Service Act.

[22] The last time an appropriations act set the PHS tap percentage at 2.4% was FY2009 (see P.L. 111-8). For proposed FY2016 provisions, see §205 of H.R. 3020 and §204 of S. 1695.

[23] FY2009 was an exception, as AHRQ received a one-time 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*, by Amanda K. Sarata.

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

Readers should note that, by convention, tables in this report show only the amount of PHS Evaluation Tap funds *received* by an agency (i.e., tables do not subtract the amount of the evaluation tap from donor agencies' appropriations). That is to say, tap amounts shown in the following tables are *in addition* to amounts shown for budget authority, but the amounts shown for budget authority have not been adjusted to reflect potential "transfer-out" of funds to the tap.

Prevention and Public Health Fund

The ACA both authorized and appropriated mandatory funding for three multi-billion dollar trust funds to support programs and activities within the PHS agencies.[25] One of these, the Prevention and Public Health Fund (PPHF, ACA Section 4002, as amended), is intended to provide support each year to prevention, wellness, and related public health programs funded through HHS accounts.[26] The ACA appropriated $2 billion in mandatory funds for the PPHF in FY2016, but this amount was later reduced to $1 billion by the Middle Class Tax Relief and Job Creation Act of 2012 (P.L. 112-96), which decreased total PPHF appropriations by $6.25 billion over the course of FY2013-FY2021. In addition, the FY2016 PPHF appropriation is subject to a 6.8% reduction due to sequestration of nonexempt mandatory spending (for more information on sequestration, see the budget enforcement discussion in the **Appendix**).

PPHF funds are intended to supplement (sometimes quite substantially) the funding that selected programs receive through regular appropriations, as well as to fund new programs, particularly those newly authorized by the ACA. The ACA instructs the Secretary to transfer amounts from the PPHF to agencies for prevention, wellness, and public health activities. The President's annual budget request sets out the intended distribution and use of PPHF funds for that fiscal year. The Secretary determined how to distribute these funds for FY2010 through FY2013. However, starting in FY2014, annual appropriations acts and their accompanying report language have explicitly directed the distribution of PPHF funds and prohibited the Secretary from making further transfers in those years.[27]

The CDC commonly receives the largest share of PPHF funds, and this practice was continued in FY2016, with the joint explanatory statement directing $892 million in PPHF funds to the CDC.

Readers should note that the PPHF transfer amounts displayed in the HHS tables below 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 true for other mandatory spending programs.

Selected HHS Highlights by Agency

This section begins with a limited selection of FY2016 discretionary funding highlights by HHS agency. The discussion is largely based on the FY2016 omnibus, compared to FY2015 enacted appropriations levels and proposed appropriations levels in the FY2016 House and Senate

[25] For more information, see CRS Report R41301, *Appropriations and Fund Transfers in the Affordable Care Act (ACA)*, by C. Stephen Redhead.

[26] For more information about the PPHF, see Appendix C in CRS Report R43304, *Public Health Service Agencies: Overview and Funding (FY2010-FY2016)*, coordinated by C. Stephen Redhead and Agata Dabrowska.

[27] See, for FY2016, Explanatory Statement Submitted by Mr. Rogers of Kentucky Regarding H.R. 2029, Division H—Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2016, General Provisions, "Prevention and Public Health Transfer Table," *Congressional Record*, daily edition, vol. 161, no. 184, Book III, (December 17, 2015), p. H10290.

committee-reported bills and the FY2016 President's budget.[28] 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. Finally, the section concludes with two tables (**Table 6** and **Table 7**) presenting more detailed information on FY2015 enacted, FY2016 proposed, and FY2016 enacted funding levels for HHS.

HRSA

The FY2016 omnibus provided $6.1 billion in discretionary budget authority for HRSA. This is $35 million (+1%) more than HRSA's FY2015 enacted funding level and $78 million (-1%) less than the FY2016 President's request.[29] The FY2016 omnibus provided $286 million for the Title X Family Planning Program. This is the same amount the program received in FY2015, but represents a significant change from earlier proposals in the FY2016 House and Senate committee bills. The FY2016 House committee bill would have eliminated funding for the Title X Family Planning Program and would have included a new general provision (§229 of H.R. 3020) prohibiting any funds appropriated in the LHHS bill from being used to carry out Title X of the PHSA. Meanwhile, the FY2016 Senate committee bill would have continued to fund the Title X Family Planning program, but at a reduced level of $258 million (-10%) compared to FY2015.

CDC

The FY2016 omnibus provided $6.3 billion in discretionary budget authority for CDC. This amount is $303 million (+5%) more than CDC's FY2015 enacted funding level and $175 million (+3%) more than the FY2016 President's request. In addition, the FY2016 omnibus directed $892 million in PPHF transfers to the CDC, which is $5 million (+1%) more than FY2015. The omnibus did not direct any PHS tap funds to the CDC, continuing the practice started in FY2015. The omnibus increased discretionary budget authority for several CDC programs and activities, including Emerging and Zoonotic Infectious Diseases (+50%) and Injury Prevention and Control (+38%). By contrast, the omnibus decreased discretionary appropriations for Immunization and Respiratory Disease (-$114 million), but offset this decrease by a comparable increase in amounts to be transferred from the PPHF (+$114 million).

NIH

The FY2016 omnibus provided $31.3 billion in discretionary budget authority for NIH. This is $1.9 billion (+7%) more than NIH's FY2015 enacted funding level and $1.1 billion (+4%) more than the FY2016 President's request. In addition, the FY2016 omnibus directed $780 million in PHS tap transfers to NIH, an increase of $65 million (+9%) from FY2015. The omnibus directed the entirety of the tap transfer ($780 million) to the National Institute of General Medical Sciences (NIGMS). The omnibus paired the increase in tap transfers to NIGMS with an increase of $76 million (+5%) in discretionary appropriations. Of total funds provided to NIGMS, the omnibus required not less than $321 million be directed to the Institutional Development Awards (IDeA) program. The IDeA program broadens the geographic distribution of NIH biomedical research grants by building research capacities in states in which the aggregate success rate for applications to NIH has historically been low.

[28] HHS budget materials can be found at http://www.hhs.gov/budget/.

[29] For more information, see CRS Report R44054, *Health Resources and Services Administration (HRSA) Funding: Fact Sheet*, by Elayne J. Heisler.

In general, the omnibus provided each of the NIH Institutes and Centers with a net increase of 4% or more compared to FY2015. The largest increase among NIH Institutes and Centers went to the National Institute on Aging (NIA), which received a total of $1.6 billion (+33%). Out of this amount, the explanatory statement calls for NIH to reserve $936 million for Alzheimer's disease research.[30] A dollar reservation for a specific disease or area of research at NIH represents a fairly significant departure from past precedent.[31] Earlier in the FY2016 process, the House committee report had called for NIH to reserve $886 million for Alzheimer's research.[32] The Senate committee report, while identifying Alzheimer's disease as an area of key interest, would have retained the tradition of not reserving specific amounts for particular diseases or research areas, instead deferring to NIH and its scientific advisory panels on such decisions.[33]

Notably, the omnibus did not make any changes to the HHS Nonrecurring Expenses Fund (NEF), despite proposed changes in both the Senate and House committee bills. The NEF was established by the Consolidated Appropriations Act, 2008 (P.L. 110-161, Division G, Title II, §223) to enable the HHS Secretary to collect certain unobligated balances of expired discretionary funds appropriated to HHS from the General Fund.[34] Funds transferred into the NEF are available to the Secretary for capital acquisitions across HHS, including facilities infrastructure and information technology. The Senate committee bill would instead have made NEF funds available only to the Office of the Director at NIH for purposes of carrying out NIH activities (see §220). The House committee bill would have terminated the NEF altogether, and rescinded remaining unobligated balances (see §225). Because the omnibus made no changes to the NEF, it remains available for HHS infrastructure and technology investments.

SAMHSA

The FY2016 omnibus provided $3.6 billion in discretionary budget authority for SAMHSA. This is $160 million (+5%) more than SAMHSA's FY2015 enacted funding level and $239 million (+7%) more than the FY2016 President's request. The omnibus also directed $134 million (equal to FY2015) in transfers from the PHS evaluation tap to SAMHSA, spreading these transfers across four SAMHSA programs and activities. The joint explanatory statement accompanying the omnibus directs SAMHSA to reserve $15 million for a new grant program supporting Assisted Outpatient Treatment for Individuals with Serious Mental Illness. The explanatory statement also recommends that SAMHSA direct more funding toward opioid abuse issues, the needs of individuals with early serious mental illness, and "communities that have recently faced civil unrest." In addition, the explanatory statement also directs SAMHSA to implement Government

[30] *Congressional Record*, daily edition, vol. 161, no. 184, Book III, (December 17, 2015), p. H10285, available at https://www.gpo.gov/fdsys/pkg/CREC-2015-12-17/pdf/CREC-2015-12-17-bk3.pdf.

[31] Just last year, the explanatory statement on the FY2015 omnibus stipulated, "In keeping with longstanding practice, the agreement does not recommend a specific amount of NIH funding for this purpose or for any other individual disease. Doing so would establish a dangerous precedent that could politicize the NIH peer review system. Nevertheless, in recognition that Alzheimer's disease poses a serious threat to the Nation's long-term health and economic stability, the agreement expects that a significant portion of the recommended increase for NIA should be directed to research on Alzheimer's. The exact amount should be determined by scientific opportunity of additional research on this disease and the quality of grant applications that are submitted for Alzheimer's relative to those submitted for other diseases." See *Congressional Record*, daily edition, vol. 160, no. 151, Book II (December 11, 2014), p. H9832, https://www.gpo.gov/fdsys/pkg/CREC-2014-12-11/pdf/CREC-2014-12-11-pt2-PgH9307-2.pdf.

[32] H.Rept. 114-195, pp. 65-66

[33] S.Rept. 114-74, p. 95.

[34] Most accounts receive appropriations from the "general fund" at the U.S. Treasury. This term refers to all federal money not allocated by authorizing law to any other fund account, such as federal trust funds for Medicare.

Accountability Office recommendations regarding grant administration and the coordination of federal mental health programs. The FY2016 omnibus retained provisions, first instituted in the FY2014 omnibus, authorizing SAMHSA to collect and expend user fees for certain costs related to publications and data requests.

AHRQ

The FY2016 omnibus provided $334 million in discretionary budget authority for AHRQ.[35] This is $30 million (-8%) less than FY2015 enacted. The FY2016 omnibus did not direct any PHS tap transfers to AHRQ, which is in contrast to the $88 million in PHS tap transfers requested by the President. This practice is in keeping with FY2015, but stands in contrast to earlier years (FY2003-FY2014) in which AHRQ had been funded primarily with tap transfers.

In addition to funds provided through the annual appropriations process, AHRQ is also scheduled to receive annual transfers of certain mandatory funds that were authorized and appropriated to the Patient-Centered Outcomes Research Trust Fund (PCORTF) by the ACA.[36] Transfers to AHRQ from the PCORTF are to be used to disseminate the results of patient-centered outcomes research. (PCORTF funds are generally not displayed in this report, as they are not provided by or modified through annual LHHS appropriations bills.)

In appropriating FY2016 budget authority for AHRQ, the omnibus rejected a proposal from the House committee bill to terminate AHRQ altogether.[37] The House committee bill would also have prohibited HHS from using FY2016 discretionary appropriations for patient-centered outcomes research and would have rescinded all unobligated AHRQ funding, along with an estimated $100 million in mandatory funds scheduled to be transferred to AHRQ from the PCORTF in FY2016.[38] None of these proposals were included in the Senate committee bill or the FY2016 omnibus.

CMS

The FY2016 omnibus provided $4.4 billion in discretionary budget authority for CMS. This is $9 million (+0.2%) more than FY2015 enacted and $600 million (-12%) less than the FY2016 President's request. The omnibus appropriated $681 million for Health Care Fraud and Abuse Control (HCFAC) activities (1% more than FY2015 enacted). Of the total amount appropriated for HCFAC, $370 million was provided as spending that is effectively exempt from budget caps, as authorized by the Balanced Budget and Emergency Deficit Control Act of 1985, as amended.

The omnibus provided the CMS Program Management account with a flat funding level of $3.7 billion. The program management account supports basic CMS program operations (e.g., claims processing, information technology investments, provider and beneficiary outreach and education, and program implementation), as well as federal administration and other activities. The FY2016 appropriation is less than the President requested (-14%), but more than was

[35] For more information on AHRQ's budget request and funding history, see CRS Report R44136, *The Agency for Healthcare Research and Quality (AHRQ) Budget: Fact Sheet*, by Amanda K. Sarata.

[36] For more information on the PCORTF, see Appendix D of CRS Report R43304, *Public Health Service Agencies: Overview and Funding (FY2010-FY2016)*, coordinated by C. Stephen Redhead and Agata Dabrowska.

[37] The House bill would have allowed other HHS agencies to carry out certain AHRQ activities and would have would explicitly transferred administration of the U.S. Preventive Services Task Force (USPSTF) from AHRQ to the Assistant Secretary for Health. The bill would have made additional revisions to USPSTF's authorizing statute.

[38] When the House committee bill was drafted, HHS estimates indicated that AHRQ would receive a PCORTF transfer of roughly $116 million in FY2016. However, more recent estimates from the FY2017 President's budget indicate that AHRQ is likely to receive closer to $94 million from the PCORTF in FY2016.

proposed in the House and Senate LHHS committee bills (+10% and +21%, respectively). The omnibus also maintained a general provision, first included in the FY2014 omnibus, authorizing the HHS Secretary to transfer additional funds into this account from the Medicare trust funds, provided these funds are used to support program management activities related to the Medicare program. The omnibus limits the transfer to $305 million and prohibits these funds from being used to support or supplant funding for ACA implementation.

The FY2016 omnibus retained the general provision, first included in the FY2015 omnibus, preventing certain funds from being used to make risk corridor payments associated with health insurance exchanges.[39] The ACA requires HHS to administer a risk corridor program for qualified health plans offered through health insurance exchanges in calendar years 2014-2016. Through this program, HHS must make payments to insurers who experience high losses, while insurers who experience high gains must remit a portion of those gains to HHS.[40] The FY2016 omnibus prohibits HHS from making risk corridor payments with funds appropriated to the CMS Program Management account from the Medicare trust funds, or funds transferred to the Program Management account from other accounts funded in the LHHS bill.

Although the omnibus retained the provision restricting HHS spending on risk corridors, it did not include several other limiting provisions that were included in the earlier FY2016 House or Senate committee bills. For instance:

- The omnibus did not include provisions from the House committee bill that would have prohibited HHS from using funds from the CMS Program Management account for research, demonstrations, and evaluation activities or to support activities of the CMS Center for Consumer Information and Insurance Oversight (CCIIO).[41] The Senate committee bill did not include such restrictions.
- The omnibus did not include a general provision from the House committee bill (§230) that would have prohibited any funds appropriated in the bill from being used for health insurance "navigator" programs required by Section 1311 of the ACA. Navigators conduct public education activities to help consumers and small businesses make informed decisions about insurance.[42] The Senate committee bill did not include a comparable provision.
- The omnibus did not include a general provision from the Senate committee bill (§229) that would have prohibited certain funds from being used to operate

[39] See §225 in Division G of P.L. 114-113 for FY2016 provision. See §227 in Division G of P.L. 113-235 for the FY2015 provision.

[40] On October 1, 2015, CMS announced that for calendar year 2014, collections from insurers who had experienced high gains ($362 million) fell short of the amount needed to pay insurers who had experienced high losses ($2.87 billion). A CMS press release stated, "As a result, consistent with our guidance, insurers will be paid approximately 12.6% of their risk corridors payment requests at this time." This means that HHS will pay insurers who had experienced high losses about $0.13 for every $1.00 owed. The remaining amount owed to insurers who experienced high losses in 2014 would be paid with collections from insurers who had experienced high gains for calendar year 2015 and, if necessary, calendar year 2016. For more information, see https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-10-01.html. On February 24, 2016, a health plan filed a lawsuit against the government seeking recovery of amounts that the insurer was not paid because of the limitation on funds imposed in the FY2015 and FY2016 bills. Health Republic Ins. Co. v. U.S., No: 1:16cv259 (Ct. Cl. February 24, 2016). A government response to the complaint is due by April 25, 2016.

[41] These provisions were included in the appropriations language for the CMS Program Management in H.R. 3020.

[42] For more information on health insurance navigators, see CRS Report R43243, *Health Insurance Exchanges: Health Insurance "Navigators" and In-Person Assistance*, by Suzanne M. Kirchhoff.

health care exchanges established pursuant to Section 1311 of the ACA.[43] Specifically, the bill would have prohibited HHS from using funds made available in the bill from the Medicare trust funds, or funds transferred to the CMS Program Management account from other accounts funded in the LHHS bill. The House committee bill did not include a comparable provision.

ACF

The FY2016 omnibus provided $18.9 billion in discretionary budget authority for ACF. This is $1.1 billion (+6%) more than ACF's FY2015 enacted funding level and $951 million (-5%) less than the FY2016 President's request. At ACF, the omnibus directed the largest dollar increase (+$570 million) to the Head Start program, for a total funding level of $9.168 billion. The omnibus reserved portions of the Head Start appropriation to support the Administration's plan to lengthen the Head Start program day and program year, expand Early Head Start-Child Care Partnerships, provide cost-of-living adjustments to existing Head Start grantees, and offer start-up or transition funding when new Head Start grantees are selected through re-competition.

The FY2016 omnibus eliminated funding for the Abandoned Infants Assistance program (-$11 million). This program was established in 1988 in response to concerns about the number of infants who were born with exposure to drugs and/or HIV, and who remained in hospital care longer than medically necessary due to a lack of appropriate out-of-hospital placement alternatives. Both the President's budget request and the House committee bill would have maintained funding at $11 million, with the Administration proposing to allow funds to be used for a broader range of at-risk infants and toddlers. The Senate committee bill, however, proposed eliminating the program, suggesting in report language that the purpose of the program had been accomplished as states had already "implemented more effective community responses to infants and families in these circumstances."[44]

The joint explanatory statement accompanying the omnibus notes that funding levels provided in the appropriations act reflect an intention that the Office of Faith Based and Neighborhood Partnerships (typically funded in ACF's Children and Families Services Programs account) is to be transferred to the HHS Office of the Secretary and funded in the General Departmental Management account. The explanatory statement also indicates an expectation that ACF will reserve $750,000 within the Children and Families Services Programs account to enter into an agreement with the National Academy of Sciences to provide an "evidence-based, non-partisan analysis of the macroeconomic, health, and crime/social costs of child poverty."[45] This study would also be expected to examine current efforts to reduce child poverty and propose strategies to cut in half the number of children living in poverty over a ten year period. According to the U.S. Census Bureau, 15.5 million children under the age of 18 were in poverty in 2014, representing a child poverty rate of 21%.[46]

---

[43] For more information on federal funding for exchanges, see CRS Report R43066, *Federal Funding for Health Insurance Exchanges*, by Annie L. Mach and C. Stephen Redhead.

[44] For more information, see CRS Report R43458, *Child Welfare: An Overview of Federal Programs and Their Current Funding*, by Emilie Stoltzfus.

[45] *Congressional Record*, daily edition, vol. 161, no. 184, Book III, (December 17, 2015), pp. H10289, available at https://www.gpo.gov/fdsys/pkg/CREC-2015-12-17/pdf/CREC-2015-12-17-bk3.pdf.

[46] Carmen DeNavas-Walk and Bernadette D. Proctor, *Income and Poverty in the United States: 2014*, U.S. Census Bureau, P60-252, September 2015, p. 14, https://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-252.pdf.

ACL

The FY2016 omnibus provided nearly $2.0 billion in discretionary funding for ACL. This is $292 million (+17%) more than ACL's FY2015 enacted level, and $131 million (-6%) less than the FY2016 President's request. In addition, the omnibus directs $28 million in PPHF transfers to ACL, the same as FY2015. Most of the increase in discretionary budget authority compared to FY2015 is the result of new appropriations (totaling $239 million) to ACL for the National Institute on Disability, Independent Living, and Rehabilitation Research; Assistive Technology; and portions of the Independent Living program. In FY2015, funds for these activities were appropriated to ED, but transferred to ACL pursuant to new requirements in the Workforce Innovation and Opportunity Act (WIOA, P.L.113-128). The FY2016 omnibus also transferred administration of the Traumatic Brain Injury program ($9 million) from HRSA to ACL. In part to cover administrative costs related to these programs, the omnibus increased funding for ACL Program Administration to $40 million, which is $10 million (+33%) more than FY2015. Readers should be aware that for consistency with source materials, tables in this report show the FY2015 appropriations for these various programs and activities within DOL or HRSA totals, as applicable, while the FY2016 appropriations for these activities are shown within ACL totals.

Finally, the omnibus changed the source of funding for the Senior Medicare Patrol program. In the past, this program has received discretionary funding from ACL appropriations. However, the FY2016 omnibus included a provision in the CMS Health Care Fraud and Abuse Control (HCFAC) account, stating that the HHS Secretary "shall support the full cost of the Senior Medicare Patrol program to combat health care fraud and abuse from the funds provided to this account." As a result, funding for the Senior Medicare Patrol program is to be provided from HCFAC appropriations, while administrative responsibility for the program remains at ACL. However, neither the omnibus nor its accompanying explanatory statement indicate how much of the HCFAC appropriation will be reserved for these activities.

Funding 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, use of human embryos for research, needle exchange programs, and gun control advocacy.

Abortions: Since FY1977, annual LHHS appropriations acts have included provisions limiting the circumstances under which LHHS funds (including Medicaid funds) may be used to pay for abortions. Early versions of these provisions applied only to HHS, but since FY1994, most provisions have applied to the entire LHHS bill. Under current provisions, (1) abortions may be funded only when the life of the mother is endangered or in cases of rape or incest; (2) funds may not be used to buy a managed care package that includes abortion coverage, except in cases of rape, incest, or endangerment; and (3) federal programs and state and local governments that receive LHHS funding are prohibited from discriminating against health care entities that do not provide or pay for abortions or abortion services. The FY2016 omnibus retained these existing restrictions.[47] The FY2016 omnibus did not include a new provision from the House committee bill (§530) based on the Health Care Conscience Rights Act (H.R. 940), which would have

[47] The current provisions are commonly referred to as the Hyde and Weldon Amendments and may be found at §506 and §507 of P.L. 114-113, Division G. For additional information, see CRS Report RL33467, *Abortion: Judicial History and Legislative Response*, by Jon O. Shimabukuro.

amended the ACA to specify that individuals/employers would not have to purchase/sponsor coverage of abortions or other items or services to which they have a moral or religious objection.

Human Embryos: 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 FY2016 omnibus retained these existing restrictions.[48]

Needle Exchange: 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).[49] The FY2016 omnibus modified the existing provision, by allowing 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.[50]

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 this provision applied only to CDC; since FY2012, annual appropriations acts have included HHS-specific restrictions, as well as restrictions that apply to all LHHS funds (including funds transferred from the PPHF). The FY2016 omnibus retained these existing restrictions.[51] The FY2016 House committee report included new language clarifying that, among other things, these restrictions are intended to prevent the CDC from spending any funds on gun research or data collection, including research on gun violence prevention.[52] Neither the Senate committee report nor the joint explanatory statement on the omnibus had anything further to add to the new House report language. (Both noted that the underlying general provisions had been retained.)

ACA Implementation: Since FY2011, annual LHHS appropriations have included provisions limiting or altering the ability of HHS to implement various aspects of the ACA.[53] The content and scope of these provisions has evolved over time. Notably, the FY2016 omnibus did not include a provision from the House committee bill that would, among other things, have

[48] The current provision is commonly referred to as the Dickey Amendment and may be found at §508 of P.L. 114-113, Division G. For additional information, see CRS Report RL33540, *Stem Cell Research: Science, Federal Research Funding, and Regulatory Oversight*, by Judith A. Johnson and Edward C. Liu.

[49] 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.

[50] The current provision can be found at §520 of P.L. 114-113, Division G.

[51] The current provisions can be found at §210 (HHS) and §503(c) (all LHHS, plus PPHF transfers) of P.L. 114-113, Division G.

[52] The new language in the FY2016 House committee report (H.Rept. 114-195) represents a departure from statements in the FY1997 House committee report (H.Rept. 104-659) related to this provision. The FY1997 committee report would have allowed CDC to collect data on the incidence of gun violence and to conduct objective research in this area, provided funds were awarded through an impartial peer review process.

[53] For more information, see CRS Report R44100, *Use of the Annual Appropriations Process to Block Implementation of the Affordable Care Act (FY2011-FY2017)*, by C. Stephen Redhead and Ada S. Cornell.

prohibited LHHS appropriations from being used to "implement, administer, enforce, or further" any provision of the ACA, with limited exceptions (§524). Certain other ACA-related provisions are discussed elsewhere in this report (e.g., see the "CMS" section).

HHS Detail Tables

The tables below provide more detailed information about FY2016 enacted and proposed funding levels for HHS, along with FY2015 enacted levels. **Table 6** presents total HHS funding levels by agency. **Table 7** presents discretionary funding levels for a selection of HHS programs, projects, or activities, by agency.

As mentioned above, readers should note that, by convention, these tables show only the amount of PHS Evaluation Tap funds *received* by an agency (i.e., tables do not subtract the amount of the evaluation tap from donor agencies' appropriations). That is to say, PHS evaluation tap amounts shown in the following tables are *in addition* to amounts shown for budget authority, but the amounts shown for budget authority have not been adjusted to reflect potential "transfer-out" of funds to the tap. Readers should also note that the PPHF transfer amounts displayed in these tables are *in addition* to amounts shown for budget authority provided in the bill.

Table 6. HHS Appropriations Totals by Agency

(Dollars in millions)

HHS Agency	FY2015 Enacted	FY2016 Request	FY2016 House Cmte	FY2016 Senate Cmte	FY2016 Enacted
HRSA	**6,347**	**6,462**	**6,049**	**6,241**	**6,384**
Mandatory BA	235	237	237	237	237
Discretionary BA	6,112	6,225	5,812	6,004	6,147
CDC[a]	**6,023**[b]	**6,151**	**6,151**	**5,803**	**6,326**
Mandatory BA	55	55	55	55	55
Discretionary BA	5,968[b]	6,096	6,096	5,747	6,271
Evaluation Tap Funding[c]	*0*	*0*	*0*	*0*	*0*
PPHF[d]	*887*	*914*	*914*	*893*	*892*
NIH[a]	**29,369**[b]	**30,237**	**30,174**	**30,494**	**31,304**
Discretionary BA	29,369[b]	30,237	30,174	30,494	31,304
Evaluation Tap Funding[c]	*715*	*847*	*1,010*	*940*	*780*
SAMHSA	**3,474**	**3,396**	**3,643**	**3,315**	**3,634**
Discretionary BA	3,474	3,396	3,643	3,315	3,634
Evaluation Tap Funding[c]	*134*	*211*	*0*	*134*	*134*
PPHF[d]	*12*	*58*	*0*	*12*	*12*
AHRQ	**364**	**276**	**0**	**236**	**334**
Discretionary BA	364	276	0	236	334
Evaluation Tap Funding[c]	*0*	*88*	*0*	*0*	*0*
CMS	**611,435**	**647,251**	**646,297**	**646,033**	**646,650**
Mandatory BA	607,093	642,300	642,300	642,300	642,300

HHS Agency	FY2015 Enacted	FY2016 Request	FY2016 House Cmte	FY2016 Senate Cmte	FY2016 Enacted
Discretionary BA	4,342	4,951	3,998	3,734	4,351
ACF	**30,567**	**33,709**	**32,222**	**31,717**	**32,758**
Mandatory BA	12,776	13,888	14,380	13,888	13,888
Discretionary BA	17,791	19,821	17,842	17,829	18,870
ACL[e]	**1,673**	**2,096**	**1,944**	**1,861**	**1,965**
Discretionary BA	1,673	2,096	1,944	1,861	1,965
PPHF[d]	*28*	*28*	*18*	*27*	*28*
Office of the Secretary	**2,443**[b]	**3,254**	**2,381**	**2,383**	**2,857**
Mandatory BA	562	586	586	586	586
Discretionary BA	1,881[b]	2,668	1,794	1,796	2,271
Evaluation Tap Funding[c]	*65*	*188*	*58*	*47*	*65*
Total, HHS BA in the Bill	**691,695**[b]	**732,831**	**728,861**	**728,083**	**732,212**
Mandatory	**620,721**	**657,066**	**657,558**	**657,066**	**657,066**
Discretionary	**70,974**[b]	**75,765**	**71,302**	**71,017**	**75,146**
Title VI Ebola (emergency)	**2,742**[f]	**-**	**-**	**-**	**-**
CDC	1,771[f]	-	-	-	-
NIH	238[f]	-	-	-	-
Office of the Secretary	733[f]	-	-	-	-
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	681,885	730,381	726,410	725,632	729,762
Total, BA Advances for Future Years (provided in current bill)	116,732	119,183	119,183	119,183	119,183
Total, BA Advances from Prior Years (for use in current year)	106,922	116,732	116,732	116,732	116,732

Source: Amounts shown for FY2015 enacted, the FY2016 request, and the FY2016 House committee bill are generally drawn from (or estimated based on) H.Rept. 114-195, while amounts for the FY2016 Senate committee bill are generally drawn from S.Rept. 114-74. Amounts for FY2016 enacted were estimated based on data in the joint explanatory statement accompanying the FY2016 omnibus. For consistency with source materials, amounts in this report generally do not reflect sequestration (except in the case of the PPHF) or re-estimates of mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. FY2015 enacted totals do not include Ebola-related funds provided by the first FY2015 CR (P.L. 113-64) or in Division G, Title VI, of the FY2015 omnibus (P.L. 113-235).

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 the Senate Committees on Appropriations (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. FY2015 enacted does not include emergency Ebola funds provided by Division G, Title VI, of the FY2015 omnibus (P.L. 113-235) or, where applicable, Ebola funds provided by the first FY2015 CR (P.L. 113-64).

c. By convention, this table shows only the amount of PHS Evaluation Tap funds received by an agency, not the amount of tap funds donated by an agency. That is to say, tap amounts shown in this table are *in addition to* amounts shown for budget authority, but the amounts shown for budget authority have not been adjusted to reflect potential "transfer-out" of funds to the tap.

d. PPHF funds are not appropriated in the LHHS bill, but are shown here for illustrative purposes as they may be used to supplement the funding selected agencies and programs receive through the appropriations process. Amounts shown for PPHF in this table are *in addition to* amounts shown for budget authority.

e. FY2015 enacted does not include amounts appropriated to ED for the Rehabilitation Act and the Assistive Technology Act that were required to be transferred to HHS. However, these funds are included in ACL totals for FY2016.

f. The amounts shown here were appropriated as emergency funds in Division G, Title VI, of the FY2015 omnibus (P.L. 113-235). These amounts are not included in HHS totals in this table. These amounts do not include applicable Ebola-related funds provided by the first FY2015 CR (P.L. 113-64).

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

(Dollars in millions)

Agency or Selected Program	FY2015 Enacted	FY2016 Request	FY2016 House Cmte	FY2016 Senate Cmte	FY2016 Enacted
HRSA					
Community Health Centers	1,491	1,491	1,491	1,491	1,491
National Health Service Corps	0	287	0	0	0
Health Professions (Title VII)	255	525	246	230	262
Health Professions, Nursing (Title VIII)	232	232	232	221	229
Children's Hospitals Graduate Medical Education	265	100	265	270	787
Maternal & Child Health Block Grant	637	637	638	615	845
Autism and Other Developmental Disorders	47	47	47	47	47
Healthy Start	102	102	102	102	104
Ryan White AIDS Programs	2,319	2,323	2,319	2,294	2,323
Healthcare Systems Bureau	103	110	106	103	103
Rural Health Programs	147	128	147	151	150
Family Planning (Title X)	286	300	0	258	286
CDC					
Immunization and Respiratory Diseases	573	538	608	573	459
PPHF[b]	*210*	*210*	*150*	*210*	*324*
HIV/AIDS, Viral Hepatitis, STDs, TB Prevention	1,118	1,162	1,118	1,091	1,122
Emerging and Zoonotic Infectious Diseases	353	645	461	389	528
PPHF[b]	*52*	*55*	*52*	*52*	*52*
Chronic Disease Prevention and Health Promotion	747	578	570	595	838
PPHF[b]	*452*	*480*	*527*	*458*	*339*

Agency or Selected Program	FY2015 Enacted	FY2016 Request	FY2016 House Cmte	FY2016 Senate Cmte	FY2016 Enacted
Birth Defects and Developmental Disabilities	132	64	134	133	136
PPHF[b]	*0*	*68*	*0*	*0*	*0*
Public Health Scientific Services	481	475	497	471	492
PPHF[b]	*0*	*64*	*0*	*0*	*0*
Environmental Health	166	142	146	132	165
PPHF[b]	*13*	*37*	*15*	*13*	*17*
Injury Prevention and Control	170	257	211	188	236
National Institute for Occupational Safety and Health	335	283	341	306	339
Global Health[c]	417	448	427	412	427
SAMHSA					
Mental Health Programs of Regional & National Significance (PRNS)	367	334	384	367	403
Evaluation Tap Funding[a]	*0*	*5*	*0*	*0*	*0*
PPHF	*12*	*38*	*0*	*12*	*12*
Mental Health Block Grant	462	462	483	462	512
Evaluation Tap Funding[a]	*21*	*21*	*0*	*21*	*21*
Children's Mental Health	117	117	117	117	119
Grants to States for the Homeless	65	65	55	40	65
Protection and Advocacy	36	36	36	36	36
Substance Abuse Treatment PRNS	362	291	377	282	335
Evaluation Tap Funding[a]	*2*	*30*	*0*	*2*	*2*
Substance Abuse Block Grant	1,741	1,741	1,820	1,691	1,779
Evaluation Tap Funding[a]	*79*	*79*	*0*	*79*	*79*
Substance Abuse Prevention PRNS	175	194	190	183	211
Evaluation Tap Funding[a]	*0*	*16*	*0*	*0*	*0*
Health Surveillance and Support	150	156	182	138	175
Evaluation Tap Funding[a]	*31*	*59*	*0*	*31*	*31*
PPHF[b]	*0*	*20*	*0*	*0*	*0*
AHRQ					
Research on Health Costs, Quality, and Outcomes	229	0	238	151	197
Evaluation Tap Funding[a]	*0*	*88*	*0*	*0*	*0*
Medical Expenditure Surveys	65	69	0	39	66
Program Support	70	72	0	45	71
CMS					
CMS Program Management	3,670	4,245	3,326	3,028	3,670
Health Care Fraud and Abuse Control	672	706	672	706	681

Agency or Selected Program	FY2015 Enacted	FY2016 Request	FY2016 House Cmte	FY2016 Senate Cmte	FY2016 Enacted
ACF					
Low Income Home Energy Assistance Program Formula Grants	3,390	3,190	3,365	3,390	3,390
Refugee and Entrant Assistance Programs	1,560	1,625	1,430	1,405	1,675
Child Care and Development Block Grant	2,435	2,805	2,435	2,585	2,761
Head Start	8,598	10,118	8,790	8,698	9,168
Child Welfare Services	269	269	269	269	269
Adoption Opportunities	39	43	39	39	39
Community Services Block Grant	674	674	674	674	751
ACL					
Home & Community-Based Supportive Services	348	386	348	348	348
Family and Native American Caregiver Support Services	152	172	153	152	158
Nutrition Services Programs	815	875	821	815	835
Aging Network Support Activities	10	10	10	7	10
Alzheimer's Disease Demonstrations	4	4	6	4	5
PPHF[b]	*15*	*15*	*13*	*15*	*15*
Elder Rights Support Activities	8	29	8	8	12
Limb Loss	3	3	3	3	3
Developmental Disabilities Programs	162	169	162	154	165
Office of the Secretary					
General Departmental Management	448	493	361	302	456
Evaluation Tap Funding[a]	*65*	*66*	*58*	*47*	*65*
Office of Nat'l Coord. for Health Information Technology	60	0	60	60	60
Evaluation Tap Funding[a]	*0*	*92*	*0*	*0*	*0*
Office of the Inspector General	71	83	75	71	75
Public Health and Social Services Emergency Fund[d]	1,175	1,910	1,172	1,227	1,397
Evaluation Tap Funding[a]	*0*	*30*	*0*	*0*	0

Source: Amounts shown for FY2015 enacted, the FY2016 request, and the FY2016 House committee bill are generally drawn from (or estimated based on) H.Rept. 114-195, while amounts for the FY2016 Senate committee bill are generally drawn from S.Rept. 114-74. Amounts for FY2016 enacted were estimated based on data in the joint explanatory statement accompanying the FY2016 omnibus. For consistency with source materials, amounts in this report generally do not reflect sequestration (except in the case of the PPHF) or re-estimates of mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. FY2015 enacted totals do not include Ebola-related funds provided by the first FY2015 CR (P.L. 113-64) or in Division G, Title VI, of the FY2015 omnibus (P.L. 113-235).

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 the Senate Committees on Appropriations (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. 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.

b. 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.

c. The amount shown as FY2015 enacted ($417 million) does not include $30 million appropriated for Ebola-related activities in the first FY2015 CR (P.L. 113-164).

d. The amount shown as FY2015 enacted ($1.175 billion) does not include the $733 million in emergency Ebola funds provided by Division G, Title VI, of the FY2015 omnibus or the $58 million in Ebola-related funds provided in the first FY2015 CR (P.L. 113-164).

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 Federal Direct Student Loans and Pell Grants). Amounts are rounded to the nearest million or billion (as labeled). The dollar and percentage changes discussed are based on unrounded amounts. For consistency with source materials, amounts do not reflect sequestration or re-estimates of mandatory spending programs, where applicable, nor do they reflect transfers or reprogramming of funds pursuant to executive authorities.

About ED

Federal policymakers established the U.S. Department of Education (ED) in 1980.[54] Its mission is to "promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access."[55] Typically, about three-quarters of ED's discretionary appropriations go either to local educational agencies—which primarily use the funds to provide educational and related services for economically disadvantaged or disabled children—or to low-income postsecondary students in the form of Pell Grants, which 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 11% of overall funding for elementary and secondary education in the United States. The majority of school funding comes from states and local districts, which have primary responsibility for the provision of elementary and secondary

[54] Although ED (in its current incarnation) became a department in 1980, the department dates its origins to 1867. See, U.S. Department of Education, "About ED: The Federal Role in Education," *ed.gov* website, accessed on October 29, 2015, at http://www2.ed.gov/about/overview/fed/role.html.

[55] U.S. Department of Education, "About ED," *ed.gov* website, accessed on October 7, 2015, at http://www2.ed.gov/about/landing.jhtml.

education.[56] With regard to higher education, the federal government provided roughly 68% of undergraduate and graduate student aid in 2014-2105.[57]

FY2016 ED Appropriations Overview

The FY2016 omnibus provided ED with $71.7 billion in discretionary and appropriated mandatory funding in FY2016. This amount is $1.2 billion (+2%) more than the FY2015 enacted funding level of $70.5 billion and $2.4 billion (-3%) less than the President's request for $74.1 billion.[58] (See **Table 8**.) Of the total provided, roughly $68.3 billion (95%) is discretionary.

Table 8. ED Appropriations Overview

(Dollars in billions)

Funding	FY2015 Enacted	FY2016 Request	FY2016 House Cmte	FY2016 Senate Cmte	FY2016 Enacted
Discretionary	67.1	70.7	64.4	65.8	68.3
Mandatory	3.3	3.4	3.4	3.4	3.4
Total BA in the Bill	**70.5**	**74.1**	**67.8**	**69.2**	**71.7**

Source: Amounts shown for FY2015 enacted, the FY2016 request, and the FY2016 House committee bill are generally drawn from (or estimated based on) H.Rept. 114-195, while amounts for the FY2016 Senate committee bill are generally drawn from S.Rept. 114-74. Amounts for FY2016 enacted were estimated based on data in the joint explanatory statement accompanying the FY2016 omnibus. For consistency with source materials, amounts in this report do not reflect sequestration or re-estimates of mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

Selected ED Highlights

The following sections highlight FY2016 appropriations for selected ED accounts and programs.[59] **Table 9** tracks funding levels for major ED budget and appropriations accounts in FY2016.

Education for the Disadvantaged

The FY2016 omnibus provided $16.0 billion in discretionary budget authority for the Education for the Disadvantaged account in FY2016. This amount is $481 million (+3%) more than the

[56] U.S. Department of Education, *FY2015 Education Budget Summary and Background Information*, Appendix 5, http://www2.ed.gov/about/overview/budget/budget15/summary/appendix5.pdf.

[57] For the purposes of this calculation, the federal contribution included $161.3 billion (grants, loans, work-study, and tax benefits) out of a total of $238.9 billion (federal aid, state aid, institutional grants, and private and employer-provided grants). Does not include nonfederal loans. See the College Board's *Trends in Student Aid 2015*, p. 10, http://trends.collegeboard.org/student-aid.

[58] ED budget materials can be found at http://www2.ed.gov/about/overview/budget/budget15/index.html?exp=0.

[59] ED budget materials can be found at http://www2.ed.gov/about/overview/budget/budget15/index.html?exp=0.

FY2015 enacted funding level ($15.5 billion) and $576 million (-3%) less than the President's request for $16.6 billion.

Within the Education for the Disadvantaged account, the omnibus provided $14.9 billion for Grants to Local Educational Agencies (LEAs) under Title I-A of the Elementary and Secondary Education Act (ESEA). The Title I-A program is the largest kindergarten through grade 12 (K-12) education program administered by ED. It is designed to provide supplementary educational and related services to low-achieving and other students attending schools with relatively high concentrations of students from low-income families. About 70% of U.S. public elementary and secondary schools received funding under this formula grant program in the 2013-2014 school year.[60]

The President's request for the Title I-A program in FY2016 was $15.4 billion, or $1.0 billion (+7%) more than the FY2015 enacted funding level of $14.4 billion. The House committee bill recommended the FY2015 level; the Senate committee bill recommended slightly more, $14.6 billion.[61]

Innovation and Improvement

The omnibus provided $1.2 billion in discretionary budget authority for programs and activities supported by ED's Innovation and Improvement account in FY2016. This amount is $79 million (+7%) more than the FY2015 enacted funding level of $1.1 billion. The President initially sought $1.6 billion for this account in FY2016.[62]

Although both the House and Senate committee bills recommended significant changes in funding levels for many of the programs and activities within the Innovation and Improvement account—including eliminating the Investing in Innovation Fund and increasing funds for Charter School Grants—the final agreement included funding at close to FY2015 enacted levels for most Innovation and Improvement account line items and programs.

Two exceptions to this rule included the elimination of funding for the Transition to Teaching program (-$14 million) and an $80 million (+32%) increase for Charter School Grants, both of which were enacted as part of the omnibus. The Transition to Teaching program was designed to help mid-career professionals enter the teaching profession; it included funding for the development of alternative routes to teacher certification.[63] Charter School Grants provide

[60] U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, "Table 3. Number of Operating Public Elementary and Secondary Schools, by School Type, Charter, Magnet, Title I, and Title I Schoolwide Status, and State or Jurisdiction: School Year 2013–14," *Selected Statistics from the Public Elementary and Secondary Education Universe: School Year 2013–14* (NCES 2015-151), July 2015, p.9, available at http://nces.ed.gov/pubs2015/2015151.pdf.

[61] For more information on Title I-A, see CRS Report RL33960, *The Elementary and Secondary Education Act, as Amended by the No Child Left Behind Act: A Primer*, by Rebecca R. Skinner; and CRS Report R44164, *ESEA Title I-A Formulas: In Brief*, by Rebecca R. Skinner.

[62] The President's FY2016 request for Innovation and Improvement is not entirely comparable with the FY2015 enacted or FY2016 omnibus Innovation and Improvement account totals. This is because the President's FY2016 request for Innovation and Improvement excluded funding for the Preschool Development Grant (PDG) program. Instead, the request saught $750 million for the PDG program in a proposed new account called, "School Readiness." However, Congress did not adopt this new account structure. Funding for the PDG program—$250 million in both FY2015 and FY2016—was provided in Innovation and Improvement.

[63] More information is available on the ED website at http://www2.ed.gov/programs/transitionteach/index.html.

funding for the planning, implementation, and replication of successful charter schools; and for charter school facilities and charter school-related national activities.[64]

The President's budget request for Innovation and Improvement proposed three new discretionary programs or activities that would have required statutory authorization to implement: Teacher and Principal Pathways, Leveraging What Works, and Next Generation High Schools.[65] Under the request, the Transition to Teaching program, which was eliminated (as noted above) would have been consolidated into the proposed Teacher and Principal Pathways program.[66] The FY2016 omnibus did not include defined appropriations for these new programs.

Safe Schools and Citizenship Education

The omnibus provided $245 million for Safe Schools and Citizenship Education in FY2016. This amount is $22 million (+10%) more than the FY2015 enacted funding level of $223 million and $105 million (-30%) less than the President's request for $350 million.

Within the FY2016 Safe Schools and Citizenship Education total, the omnibus provided $73 million—a $17 million (+29%) increase over the FY2015 enacted funding level—for the Promise Neighborhoods program. Modeled after the Harlem Children's Zone,[67] the Promise Neighborhoods program seeks to improve the educational outcomes of disadvantaged children in distressed communities by helping those communities develop an integrated continuum of social, health, and educational support.[68]

In different ways, the President's request and the House committee bill each focused on funding for the Promise Neighborhoods program in FY2016. For example, most of the President's requested increase for Safe Schools and Citizenship Education ($93 million of $126 million) would have gone to Promise Neighborhoods under the proposed budget. The House committee bill, on the other hand, would have eliminated all Safe Schools and Citizenship Education account activities except Promise Neighborhoods; which it proposed funding at FY2015 enacted levels.

The Senate committee bill proposed reduced funding levels for all Safe Schools and Citizenship Education programs in FY2016 and would have eliminated one: the Carol M. White Physical Education Program. However, level funding for this program ($47 million) was retained in the FY2016 omnibus. The Senate committee bill recommended $37 million for Promise Neighborhoods in FY2016.

Special Education

The omnibus provided $13.0 billion in funding for Special Education programs in FY2016. This amount is $455 million (+4%) more than the FY2015 enacted appropriation of $12.5 billion and $155 million (+1%) more than the President's request for $12.8 billion. The House committee bill

[64] For more information, see CRS Report R43493, *Charter School Programs Authorized by the Elementary and Secondary Education Act (ESEA Title V-B): A Primer*, by Rebecca R. Skinner.

[65] If authorized, these would have been funded with discretionary appropriations. The President also sought $1.0 billion in mandatory funds for the Teaching for Tomorrow program.

[66] As proposed, the Teacher and Principal Pathways program would have incorporated the Transition to Teaching and School Leadership programs from the Innovation and Improvement account, as well as the Teacher Quality Partnerships program from the Higher Education account.

[67] More information about the Harlem Children's Zone is available at http://hcz.org/.

[68] More information about the Promise Neighborhoods program is available at http://www2.ed.gov/programs/promiseneighborhoods/index.html#description.

recommended $13.0 billion, or $502 million (+4%) more than the FY2015 level; the Senate committee bill recommended $12.6 billion, or $114 million (+1%) more.

Within these totals, the President initially requested increases of 14% for Preschool Grants and 15% for Grants for Infants and Families. The request sought a smaller, 2% increase for the largest federal special education program, State Grants. The House committee bill, on the other hand, recommended no increases over the prior year for Preschool Grants and Grants for Infants and Families, but would have increased State Grants by 4%. The Senate committee bill recommended 3% increases for both Preschool Grants and Grants for Infants and Families, and would have provided a 1% increase in State Grants. The FY2016 omnibus provided 4% increases to State Grants and Preschool Grants, and a 5% increase to Grants for Infants and Families.

The State Grants, Preschool Grants, and Grants for Infants and Families programs each provide formula funding to states for educational and related services authorized under the Individuals with Disabilities Education Act (IDEA). The State Grants program assists states in meeting the excess costs of providing special education and related services to school-aged children with disabilities. The Preschool Grants program provides funding for special education services for children aged three to five. The State Grants and Preschool Grants programs are both authorized under IDEA, Part B. IDEA, Part C authorizes the Grants for Infants and Families program, which provides funding for early intervention for children with disabilities who are under three years old.[69]

Pell Grants

The omnibus provided $22.5 billion in discretionary appropriations for the Pell Grant program in FY2016. This amount is equal to the FY2015 enacted funding level, President's request, and Senate committee bill recommendation. The House committee bill would have provided $22.1 billion, or 2% less.

Under the omnibus and all FY2016 proposals—President's request, House committee bill, and Senate committee bill—the discretionary base maximum award for award year (AY) 2016-2017[70] is projected to remain at $4,860. The total maximum award for which a student may be eligible is projected to be $5,915.[71]

The federal Pell Grant program provides need-based financial aid to low-income postsecondary students to help them cover the cost of higher education. The Pell Grant program is the largest single source of federal grant aid for college and university students; through discretionary and mandatory spending, it provided a combined total of approximately $31 billion in aid to approximately 8.2 million undergraduate students in the 2015-2016 award year.[72] Mandatory

[69] For more information, see CRS Report R41833, *The Individuals with Disabilities Education Act (IDEA), Part B: Key Statutory and Regulatory Provisions*, by Kyrie E. Dragoo; and CRS Report R43631, *The Individuals with Disabilities Education Act (IDEA), Part C: Early Intervention for Infants and Toddlers with Disabilities*, by Kyrie E. Dragoo.

[70] The Pell Grant award year begins July 1 of each year and ends June 30 of the subsequent year. For example, AY2016-2017 begins on July 1, 2016 and ends June 30, 2017.

[71] The maximum Pell Grant a student may receive is a combination of the discretionary base maximum award amount (established in the annual discretionary appropriations process) and the annual increase (or add-on) to this amount funded through mandatory appropriations as specified in Title IV of the Higher Education Act of 1965, as amended (P.L. 89-329). This report does not track the mandatory add-on as it is not established through annual appropriations.

[72] For more information about the Pell Grant program, see CRS Report R42446, *Federal Pell Grant Program of the Higher Education Act: How the Program Works and Recent Legislative Changes*, by Cassandria Dortch.

appropriations for the Pell Grant program are provided outside the annual appropriations process and, as such, do not appear in the following table.

Table 9. Detailed ED Appropriations

(Dollars in millions)

Agency, Program, Project, or Activity	FY2015 Enacted	FY2016 Request	FY2016 House Cmte	FY2016 Senate Cmte	FY2016 Enacted
Education for the Disadvantaged	**15,536**	**16,593**	**14,870**	**15,456**	**16,017**
Grants to Local Educational Agencies	14,410	15,410	14,410	14,560	14,910
School Improvement Grants	506	556	0	450	450
Striving Readers	160	160	0	0	190
Migrant State Grants	375	375	375	365	375
Neglected and Delinquent State Grants	48	48	48	46	48
Evaluation[a]	1	N/D	N/D	N/D	N/D
Special Programs for Migrant Students	37	45	37	35	45
Preschool Development Grants[b]	**—**	**750**	**—**	**—**	**—**
Impact Aid	**1,289**	**1,289**	**1,299**	**1,289**	**1,306**
School Improvement Programs	**4,403**	**4,693**	**3,501**	**4,135**	**4,434**
State Grants for Improving Teacher Quality	2,350	2,350	1,681	2,246	2,350
Mathematics and Science Partnerships	153	203	0	141	153
Educational Technology State Grants	0	200	0	0	0
Supplemental Education Grants	17	17	17	17	17
21st Century Community Learning Centers	1,152	1,152	1,152	1,035	1,167
State Assessments/Enhanced Assessment Instruments	378	403	300	350	378
Education for Homeless Children and Youth	65	72	65	65	70
Training and Advisory Services (Civil Rights)	7	7	7	7	7
Education for Native Hawaiians	32	33	33	32	33
Alaska Native Education Equity	31	32	32	31	32
Rural Education	170	170	170	170	176
Comprehensive Centers	48	55	44	40	51
Indian Education	**124**	**174**	**144**	**124**	**144**
Innovation and Improvement[b]	**1,102**	**1,602**	**275**	**695**	**1,181**
Investing in Innovation Fund	120	300	0	0	120
Teacher and Principal Pathways (proposed legislation)	0	139	0	0	0
Transition to Teaching	14	0	0	0	0
School Leadership	16	0	0	0	16
Charter School Grants	253	375	275	273	333
Magnet Schools Assistance	92	92	0	85	97
Fund for the Improvement of Education (FIE)[b]	323	167	0	63	331

Agency, Program, Project, or Activity	FY2015 Enacted	FY2016 Request	FY2016 House Cmte	FY2016 Senate Cmte	FY2016 Enacted
Teacher Incentive Fund (Excellent Educator Grants)	230	350	0	225	230
Ready-to-Learn Television	26	26	0	26	26
Next Generation High Schools (proposed legislation)	0	125	0	0	0
Advanced Placement	28	28	0	23	28
Safe Schools and Citizenship Education	**223**	**350**	**57**	**120**	**245**
Promise Neighborhoods	57	150	57	37	73
National Programs	70	90	0	60	75
Elementary and Secondary School Counseling	50	50	0	23	50
Carol M. White Physical Education Program	47	60	0	0	47
English Language Acquisition	**737**	**773**	**737**	**712**	**737**
Special Education	**12,522**	**12,822**	**13,025**	**12,637**	**12,977**
Grants to States, Part B	11,498	11,673	12,000	11,598	11,913
Preschool Grants	353	403	353	363	368
Grants for Infants and Families	439	504	439	454	459
IDEA National Activities	233	243	233	222	237
Rehabilitation Services and Disability Research	**3,710**	**3,532**	**3,530**	**3,488**	**3,530**
Vocational Rehabilitation State Grants (mandatory)	3,335	3,392	3,392	3,392	3,392
Client Assistance State Grants	13	13	13	12	13
Training	30	30	30	24	30
Demonstration and Training Programs	6	6	6	0	6
Protection and Advocacy of Individual Rights (PAIR)	18	18	18	18	18
Supported Employment State Grants	28	31	28	0	28
Helen Keller National Center for Deaf/Blind Youth and Adults	9	10	10	9	10
Independent Living[c]	135	33	33	33	33
National Institute on Disability and Rehabilitation Research[c]	104	0	0	0	0
Assistive Technology[c]	33	0	0	0	0
Special Institutions for Persons with Disabilities	**212**	**212**	**215**	**214**	**217**
American Printing House for the Blind	25	25	25	25	25
National Technical Institute for the Deaf	67	67	68	69	70
Gallaudet University	120	120	121	120	121
Career, Technical, and Adult Education	**1,708**	**1,916**	**1,701**	**1,670**	**1,721**
Basic State Grants/Secondary & Technical Education	1,118	1,318	1,118	1,118	1,118
National Programs	7	9	4	4	7
State Grants/Adult Basic and Literacy Education	569	569	569	540	582
National Leadership Activities	14	20	10	8	14
Student Financial Assistance	**24,198**	**24,198**	**23,828**	**24,129**	**24,198**

Agency, Program, Project, or Activity	FY2015 Enacted	FY2016 Request	FY2016 House Cmte	FY2016 Senate Cmte	FY2016 Enacted
Pell maximum grant (discretionary portion only, non-add)	*(5)*	*(5)*	*(5)*	*(5)*	*(5)*
Pell Grants	22,475	22,475	22,105	22,475	22,475
Federal Supplemental Educational Opportunity Grants	733	733	733	704	733
Federal Work Study	990	990	990	950	990
Student Aid Administration	**1,397**	**1,582**	**1,447**	**1,362**	**1,552**
Higher Education	**1,925**	**2,072**	**1,909**	**1,784**	**1,982**
Aid for Institutional Development[d]	530	532	544	514	570
International Education and Foreign Language	72	76	72	47	72
Fund for the Improvement of Postsecondary Education (FIPSE)	68	200	0	0	0
Postsec. Programs for Students with Intellectual Disabilities	12	12	12	10	12
Minority Science and Engineering Improvement	9	9	9	9	10
Tribally Controlled Postsecondary Voc. & Tech. Institutions	8	8	9	8	8
Federal TRIO Programs	840	860	900	840	900
GEAR UP	302	302	323	302	323
Graduate Assistance in Areas of National Need	29	29	25	20	29
Teacher Quality Partnerships	41	0	0	34	43
Child Care Access Means Parents in School	15	15	15	0	15
GPRA Data/HEA Program Evaluation	0	30	0	0	0
Howard University	**222**	**222**	**222**	**220**	0
College Housing & Academic Facilities Loans[e]	0	0	0	0	**20**
HBCU Capital Financing Program	**19**	**19**	**19**	**19**	**618**
Institute of Education Sciences	**574**	**676**	**410**	**563**	**598**
Departmental Management	**569**	**664**	**569**	**549**	0
Program Administration	411	474	410	391	432
Office for Civil Rights	100	131	100	100	107
Office of Inspector General	58	59	59	58	59
Total, ED BA in the Bill	**70,471**	**74,139**	**67,757**	**69,165**	**71,699**
Subtotal, Mandatory	**3,335**	**3,392**	**3,392**	**3,392**	**3,392**
Subtotal, Discretionary	**67,136**	**70,747**	**64,365**	**65,773**	**68,307**
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	70,471	74,139	67,616	69,165	71,699
Total, BA Advances for Future Years (provided in current bill)	22,597	22,597	22,738	22,597	22,597
Total, BA Advances from Prior Years (for use in current year)	22,597	22,597	22,597	22,597	22,597

Source: Amounts shown for FY2015 enacted, the FY2016 request, and the FY2016 House committee bill are generally drawn from (or estimated based on) H.Rept. 114-195, while amounts for the FY2016 Senate committee bill are generally drawn from S.Rept. 114-74. Amounts for FY2016 enacted were estimated based on data in the joint explanatory statement accompanying the FY2016 omnibus. For consistency with source

materials, amounts in this report do not reflect sequestration or re-estimates of mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

Notes: BA = Budget Authority. N/A = not available. N/D = not defined (e.g., no specific amount provided). STEM = Science, Technology, Engineering, and Mathematics. 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 the Senate Committees on Appropriations; and (4) do not include appropriations that occur outside of appropriations bills. Non-add amounts are displayed in italics and parentheses; these amounts are not part of the appropriations totals.

a. Instead of providing a defined appropriation for evaluation, the FY2015 and FY2016 final appropriations acts authorized ED to reserve up to 0.5% of certain ED accounts for evaluation purposes (see P.L. 114-113, Section 307).

b. Consistent with source materials, this table includes Preschool Development Grant (PDG) program funding in the Fund for the Improvement of Education in both FY2015 (enacted) and the FY2016 omnibus. The President's $750 million request for PDG is included in a separate line item, titled "Preschool Development Grants." The PDG program received $250 million in both FY2015 and FY2016. The President also sought $1.3 billion in mandatory funding for a closely related program, Preschool for All, in FY2016. Congress did not enact legislation authorizing or funding the Preschool for All initiative in FY2016. However, the Every Student Succeeds Act (ESSA, P.L. 114-354) included provisions that authorized a new PDG program through FY2020. Beginning in FY2017, this program is to be based at HHS, but jointly administered with ED.

c. The Workforce Innovation and Opportunity Act (P.L. 113-128) transferred the National Institute on Disability and Rehabilitation Research, Assistive Technology, and portions of the Independent Living program from ED to HHS. These activities were funded from ED's Rehabilitation Services account in FY2015. (FY2015 ED funds were then transferred to HHS.) In FY2016, HHS received the funds directly.

d. Consistent with congressional source materials, amounts shown here include funding for Aid for Hispanic-Serving Institutions and exclude funding for Minority Science and Engineering Improvement, which is funded in a separate line. ED's congressional budget justification does the opposite; it includes Minority Science and Engineering Improvement and excludes Aid for Hispanic-Serving Institutions in Aid for Institutional Development totals.

e. The FY2016 enacted funding level for College Housing and Academic Facilities Loans is $435,000. The amount is the same as the FY2015 funding level, the FY2016 House committee bill, and the FY2016 Senate committee bill. The President requested $450,000 for FY2016. These amounts round to $0 in millions (the unit of measure used in this table).

Related Agencies

Note that figures in this section are based on regular LHHS appropriations only; they do not include funds provided outside the annual appropriations process (e.g., direct appropriations for Old-Age, Survivors, and Disability Insurance benefit payments by the Social Security Administration). All amounts in this section are rounded to the nearest million or billion (as labeled). The dollar changes and percentage changes in the text are based on unrounded amounts. For consistency with source materials, amounts do not reflect sequestration or re-estimates of mandatory spending programs, where applicable, nor do they reflect transfers or reprogramming of funds pursuant to executive authorities.

FY2016 Related Agencies Appropriations Overview

The FY2016 omnibus provided roughly $70.8 billion in combined mandatory and discretionary appropriations for related agencies funded through this bill. This is about $740 million (+1%) more than the FY2015 enacted level and $476 million (-0.7%) less than the FY2016 President's request. (See **Table 10**.) Of the total provided for related agencies in the FY2016 omnibus, roughly $14.6 billion (21%) is discretionary.

Table 10. Related Agencies Appropriations Overview

(Dollars in billions)

Funding	FY2015 Enacted	FY2016 Request	FY2016 House Cmte	FY2016 Senate Cmte	FY2016 Enacted
Discretionary	14.2	15.1	13.8	13.7	14.6
Mandatory	55.9	56.2	56.2	56.2	56.2
Total BA in the Bill	**70.0**	**71.3**	**69.9**	**69.9**	**70.8**

Source: Amounts shown for FY2015 enacted, the FY2016 request, and the FY2016 House committee bill are generally drawn from (or estimated based on) H.Rept. 114-195, while amounts for the FY2016 Senate committee bill are generally drawn from S.Rept. 114-74. Amounts for FY2016 enacted were estimated based on data in the joint explanatory statement accompanying the FY2016 omnibus. For consistency with source materials, amounts in this report do not reflect sequestration or re-estimates of mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS Subcommittees of the House and the Senate Committees on Appropriations; 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 Social Security Administration (SSA).[73] When taking into account both mandatory and discretionary funding, SSA accounts for 97% of the entire related agencies appropriation in the LHHS title of the FY2016 omnibus. The bulk of mandatory SSA funding from the LHHS bill supports the Supplemental Security Income (SSI) program, which provides means-tested cash benefits to disabled children and adults and to persons age 65 and older.

When looking exclusively at discretionary funding, SSA remains the largest component of the related agencies appropriation, constituting 84% of discretionary funds FY2016. The majority of discretionary SSA funding covers administrative expenses for Social Security, SSI, and Medicare.[74]

After SSA, the next-largest agency of the related agencies appropriation is the Corporation for National and Community Service (CNCS), which accounts for less than 2% of the entire related agencies appropriation in the FY2016 omnibus. Typically, each of the remaining related agencies receives less than $1 billion from the annual LHHS appropriations bill. For more information, see **Table 11**.

Selected Related Agencies Highlights

The FY2016 omnibus appropriated nearly $12.2 billion for the SSA Limitation on Administrative Expenses (LAE) account, which provides the administrative funding for all SSA programs and operations except the Office of the Inspector General (OIG). The FY2016 appropriation of $12.2 billion for all LAE activities is more than the FY2015 enacted level (+3%), as well as the House

[73] For additional information on the SSA budget, see CRS Report R41716, *The Social Security Administration (SSA): Budget Request and Appropriations*, by William R. Morton (available upon request).

[74] The SSA assists HHS in administering portions of the federal Medicare program. For more information on this, see Social Security Administration, *Justifications of Estimates for Appropriations Committees, Fiscal Year 2017*, February 2016, https://www.ssa.gov/budget/FY17Files/2017FCJ.pdf.

(+3%), and Senate (+5%) committee bills for FY2016, but it is less than the FY2016 President's request (-3%).

Out of the total amounts appropriated to the LAE account, the omnibus reserves $1.4 billion for program integrity activities, such as continuing disability reviews and SSI non-medical redeterminations of eligibility. The majority of program integrity funding (nearly $1.2 billion) was provided as spending that is effectively exempt from the budget caps, as authorized by the Balanced Budget and Emergency Deficit Control Act of 1985, as amended.

The FY2016 omnibus maintained funding at $274 million for the National Labor Relations Board (NLRB), an independent board that enforces provisions in the National Labor Relations Act.[75] This is the same amount the NLRB received in FY2015, but is more than the NLRB would have received in the FY2016 House (+37%) or Senate (+11%) committee bills. The omnibus retained one existing administrative provision related to the NLRB, but did not include any of the new NLRB provisions proposed in the FY2016 House and Senate committee bills. Specifically, the FY2016 omnibus

- retained a provision from the FY2015 omnibus 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 means in an election determining representation for collective bargaining;
- did not include a new provision proposed in both the House and Senate committee bills that would have prohibited any funds made available by the bill from being used to implement or enforce any rule that amends current regulations related to filing and processing petitions in collective bargaining procedures;
- did not include a new provision that would have prohibited certain funds from being used to investigate, issue, enforce, or litigate any administrative action related to changing the interpretation or application of the "joint employer" standard in effect as of January 1, 2014;[76] and
- did not include a new provision that would have prohibited any funds made available by the bill from being used in any way to change the standard for initial bargaining unit determination that differs from the standard set in a recent court decision.[77]

[75] The NLRB provisions described here may be found in Sections 406-409 of H.R. 3020 and S. 1695.

[76] The House committee bill would have prohibited any funds made available in the bill from being used for these purposes; the Senate committee bill would have prohibited any funds made available in the bill *or* any bill making appropriations to the NLRB or any other federal agency from being used for these purposes. For more information on the "joint employer" standard, see CRS Legal Sidebar WSLG1407, *Joint Employers and the National Labor Relations Board's "Restated" Standard*, by Jon O. Shimabukuro.

[77] For background on bargaining unit determination, see CRS Report RL32930, *The National Labor Relations Act (NLRA): Union Representation Procedures and Dispute Resolution*, by Jon O. Shimabukuro.

Table 11. Detailed Related Agencies Appropriations Table

(Dollars in millions)

Agency, Program, Project, or Activity	FY2015 Enacted	FY2016 Request	FY2016 House Cmte	FY2016 Senate Cmte	FY2016 Enacted
Committee for Purchase from People Who Are Blind or Severely Disabled (U.S. AbilityOne Commission)	**5**	**5**	**5**	**5**	**6**
Corporation for National and Community Service (CNCS)	**1,055**	**1,184**	**688**	**844**	**1,095**
Selected CNCS Programs/Initiatives:					
Volunteers in Service to America (VISTA)	92	97	92	90	92
National Senior Volunteer Corps	202	202	202	197	202
AmeriCorps State and National Grants	335	425	318	270	386
National Civilian Community Corps	30	31	0	30	30
National Service Trust	210	237	50	145	220
Corporation for Public Broadcasting (CPB)	**445**	**485**	**445**	**445**	**485**
Federal Mediation and Conciliation Service	**46**	**49**	**49**	**48**	**49**
Federal Mine Safety and Health Review Commission	**17**	**17**	**17**	**16**	**17**
Institute of Museum and Library Services (IMLS)	**228**	**237**	**228**	**228**	**230**
Medicare Payment Advisory Commission (MedPAC)	**12**	**12**	**12**	**11**	**12**
Medicaid and CHIP Payment and Access Commission (MACPAC)	**8**	**9**	**8**	**7**	**8**
National Council on Disability	**3**	**3**	**3**	**3**	**3**
National Labor Relations Board (NLRB)	**274**	**278**	**200**	**247**	**274**
National Mediation Board	**13**	**13**	**13**	**13**	**13**
Occupational Safety and Health Review Commission	**12**	**13**	**13**	**11**	**13**
Railroad Retirement Board (RRB)	**151**	**157**	**147**	**147**	**138**
Dual Benefits (minus tax receipts)	31	27	27	27	27
Federal Payment to RR Retirement Account (mandatory)[a]	0	0	0	0	0
Limitation on Administration	111	120	111	111	111
Inspector General	8	9	8	8	8
Social Security Administration (SSA)[b]	**67,780**	**68,800**	**68,101**	**67,902**	**68,436**
Payments to Social Security Trust Funds (mandatory)	16	20	20	20	11
Supplemental Security Income (SSI) (mandatory)	55,854	56,157	56,154	56,157	56,157
Limitation on Administrative Expenses (LAE)	11,806	12,513	11,818	11,621	12,162
Regular LAE (incl. user fees, non-add)	*(10,410)*	*(11,074)*	*(10,422)*	*(10,182)*	*(10,736)*
Program Integrity (non-add)	*(1,396)*	*(1,439)*	*(1,396)*	*(1,439)*	*(1,426)*
Office of Inspector General	103	110	109	103	106
Total, Related Agencies BA in the Bill	**70,048**	**71,264**	**69,929**	**69,927**	**70,788**
Subtotal, Mandatory	**55,871**	**56,178**	**56,175**	**56,178**	**56,169**

Agency, Program, Project, or Activity	FY2015 Enacted	FY2016 Request	FY2016 House Cmte	FY2016 Senate Cmte	FY2016 Enacted
Subtotal, Discretionary	**14,177**	**15,086**	**13,754**	**13,749**	**14,619**
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	70,548	75,964	74,629	74,627	75,488
Total, BA Advances for Future Years (provided in current bill)	19,645	14,945	14,945	14,945	14,945
Total, BA Advances from Prior Years (for use in current year)	20,145	19,645	19,645	19,645	19,645

Source: Amounts shown for FY2015 enacted, the FY2016 request, and the FY2016 House committee bill are generally drawn from (or estimated based on) H.Rept. 114-195, while amounts for the FY2016 Senate committee bill are generally drawn from S.Rept. 114-74. Amounts for FY2016 enacted were estimated based on data in the joint explanatory statement accompanying the FY2016 omnibus. For consistency with source materials, amounts in this report generally do not reflect sequestration or re-estimates of mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

a. 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).

b. The Social Security trust funds are considered off-budget, but the Supplemental Security Income (SSI) program, SSA administrative expenses, and certain related SSA activities are included in appropriations for LHHS and Related Agencies.

Appendix. Budget Enforcement Activities

The framework for budget enforcement under the congressional budget process has both statutory and procedural elements.[78] The statutory elements include the discretionary spending limits and mandatory spending sequester derived from the Budget Control Act of 2011 (BCA; P.L. 112-25) and the Balanced Budget and Emergency Deficit Control Act of 1985 (BBEDCA; P.L. 99-177). The procedural elements are primarily associated with the budget resolution and limit both total discretionary spending and spending under the jurisdiction of each appropriations subcommittee.

Readers should note that budget enforcement requirements for FY2016 have been affected by the Bipartisan Budget Act of 2015 (P.L. 114-74), which was signed into law on November 2, 2015. Among other things, this law increased the statutory discretionary spending limits for FY2016 and FY2017, and extended the mandatory sequester to FY2025. The discussion below reflects these changes.

Budget Control Act and Sequestration

The BCA provides budget process mechanisms to reduce mandatory spending and further reduce discretionary spending over an extended period.[79] For mandatory spending, reductions are to occur through sequestration in each of fiscal years between FY2013-FY2025.[80] For discretionary spending, reductions occurred through sequestration in FY2013, but are to be achieved through lower discretionary spending limits for each of the fiscal years between FY2014-FY2021. The BCA does not call for sequestration of discretionary spending in FY2014-FY2021 unless one or both of the statutory discretionary spending limits (defense and nondefense) is breached. The LHHS bill only includes funding in the nondefense category.

FY2016

On February 2, 2015, concurrent with the release of the President's Budget, President Obama issued the required FY2016 sequestration order, calling for nonexempt mandatory spending to be reduced on October 1, 2015.[81] The Office of Management and Budget (OMB) estimated that the FY2016 sequestration percentages would equal 2% of nonexempt Medicare spending and 6.8% of other nonexempt nondefense mandatory spending, for a total reduction of $18 billion in FY2016.[82] (OMB also estimated a 9.3% reduction, totaling $758 million, in nonexempt defense mandatory spending, but this is not applicable to LHHS funds.)

---

[78] For more information on budget enforcement in the context of FY2016 appropriations, see CRS Report R44062, *Congressional Action on FY2016 Appropriations Measures*, by Jessica Tollestrup.

[79] The BCA initially imposed limits on discretionary spending for each of FY2012-FY2021. Further reductions to discretionary spending were triggered when the Joint Committee on Deficit Reduction did not report legislation to achieve a specified amount of budgetary savings. These further reductions are discussed above.

[80] As originally enacted, mandatory sequestration was scheduled to run through FY2021, but this period has subsequently been incrementally extended to FY2025 by P.L. 113-67, P.L. 113-82, and P.L. 114-74.

[81] The White House, Sequestration Order for Fiscal Year 2016, February 2, 2015, available at https://www.whitehouse.gov/the-press-office/2015/02/02/sequestration-order-fiscal-year-2016.

[82] *OMB Report to the Congress on the Joint Committee Reductions for Fiscal Year 2016*, February 2, 2015, https://www.whitehouse.gov/sites/default/files/omb/assets/legislative_reports/sequestration/2016_jc_sequestration_report_speaker.pdf. See the report's appendix for an itemized list of budget accounts that include mandatory spending subject to sequestration in FY2016, 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. (continued...)

The BCA does not require sequestration of discretionary spending in FY2016, unless one or both of the statutory discretionary spending limits is breached. As amended by the Bipartisan Budget Act of 2015 (P.L. 114-74), the FY2016 statutory spending limits are $548.091 billion for defense spending and $518.491 billion for nondefense spending, for a combined total of $1.067 trillion. The Bipartisan Budget Act of 2015 increased the defense and nondefense discretionary limits by $25 billion apiece, compared to the previous FY2016 statutory limits.

According to OMB, after making allowable adjustments to the statutory discretionary spending limits, the FY2016 omnibus did not violate either the defense or the nondefense limit.[83]

Cap Adjustments, Exemptions, and Special Rules

The BCA allows for certain adjustments to the discretionary spending limits for FY2012-FY2021. For LHHS, the most notable of these is for increases to the nondefense limit (up to a point) to accommodate new budget authority for specified program integrity initiatives at HHS and the Social Security Administration (SSA). The Bipartisan Budget Act of 2015 amended the list of SSA activities that may be covered by this "cap adjustment" to include costs associated with work-related continuing disability reviews, Cooperative Disability Investigations, and fraud prosecutions by U.S. Attorneys. The Bipartisan Budget Act of 2015 also revised the amount of the allowable SSA adjustment amounts to be more generous in FY2017-FY2019, but less generous in FY2021.[84]

In addition, although sequestration largely consists of automatic, across-the-board spending reductions, the law exempts a limited number of programs from sequestration and subjects others to special rules. The LHHS bill contains several programs that are exempt from sequestration, including Medicaid, payments to health care trust funds, Supplemental Security Income, Special Benefits for Disabled Coal Miners, retirement pay and medical benefits for commissioned Public Health Service officers, foster care and adoption assistance, and certain family support payments. The LHHS bill also contains several programs that are subject to special rules under sequestration, such as unemployment compensation, certain student loans, health centers, and portions of Medicare.[85]

Budget Resolution and 302(b) Suballocations

The procedural elements of budget enforcement generally stem from requirements under the Congressional Budget Act of 1974 (P.L. 93-44) that are associated with the adoption of an annual budget resolution. Through this process, the Appropriations Committee in each chamber receives a procedural limit on the total amount of discretionary budget authority for the upcoming fiscal year, referred to as a 302(a) allocation. The Appropriations Committee subsequently divides this allocation among its 12 subcommittees. These subcommittee-level spending limits are referred to

(...continued)

While the report displays reductions at the *account* level, the sequester itself is implemented at the *program, project, or activity* level.

[83] Letter from Shaun Donovan, OMB Director, to Paul D. Ryan, Speaker of the House of Representatives, December 30, 2015, available at https://www.whitehouse.gov/sites/default/files/omb/assets/legislative_reports/7_day_after/bea_report_PL_114-113_12302015.pdf.

[84] For more information, see CRS Report R44250, *Social Security and Social Security Disability Insurance (SSDI) Provisions in the Bipartisan Budget Act of 2015*, by Scott D. Szymendera.

[85] For more information, see CRS Report R42050, *Budget "Sequestration" and Selected Program Exemptions and Special Rules*, coordinated by Karen Spar.

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.

Final action on the FY2016 budget resolution (S.Con.Res. 11) occurred on May 5, 2015. The joint explanatory statement associated with the budget resolution provided 302(a) allocations for the House and Senate Appropriations Committees that were consistent with the FY2016 statutory discretionary spending limits in place at that time, though these limits were subsequently amended by the Bipartisan Budget Act of 2015.

The House and Senate Appropriations Committees reported initial FY2016 302(b) suballocations based on the overall levels provided by the budget resolution. Suballocations are commonly revised throughout the year to reflect changes in the distribution of funds due across bills resulting from the latest appropriations action and changes in congressional priorities. The formal suballocations are not always publically updated to reflect changes to the distribution across bills.

The Senate most recently reported revised suballocations on December 18, which was after the increases made to the statutory discretionary spending limits by the Bipartisan Budget Act of 2015. The House most recently reported revised FY2016 suballocations on July 10, which was prior to the increases to those limits.

Table A-1 shows the most recently reported FY2016 House and Senate 302(b) suballocations for LHHS of discretionary spending subject to the statutory discretionary spending limits, along with comparable FY2015 and FY2016 enacted levels. Note that compliance with discretionary spending allocations is evaluated based on budget authority *available in the current fiscal year*, adjusted for scorekeeping by the Congressional Budget Office. As such, totals shown in this table may not be comparable to other totals shown in this report. Current-year budget authority totals exclude advance appropriations for future years, but include advance appropriations from prior years that become available in the current year. Advance appropriations are provided to selected LHHS accounts, generally in order to manage specific planning concerns and ensure continuity of operations at the start of a new fiscal year.

Table A-1. FY2016 LHHS Discretionary 302(b) Suballocations and FY2016 Enacted, Along with Comparable FY2015 Levels

(Dollars in billions)

FY2015 Comparable	FY2016 House 302(b)	FY2016 Senate 302(b)	FY2016 Enacted
156.8	153.1	162.1	162.1

Source: Table prepared by the Congressional Research Service. The estimates for FY2015 comparable and FY2016 enacted are based on discretionary LHHS appropriations, as scored by the Congressional Budget Office. The FY2016 302(b) suballocations are as reported in H.Rept. 114-198 (July 10, 2015) and S.Rept. 114-197 (December 18, 2015).

Notes: Amounts reflect current-year discretionary budget authority subject to spending limits (i.e., adjusted for scorekeeping), not total budget authority in the bill. FY2015 comparable excludes funds for program integrity activities ($1.5 billion) or designated for emergency purposes ($2.7 billion), for which special rules apply under the Budget Control Act (BCA). The FY2016 House 302(b) breaks out the LHHS suballocation for additional program integrity funding ($1.5 billion) separately from the LHHS suballocation of spending subject to the limits ($153.1 billion). The FY2016 Senate 302(b) provides a LHHS suballocation that combines the assumed level of additional program integrity funding ($1.5 billion) and spending subject to the limits ($162.1 billion). For comparability, the number listed in this table for the FY2016 Senate 302(b) does not include the portion of the suballocation that is assumed for the additional program integrity funding. For FY2016 enacted, the $1.5 billion that was ultimately provided in additional program integrity funding is not included in the total listed in this table.

Current-Year Budget Authority

Table A-2 displays the total LHHS current-year budget authority, by title, as provided in the FY2015 enacted, FY2016 House and Senate proposals, and FY2016 enacted. The amounts shown in this table reflect total budget authority available for obligation in the fiscal year, regardless of the year in which it was first appropriated.[86] (For a comparable table showing total budget authority in the bill, rather than current-year budget authority, see **Table 2** in the body of 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, FY2015-FY2016

(Current-year budget authority in billions of dollars)

Bill Title	FY2015 Enacted	FY2016 Request	FY2016 House Cmte (H.R. 3020)	FY2016 Senate Cmte (S. 1695)	FY2016 Enacted
Title I: Labor	**13.35**	**14.54**	**12.58**	**12.75**	**13.73**
Discretionary	11.95	13.18	11.88	11.39	12.17
Mandatory	1.40	1.36	0.70	1.36	1.56
Title II: HHS	**681.89**	**730.38**	**726.41**	**725.63**	**729.76**
Discretionary	70.97	75.77	71.30	71.02	75.15
Mandatory	610.91	654.62	655.11	654.62	654.62
Title III: Education	**70.47**	**74.14**	**67.62**	**69.16**	**71.70**
Discretionary	67.14	70.75	64.22	65.77	68.31
Mandatory	3.34	3.39	3.39	3.39	3.39
Title IV: Related Agencies	**70.55**	**75.96**	**74.63**	**74.63**	**75.49**
Discretionary	14.18	15.09	13.75	13.75	14.62
Mandatory	56.37	60.88	60.87	60.88	60.87
Total Current Year BA[a]	**836.25**	**895.03**	**881.24**	**882.17**	**890.68**
Discretionary	**164.23**	**174.78**	**161.16**	**161.92**	**170.24**
Mandatory	**672.02**	**720.25**	**720.07**	**720.25**	**720.44**
Title VI: Ebola (emergency)[b]	**2.74**	**-**	**-**	**-**	**-**
Memoranda:					
Advances for Future Years (provided in current bill)[c]	160.77	158.52	158.52	158.52	158.52
Advances from Prior Years (for use in current year)[c]	151.46	160.77	160.77	160.77	160.77
Additional Scorekeeping Adjustments[d]	-5.99	-5.52	-6.63	-7.07	-6.59

[86] These amounts exclude advance appropriations for future years, but include advance appropriations from prior years that became available in the applicable current year.

Source: Amounts shown for FY2015 enacted, the FY2016 request, and the FY2016 House committee bill are generally drawn from (or estimated based on) H.Rept. 114-195, while amounts for the FY2016 Senate committee bill are generally drawn from S.Rept. 114-74. Amounts for FY2016 enacted were estimated based on data in the joint explanatory statement accompanying the FY2016 omnibus. For consistency with source materials, amounts in this report do not reflect sequestration or re-estimates of mandatory spending programs, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. FY2015 enacted totals do not include Ebola-related funds provided by the first FY2015 CR (P.L. 113-64) or in Division G, Title VI, of the FY2015 omnibus (P.L. 113-235).

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 the Senate Committees on Appropriations; and (4) do not include appropriations that occur outside of appropriations bills. No amounts are shown for Title V, because this title consists solely of general provisions.

a. Totals in this table are based on current-year budget authority, meaning budget authority that is available for obligation in a given fiscal year, regardless of the year in which it was first appropriated (i.e., totals exclude advance appropriations for future years, but include advance appropriations from prior years that became available in the applicable current year).

b. Total does not include $88 million appropriated to HHS for Ebola-related activities in the first FY2015 CR.

c. The calculation for total budget authority in the bill (rather than total budget authority available for obligation in the current fiscal year) is as follows: Total Current Year BA minus Advances from Prior Years plus Advances for Future Years. The amount for both Advances from Prior Years and Advances for Future Years is the combined total of mandatory and discretionary spending. comprise

d. Totals in this table have generally not been adjusted for further scorekeeping. (To adjust for scorekeeping, add this line to the total budget authority.)

Author Information

Karen E. Lynch, Coordinator
Specialist in Social Policy

Jessica Tollestrup, Coordinator
Specialist in Social Policy

David H. Bradley
Specialist in Labor Economics

Ada S. Cornell
Information Research Specialist

Heather B. Gonzalez
Specialist in Education Policy

Angela Napili
Information Research Specialist

Scott D. Szymendera
Analyst in Disability Policy

Acknowledgments

Maggie McCarty, Specialist in Housing Policy, provided thoughtful review and comments on various versions of this report.

Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.