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Labor, Health and Human Services, and Education: FY2017 Appropriations

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Summary

This report provides an overview of actions taken by Congress and the President to provide FY2017 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).

Readers should be aware that the FY2017 appropriations cycle occurred during a presidential transition from the Administration of Barack H. Obama to the Administration of Donald J. Trump. This transition occurred in late January 2017, well after President Obama submitted his FY2017 budget request but before the FY2017 annual appropriations process concluded with President Trump signing into law an omnibus appropriations act.

FY2017 Omnibus: On May 5, 2017, President Trump signed into law the Consolidated Appropriations Act, 2017 (P.L. 115-31), which provided LHHS appropriations in Division H. FY2017 LHHS discretionary appropriations totaled $173.3 billion (including amounts provided by the omnibus and certain full-year appropriations provided by the second FY2017 continuing resolution). This amount is 1.8% more than FY2016 levels and 0.5% more than the FY2017 budget request from the Obama Administration. The omnibus also provided $760.6 billion in mandatory funding, for a combined FY2017 LHHS total of $934.0 billion. The distribution of discretionary funding is as follows:

- **DOL:** $12.1 billion, 0.7% less than FY2016.
- **HHS:** $78.1 billion, 3.6% more than FY2016.
- **ED:** $68.2 billion, 0.3% more than FY2016.
- **Related Agencies:** $14.9 billion, 1.8% more than FY2016.

FY2017 Continuing Resolutions: The FY2017 omnibus followed three continuing resolutions (CRs), which had provided temporary LHHS funding earlier in the fiscal year (P.L. 115-30, P.L. 114-254, and P.L. 114-223). With limited exceptions, the second and third FY2017 CRs generally funded discretionary LHHS programs at FY2016 levels, minus a reduction of 0.1901%. The first FY2017 CR temporarily funded discretionary LHHS programs at FY2016 levels, minus a reduction of 0.496%.

FY2017 House LHHS Action: The House Appropriations Committee's version of the FY2017 LHHS appropriations bill was ordered reported by the full committee on July 14, 2016, by a vote of 31-19, and reported to the House on July 22, 2016 (H.R. 5926). This bill would have provided $170.2 billion in discretionary LHHS funds, the same amount as FY2016. This amount would have been 1.3% less than the FY2017 President's request. In addition, the House committee bill would have provided an estimated $760.6 billion in mandatory funding, for a combined total of $930.9 billion for LHHS as a whole. The distribution of discretionary funding would have been as follows:

- **DOL:** $11.8 billion, 2.8% less than FY2016.
- **HHS:** $77.2 billion, 2.3% more than FY2016.
- **ED:** $67.0 billion, 1.6% less than FY2016.
- **Related Agencies:** $14.2 billion, 2.5% less than FY2016.

FY2017 Senate LHHS Action: The Senate Appropriations Committee reported its version of the FY2017 LHHS appropriations bill on June 9, 2016 (S. 3040) by a vote of 29-1. This bill would have provided $171.6 billion in discretionary LHHS funds. This would have been 0.8% more than FY2016, and 0.5% less than the FY2017 President's request. In addition, the Senate committee bill would have provided an estimated $760.6 billion in mandatory funding, for a combined total of $932.2 billion for LHHS as a whole. The distribution of discretionary funding would have been as follows:

- **DOL:** $12.0 billion, 1.1% less than FY2016.
- **HHS:** $76.8 billion, 1.9% more than FY2016.
- **ED:** $67.8 billion, 0.3% less than FY2016.
- **Related Agencies:** $14.9 billion, 1.8% more than FY2016.

FY2017 President's Budget Request: On February 9, 2016, the Obama Administration released the FY2017 President's budget. The President requested $172.5 billion in discretionary funding for accounts funded by the LHHS bill, which would have been an increase of 1.3% from FY2016 levels. In addition, the President requested $760.6 billion in annually appropriated mandatory funding, for a total of $933.1 billion for the LHHS bill as a whole. The distribution of discretionary funding would have been as follows:

- **DOL:** $12.8 billion, 5.2% more than FY2016.
- **HHS:** $74.7 billion, 0.9% less than FY2016.
- **ED:** $69.4 billion, 2.0% more than FY2016.
- **Related Agencies:** $15.6 billion, 6.4% more than FY2016.

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Introduction

This report provides an overview of FY2017 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) and an introduction to important terminology and concepts that carry throughout the report. Next is a series of sections describing major congressional actions on FY2017 appropriations and (for context) a review of the conclusion of the FY2016 appropriations process. This is followed by a high-level summary and analysis of proposed and enacted appropriations for FY2017, compared to FY2016 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 FY2017 proposed and enacted funding levels, compared to FY2016 funding levels.

Finally, an **Appendix** provides a summary of budget enforcement activities for FY2017. This includes information on the Budget Control Act of 2011 (BCA; P.L. 112-25) and sequestration, as well as efforts toward adopting an FY2017 budget resolution, subcommittee spending allocations, and current-year spending levels.

Scope of the Report

In general, 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 Senate appropriations committees (i.e., accounts traditionally funded via the LHHS bill). Department "totals" provided in this report do not include funding for accounts or agencies that are traditionally funded by appropriations bills under the jurisdiction of other subcommittees.

The LHHS bill provides appropriations for the following federal departments and agencies:

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

Note also that funding totals displayed in this report do not reflect amounts provided outside of the annual appropriations process. Certain direct spending programs, such as 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 provided outside of the appropriations process. Instead, the amounts reflect only those funds, discretionary and mandatory, that are provided through appropriations acts.

[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*, coordinated by James V. Saturno.

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

FY2017 LHHS Appropriations Status

Table 1 provides a timeline of major legislative actions, and the remainder of this section provides additional detail on these and other steps toward full-year FY2017 LHHS appropriations.

Table 1. Status of Full-Year LHHS Appropriations Legislation, FY2017

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. 5926 7/7/16 voice vote	S. 3040 6/7/16 voice vote	H.Rept. 114-699 7/14/16 31-19		S.Rept. 114-274 6/9/16 29-1		Explanatory materials inserted in *Congressional Record*[a]	H.R. 244 5/3/17 309-118	H.R. 244 5/4/17 79-18	P.L. 115-31 5/5/17

Source: CRS Appropriations Status Table.

a. *Congressional Record,* daily edition, vol. 163, no. 76, Book III (May 3, 2017), pp. H3949-H4030, https://www.congress.gov/crec/2017/05/03/CREC-2017-05-03-bk3.pdf.

FY2017 Omnibus Appropriations

On May 5, 2017, President Trump signed into law the Consolidated Appropriations Act, 2017 (P.L. 115-31). This bill was agreed to in the House on May 3 and the Senate on May 4. The bill provided regular, full-year appropriations for 11 of the 12 annual appropriations acts, including LHHS (Division H). (The one annual appropriations bill not included in the omnibus—the Military Construction, Veterans Affairs, and Related Agencies appropriations act—received its full-year appropriations earlier in the fiscal year in Division A of P.L. 114-223.)

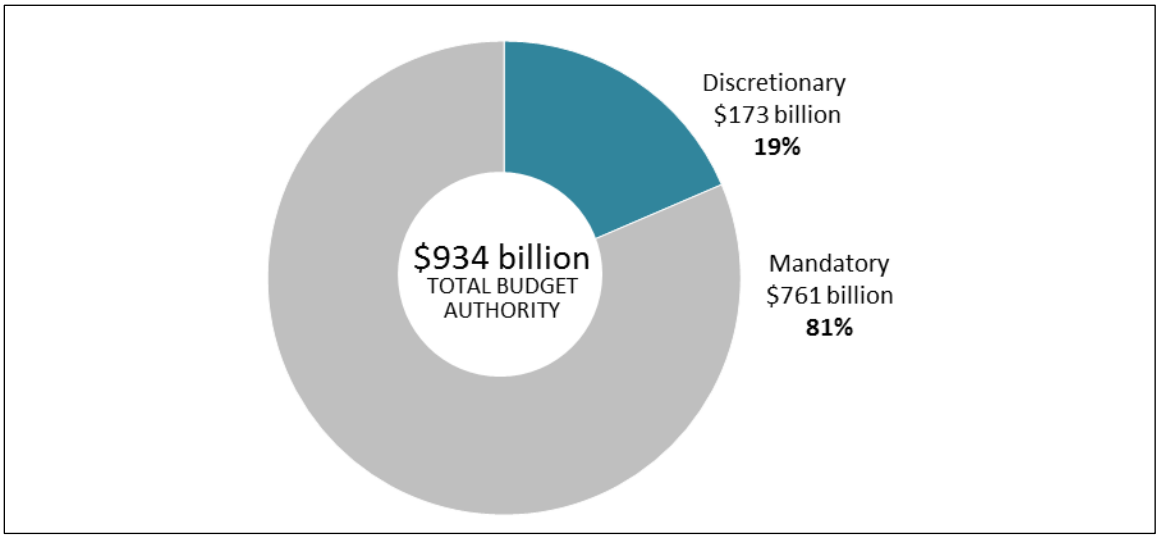
FY2017 discretionary LHHS appropriations totaled $173.3 billion, including amounts provided by the omnibus and certain full-year appropriations provided by the second FY2017 continuing resolution.[6] This total is roughly $3.1 billion (+1.8%) more than FY2016 levels and $900 million (+0.5%) more than the Obama Administration's FY2017 request. The omnibus also provided $760.6 billion in mandatory funding, for a combined FY2017 LHHS total of $934.0 billion.

See **Figure 1** for the breakdown of FY2017 discretionary and mandatory LHHS appropriations.[7]

[6] While most funds provided by the second FY2017 continuing resolution were prorated for the duration of the CR, certain funds appropriated to carry out activities authorized by the 21st Century Cures Act (P.L. 114-255) and the Water Infrastructure Improvements for the Nation Act (P.L. 114-322) were provided for the full fiscal year, or longer.

[7] While the percentages in this figure were calculated based on amounts in the FY2017 omnibus, they are generally also illustrative (within one percentage point) of the share of mandatory versus discretionary LHHS funds in FY2017 and under the other FY2017 proposals (e.g., President's request, House and Senate LHHS committee bills).

Figure 1. FY2017 Enacted LHHS Appropriations



Source: Amounts for FY2017 enacted are generally based on data in the explanatory statement accompanying the FY2017 omnibus (H.R. 244; enacted as P.L. 115-31), available in the *Congressional Record*, vol. 163, no. 76, May 3, 2017, pp. H3949-H4030. These amounts include funds appropriated by the FY2017 omnibus and, where applicable, certain full-year funds appropriated by the second FY2017 CR (P.L. 114-254). For consistency with source materials, these amounts 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 Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

FY2017 Continuing Resolutions

Full-year LHHS appropriations were not enacted prior to the start of FY2017 (October 1, 2016). Until the enactment of the FY2017 omnibus, temporary LHHS appropriations were provided by three continuing resolutions (CRs): P.L. 115-30, P.L. 114-254, and P.L. 114-223. With limited exceptions, the FY2017 CRs generally funded discretionary LHHS programs at the same rate and under the same conditions as in FY2016, minus an across-the-board reduction. Under the second and third FY2017 CRs, discretionary LHHS programs were reduced by less than one-fifth of one percent (-0.1901%) from FY2016 levels. Under the first FY2017 CR, the reduction was closer to one-half of one percent (-0.496%). Mandatory programs covered by the FY2017 CRs were generally continued at current law levels, less sequestration (where applicable).

Notably, the second FY2017 CR included certain new HHS appropriations for carrying out activities authorized by the 21st Century Cures Act (Cures Act, P.L. 114-255) and the Water Infrastructure Improvements for the Nation Act (WIIN Act, P.L. 114-322).[8] These funds were

[8] For additional information on these laws, see CRS Report R44720, *The 21st Century Cures Act (Division A of P.L. 114-255)*, coordinated by Amanda K. Sarata; and CRS In Focus IF10536, *Water Infrastructure Improvements for the Nation Act (WIIN)*, by Nicole T. Carter et al.

provided for the full fiscal year (or longer) and are generally included in the FY2017 enacted totals shown throughout this report.[9] These appropriations were distributed as follows:

- $500 million for the HHS Secretary for certain grants authorized by the Cures Act to support state responses to opioid abuse.
- $352 million for the HHS National Institutes of Health to carry out four "innovation projects" authorized by the Cures Act, including the Precision Medicine Initiative ($40 million), the Brain Research through Advancing Innovative Neurotechnologies Initiative ($10 million), cancer research ($300 million), and regenerative medicine using adult stem cells ($2 million).
- $35 million for the HHS Centers for Disease Control and Prevention to carry out specified activities under the WIIN Act relating to childhood lead poisoning prevention ($15 million), the establishment of a voluntary registry of individuals exposed to lead ($17.5 million), and the establishment of an advisory committee to review and advise federal lead poisoning prevention activities ($2.5 million).
- $15 million for the HHS Healthy Start program to carry out specified activities under the WIIN Act for health care services to reduce infant mortality rates and for services to address family, maternal, and child health.

For additional information about these and other LHHS-specific provisions included in the FY2017 CRs, see the following reports:

- CRS Report R44723, *Overview of Further Continuing Appropriations for FY2017 (H.R. 2028)*, coordinated by James V. Saturno.
- CRS Report R44653, *Overview of Continuing Appropriations for FY2017 (H.R. 5325)*, coordinated by James V. Saturno.

Congressional Action on a Stand-Alone LHHS Bill

FY2017 LHHS Action in the House

The House Appropriations Committee's version of the FY2017 LHHS appropriations bill was ordered reported by the full committee on July 14, 2016, by a vote of 31-19, and reported to the House on July 22, 2016. It was previously approved in subcommittee on July 7 by a voice vote.

As reported by the full committee, this bill would have provided $170.2 billion in discretionary LHHS funds, the same amount as FY2016. This amount would have been 1.3% less than the FY2017 President's request. In addition, the House committee bill would have provided an estimated $760.6 billion in mandatory funding, for a combined total of $930.9 billion for LHHS as a whole.

[9] An exception is that the amounts provided to HHS by the second FY2017 CR for certain activities authorized under the Cures Act are excluded from totals or subtotals presented for purposes of budget enforcement (i.e., subject to discretionary spending limits, or adjusted to reflect congressional scorekeeping). This is because the Cures Act explicitly requires these appropriations (up to a point) to be subtracted from cost estimates provided for purposes of budget controls, meaning that amounts appropriated under these Cures Act authorities may not be counted against any spending limits, including the discretionary spending limits.

FY2017 LHHS Action in the Senate

The Senate Appropriations Committee reported its version of the FY2017 LHHS appropriations bill on June 9, 2016 (S. 3040) by a vote of 29-1. The LHHS subcommittee had previously reported the bill on June 7 by a voice vote.

As reported by the full committee, this bill would have provided $171.6 billion in discretionary LHHS funds. This would have been 0.8% more than FY2016, and 0.5% less than the FY2017 President's request. In addition, the bill would have provided an estimated $760.6 billion in mandatory funding, for a combined total of $932.2 billion for LHHS as a whole.

FY2017 President's Budget Request

On February 9, 2016, the Obama Administration released the FY2017 President's budget. The President requested $172.5 billion in discretionary funding for accounts funded by the LHHS bill, which would have been an increase of 1.3% from FY2016 levels. In addition, the President requested roughly $760.6 billion in annually appropriated mandatory funding, for a total of roughly $933.1 billion for the LHHS bill as a whole.

Conclusion of the FY2016 Appropriations Process

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 $170.2 billion in discretionary funding for LHHS, which was $6.0 billion (+3.7%) more than FY2015 enacted levels and $4.5 billion (-2.6%) less than the FY2016 President's request. The law also provided an estimated $718.2 billion in mandatory LHHS funding (pre-sequester), for a total of $888.4 billion for LHHS as a whole.

In addition, on September 29, 2016, FY2016 supplemental appropriations for the domestic and international Zika response efforts were enacted in the Zika Response and Preparedness Appropriations Act, 2016 (Division B of H.R. 5325; P.L. 114-223). The Zika supplemental provided $1.1 billion in emergency appropriations, of which a total of $933 million was provided to HHS. The FY2016 budgetary totals in this report do not include these supplemental emergency appropriations. For further information, see CRS Report R44460, *Zika Response Funding: Request and Congressional Action*, by Susan B. Epstein and Sarah A. Lister.

Summary of FY2017 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 percentage 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 FY2017 enacted are generally based on data in the explanatory statement accompanying the FY2017 omnibus (H.R. 244; enacted as P.L. 115-31), available in the *Congressional Record*, vol. 163, no. 76, May 3, 2017, pp. H3949-H4030. These amounts include funds appropriated by the FY2017 omnibus and, where applicable, certain full-year funds appropriated by the second FY2017 CR (P.L. 114-254).
- Amounts for FY2016 adjusted, the FY2017 request, and the FY2017 Senate Appropriations Committee-reported LHHS bill (S. 3040) are generally based on data in S.Rept. 114-274. As such, they do not include FY2016 supplemental emergency appropriations subsequently enacted in the Zika Response and Preparedness Appropriations Act, 2016 (P.L. 114-223, Division B).
- Amounts for the FY2017 House Appropriations Committee-reported LHHS bill (H.R. 5926) are generally based on data in H.Rept. 114-699.

Throughout this report, the FY2017 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 except for the estimated transfers from the Prevention and Public Health Fund displayed in certain HHS tables. Also per source material conventions, the FY2016 column (but not any of the columns for FY2017) has been adjusted for comparability in limited cases. For example, these adjusted numbers reflect certain instances in which a program was moved from one account or agency to another (e.g., Preschool Development Grants), and certain transfers at the National Institutes of Health authorized by P.L. 114-113, Division H, §213, pertaining to research on the human immunodeficiency virus.[10]

Table 2 displays FY2017 discretionary and mandatory LHHS budget authority provided or proposed, by bill title, along with FY2016 adjusted levels. The amounts shown in this table reflect total budget authority provided in the bill (i.e., all funds appropriated in the bill, regardless of the fiscal year in which the funds become available), not total budget authority available for the current fiscal year. (For a comparable table showing current-year budget authority, see **Table A-2** in the **Appendix**.)

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

Table 2. LHHS Appropriations Overview by Bill Title, FY2016-FY2017

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

Bill Title	FY2016 Adjusted	FY2017 Request	FY2017 Senate Cmte (S. 3040)	FY2017 House Cmte (H.R. 5926)	FY2017 Enacted
Title I: Labor	**13.7**	**14.4**	**13.6**	**13.4**	**13.7**
Discretionary	12.2	12.8	12.0	11.8	12.1
Mandatory	1.6	1.6	1.6	1.6	1.6
Title II: HHS	**732.5**	**776.8**	**778.9**	**779.2**	**780.2**
Discretionary	75.4	74.7	76.8	77.2	78.1
Mandatory	657.1	702.1	702.0	702.0	702.0
Title III: Education	**71.4**	**72.8**	**71.2**	**70.4**	**71.6**
Discretionary	68.1	69.4	67.8	67.0	68.2
Mandatory	3.4	3.4	3.4	3.4	3.4
Title IV: Related Agencies	**70.8**	**69.2**	**68.5**	**67.8**	**68.5**
Discretionary	14.6	15.6	14.9	14.2	14.9
Mandatory	56.2	53.6	53.6	53.6	53.6
Total BA in the Bill	**888.4**	**933.1**	**932.2**	**930.9**	**934.0**
Discretionary	**170.2**	**172.5**	**171.6**	**170.2**	**173.3**
Mandatory	**718.2**	**760.6**	**760.6**	**760.6**	**760.6**
Memoranda:					
Advances for Future Years (provided in current bill)[a]	158.5	168.9	168.9	168.9	168.9
Advances from Prior Years (for use in current year)[a]	160.8	158.5	158.5	158.5	158.5
Additional Scorekeeping Adjustments[b]	-6.6	-6.6	-1.4	-7.3	-10.3

Source: Amounts for FY2017 enacted are generally based on data in the explanatory statement accompanying the FY2017 omnibus (H.R. 244; enacted as P.L. 115-31), available in the *Congressional Record*, vol. 163, no. 76, May 3, 2017, pp. H3949-H4030. These amounts include funds appropriated by the FY2017 omnibus and, where applicable, certain full-year funds appropriated by the second FY2017 CR (P.L. 114-254). Amounts for FY2016 adjusted, the FY2017 request, and the FY2017 Senate Appropriations Committee-reported LHHS bill (S. 3040) are generally based on data in S.Rept. 114-274. Amounts for the FY2017 House Appropriations Committee-reported LHHS bill (H.R. 5926) are generally based on data in H.Rept. 114-699. For consistency with source materials, amounts in this report generally do not reflect mandatory spending sequestration except for the estimated transfers from the Prevention and Public Health Fund displayed in certain HHS tables. Also per source material conventions, the FY2016 column (but not any of the columns for FY2017) has been adjusted for comparability in limited cases, including program moves and certain transfers at the National Institutes of Health (see text box in "Summary of FY2017 LHHS Appropriations" for more details).

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

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

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

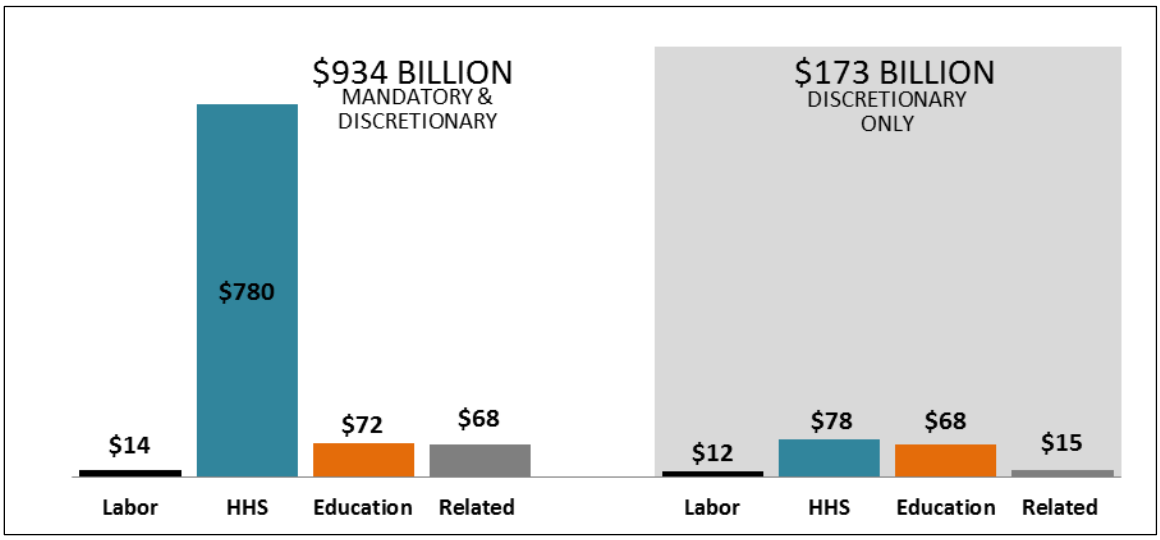
b. Totals in this table have generally not been adjusted for further scorekeeping. (To adjust for scorekeeping, add this line to the total budget authority.)

Figure 2 displays the FY2017 enacted discretionary and mandatory LHHS funding levels, by bill title. (While the dollars and percentages discussed in this section were calculated based on FY2017 enacted amounts, they are generally also illustrative—within one percentage point—of the share of funds directed to each bill title in FY2016 and under the other FY2017 proposals.)

As this figure demonstrates, HHS accounted for the largest share of total FY2017 LHHS appropriations: $780.2 billion, or 83.5%. 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 represented the next-largest shares of total LHHS funding, accounting for 7.7% and 7.3% respectively. (The majority of the ED appropriations each year are discretionary, while the bulk of funding for the Related Agencies goes toward mandatory payments and administrative costs of the Supplemental Security Income program at the Social Security Administration.) Finally, DOL accounted for the smallest share of total LHHS funds, 1.5%.

When looking only at discretionary appropriations, however, the overall composition of LHHS funding is noticeably different. HHS accounted for a comparatively smaller share of total discretionary appropriations (45.1%), while ED accounted for a relatively larger share (39.4%). Together, these two departments represented the majority (84.4%) of discretionary LHHS appropriations. DOL and the Related Agencies accounted for a roughly even split of the remaining 15.6% of discretionary LHHS funds.

Figure 2. FY2017 Enacted LHHS Appropriations by Title



Source: Amounts for FY2017 enacted are generally based on data in the explanatory statement accompanying the FY2017 omnibus (H.R. 244; enacted as P.L. 115-31), available in the *Congressional Record*, vol. 163, no. 76, May 3, 2017, pp. H3949-H4030. These amounts include funds appropriated by the FY2017 omnibus and, where

applicable, certain full-year funds appropriated by the second FY2017 CR (P.L. 114-254). For consistency with source materials, these amounts 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 table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

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. Also per source material conventions, the FY2016 column (but not any of the columns for FY2017) reflects certain transfers, reprogramming, and other adjustments for comparability.

About DOL

DOL is a federal department comprised of multiple entities that provide services related to employment and training, worker protection, income security, and contract enforcement. Annual LHHS appropriations laws direct funding to all DOL entities (see the text box).[12] The DOL entities fall primarily into two main functional areas—workforce development and worker protection. First, there are several DOL entities that administer workforce employment and training programs—such as the Workforce Innovation and Opportunity Act (WIOA) state formula grant programs, Job Corps, and the Employment Service—that provide direct funding for employment activities or administration of income security programs (e.g., for the Unemployment Insurance benefits program). Also included in this area is the Veterans' Employment and Training Service (VETS), which provides employment services specifically for the veteran population. Second, there are several agencies that provide various worker protection services. For example, the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health

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)[11]

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

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

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.

FY2017 DOL Appropriations Overview

Table 3 displays FY2017 discretionary and mandatory DOL budget authority provided or proposed, along with FY2016 adjusted levels. Compared to FY2016, the discretionary appropriations for DOL were decreased by 0.7% in the FY2017 omnibus. This was a smaller percentage reduction in discretionary appropriations than had been proposed by the House and Senate committee bills (-2.8% and -1.1%, respectively). The FY2017 Obama Administration's FY2017 budget request, on the other hand, had proposed that DOL discretionary spending be increased by 5.2% compared to FY2016. Of the combined total funding provided in the bill for DOL, roughly 88% is discretionary.

Table 3. DOL Appropriations Overview

(Dollars in billions)

Funding	FY2016 Adjusted	FY2017 Request	FY2017 Senate Cmte (S. 3040)	FY2017 House Cmte (H.R. 5926)	FY2017 Enacted
Discretionary	12.2	12.8	12.0	11.8	12.1
Mandatory	1.6	1.6	1.6	1.6	1.6
Total BA in the Bill	**13.7**	**14.4**	**13.6**	**13.4**	**13.7**

Source: Amounts for FY2017 enacted are generally based on data in the explanatory statement accompanying the FY2017 omnibus (H.R. 244; enacted as P.L. 115-31), available in the *Congressional Record*, vol. 163, no. 76, May 3, 2017, pp. H3949-H4030. These amounts include funds appropriated by the FY2017 omnibus and, where applicable, certain full-year funds appropriated by the second FY2017 CR (P.L. 114-254). Amounts for FY2016 adjusted, the FY2017 request, and the FY2017 Senate Appropriations Committee-reported LHHS bill (S. 3040) are generally based on data in S.Rept. 114-274. Amounts for the FY2017 House Appropriations Committee-reported LHHS bill (H.R. 5926) are generally based on data in H.Rept. 114-699. For consistency with source materials, amounts in this report generally do not reflect mandatory spending sequestration except for the estimated transfers from the Prevention and Public Health Fund displayed in certain HHS tables. Also per source material conventions, the FY2016 column (but not any of the columns for FY2017) has been adjusted for comparability in limited cases, including program moves (see text box in "Summary of FY2017 LHHS Appropriations" for more details).

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

Selected DOL Highlights

The following sections present FY2017 appropriations highlights for selected DOL accounts and programs.[13]

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 (WIA), was signed into law in July 2014 and authorizes appropriations for its programs through FY2020. WIOA's provisions went into effect in FY2015 and FY2016.

Title I of the WIOA, which authorizes more than half of all funding for the programs authorized by the four titles of WIOA, includes three state formula grant programs serving Adults, Youth, and Dislocated Workers. The FY2017 omnibus provided the same funding levels for the three WIOA state formula grants compared to FY2016. The FY2017 House committee bill would have increased funding to the three state formula grant programs collectively by $20 million (+0.7%), while the Senate committee bill would have decreased funding for these programs by $74 million (-2.7%), compared to the FY2016 levels. The FY2017 Obama Administration's budget proposed that funding for the three WIOA state formula grant programs be increased by $138 million (+5.1%) compared to FY2016.

The FY2017 omnibus continued the same funding level for the Dislocated Workers Activities National Reserve (DWA National Reserve) as FY2016 ($221 million), which also was the same level that was proposed by the FY2017 Senate committee bill. The FY2017 President's budget proposed increasing that funding by $10 million (+4.5%). The FY2017 House committee bill, however, would have decreased funding for the DWA National Reserve from $221 million to $120 million (-45.7%). In the report accompanying the House committee bill, the committee recommended eliminating the advance appropriation for FY2018 for the DWA National Reserve and rescinding the advance provided in FY2016 for the FY2017 DWA National Reserve.[14] Although the FY2017 omnibus provided an advance DWA appropriation for FY2018, the House committee would have rescinded $75 million from the FY2017 advance provided in the FY2016 omnibus. Finally, the FY2017 omnibus directed $20 million of the DWA National Reserve to provide reemployment and training to workers dislocated from coal mines and coal-fired power plants. A similar provision was included in the FY2016 omnibus, the President's budget, the House committee bill, and the Senate committee bill.

The FY2017 omnibus provided $95 million for the Apprenticeship Grant program, which received $90 million in FY2016. The FY2017 President's budget and the FY2017 Senate committee bill would have provided $90 million and $100 million, respectively, for the Apprenticeship Grant program. On the other hand, the FY2017 House committee bill would have provided no funding for the Apprenticeship Grant program. In the report accompanying the House committee bill, the committee directs ETA, prior to announcing any Apprenticeship Grant

[13] DOL budget materials can be found at http://www.dol.gov/dol/aboutdol/#budget.

[14] U.S. Congress, House Committee on Appropriations, *Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, 2017*, report to accompany H.R. 5926, 114th Cong., 2nd sess., July 22, 2016, H.Rept. 114-699 (Washington: GPO, 2016), p. 7. Also see H.R. 5926, §114.

awards, to submit to the committee a report detailing information on eligibility, selection criteria, award amounts, and grantee performance.[15]

Finally, the FY2017 omnibus provided $400 million for the Community Service Employment for Older Americans (CSEOA) program, which was $34 million (-7.9%) less than the amount provided in FY2016 and the same as proposed in the FY2017 Senate committee bill. The FY2017 Obama Administration's budget and the FY2017 committee bill would have funded the CSEOA program at $434 million.

Bureau of International Labor Affairs (ILAB)

The FY2017 omnibus provided the same funding, $86 million, for ILAB as was provided in FY2016. The FY2017 President's budget and the FY2017 Senate committee bill would have increased funding by $15 million (+17.5%) and $5 million (+5.8%), respectively, for ILAB, which provides research, advocacy, technical assistance, and grants to promote workers' rights in different parts of the world. The FY2017 House committee bill, however, would have decreased funding for ILAB by $54 million (-62.8%). Language in the committee report indicated that the proposed reduction was intended to eliminate new international grants, which typically constitute about two-thirds of ILAB's expenditures.[16]

Labor-Related General Provisions

Annual LHHS appropriations acts regularly contain general provisions related to certain labor issues. This section highlights selected DOL general provisions in the FY2017 omnibus. (See also the "Selected Related Agencies Highlights" section of this report for a brief discussion of a continuing restriction on funding for the National Labor Relations Board contained in the FY2017 omnibus.)

The FY2017 omnibus continued a provision from the prior year that directs 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.[17] 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 FY2017 omnibus continued a provision from the prior year related to the Job Corps program that permits the Secretary of Labor, in consultation with the Secretary of Agriculture, to select on a competitive basis an entity to operate a Civilian Conservation Center if the Secretary of Labor determines that the center has had consistently low performance on the WIOA performance accountability system.[18]

Finally, the FY2017 omnibus continued a provision from the prior year to exempt certain insurance claims adjusters from overtime protection for two years following a "major disaster."[19]

[15] Ibid, p. 6.

[16] Ibid, p. 20.

[17] See §112 of P.L. 115-31.

[18] See §108 of P.L. 115-31.

[19] See §109 of P.L. 115-31.

Table 4. Detailed DOL Appropriations

(Dollars in millions)

Agency or Selected Program	FY2016 Adjusted	FY2017 Request	FY2017 Senate Cmte (S. 3040)	FY2017 House Cmte (H.R. 5926)	FY2017 Enacted
ETA—Mandatory[a]	**861**	**849**	**849**	**849**	**849**
ETA—Discretionary	**9,203**	**9,526**	**9,074**	**8,959**	**9,125**
Discretionary ETA Programs:					
Training and Employment Services:	3,335	3,525	3,268	3,177	3,339
State Formula Grants:	2,710	2,848	2,636	2,730	2,710
Adult Activities Grants to States	816	842	782	816	816
Youth Activities Grants to States	873	902	838	873	873
Dislocated Worker Activities (DWA) Grants to States	1,021	1,103	1,016	1,041	1,021
Federally Administered Programs:	442	453	438	353	440
DWA National Reserve	221	231	221	120	221
Native Americans	50	52	49	52	50
Migrant and Seasonal Farmworkers	82	82	82	82	82
Women in Apprenticeship	1	0	0	0	0
YouthBuild	85	85	85	85	85
Technical Assistance	3	3	3	15	3
National Activities:	184	225	194	94	189
Reintegration of Ex-Offenders	88	95	88	88	88
Workforce Data Quality Initiative	6	40	6	6	6
Apprenticeship Grants	90	90	100	0	95
Job Corps	1,689	1,755	1,710	1,700	1,704
Community Service Employment for Older Americans	434	434	400	434	400
State Unemployment Insurance and Employment Service Operations (SUI/ESO):	3,590	3,631	3,536	3,489	3,524
Unemployment Compensation	2,760	2,793	2,712	2,675	2,702
Employment Service	700	700	691	684	691
Foreign Labor Certification	62	63	62	63	62
One-Stop Career Centers	68	75	70	68	68
ETA Program Administration	155	181	160	158	159
Employee Benefits Security Administration	**181**	**206**	**181**	**174**	**181**
Pension Benefit Guaranty Corp, program level (non-add)[b]	***(432)***	***(520)***	***(520)***	***(520)***	**(520)**
Wage and Hour Division	**228**	**277**	**228**	**216**	**228**

Agency or Selected Program	FY2016 Adjusted	FY2017 Request	FY2017 Senate Cmte (S. 3040)	FY2017 House Cmte (H.R. 5926)	FY2017 Enacted
Office of Labor-Management Standards	**41**	**46**	**36**	**41**	**38**
Office of Federal Contract Compliance Programs	**105**	**114**	**104**	**101**	**104**
Office of Workers' Compensation Programs—Mandatory[c]	**698**	**729**	**729**	**730**	**730**
Office of Workers' Compensation Programs—Discretionary	**116**	**126**	**118**	**119**	**118**
Occupational Safety & Health Administration	**553**	**595**	**553**	**534**	**553**
Mine Safety & Health Administration	**376**	**397**	**376**	**351**	**374**
Bureau of Labor Statistics	**609**	**641**	**609**	**609**	**609**
Office of Disability Employment Policy	**38**	**39**	**38**	**38**	**38**
Departmental Management	**722**	**831**	**720**	**692**	**720**
Salaries and Expenses	334	388	339	281	335
International Labor Affairs (non-add[d])	*86*	*101*	*91*	*32*	86
Veterans Employment and Training	271	286	275	286	279
IT Modernization	30	63	19	34	19
Office of the Inspector General	86	95	88	92	88
Total, DOL BA in the Bill	**13,730**	**14,376**	**13,614**	**13,412**	**13,667**
Subtotal, Mandatory	**1,559**	**1,578**	**1,578**	**1,579**	**1,579**
Subtotal, Discretionary	**12,171**	**12,798**	**12,037**	**11,833**	**12,088**
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	13,732	14,379	13,617	13,615	13,670
Total, BA Advances for Future Years (provided in current bill)	1,791	1,788	1,788	1,588	1,788
Total, BA Advances from Prior Years (for use in current year)	1,793	1,791	1,791	1,791	1,791

Source: Amounts for FY2017 enacted are generally based on data in the explanatory statement accompanying the FY2017 omnibus (H.R. 244; enacted as P.L. 115-31), available in the *Congressional Record*, vol. 163, no. 76, May 3, 2017, pp. H3949-H4030. These amounts include funds appropriated by the FY2017 omnibus and, where applicable, certain full-year funds appropriated by the second FY2017 CR (P.L. 114-254). Amounts for FY2016 adjusted, the FY2017 request, and the FY2017 Senate Appropriations Committee-reported LHHS bill (S. 3040) are generally based on data in S.Rept. 114-274. Amounts for the FY2017 House Appropriations Committee-reported LHHS bill (H.R. 5926) are generally based on data in H.Rept. 114-699. For consistency with source materials, amounts in this report generally do not reflect mandatory spending sequestration except for the estimated transfers from the Prevention and Public Health Fund displayed in certain HHS tables. Also per source material conventions, the FY2016 column (but not any of the columns for FY2017) has been adjusted for comparability in limited cases, including program moves (see text box in "Summary of FY2017 LHHS Appropriations" for more details).

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2)

have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees.

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 ordered to be reported, on June 24, 2015, the 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. PBGC funding is provided outside the LHHS Appropriations Act.

c. Mandatory programs in the Office of Workers' Compensation Programs include Special Benefits (comprising the Federal Employees' Compensation Benefits and the Longshore and Harbor Workers' Benefits), Special Benefits for Disabled Coal Miners, Energy Employees Occupational Illness Compensation (Administrative Expenses), and the Black Lung Disability Trust Fund.

d. The funding for International Labor Affairs is included in the Salaries and Expenses total.

Department of Health and Human Services (HHS)

Note that all amounts in this section are based on regular LHHS appropriations only; they do not include funds for HHS agencies provided through other appropriations bills (e.g., funding for the Food and Drug Administration) or outside of the annual appropriations process (e.g., direct appropriations for Medicare or pre-appropriated mandatory funds provided by authorizing laws, such as the Patient Protection and Affordable Care Act [ACA, P.L. 111-148]).[20] 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. Also per source material conventions, the FY2016 column (but not any of the columns for FY2017) reflects certain transfers, reprogramming, and other adjustments for comparability.

About HHS

HHS is a large federal department composed of multiple agencies working to enhance the health and well-being of Americans. Annual LHHS appropriations laws direct funding to most (but not all) HHS agencies (see text box below for agencies supported by the LHHS bill).[21] For instance, the LHHS bill directs funding to five Public Health Service (PHS) agencies: the Health Resources and Services

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)

[20] 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.

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

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).[22] 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,[23] 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 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.[24] 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.

FY2017 HHS Appropriations Overview

Table 5 displays proposed and enacted FY2017 funding levels for HHS, along with FY2016 levels. In general, discretionary funds account for about 10% of HHS appropriations in the LHHS bill each year. Compared to FY2016, discretionary appropriations for HHS increased by 1.2% under the FY2017 omnibus. This is a smaller percentage increase than had been proposed by the House and Senate committee bills (+2.3% and +1.9%, respectively). The budget issued by the Obama Administration requested a 0.9% decrease in discretionary HHS funding for FY2017.

When considering the FY2017 President's request, it is important to note that the HHS budget submission included several proposals for new mandatory funding intended to supplement or replace discretionary funding for existing programs.[25] For instance, the Obama Administration requested new mandatory funding totaling $1.825 billion for NIH and $590 million for SAMHSA. Enacting these new mandatory spending proposals would have required legislative action that generally would have been expected to occur outside the annual appropriations process and, as a result, these new mandatory funds are not within the scope of this report.

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[22] For more information on HHS PHS agencies, see CRS Report R44916, *Public Health Service Agencies: Overview and Funding (FY2016-FY2018)*, coordinated by C. Stephen Redhead and Agata Dabrowska.

[23] Much of the funding for CMS activities is provided through mandatory appropriations in authorizing legislation, and thus is not subject to the annual appropriations process.

[24] 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/.

[25] Mandatory spending legislative proposals are summarized in the HHS FY2017 Budget in Brief, available at http://www.hhs.gov/sites/default/files/fy2017-budget-in-brief.pdf. For further information about the mandatory spending proposals affecting PHS agencies, see CRS Report R44916, *Public Health Service Agencies: Overview and Funding (FY2016-FY2018)*, coordinated by C. Stephen Redhead and Agata Dabrowska.

However, readers should be aware that additional funding was requested for a number of HHS agencies that is not reflected in the following tables.

Table 5. HHS Appropriations Overview

(Dollars in billions)

Funding	FY2016 Adjusted	FY2017 Request	FY2017 Senate Cmte (S. 3040)	FY2017 House Cmte (H.R. 5926)	FY2017 Enacted
Discretionary	75.4	74.7	76.8	77.2	78.1
Mandatory	657.1	702.1	702.0	702.0	702.0
Total BA in the Bill	**732.5**	**776.8**	**778.9**	**779.2**	**780.2**

Source: Amounts for FY2017 enacted are generally based on data in the explanatory statement accompanying the FY2017 omnibus (H.R. 244; enacted as P.L. 115-31), available in the *Congressional Record*, vol. 163, no. 76, May 3, 2017, pp. H3949-H4030. These amounts include funds appropriated by the FY2017 omnibus and, where applicable, certain full-year funds appropriated by the second FY2017 CR (P.L. 114-254). Amounts for FY2016 adjusted, the FY2017 request, and the FY2017 Senate Appropriations Committee-reported LHHS bill (S. 3040) are generally based on data in S.Rept. 114-274. Amounts for the FY2017 House Appropriations Committee-reported LHHS bill (H.R. 5926) are generally based on data in H.Rept. 114-699. For consistency with source materials, amounts in this report generally do not reflect mandatory spending sequestration except for the estimated transfers from the Prevention and Public Health Fund displayed in certain HHS tables. Also per source material conventions, the FY2016 column (but not any of the columns for FY2017) has been adjusted for comparability in limited cases, including program moves and certain transfers at the National Institutes of Health (see text box in "Summary of FY2017 LHHS Appropriations" for more details).

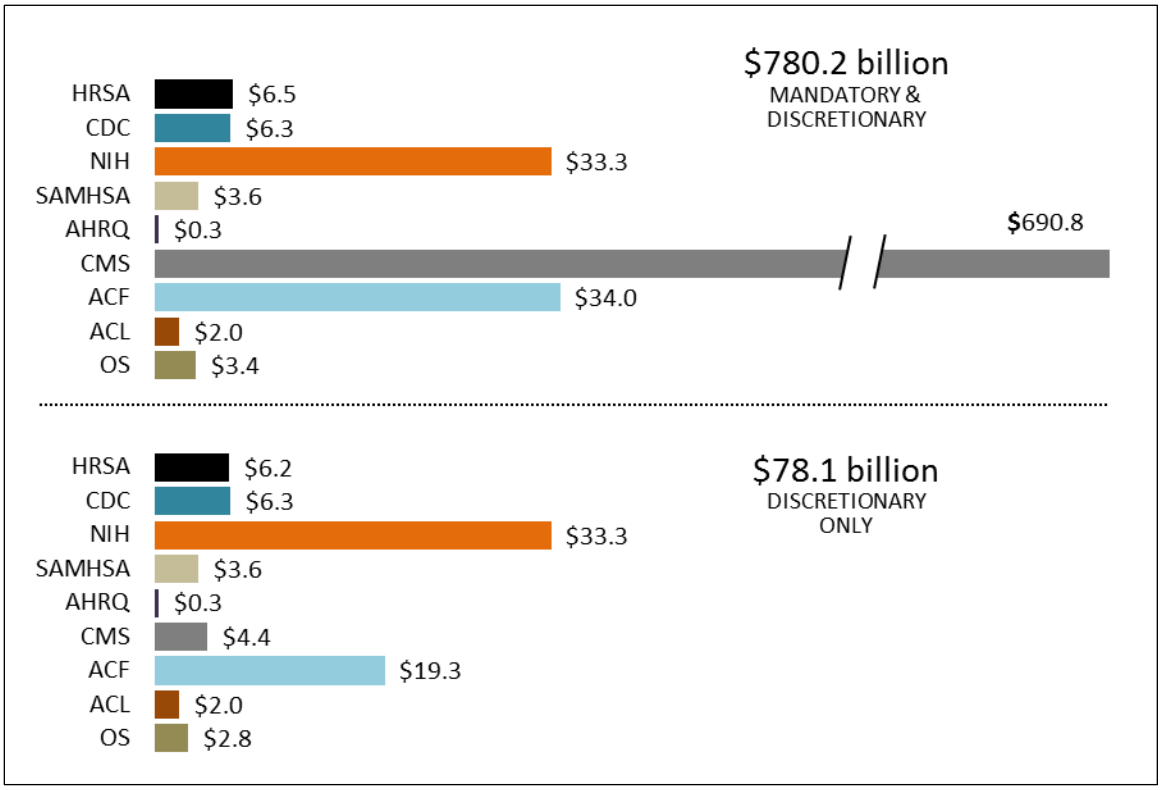
Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills. This last point is particularly important when considering amounts presented for the FY2017 President's request, as the budget submission included several proposals for new mandatory funding to supplement or replace discretionary funding for existing programs (see "FY2017 HHS Appropriations Overview" for more details).

Figure 3 provides an HHS agency-level breakdown of FY2017 enacted appropriations. As this figure demonstrates, annual HHS appropriations are dominated by mandatory funding, the majority of which goes to CMS to provide Medicaid benefits and payments to health care trust funds. When taking into account both mandatory and discretionary funding, CMS accounted for $690.8 billion, which is 89% of all FY2017 enacted appropriations for HHS. ACF and NIH accounted for the next-largest shares of total HHS appropriations, receiving about 4% apiece.

By contrast, when looking exclusively at discretionary appropriations, funding for CMS constituted only about 6% of FY2017 enacted HHS appropriations. Instead, the bulk of discretionary appropriations went to the PHS agencies, which combined accounted for 63% of FY2017 enacted discretionary appropriations for HHS. NIH typically receives the largest share of all discretionary funding among HHS agencies (43% in FY2017), with ACF accounting for the second-largest share (25% in FY2017).[26]

[26] For further information about PHS agency funding, see CRS Report R44916, *Public Health Service Agencies: Overview and Funding (FY2016-FY2018)*, coordinated by C. Stephen Redhead and Agata Dabrowska.

Figure 3. FY2017 Enacted HHS Appropriations by Agency



Source: Amounts for FY2017 enacted are generally based on data in the explanatory statement accompanying the FY2017 omnibus (H.R. 244; enacted as P.L. 115-31), available in the *Congressional Record*, vol. 163, no. 76, May 3, 2017, pp. H3949-H4030. These amounts include funds appropriated by the FY2017 omnibus and, where applicable, certain full-year funds appropriated by the second FY2017 CR (P.L. 114-254). For consistency with source materials, these amounts 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 table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

Special Public Health Funding Mechanisms

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

Public Health Service Evaluation Tap

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

The PHSA limits the set-aside to not less than 0.2% and not more than 1% 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 FY2017 omnibus maintained the maximum set-aside level at 2.5% of eligible appropriations, the same percentage since FY2010. The FY2017 budget proposed by the Obama Administration had requested an increase in the set-aside to 3.0% of eligible appropriations, but this proposal was rejected in the House and Senate committee bills for FY2017. The Senate committee bill would have increased the set-aside to 2.6%, while the House committee bill would have reduced the set-aside to 2.4% of eligible appropriations.[27]

Before FY2015, the PHS tap traditionally provided more than a dozen HHS programs with funding beyond their annual appropriations and, in some cases, was the sole source of funding for a program or activity. However, since FY2015 and including in the FY2017 omnibus, LHHS appropriations laws have 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, which had been funded primarily through tap transfers from FY2003 to FY2014, but has received discretionary appropriations since then.[28] While both committee bills generally would have maintained this distributional practice for FY2017, the President's budget proposed an expansion of the number of programs and activities funded by the PHS tap. The expanded list of agencies and activities for which tap funds were requested included ARHQ.

An additional change from past precedent occurred in FY2015. LHHS appropriations began to direct 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.[29] The FY2017 omnibus continued this emphasis on NIH in the allocation of tap funds, increasing them by $44 million (+5.7%) relative to FY2016.

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.

[27] The last time an appropriations act set the PHS tap percentage at a level other than 2.5% was in FY2009, when it was 2.4% (see P.L. 111-8). For FY2017 provisions proposed by the House and Senate appropriations committees, see §204 of H.R. 5926 and S. 3040. The President's budget, House Appropriations Committee, and Senate Appropriations Committee all would retain 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 funds to the "evaluation of the implementation" of programs authorized under the Public Health Service Act.

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

[29] 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.

Prevention and Public Health Fund

The ACA both authorized and appropriated mandatory funding for three multibillion dollar trust funds to support programs and activities within the PHS agencies.[30] One of these, the Prevention and Public Health Fund (PPHF, ACA §4002, as amended), is intended to provide support each year to prevention, wellness, and related public health programs funded through HHS accounts.[31]

The ACA appropriated $2 billion in mandatory funds to the PPHF for FY2017, but this amount has subsequently been reduced. The Middle Class Tax Relief and Job Creation Act of 2012 (P.L. 112-96) decreased total PPHF appropriations by $6.25 billion over the course of FY2013-FY2021. Later, the 21st Century Cures Act (P.L. 114-255) further reduced PPHF appropriations by $6.3 billion for FY2018 through FY2024. In addition, the FY2017 PPHF appropriation was 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, and to fund new programs, particularly those newly authorized by the ACA. The ACA instructs the HHS Secretary to transfer amounts from the PPHF to HHS 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 each fiscal year. The Secretary determined how to distribute these funds for FY2010 through FY2013. However, starting with FY2014 provisions in annual appropriations acts and accompanying reports have explicitly directed the distribution of PPHF funds and prohibited the Secretary from making further transfers for those years.[32]

The CDC commonly receives the largest share of annual PPHF funds, and this practice was continued in FY2017 by the omnibus, although at a slightly reduced level ($891 million) relative to FY2016 ($892 million), the same level that was proposed by the Senate committee bill. By contrast, both the House committee bill and the Obama Administration request proposed that the PPHF funds received by CDC be increased, to $908 million (+1.8%) and $944 million (+5.8%), respectively.

Readers should note that the PPHF transfer amounts displayed in the HHS tables in this report are *in addition* to amounts shown for budget authority provided in the bill. For consistency with source materials, the amounts shown for PPHF transfers in these tables reflect the estimated effects of mandatory spending sequestration; this is not true for other mandatory spending shown in this report.

Selected HHS Highlights by Agency

This section begins with a limited selection of FY2017 discretionary funding highlights by HHS agency. The discussion is largely based on FY2017 enacted levels, compared to FY2016 levels

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

[31] For more information about the PPHF, see CRS Report R44796, *The ACA Prevention and Public Health Fund: In Brief*, by Sarah A. Lister and Appendix B in CRS Report R44505, *Public Health Service Agencies: Overview and Funding (FY2015-FY2017)*, coordinated by C. Stephen Redhead and Agata Dabrowska.

[32] 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.

and the various proposals from the FY2017 House and Senate committee bills and the FY2017 President's budget.[33] These summaries are followed by a brief overview of significant provisions from annual HHS appropriations laws that restrict spending in certain controversial areas, such as abortion and stem cell research. The section concludes with two tables (**Table 6** and **Table 7**) presenting more detailed information on FY2016 and FY2017 funding levels for HHS.

HRSA

FY2017 enacted discretionary appropriations for HRSA totaled $6.2 billion. This is $24 million (+0.4%) more than HRSA's FY2016 discretionary funding level and $478 million (+8.3%) more than the FY2017 Obama Administration request.

The FY2017 omnibus provided $286 million for Title X Family Planning, the same as FY2016, but $14 million (-4.5%) less than the FY2017 Obama Administration request. For the second year in a row, the House committee bill had proposed eliminating funding for Title X of the PHSA and also prohibiting the use of HHS funds to carry out Title X. In contrast, the FY2017 Senate bill had proposed a flat funding level for Title X from FY2016, and no prohibition on the use of HHS funds.

FY2017 appropriations for the Healthy Start program totaled $119 million, which is $15 million (+14.5%) more than FY2016. The total appropriation level includes $104 million provided by the FY2017 omnibus and $15 million in full-year funds provided by the second FY2017 CR. The CR funds, unlike those provided in the omnibus, are available until September 30, 2018, and directed toward activities under the Water Infrastructure Improvements for the Nation Act (WIIN Act, P.L. 114-322) for health care services to reduce infant mortality rates and for services to address family, maternal, and child health, including addressing the health effects of lead exposure in Flint, MI.

The explanatory statement accompanying the FY2017 omnibus also included language that directed HRSA to allocate funds for opioid-related treatment and mental health treatment through the health center program. It also contained language that encouraged medical schools and teaching hospitals to enhance health care provider training in pain management and substance abuse, awareness of opioid abuse, and mental health services.

CDC

FY2017 enacted discretionary appropriations for CDC totaled $6.3 billion (including funds appropriated by the FY2017 omnibus, and $35 million in full-year funds appropriated by the second FY2017 CR[34]). The CDC discretionary total was $23 million (+0.4%) more than CDC's FY2016 funding level and $326 million (+5.5%) more than the FY2017 Obama Administration request. In addition, the FY2017 omnibus directed $891 million in PPHF transfers to the CDC, which is $1 million (-0.1%) less than FY2016. The FY2017 omnibus did not direct any PHS tap funds to the CDC, continuing the practice started in FY2015. (The FY2017 President's budget requested $72 million in tap funds.)

Compared to FY2016, the program with the largest percentage increase in the FY2017 omnibus was Injury Prevention and Control (+21.2%), which received additional funding to address the

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

[34] For more information, see "Sections 198-200—Responses to Lead Exposure in Water" CRS Report R44723, *Overview of Further Continuing Appropriations for FY2017 (H.R. 2028)*, coordinated by James V. Saturno.

opioid crisis. The largest percentage decrease was to Chronic Disease Prevention and Health Promotion (-7.2%).

For Environmental Health at CDC, the FY2017 omnibus provided $164 million in discretionary appropriations, which is about $1.6 million (-0.9%) less than FY2016. The omnibus also directed $17 million in PPHF transfers to Environmental Health, the same as FY2016. Amounts provided for Environmental Health via the FY2017 omnibus were in addition to the $35 million in FY2017 full-year discretionary appropriations that were previously appropriated in the second FY2017 CR. The CR provided these full-year funds to carry out specified activities under the WIIN Act relating to childhood lead poisoning prevention ($15 million), the establishment of a voluntary registry of individuals exposed to lead ($17.5 million), and the establishment of an advisory committee to review and advise federal lead poisoning prevention activities ($2.5 million).[35]

The FY2017 omnibus did not provide CDC with funding specifically targeted for response to the Zika outbreak, despite certain Zika-related proposals in the House committee bill.[36] The explanatory statement accompanying the omnibus noted that CDC had received $394 million in FY2016 supplemental appropriations for Zika response (see Division B of P.L. 114-223). The FY2016 supplemental was enacted in September 2016, two months after the House Appropriations Committee reported its FY2017 LHHS bill.

NIH

FY2017 enacted discretionary appropriations for NIH totaled $33.3 billion. This is $2.0 billion (+6.2%) more than FY2016 and $3.0 billion (+10.0%) more than the Obama Administration's FY2017 discretionary request. In addition, the FY2017 omnibus directed $824 million in PHS tap transfers to NIH, an increase of $44 million (+5.7%) from FY2016. The entirety of the tap transfer was provided to the National Institute of General Medical Sciences (NIGMS), and was paired with an increase of $94 million (+5.4%) in discretionary appropriations.

In general, FY2017 enacted appropriations provided each of the NIH Institutes and Centers with an increase of at least 3.0% compared to FY2016. The largest percentage increase among NIH Institutes and Centers went to the National Institute on Aging (NIA), which received about $2.0 billion (+28.2%). As was the case in FY2016, the explanatory statement on the FY2017 omnibus directed NIH to reserve a specific amount for Alzheimer's research. Specifically, the explanatory statement called for NIH to direct $1.4 billion for Alzheimer's research, referring to it as an increase of about $400 million from FY2016.[37]A dollar amount reservation for a specific disease or area of research at NIH continued a significant departure from past precedent.[38]

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[35] Ibid.

[36] The FY2017 House committee report called for certain proposed increases to Global Health and Emerging and Zoonotic Infectious Diseases to be used for Zika-related purposes. The House committee report also proposed $300 million for a new Infections Disease Rapid Response Fund to enable rapid response to future infectious disease crises, noting that this proposal grew out of experience with both Zika and Ebola. For more information about the Zika outbreak, see CRS Report R44595, *Zika Virus in the Western Hemisphere: CRS Products*, by Sarah A. Lister; and CRS Report R44460, *Zika Response Funding: Request and Congressional Action*, by Susan B. Epstein and Sarah A. Lister.

[37] *Congressional Record*, vol. 163, no. 76, May 3, 2017, p. H3952.

[38] 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 (continued...)

The FY2017 discretionary total of $33.3 billion included the $352 million appropriated to the NIH Innovation Account in the second continuing resolution for FY2017 (P.L. 114-254), pursuant to the 21st Century Cures Act (P.L. 114-255).[39] In accordance with the Cures Act, the explanatory statement called for NIH to transfer from the NIH Innovation Account $300 million to the National Cancer Institute (NCI) for cancer research, $40 million for the Precision Medicine Initiative, $10 million for the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative, and $2 million for regenerative medicine research.

The omnibus did not make any NIH-related changes to the HHS Nonrecurring Expenses Fund (NEF), despite such changes being proposed in both the Senate and House committee bills. The NEF was established by the Consolidated Appropriations Act of 2008, to enable the HHS Secretary to collect certain unobligated balances of expired discretionary funds appropriated to HHS from the General Fund.[40] 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 proposed to make a portion of NEF funds available to the Office of the Director only for biomedical research activities at NIH, while the House committee bill proposed to terminate the NEF and rescind remaining unobligated balances.

SAMHSA

The FY2017 omnibus provided $3.6 billion in discretionary budget authority for SAMHSA. This is $35 million (+1.0%) more than SAMHSA's FY2016 funding level and $131 million (+3.7%) more than the Obama Administration's request. In addition, the omnibus also directed $134 million in evaluation tap funding and $12 million in PPHF funding to SAMHSA.

The explanatory statement accompanying the FY2017 omnibus noted that SAMHSA received $20 million to support programs authorized in the Comprehensive Addiction and Recovery Act of 2016 (CARA; P.L. 114-198). This included $12 million for "First Responder Training," $1 million for "Improving Access to Overdose Treatment," $3 million for "Building Communities of Recovery," and an increase of $4 million under the existing "Pregnant and Postpartum Women" program.

Notably, the second FY2017 CR contained $500 million, to remain available until expended, for grants to support state responses to the opioid crisis, as authorized in the 21st Century Cures Act.[41] The CR appropriated these funds to a new account within the HHS Office of the Secretary, but authorized the Secretary to transfer these funds elsewhere. The SAMHSA operating plan for FY2017 indicated that these funds were transferred to SAMHSA.[42] However, for consistency

(...continued)

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.

[39] The Cures Act created the NIH Innovation account and specified that funds in the account must be appropriated in order to be available for expenditure. Projects authorized by the Cures Act are the Precision Medicine Initiative, the BRAIN Initiative, cancer research, and regenerative medicine using adult stem cells.

[40] P.L. 110-161, Division G, Title II, §223. Most accounts receive appropriations from the General Fund at the U.S. Treasury. This term refers to all federal money not allocated by law to any other fund account, such as federal trust funds for Medicare.

[41] P.L. 114-254, §195. For more information on the 21st Century Cures Act, see CRS Report R44720, *The 21st Century Cures Act (Division A of P.L. 114-255)*, coordinated by Amanda K. Sarata.

[42] The FY2017 operating plan for SAMHSA is available at https://www.samhsa.gov/sites/default/files/fy2017-samhsa-operating-plan.pdf.

with source materials, the $500 million is included in totals for the HHS Office of the Secretary (not SAMHSA) in the tables below.

AHRQ

The FY2017 omnibus provided $324 million in discretionary budget authority for AHRQ. This was a 3.0% reduction from the FY2016 level of $334 million. The FY2017 omnibus did not direct any PHS tap transfers to AHRQ, which was in contrast to the $83 million in PHS tap transfers requested by President Obama's budget. This practice of not directing tap transfers was in keeping with FY2016 and FY2015 appropriations acts, but stood 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 in FY2017 and subsequent years 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.[43] 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.)

The FY2017 omnibus did not include a House committee bill provision (§227 of H.R. 5926) that would have prevented any funds appropriated to HHS in the bill from being used to support patient-centered outcomes research. However, this provision would not have prevented AHRQ from disseminating the results of patient-centered outcomes research with transfers from PCORTF.[44]

The explanatory statement accompanying the FY2017 omnibus did not directly address several recommendations and instructions for AHRQ included in the House and Senate committee reports that accompanied earlier versions of the LHHS appropriations committee bills.[45] For example, the House committee report directed the HHS Secretary to identify and review AHRQ's overlapping activities with other HHS agencies, and to develop a plan to consolidate mission areas and reduce duplication.[46] The Senate report urged AHRQ to expand its Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys to develop a CAHPS survey for maternity care. It also "strongly urge[d]" the HHS Secretary to improve transparency and inclusion of physician experts in the development of U.S. Preventive Services Task Force (USPSTF) recommendations.[47]

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[43] According to AHRQ's FY2017 Operating Plan, $93 million is to be transferred from PCORTF to AHRQ for Patient-Centered Health Research in FY2017, https://www.ahrq.gov/cpi/about/mission/operating-plan/index.html.

[44] For more information on the PCORTF, see Appendix C of CRS Report R44505, *Public Health Service Agencies: Overview and Funding (FY2015-FY2017)*, coordinated by C. Stephen Redhead and Agata Dabrowska. PCORTF receives funds from the following three sources: (1) annual appropriations; (2) fees on health insurance and self-insured plans; and (3) transfers from the Medicare Part A and Part B trust funds.

[45] The explanatory statement noted that "Departments and agencies should be guided by the language and instructions set forth in House Report 114–699 accompanying the House bill, H.R. 5926, and Senate Report 114– 274 accompanying the Senate bill, S. 3040." "Explanatory Statement Submitted by Mr. Frelinghuysen of New Jersey, Chairman of the House Committee on Appropriations, Regarding the House Amendment to the Senate Amendments on H.R. 244," *Congressional Record*, vol. 163, no. 76 Book III (May 3, 2017), p. H3949.

[46] H.Rept. 114-699, pp. 86-87.

[47] S.Rept. 114-274, pp. 124-125. In addition, the FY2017 omnibus and the House and Senate committee bills each contained provisions to continue to delay the implementation of USPSTF recommendations relating to screening mammography (P.L. 115-31, Division H, Title II §226; H.R. 5926, §232; S. 3040, §228).

CMS

The FY2017 omnibus provided $4.4 billion in discretionary budget authority for CMS. This was $44 million (+1.0%) more than FY2016 and $440 million (-9.1%) less than the FY2017 Obama Administration request. The omnibus appropriated $725 million for Health Care Fraud and Abuse Control (HCFAC) activities (6.5% more than FY2016). Of the total amount appropriated for HCFAC, $414 million was designated as spending that is effectively exempt from discretionary budget caps.

The omnibus provided the CMS Program Management account with a flat funding level of $3.7 billion. This account supports CMS program operations (e.g., claims processing, information technology investments, provider and beneficiary outreach and education, and program implementation), in addition to federal administration and other activities related to the administration of Medicare, Medicaid, the State Children's Health Insurance Program, and private health insurance provisions established by the ACA. The FY2017 appropriation was less than the President requested (-10.7%), but more than was proposed in the House LHHS committee bill (+18.6%). The Senate committee bill, like the omnibus, proposed flat funding. The omnibus 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 limited the transfer to $305 million and prohibited these funds from being used to support or supplant funding for ACA implementation. The House committee bill would have eliminated this provision.

The omnibus retained the general provision, included in annual LHHS appropriations since FY2015, preventing certain funds from being used to make risk corridor payments associated with qualified health plans.[48] The ACA required HHS to administer a risk corridor program for qualified health plans offered in the individual and small-group markets.[49] Through this program, HHS shares in an insurer's gains and losses; HHS is required to make payments to insurers who experience high losses, while insurers who experience high gains must remit a portion of those gains to HHS.[50] The FY2017 omnibus continued to prohibit HHS from making risk corridor payments with funds appropriated to the CMS Program Management account from the Medicare

[48] See §223 in Division H of P.L. 115-31 for the FY2017 provision, §225 in Division G of P.L. 114-113 for the FY2016 provision, and §227 in Division G of P.L. 113-235 for the FY2015 provision.

[49] Qualified health plans offered both inside and outside the exchanges participate in the risk corridors program. For more information regarding qualified health plans and the health insurance exchanges, see CRS Report R44065, *Overview of Health Insurance Exchanges*, coordinated by Namrata K. Uberoi.

[50] 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." On September 9, 2016, CMS announced that "all 2015 benefit year collections will be used towards remaining 2014 benefit year risk corridor payments, and no funds will be available at this time for 2015 benefit year risk corridor payments. For more information, see https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-10-01.html and https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/Risk-Corridors-for-2015-FINAL.PDF. Multiple lawsuits seeking recovery of amounts that insurers were not paid because of the limitation on funds imposed in the FY2015 and FY2016 bills have been filed in the U.S. Court of Federal Claims. For example, see Health Republic Ins. Co. v. United States, No. 16-259 (Fed. Cl. filed February 24, 2016); First Priority Health Ins. Co. v. United States, No. 16-587 (Fed. Cl. filed May 17, 2016); and Blue Cross and Blue Shield of N.C. v. United States, No. 16-651 (Fed. Cl. filed June 2, 2016). For more information on this litigation, see CRS Legal Sidebar WSLG1773, *Pending ACA Legal Challenges Remain as Congress Pursues Health Care Reform*, by Jennifer A. Staman.

trust funds, or with funds transferred to the CMS 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 FY2017 House committee bill. For instance, the omnibus did not include provisions from the House committee bill that would have

- prohibited CMS program management funds from being used to support the CMS Center for Consumer Information and Insurance Oversight (CCIIO) or its activities;
- prevented CMS program management funds from being used for research, demonstrations, and evaluation; and
- redirected certain offsetting collections from Recovery Audit Contractors toward specified activities, including efforts to support the Office of Medicare Appeals in reducing its backlog.

ACF

The FY2017 omnibus provided $19.3 billion in discretionary budget authority for ACF. This was $155 million (+0.08%) more than FY2016 and $752 million (-3.8%) less than the FY2017 Obama Administration request. The omnibus demonstrated continued support for early childhood care and education programs at ACF, directing the largest dollar increases to the Child Care and Development Block Grant (+$95 million) and the Head Start program (+$85 million). In addition, the explanatory statement accompanying the omnibus recommended $250 million for the new Preschool Development Grants program authorized by the Every Student Succeeds Act (ESSA; P.L. 114-95). This amount matched the funding level authorized by ESSA, but was $100 million (-28.6%) less than the President's request.[51] The new Preschool Development Grants program is intended to improve coordination and alignment of early childhood programs that prepare low-income and disadvantaged children for kindergarten.

ACL

The FY2017 omnibus provided $2.0 billion in discretionary budget authority for ACL. This was $1 million (+0.1%) more than FY2016. In addition, the omnibus directed $28 million in PPHF transfers to ACL, the same as FY2016.

The FY2017 omnibus did not include earlier FY2017 proposals to eliminate funding for certain ACL programs and activities. The House committee bill would have eliminated funding for the Limb Loss Resource Center[52] and the Paralysis Resource Center.[53] The Senate committee bill

[51] Annual appropriations acts for FY2014-FY2016 each provided $250 million for a predecessor program, also called Preschool Development Grants. Amounts for this predecessor program were appropriated to the Department of Education, but the program was administered jointly with HHS. By contrast, amounts for the new program would be appropriated to HHS, with the program to be administered jointly with ED. For the sake of comparability and for consistency with source materials, this report includes FY2016 amounts in HHS totals. The explanatory statement accompanying the FY2017 omnibus requests a report describing the transition of authority and program operations from ED to HHS, including a specific and clear outline of how HHS will administer the program.

[52] The Limb Loss Resource Center supports awareness campaigns and provides information and resources to persons with limb loss, their families, and health care professionals. The FY2017 omnibus appropriated $2.5 million, 11.0% less than the FY2016 level of $2.8 million.

[53] The Paralysis Resource Center provides information, resources, and support to persons with paralysis and their (continued...)

would have eliminated discretionary funding for the State Health Insurance Assistance Program (SHIP), which provides one-on-one personalized insurance counseling and assistance to Medicare beneficiaries and their families.[54] The FY2017 omnibus provided discretionary funds for all three of these programs, though at reduced levels compared with FY2016.

The FY2017 omnibus provided $40 million for ACL program administration, the same as the FY2016 level. The Joint Explanatory Statement accompanying the FY2017 omnibus stated that in FY2017 and future budget years, ACL should fund its administrative costs through its administrative accounts rather than shifting funds from grant programs.[55]

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

Abortions: Since FY1977, annual LHHS appropriations acts have included provisions limiting the circumstances under which LHHS funds (including Medicaid funds) may be used to pay for abortions. Early versions of these provisions applied only to HHS, but since FY1994 most provisions have applied to the entire LHHS bill. Under current provisions, (1) abortions may be funded only when the life of the mother is endangered or in cases of rape or incest; (2) funds may not be used to buy a managed care package that includes abortion coverage, except in cases of rape, incest, or endangerment; and (3) federal programs and state and local governments that receive LHHS funding are prohibited from discriminating against health care entities that do not provide or pay for abortions or abortion services. The FY2017 omnibus retained these restrictions.[56] The omnibus did not include a new provision in the House committee bill (§533) based on the Health Care Conscience Rights Act (H.R. 940), which, among other things, would have amended the ACA to specify that individuals/employers would not be required 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 FY2017 omnibus retained the existing restrictions.[57]

(...continued)

families. The FY2017 omnibus appropriated $6.7 million, 13.0% less than the FY2016 level of $7.7 million.

[54] SHIP receives most of its funding through a discretionary appropriation from the Federal Hospital Insurance and Federal Supplementary Medical Insurance trust funds. The FY2017 omnibus appropriated $47.1 million, 9.6% less than the FY2016 level of $52.1 million. The program also is funded via a mandatory appropriation provided by the Medicare Improvements for Patients and Providers Act (P.L. 110-275, as amended).

[55] For further information, see "Explanatory Statement Submitted by Mr. Frelinghuysen of New Jersey, Chairman of the House Committee on Appropriations, Regarding the House Amendment to the Senate Amendments on H.R. 244," *Congressional Record*, vol. 163, no. 76 Book III (May 3, 2017), p. H3954.

[56] The current provisions are commonly referred to as the Hyde and Weldon Amendments and may be found at §506 and §507 of P.L. 115-31, Division H. For additional information, see CRS Report RL33467, *Abortion: Judicial History and Legislative Response*, by Jon O. Shimabukuro.

[57] The current provision is commonly referred to as the Dickey-Wicker Amendment and may be found at §508 of P.L. 115-31, Division H. 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.

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).[58] 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. The FY2017 omnibus retained the modified restrictions from FY2016.[59]

Gun Control: Since FY1997, annual LHHS appropriations have included provisions prohibiting the use of certain funds for activities that advocate or promote gun control. Early versions of these provisions applied only to CDC; since FY2012, annual appropriations acts have included HHS-specific restrictions, in addition to restrictions that apply to all LHHS funds (including funds transferred from the PPHF). The FY2017 omnibus retained these existing restrictions.[60]

ACA Implementation: Since FY2011, annual LHHS appropriations have included provisions limiting or altering the ability of HHS to implement various aspects of the ACA.[61] The content and scope of these provisions has evolved over time. The FY2017 House committee bill (§229) 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.[62]) Further, the House committee bill would have prohibited LHHS appropriations from being used to "implement, administer, enforce, or further" any provision of the ACA, with limited exceptions (§526) and would have prohibited HHS from generating funds from offsetting collections derived through fees collected from qualified plans operating under health care exchanges. The Senate committee bill did not include comparable provisions, and none of these were enacted in the FY2017 omnibus. Certain other ACA-related provisions are discussed elsewhere in this report (e.g., see the "CMS" section).

[58] 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.

[59] The current provision may be found at §520 of P.L. 115-31, Division H.

[60] The current provisions may be found at §210 (HHS) and §503(c) (all LHHS, plus PPHF transfers) of P.L. 115-31, Division H.

[61] 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.

[62] 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.

Table 6. HHS Appropriations Totals by Agency

(Dollars in millions)

HHS Agency	FY2016 Adjusted	FY2017 Request[a]	FY2017 Senate Cmte (S. 3040)	FY2017 House Cmte (H.R. 5926)	FY2017 Enacted
HRSA	**6,434**	**5,983**	**6,402**	**6,166**	**6,461**
Mandatory BA	237	240	240	240	240
Discretionary BA	6,197	5,743	6,162	5,926	6,221
Evaluation Tap Funding[b]	*0*	*34*	*0*	*0*	*0*
CDC[c]	**6,326**	**6,023**	**6,209**	**6,931**	**6,364**
Mandatory BA	55	55	55	55	55
Discretionary BA	6,271	5,967	6,153	6,875	6,309
Evaluation Tap Funding[b]	*0*	*72*	*0*	*0*	*0*
PPHF[d]	*892*	*944*	*891*	*908*	*891*
NIH[c]	**31,304**	**30,237**	**32,927**	**32,542**	**33,260**
Discretionary BA	31,304	30,237	32,927	32,542	33,260
Evaluation Tap Funding[b]	*780*	*847*	*857*	*792*	*824*
SAMHSA	**3,584**	**3,489**	**3,591**	**4,060**	**3,619**
Discretionary BA	3,584	3,489	3,591	4,060	3,619
Evaluation Tap Funding[b]	*134*	*214*	*135*	*151*	*134*
PPHF[d]	*12*	*28*	*12*	*0*	*12*
AHRQ	**334**	**280**	**324**	**280**	**324**
Discretionary BA	334	280	324	280	324
Evaluation Tap Funding[b]	*0*	*83*	*0*	*0*	*0*
CMS	**646,650**	**691,246**	**690,806**	**690,186**	**690,806**
Mandatory BA	642,300	686,411	686,411	686,411	686,411
Discretionary BA	4,351	4,835	4,395	3,775	4,395
ACF	**33,008**	**34,746**	**33,825**	**34,128**	**33,975**
Mandatory BA	13,888	14,720	14,700	14,700	14,700
Discretionary BA	19,120	20,027	19,126	19,429	19,275
ACL	**1,965**	**1,993**	**1,908**	**1,981**	**1,966**
Discretionary BA	1,965	1,993	1,908	1,981	1,966
PPHF[d]	*28*	*28*	*28*	*23*	*28*
Office of the Secretary	**2,857**	**2,788**	**2,880**	**2,923**	**3,396**
Mandatory BA	586	630	630	630	630
Discretionary BA	2,271	2,158	2,249	2,293	2,765
Evaluation Tap Funding[b]	*65*	*148*	*65*	*58*	*65*

HHS Agency	FY2016 Adjusted	FY2017 Request[a]	FY2017 Senate Cmte (S. 3040)	FY2017 House Cmte (H.R. 5926)	FY2017 Enacted
Total, HHS BA in the Bill	**732,462**	**776,784**	**778,872**	**779,198**	**780,170**
Mandatory	657,066	702,057	702,037	702,037	702,037
Discretionary	75,396	74,728	76,836	77,161	78,134
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	730,012	766,847	768,935	769,261	770,218
Total, BA Advances for Future Years (provided in current bill)	119,183	129,119	129,119	129,119	129,119
Total, BA Advances from Prior Years (for use in current year)	116,732	119,183	119,183	119,183	119,183

Source: Amounts for FY2017 enacted are generally based on data in the explanatory statement accompanying the FY2017 omnibus (H.R. 244; enacted as P.L. 115-31), available in the *Congressional Record*, vol. 163, no. 76, May 3, 2017, pp. H3949-H4030. These amounts include funds appropriated by the FY2017 omnibus and, where applicable, certain full-year funds appropriated by the second FY2017 CR (P.L. 114-254). Amounts for FY2016 adjusted, the FY2017 request, and the FY2017 Senate Appropriations Committee-reported LHHS bill (S. 3040) are generally based on data in S.Rept. 114-274. Amounts for the FY2017 House Appropriations Committee-reported LHHS bill (H.R. 5926) are generally based on data in H.Rept. 114-699. For consistency with source materials, amounts in this report generally do not reflect mandatory spending sequestration except for the estimated transfers from the Prevention and Public Health Fund displayed in certain HHS tables. Also per source material conventions, the FY2016 column (but not any of the columns for FY2017) has been adjusted for comparability in limited cases, including program moves and certain transfers at the National Institutes of Health (see text box in "Summary of FY2017 LHHS Appropriations" for more details).

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

a. The amounts in this report for the FY2017 President's request do not include the budgetary effects of new mandatory spending proposals that, if enacted, would be in addition to the budgetary resources available to the HHS activities through the LHHS bill (see "FY2017 HHS Appropriations Overview" for more details).

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

c. Each year, CDC and NIH also receive funding in the Interior-Environment appropriations bill as part of their overall budget authority.

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.

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

(Dollars in millions)

Agency or Selected Program	FY2016 Adjusted	FY2017 Request[a]	FY2017 Senate Cmte (S. 3040)	FY2017 House Cmte (H.R. 5926)	FY2017 Enacted
HRSA					
Community Health Centers	1,491	1,341	1,491	1,491	1,491
National Health Service Corps	0	20	0	0	0
Health Professions (Title VII)	262	231	247	294	259
Health Professions, Nursing (Title VIII)	229	229	229	229	229
Children's Hospitals Graduate Medical Education	295	0	300	300	300
Maternal & Child Health Block Grant	638	638	642	638	642
Autism and Other Developmental Disorders	47	47	47	47	47
Healthy Start[b]	104	104	104	104	104 + 15
Ryan White AIDS Programs	2,323	2,298	2,294	2,323	2,319
Healthcare Systems Bureau	103	110	103	109	104
Rural Health Programs	150	144	153	170	156
Family Planning (Title X)	286	300	286	0	286
CDC					
Immunization and Respiratory Diseases	459	412	459	411	455
PPHF[c]	*324*	*336*	*324*	*337*	*324*
HIV/AIDS, Viral Hepatitis, STDs, TB Prevention	1,122	1,127	1,112	1,122	1,117
Emerging and Zoonotic Infectious Diseases	528	577	527	626	533
PPHF[c]	*52*	*52*	*52*	*52*	*52*
Chronic Disease Prevention and Health Promotion	838	680	727	896	778
PPHF[c]	*339*	*437*	*338*	*202*	*338*
Birth Defects and Developmental Disabilities	136	68	138	135	138
PPHF[c]	*0*	*68*	*0*	*0*	*0*
Public Health Scientific Services	492	464	485	485	489
PPHF[c]	*0*	*68*	*0*	*0*	*0*
Environmental Health[b]	165	168	165	143	164 + 35
PPHF[c]	*17*	*14*	*17*	*18*	*17*
Injury Prevention and Control	236	269	264	261	286
National Institute for Occupational Safety and Health	339	214	334	329	335
Global Health	427	442	432	557	435

Agency or Selected Program	FY2016 Adjusted	FY2017 Request[a]	FY2017 Senate Cmte (S. 3040)	FY2017 House Cmte (H.R. 5926)	FY2017 Enacted
SAMHSA					
Mental Health Programs of Regional & National Significance (PRNS)	403	386	376	395	387
Evaluation Tap Funding[d]	*0*	*10*	*0*	*0*	*0*
PPHF	*12*	*10*	*12*	*0*	*12*
Mental Health Block Grant	512	512	542	512	542
Evaluation Tap Funding[d]	*21*	*21*	*21*	*21*	*21*
Children's Mental Health	119	119	119	119	119
Grants to States for the Homeless	65	65	65	65	65
Protection and Advocacy	36	36	36	36	36
Substance Abuse Treatment PRNS	335	298	334	329	352
Evaluation Tap Funding[d]	*2*	*30*	*2*	*2*	*2*
Substance Abuse Block Grant	1,779	1,779	1,779	1,779	1,779
Evaluation Tap Funding[d]	*79*	*79*	*79*	*79*	*79*
Substance Abuse Prevention PRNS	211	195	225	194	223
Evaluation Tap Funding[d]	*0*	*16*	*0*	*17*	*0*
Health Surveillance and Support	125	99	116	131	117
Evaluation Tap Funding[d]	*31*	*57*	*32*	*31*	*31*
PPHF[c]	*0*	*18*	*0*	*0*	*0*
AHRQ					
Research on Health Costs, Quality, and Outcomes	197	141	184	146	187
Evaluation Tap Funding[d]	*0*	*83*	*0*	*0*	*0*
Medical Expenditure Surveys	66	69	69	65	66
Program Support	71	71	71	69	71
CMS					
CMS Program Management	3,670	4,110	3,670	3,094	3,670
Health Care Fraud and Abuse Control	681	725	725	681	725
ACF					
Low Income Home Energy Assistance Program Formula Grants	3,390	3,000	3,390	3,490	3,390
Refugee and Entrant Assistance Programs	1,675	2,250	1,675	1,675	1,675
Child Care and Development Block Grant	2,761	2,962	2,786	2,801	2,856
Head Start	9,168	9,602	9,203	9,310	9,253
Preschool Development Grants	250	350	250	250	250
Child Welfare Services	269	269	269	269	269

Agency or Selected Program	FY2016 Adjusted	FY2017 Request[a]	FY2017 Senate Cmte (S. 3040)	FY2017 House Cmte (H.R. 5926)	FY2017 Enacted
Adoption Opportunities	39	39	39	39	39
Community Services Block Grant	715	674	715	715	715
ACL					
Home & Community-Based Supportive Services	348	358	348	353	350
Family and Native American Caregiver Support Services	158	158	158	158	158
Nutrition Services Programs	835	849	835	849	838
Aging Network Support Activities	10	10	10	10	10
Alzheimer's Disease Demonstrations	5	5	5	6	5
PPHF[c]	*15*	*15*	*15*	*15*	*15*
Elder Rights Support Activities	12	14	14	12	14
State Health Insurance Program (SHIP)	52	52	0	52	47
Paralysis	8	8	8	0	7
Limb Loss	3	3	3	0	3
Developmental Disabilities Programs	165	165	165	166	165
Office of the Secretary					
General Departmental Management	456	479	445	365	461
Evaluation Tap Funding[d]	*65*	*66*	*65*	*58*	*65*
Office of Nat'l Coord. for Health Information Technology	60	0	60	65	60
Evaluation Tap Funding[d]	*0*	*82*	*0*	*0*	*0*
Office of the Inspector General	75	85	75	85	80
Public Health and Social Services Emergency Fund	1,533	1,431	1,518	1,631	1,518
State Response to the Opioid Abuse Crisis[b]	0	0	0	0	500

Source: Amounts for FY2017 enacted are generally based on data in the explanatory statement accompanying the FY2017 omnibus (H.R. 244; enacted as P.L. 115-31), available in the *Congressional Record*, vol. 163, no. 76, May 3, 2017, pp. H3949-H4030. These amounts include funds appropriated by the FY2017 omnibus and, where applicable, certain full-year funds appropriated by the second FY2017 CR (P.L. 114-254). (In this particular table, the amounts provided by the FY2017 omnibus and the second FY2017 CR are broken out separately within the FY2017 enacted column.) Amounts for FY2016 adjusted, the FY2017 request, and the FY2017 Senate Appropriations Committee-reported LHHS bill (S. 3040) are generally based on data in S.Rept. 114-274. Amounts for the FY2017 House Appropriations Committee-reported LHHS bill (H.R. 5926) are generally based on data in H.Rept. 114-699. For consistency with source materials, amounts in this report generally do not reflect mandatory spending sequestration except for the estimated transfers from the Prevention and Public Health Fund displayed in certain HHS tables. Also per source material conventions, the FY2016 column (but not any of the columns for FY2017) has been adjusted for comparability in limited cases, including program moves and certain transfers at the National Institutes of Health (see text box in "Summary of FY2017 LHHS Appropriations" for more details).

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2)

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

a. The amounts in this report for the FY2017 President's request do not include the budgetary effects of new mandatory spending proposals that, if enacted, would be in addition to the budgetary resources available to the HHS activities through the LHHS bill (see "FY2017 HHS Appropriations Overview" for more details).

b. Amounts shown for FY2017 enacted include full-year appropriations provided by the second FY2017 CR in addition to amounts provided by the FY2017 omnibus (where applicable). For Healthy Start at HRSA, FY2017 enacted includes $104 million from the omnibus and $15 million from the second CR. For Environmental Health at CDC, FY2017 enacted includes $164 million from the omnibus and $35 million from the second CR. For the State Response to the Opioid Abuse Crisis account within the Office of the Secretary, the second CR provided $500 million, along with authority to transfer the funds throughout HHS. No further funds were appropriated to this account in the FY2017 omnibus. The FY2017 SAMHSA operating plan indicates that these funds were subsequently transferred to SAMHSA.

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

d. 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.

Department of Education (ED)

Note that amounts in this section are based on regular LHHS appropriations only. They do not include mandatory funds provided outside of the annual appropriations process (e.g., direct appropriations for 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. Also per source material conventions, the FY2016 column (but not any of the columns for FY2017) reflects certain transfers, reprogramming, and other adjustments for comparability. These source materials also adjust FY2016 Department of Education funding levels and account structures included in this report to reflect statutory changes in ED programs in FY2017.[63]

About ED

Federal policymakers established the U.S. Department of Education (ED) in 1980.[64] Its mission is to "promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access."[65] Typically, about three-quarters of ED's

[63] In 2015, Congress enacted the Every Student Succeeds Act (ESSA, P.L. 114-95). The ESSA reauthorized the Elementary and Secondary Education of 1965 for the first time since the passage of the No Child Left Behind Act (NCLB, P.L. 107-110), and made certain changes to ED programs and accounts. Many of these changes will be implemented in FY2017. For the sake of comparability, this report adjusts FY2016 programs and funding levels to the FY2017 ESSA-authorized account structure.

[64] ED in its current incarnation became a department in 1980 pursuant to the Department of Education Organization Act (enacted on October 17, 1979). However, the department dates its origins to 1867. See U.S. Department of Education, "About ED: The Federal Role in Education," ED website at http://www2.ed.gov/about/overview/fed/role.html.

[65] U.S. Department of Education, "About ED," ED website at http://www2.ed.gov/about/landing.jhtml, accessed on (continued...)

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 8% of overall funding for elementary and secondary education in the United States.[66] The majority of school funding—about 83%—comes from states and local districts, which have primary responsibility for the provision of elementary and secondary education. With regard to higher education, the federal government provided roughly 63% of undergraduate and graduate student aid in 2014-2015.[67]

FY2017 ED Appropriations Overview

Table 8 displays FY2017 discretionary and mandatory ED budget authority provided and proposed, along with FY2016 adjusted levels. Discretionary funds represent the majority of ED's annual appropriations, accounting for roughly 95% of the FY2016 and FY2017 enacted levels.[68] The FY2017 discretionary appropriations were 0.3% higher than FY2016 levels. Proposed discretionary ED appropriations for FY2017 compared to FY2016 would have increased under the President's budget (+2.0%) and the House committee bill (+1.6%), and would have decreased under the Senate committee bill (-0.3%).

Table 8. ED Appropriations Overview

(Dollars in billions)

Funding	FY2016 Adjusted	FY2017 Request	FY2017 Senate Cmte (S. 3040)	FY2017 House Cmte (H.R. 5926)	FY2017 Enacted
Discretionary	68.1	69.4	67.8	67.0	68.2
Mandatory	3.4	3.4	3.4	3.4	3.4
Total BA in the Bill	**$71.4**	**$72.8**	**$71.2**	**$70.4**	**71.6**

Source: Amounts for FY2017 enacted are generally based on data in the explanatory statement accompanying the FY2017 omnibus (H.R. 244; enacted as P.L. 115-31), available in the *Congressional Record*, vol. 163, no. 76, May 3, 2017, pp. H3949-H4030. These amounts include funds appropriated by the FY2017 omnibus and, where applicable, certain full-year funds appropriated by the second FY2017 CR (P.L. 114-254). Amounts for FY2016 adjusted, the FY2017 request, and the FY2017 Senate Appropriations Committee-reported LHHS bill (S. 3040)

(...continued)

August 8, 2016.

[66] U.S. Department of Education, "Total Expenditures for Elementary and Secondary Education in the U.S.: Appendix 4," *U.S. Department of Education FY2018 Budget Summary*, at http://www2.ed.gov/about/overview/budget/budget18/summary/appendix4.pdf.

[67] For the purposes of this calculation, the federal contribution included $158 billion (grants, loans, work-study, and tax benefits) out of a total of $252 billion (federal aid, state aid, institutional grants, nonfederal loans, and private and employer-provided grants). See the College Board's Trends in Student Aid 2016, p. 9, http://trends.collegeboard.org/student-aid.

[68] The only mandatory ED funding provided in the LHHS Appropriations Act each year is for Vocational Rehabilitation State Grants.

are generally based on data in S.Rept. 114-274. Amounts for the FY2017 House Appropriations Committee-reported LHHS bill (H.R. 5926) are generally based on data in H.Rept. 114-699. For consistency with source materials, amounts in this report generally do not reflect mandatory spending sequestration except for the estimated transfers from the Prevention and Public Health Fund displayed in certain HHS tables. Also per source material conventions, the FY2016 column (but not any of the columns for FY2017) has been adjusted for comparability in limited cases, including program moves (see text box in "Summary of FY2017 LHHS Appropriations" for more details).

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

Selected ED Highlights

The following sections highlight FY2017 appropriations for selected ED accounts and programs.[69] **Table 9** tracks funding levels for major ED budget and appropriations accounts.

Education for the Disadvantaged

The FY2017 omnibus provided increased funding relative to FY2016 for the largest elementary and secondary education program administered by ED, the Title I-A Grants to Local Educational Agencies (LEAs) program. In addition, funding was no longer provided for the School Improvement Grants (SIG) program, which was no longer authorized by the Elementary and Secondary Education Act (ESEA). Both of these changes are discussed below.

The Title I-A program represents the vast majority of funding within the Education for the Disadvantaged account. The program is authorized by the ESEA, most recently comprehensively reauthorized by the Every Student Succeeds Act (ESSA; P.L. 114-95). The Title I-A program 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. FY2017 appropriations for Grants to LEAs were $15.5 billion, a $0.6 billion increase over the FY2016 funding level. In FY2016, the Title I-A program received a $0.5 billion increase over the prior year. The FY2017 House committee bill and Senate committee bill recommended $16.0 billion and $16.1 billion, respectively. The President requested that the FY2016 level of funding be continued in FY2017.[70]

The School Improvement Grant program previously provided support for low-performing schools. The ESSA did not reauthorize the program, leaving the Title I-A program as the main source of ESSA-related funding to support low-performing schools.[71] SIG received $0.5 billion in FY2016. The President requested, and the House and Senate committee bills recommended, no funding for SIG in FY2017.

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

[70] For more information, see CRS Report R44164, *ESEA Title I-A Formulas: In Brief*, by Rebecca R. Skinner; CRS Report R44486, *FY2016 State Grants Under Title I-A of the Elementary and Secondary Education Act (ESEA)*, by Rebecca R. Skinner; and CRS Report R44461, *Allocation of Funds Under Title I-A of the Elementary and Secondary Education Act*, by Rebecca R. Skinner and Leah Rosenstiel.

[71] ESSA provides authorizations of appropriations for FY2017 through FY2020.

School Improvement Programs

The FY2017 omnibus provided funding for a newly authorized program in the School Improvement Programs account, reduced funding for a relatively long-standing program supporting teachers, and eliminated funding for a program no longer authorized by the ESEA. These changes are discussed briefly below.

Student Support and Academic Enrichment (SSAE) State Grants, commonly referred to as the "Title IV-A block grant," was established by ESSA and provides a new funding stream for state educational agencies (SEAs) and LEAs. The Title IV-A block grant program provides funds to SEAs and LEAs to support activities in three main areas: (1) well-rounded educational opportunities, (2) safe and healthy students, and (3) technology. The Title IV-A block grant program allows funds to be used in areas in which the ESSA repealed programs. For example, the ESSA repealed certain school safety, math and science education, educational technology, and other programs. The ESSA authorized appropriations of $1.7 billion for the Title IV-A block grant program for FY2017.

The enacted FY2017 appropriation for the Title IV-A block grant was $400 million. The House committee bill recommended a funding level of $1 billion, while the Senate committee bill recommended $300 million, which is closer to the combined FY2016 appropriations total for certain programs that were eliminated and consolidated into the Title IV-A block grant.[72] The FY2017 President's request for the program was $500 million.

The proposed FY2017 funding levels were the subject of some debate because it was unclear if the amounts would provide sufficient formula grant amounts to LEAs to carry out the program. As authorized, the Title IV-A block grants are provided to states by statutory formula. In turn, states are then to provide formula subgrants to LEAs. At lower levels of total program funding, LEAs may receive commensurately smaller subgrants under the formula distribution process, and may be unable to carry out the purposes of the program.

The FY2017 appropriations act allowed states to provide subgrants to LEAs by formula or to award LEA subgrants of no less than $10,000 on a competitive basis, while prioritizing LEAs with the greatest need and ensuring geographic diversity. The FY2017 President's request for the program proposed allowing states to award LEA subgrants of no less than $50,000 annually on a competitive basis, rather than on a formula basis. The House and Senate committee bills did not include similar language.

The FY2017 omnibus also eliminated funding for the Mathematics and Science Partnerships (MSP) program and reduced funding for the Supporting Effective Instruction State Grants. The MSP program, funded at $200 million in FY2016, was one of the programs repealed by ESSA. The FY2017 appropriation of $2.1 billion for the Supporting Effective Instruction State Grants was a $300 million reduction compared to FY2016. The House committee bill and the Senate committee bill both recommended reduced funding for the Supporting Effective Instruction State Grants compared to FY2016—$400 million and $300 million reductions, respectively. The FY2017 President's request for the program represented a $100 million reduction compared to FY2016.

[72] See S.Rept. 114-274, p. 173.

Student Financial Assistance

The Pell Grant program within the Student Financial Assistance account provides need-based financial aid primarily to low-income postsecondary students to help them cover the cost of higher education.[73] Pell Grants are the largest single source of federal grant aid for college and university students; they are projected to provide approximately $29 billion in aid to roughly 7.3 million undergraduate students in the 2018-2019 award year.[74] (The program is funded through the Student Financial Assistance account.) The FY2017 enacted appropriation of $22.5 billion provided level funding compared to FY2016. The Senate committee bill (and President's budget) also proposed level funding, while the House committee bill recommended $21.2 billion.

In addition to level funding, the FY2017 appropriations act maintained the same discretionary maximum Pell Grant award level as in FY2016: $4,860. The House and Senate committee bills and President's budget each recommended that same amount. The FY2017 total maximum award of $5,920 was larger than the FY2016 total maximum award of $5,815. The difference between the discretionary and the total maximum award is that the total maximum award includes mandatory appropriations that are authorized by and funded in the Higher Education Act. (These mandatory appropriations are provided outside the annual appropriations process and do not appear in **Table 9**.)

The FY2017 omnibus implemented two initiatives. The first authorized year-round Pell Grants, which allow eligible students to receive 150% of the total maximum Pell Grant amount in a single award year.[75] The policy is intended to increase undergraduate retention and graduation rates. In order to pay for the increased mandatory costs of year-round Pell Grants in the 2017-2018 award year, the act reduced the FY2017 mandatory funding to augment the discretionary appropriations from $1.6 billion to $1.3 billion. (These mandatory appropriations are provided outside the annual appropriations process and do not appear in **Table 9**.) The Senate committee bill also would have authorized year-round Pell Grants and reduced the definite mandatory appropriations equally. Neither the House committee bill nor President's budget proposed authorizing year-round Pell Grants.

The second initiative included a rescission of $1.3 billion from the Pell Grant program surplus, which offset the cost of appropriations in the act. The rescission may contribute to deficit reduction or other funding priorities. Because of the way the Pell Grant program is funded, it may run surpluses (or shortfalls) in discretionary appropriations.[76] Due to the decline in discretionary program costs and near level appropriations over the past five years, the Congressional Budget Office (CBO) estimated that the Pell Grant program with the rescission would have a cumulative surplus of $8.6 billion at the end of FY2017.[77] The Senate committee bill also would have

[73] For more information about the 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.

[74] Department of Education, "Student Aid Overview," *Justification of Appropriation Estimates to the Congress: Fiscal Year 2018*, pp. N-5–N-6.

[75] Pell Grants typically limit full-time students to the equivalent of two semesters of Pell Grant awards. Full-time students who wish to attend an additional semester (or summer-term classes) are ineligible for additional Pell Grant aid.

[76] Because discretionary funds and the base award are appropriated in advance of the award year, they are based on cost estimates. In some years these estimates are too high; in others, too low. This can result in annual or multiyear (cumulative) program surpluses or shortfalls.

[77] Congressional Budget Office, "*Pell Grant Program, Discretionary: Cumulative Shortfall/Surplus - CBO's June 2017 Baseline*."

rescinded $1.2 billion, but neither the House committee bill nor the President's budget would have done so.

Table 9. Detailed ED Appropriations

(Dollars in millions)

Account and Selected Program	FY2016 Adjusted	FY2017 Request	FY2017 Senate Cmte (S. 3040)	FY2017 House Cmte (H.R. 5926)	FY2017 Enacted
Education for the Disadvantaged	**16,044**	**16,044**	**16,094**	**15,987**	**16,144**
Grants to Local Educational Agencies	14,910	15,360	15,410	15,360	15,460
School Improvement Grants	450	0	0	0	0
Impact Aid	**1,306**	**1,306**	**1,316**	**1,329**	**1,329**
School Improvement Programs	**4,434**	**4,558**	**4,177**	**4,800**	**4,409**
Supporting Effective Instruction, State Grants	2,350	2,250	2,056	1,950	2,056
Mathematics and Science Partnerships	153	0	0	0	0
Student Support and Academic Enrichment Grants	0	500	300	1,000	400
Indian Education	**144**	**175**	**144**	**175**	**165**
Innovation and Improvement	**894**	**1,412**	**943**	**633**	**888**
Safe Schools and Citizenship Education	**255**	**228**	**143**	**73**	**151**
English Language Acquisition	**737**	**800**	**737**	**737**	**737**
Special Education	**12,977**	**13,067**	**13,019**	**13,407**	**13,064**
Grants to States, Part B	11,913	11,913	11,953	12,413	12,003
Preschool Grants	368	403	368	368	368
Grants for Infants and Families	459	504	459	459	459
IDEA National Activities	237	247	240	167	235
Rehabilitation Services	**3,530**	**3,541**	**3,536**	**3,534**	**3,536**
Vocational Rehabilitation State Grants (mandatory)	3,392	3,399	3,399	3,399	3,399
Special Institutions for Persons with Disabilities	**217**	**217**	**217**	**217**	**217**
Career, Technical, and Adult Education	**1,721**	**1,809**	**1,721**	**1,721**	**1,721**
Student Financial Assistance	**24,198**	**24,198**	**24,198**	**22,888**	**24,198**
Pell maximum grant (non-add)	*4,860*	*4,860*	*4,860*	*4,860*	*4,860*
Federal Pell Grant Program	22,475	22,475	22,475	21,165	22,475
Student Aid Administration	**1,552**	**1,632**	**1,547**	**1,552**	**1,577**
Higher Education	**1,982**	**2,189**	**1,987**	**1,977**	**2,055**
Federal TRIO Programs	900	900	900	960	950
Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP)	323	323	323	345	340
Howard University	**222**	**222**	**222**	**222**	**222**
College Housing & Academic Facilities Loans[b]	**0**	**0**	**0**	**0**	**0**

Account and Selected Program	FY2016 Adjusted	FY2017 Request	FY2017 Senate Cmte (S. 3040)	FY2017 House Cmte (H.R. 5926)	FY2017 Enacted
HBCU Capital Financing Program Account	**20**	**20**	**20**	**20**	**20**
Institute of Education Sciences	**618**	**694**	**613**	**536**	**605**
Departmental Management	**598**	**674**	**601**	**591**	**600**
Total, ED BA in the Bill	71,449	72,787	71,236	70,399	71,638
Subtotal, Mandatory	3,392	3,399	3,399	3,399	3,399
Subtotal, Discretionary	68,057	69,388	67,837	67,000	68,239
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	71,449	72,787	71,236	70,199	71,638
Total, BA Advances for Future Years (provided in current bill)	22,597	22,597	22,597	22,797	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 for FY2017 enacted are generally based on data in the explanatory statement accompanying the FY2017 omnibus (H.R. 244; enacted as P.L. 115-31), available in the *Congressional Record*, vol. 163, no. 76, May 3, 2017, pp. H3949-H4030. These amounts include funds appropriated by the FY2017 omnibus and, where applicable, certain full-year funds appropriated by the second FY2017 CR (P.L. 114-254). Amounts for FY2016 adjusted, the FY2017 request, and the FY2017 Senate Appropriations Committee-reported LHHS bill (S. 3040) are generally based on data in S.Rept. 114-274. Amounts for the FY2017 House Appropriations Committee-reported LHHS bill (H.R. 5926) are generally based on data in H.Rept. 114-699. For consistency with source materials, amounts in this report generally do not reflect mandatory spending sequestration except for the estimated transfers from the Prevention and Public Health Fund displayed in certain HHS tables. Also per source material conventions, the FY2016 column (but not any of the columns for FY2017) has been adjusted for comparability in limited cases, including program moves (see text box in "Summary of FY2017 LHHS Appropriations" for more details).

Notes: BA = Budget Authority. 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 Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills. Non-add amounts are displayed in italics and parentheses; these amounts are not part of the appropriations totals.

a. Proposed legislation.

b. Actual amount for College Housing & Academic Facilities Loans is roughly $450,000 in each column, which rounds to $0 in millions (the unit of measure used in this table).

Related Agencies

Note that all amounts in this section are based on regular LHHS appropriations only; they do not include funds provided outside of the annual appropriations process (e.g., mandatory appropriations for 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. Also per source material

conventions, the FY2016 column (but not any of the columns for FY2017) reflects certain transfers, reprogramming, and other adjustments for comparability.

FY2017 Related Agencies Appropriations Overview

Table 10 displays FY2017 proposed and enacted funding levels for LHHS related agencies, along with FY2016 levels. In general, discretionary funds constitute about 20% of total appropriations for LHHS related agencies each year. Compared to FY2016, discretionary appropriations for related agencies were increased by $300 million (+1.8%) in the FY2017 omnibus, about the same amount that was proposed by the Senate committee bill. In contrast, the President's request proposed increasing discretionary appropriations by a greater amount (+6.4%), whereas those appropriations would have decreased under the House committee bill (-2.5%).

Table 10. Related Agencies Appropriations Overview

(Dollars in billions)

Funding	FY2016 Adjusted	FY2017 Request	FY2017 Senate Cmte (S. 3040)	FY2017 House Cmte (H.R. 5926)	FY2017 Enacted
Discretionary	14.6	15.6	14.9	14.2	14.9
Mandatory	56.2	53.6	53.6	53.6	53.6
Total BA in the Bill	**70.8**	**69.2**	**68.5**	**67.8**	**68.5**

Source: Amounts for FY2017 enacted are generally based on data in the explanatory statement accompanying the FY2017 omnibus (H.R. 244; enacted as P.L. 115-31), available in the *Congressional Record*, vol. 163, no. 76, May 3, 2017, pp. H3949-H4030. These amounts include funds appropriated by the FY2017 omnibus and, where applicable, certain full-year funds appropriated by the second FY2017 CR (P.L. 114-254). Amounts for FY2016 adjusted, the FY2017 request, and the FY2017 Senate Appropriations Committee-reported LHHS bill (S. 3040) are generally based on data in S.Rept. 114-274. Amounts for the FY2017 House Appropriations Committee-reported LHHS bill (H.R. 5926) are generally based on data in H.Rept. 114-699. For consistency with source materials, amounts in this report generally do not reflect mandatory spending sequestration except for the estimated transfers from the Prevention and Public Health Fund displayed in certain HHS tables. Also per source material conventions, the FY2016 column (but not any of the columns for FY2017) has been adjusted for comparability in limited cases, including program moves (see text box in "Summary of FY2017 LHHS Appropriations" for more details).

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

The largest share of funding appropriated to related agencies in the LHHS bill consistently goes to the Social Security Administration (SSA).[78] When taking into account both mandatory and discretionary funding, SSA usually represents roughly 97% of total related agencies appropriations. The bulk of mandatory funding provided to SSA from the LHHS bill supports the Supplemental Security Income (SSI) program, which provides means-tested cash assistance to disabled adults and children and to seniors aged 65 or older.

[78] See CRS Report R44645, *Social Security Administration (SSA): FY2017 Appropriations and Recent Trends*, by William R. Morton.

When looking exclusively at discretionary funding, SSA received at least 84% of discretionary appropriations for LHHS related agencies in FY2017 enacted and earlier proposals. Most of SSA's discretionary funding is used by the agency to administer the Social Security and SSI programs and to support CMS in administering portions of Medicare.[79]

After SSA, the next-largest agency in terms of related agencies appropriations is the Corporation for National and Community Service (CNCS), which accounted for about 2% of total related agencies appropriations in FY2017 enacted and earlier proposals. Typically, each of the remaining related agencies receives less than $1 billion from the annual LHHS appropriations bill. For more information, see **Table 11**.

Selected Related Agencies Highlights

The following sections highlight FY2017 appropriations issues for selected related agencies. **Table 11** tracks funding levels for these related agencies.

SSA Limitation on Administrative Expenses (LAE)

The SSA LAE account, which provides nearly all of SSA's administrative funding, mainly consists of funds that are used by the agency to administer the Social Security and SSI programs, and also to support CMS in administering portions of Medicare. The account also contains funds that are specifically set aside for program integrity activities, such as continuing disability reviews (CDRs) and SSI non-medical redeterminations. The FY2017 omnibus provided $12.5 billion to the LAE account, which was an increase of 2.6% ($319 million) over the FY2016 level and the same percentage increase that was proposed in the Senate committee bill.[80] The budget issued by the Obama Administration would have increased LAE funding by $902 million (+7.4%) relative to FY2016 levels. In contrast, the House committee bill would have decreased LAE funding relative to the prior year by $264 million (-2.2%).

The program integrity portion of the LAE account for FY2017 includes $273 million in "base" funding that is subject to the discretionary spending caps established by the Budget Control Act (BCA) of 2011, and also includes additional funding that is effectively exempt from those caps, known as a "cap adjustment" (see the **Appendix**). The FY2017 omnibus provided the maximum amount of program integrity funding permitted under the BCA for FY2017 ($1.8 billion), which was a 27.6% increase over the amount provided in FY2016 ($1.4 billion). The budget issued by the Obama Administration and the Senate committee bill would have also provided the maximum amount of program integrity funding for FY2017, while the House committee bill would have continued the same amount funding that was provided in FY2016.

National Labor Relations Board (NLRB)

The NLRB is an independent board that enforces provisions in the National Labor Relations Act (NLRA). The FY2017 omnibus maintained the FY2016 funding levels for the NLRB of $274 million. The House committee bill would have decreased funding for the NLRB by $59 million (-21.6%), while the Senate committee bill would have provided the same amount as FY2016. The

[79] For more information on the Social Security Administration's (SSA) role in administering Medicare, see SSA, *Justifications of Estimates for Appropriations Committees, Fiscal Year 2017*, February 2016, https://www.ssa.gov/budget/FY17Files/2017FCJ.pdf.

[80] As Congress appropriates funds for SSA's Office of the Inspector General (OIG) in a separate account, that portion of the request is excluded from these numbers for the purposes of this report.

FY2017 omnibus retained a provision from FY2016 that prohibits any funds appropriated to the NLRB in the bill, or any prior appropriations act, from being used to issue a directive or regulation to provide employees a means of voting through any electronic method in an election determining representation for collective bargaining.[81] The omnibus did not include several new provisions proposed in the House committee bill, which 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 (§408 of H.R. 5926);
- prohibited any funds made available by the bill from being used to enforce the NLRA against any Indian tribe (§409 of H.R. 5926);
- prohibited any funds made available by the bill 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 (§410 of H.R. 5926);[82] and
- 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 (§411 of H.R. 5926).[83]

Table 11. Detailed Related Agencies Appropriations

(Dollars in millions)

Agency, Program, Project, or Activity	FY2016 Adjusted	FY2017 Request	FY2017 Senate Cmte (S. 3040)	FY2017 House Cmte (H.R. 5926)	FY2017 Enacted
Committee for Purchase from People Who Are Blind or Severely Disabled (U.S. AbilityOne Commission)	**6**	**11**	**8**	**9**	**8**
Corporation for National and Community Service (CNCS)	**1,095**	**1,097**	**1,030**	**1,082**	**1,030**
Selected CNCS Programs/Initiatives:					
Volunteers in Service to America (VISTA)	92	96	92	92	92
National Senior Volunteer Corps	202	202	202	202	202
AmeriCorps State and National Grants	386	386	386	386	386
National Civilian Community Corps	30	30	30	30	30
National Service Trust	220	207	207	206	207
Corporation for Public Broadcasting (CPB)	**485**	**495**	**495**	**455**	**495**
Federal Mediation and Conciliation Service	**49**	**51**	**49**	**46**	**47**
Federal Mine Safety and Health Review Commission	**17**	**17**	**17**	**17**	**17**

[81] The NLRB provision described here may be found in §406 of P.L. 115-31.

[82] 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.

[83] 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.

Agency, Program, Project, or Activity	FY2016 Adjusted	FY2017 Request	FY2017 Senate Cmte (S. 3040)	FY2017 House Cmte (H.R. 5926)	FY2017 Enacted
Institute of Museum and Library Services (IMLS)	**230**	**230**	**231**	**230**	**231**
Medicare Payment Advisory Commission (MedPAC)	**8**	**9**	**8**	**7**	**8**
Medicaid and CHIP Payment and Access Commission (MACPAC)	**12**	**12**	**12**	**12**	**12**
National Council on Disability	**3**	**3**	**3**	**3**	**3**
National Labor Relations Board (NLRB)	**274**	**275**	**274**	**215**	**274**
National Mediation Board	**13**	**13**	**14**	**13**	**14**
Occupational Safety and Health Review Commission	**13**	**13**	**13**	**13**	**13**
Railroad Retirement Board (RRB)	**147**	**156**	**147**	**143**	**147**
Dual Benefits (minus tax receipts)	27	23	23	23	23
Federal Payment to RR Retirement Account (mandatory)[a]	0	0	0	0	0
Limitation on Administration	111	122	114	111	114
Inspector General	8	10	10	8	10
Social Security Administration (SSA)	**68,436**	**66,778**	**66,188**	**65,604**	**66,187**
Payments to Social Security Trust Funds (mandatory)	11	11	11	11	11
Supplemental Security Income (SSI) (mandatory)	56,157	53,591	53,589	53,589	53,589
Limitation on Administrative Expenses (LAE)	12,162	13,064	12,482	11,898	12,481
Regular LAE (incl. user fees, non-add)	*(10,736)*	*(11,245)*	*(10,663)*	*(10,472)*	*(10,662)*
Program Integrity (non-add)	*(1,426)*	*(1,819)*	*(1,819)*	*(1,426)*	*(1,819)*
Office of Inspector General	106	112	106	106	106
Total, Related Agencies BA in the Bill	**70,788**	**69,161**	**68,489**	**67,849**	**68,486**
Subtotal, Mandatory	**56,169**	**53,602**	**53,600**	**53,600**	**53,600**
Subtotal, Discretionary	**14,619**	**15,558**	**14,889**	**14,249**	**14,885**
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	75,488	68,661	67,989	67,349	67,986
Total, BA Advances for Future Years (provided in current bill)	14,945	15,445	15,445	15,445	15,445
Total, BA Advances from Prior Years (for use in current year)	19,645	14,945	14,945	14,945	14,945

Source: Amounts for FY2017 enacted are generally based on data in the explanatory statement accompanying the FY2017 omnibus (H.R. 244; enacted as P.L. 115-31), available in the *Congressional Record*, vol. 163, no. 76, May 3, 2017, pp. H3949-H4030. These amounts include funds appropriated by the FY2017 omnibus and, where applicable, certain full-year funds appropriated by the second FY2017 CR (P.L. 114-254). Amounts for FY2016 adjusted, the FY2017 request, and the FY2017 Senate Appropriations Committee-reported LHHS bill (S. 3040) are generally based on data in S.Rept. 114-274. Amounts for the FY2017 House Appropriations Committee-reported LHHS bill (H.R. 5926) are generally based on data in H.Rept. 114-699. For consistency with source materials, amounts in this report generally do not reflect mandatory spending sequestration except for the estimated transfers from the Prevention and Public Health Fund displayed in certain HHS tables. Also per source material conventions, the FY2016 column (but not any of the columns for FY2017) has been adjusted for comparability in limited cases, including program moves (see text box in "Summary of FY2017 LHHS Appropriations" for more details).

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

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

Appendix. Budget Enforcement Activities

The framework for budget enforcement under the congressional budget process has both statutory and procedural elements.[84] 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 FY2017 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.[85] For mandatory spending, reductions are to occur through sequestration in each of fiscal years between FY2013-FY2025.[86] 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.

FY2017

On February 9, 2016, concurrent with the release of the President's Budget, President Obama issued the required FY2017 sequestration order, calling for nonexempt mandatory spending to be reduced on October 1, 2016.[87] The Office of Management and Budget (OMB) estimated that the FY2017 sequestration percentages would equal 2% of nonexempt Medicare spending and 6.9% of other nonexempt nondefense mandatory spending, for a total reduction of $18 billion in FY2017.[88] (OMB also estimated a 9.1% reduction, totaling $728 million, in nonexempt defense mandatory spending, but this is not applicable to LHHS funds.)

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[84] 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.

[85] 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.

[86] 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.

[87] The White House, Sequestration Order for Fiscal Year 2016, February 9, 2016, available at https://www.whitehouse.gov/the-press-office/2016/02/09/sequestration-order-fiscal-year-2017.

[88] *OMB Report to the Congress on the Joint Committee Reductions for Fiscal Year 2017*, February 9, 2016, https://www.whitehouse.gov/sites/default/files/omb/assets/legislative_reports/sequestration/jc_sequestration_report_2017_house.pdf. See the report's appendix for an itemized list of budget accounts that include mandatory spending subject to sequestration in FY2017, the dollar amounts subject to sequestration (based on OMB's current law baseline), the percentage by which they would be reduced, and the dollar amount of the reduction. While the report displays reductions at the *account* level, the sequester itself is implemented at the *program, project, or* (continued...)

The BCA does not require sequestration of discretionary spending in FY2017, 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 FY2017 statutory spending limits are $551.068 billion for defense spending and $518.531 billion for nondefense spending, for a combined total of $1.070 trillion.

According to OMB, after making allowable adjustments to the statutory discretionary spending limits, FY2017 enacted appropriations did not violate either the defense or the nondefense limit.[89]

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.[90]

Separate from these cap adjustments, the 21st Century Cures Act (Cures Act, P.L. 114-255), which was enacted on December 13, 2016, included additional budget enforcement procedures related to the discretionary spending limits. These procedures apply to two accounts within the scope of the LHHS bill: the NIH Innovation Account and the Account for the State Response to the Opioid Abuse Crisis.[91] The Cures Act created these accounts and authorized appropriations from them for specific fiscal years (FY2017-FY2026 for the NIH Innovation Account and FY2017-FY2018 for the Account for the State Response to the Opioid Abuse Crisis). The Cures Act further provided that subsequent discretionary appropriations from these accounts (up to the amounts authorized for each fiscal year) are to be subtracted from any cost estimates provided for purposes of budget controls. Effectively, this means that the appropriations from these accounts will not count against any spending limits, such as the statutory discretionary spending limits; that is, the amounts appropriated from these accounts will be considered to be outside those limits.

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

(...continued)

activity level.

[89] Letter from Mick Mulvaney, OMB Director, to the President of the United States, May 19, 2017, https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/sequestration_reports/2017_final_sequestration_report_may_2017_potus.pdf.

[90] 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.

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

sequestration, such as unemployment compensation, certain student loans, health centers, and portions of Medicare.[92]

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 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.

The House and the Senate did not adopt a budget resolution prior to the start of FY2017.[93] In its absence, the Senate Budget Committee chair filed budgetary levels in the *Congressional Record* that were enforceable in the Senate as if they had been included in a budget resolution for FY2017.[94] Based on these levels, the Senate Appropriations Committee reported their initial 302(b) suballocations on April 18, 2016, and subsequently issued several revisions to these suballocations.[95] In the absence of a budget resolution in the House, the House Appropriations Committee chose to adopt "interim 302(b) suballocations" for the appropriations bills as those bills are marked up in full committee.[96] These interim suballocations are not procedurally enforceable. An interim suballocation for the LHHS subcommittee was adopted by the House Appropriations Committee on the same day that the bill was ordered reported out of committee, on July 14, 2016.[97]

Ultimately, a budget resolution for FY2017 (S.Con.Res. 3) was adopted in the Senate on January 12, 2017, and in the House on January 13, 2017. Following adoption of the budget resolution, the

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

[93] For a discussion of budget enforcement mechanisms that may be adopted in the absence of a budget resolution, see CRS Report R44296, *Deeming Resolutions: Budget Enforcement in the Absence of a Budget Resolution*, by Megan S. Lynch; and CRS Report R43535, *Provisions in the Bipartisan Budget Act of 2013 as an Alternative to a Traditional Budget Resolution*, by Megan S. Lynch.

[94] The authority for these actions is provided by §102 of the Bipartisan Budget Act of 2015 (P.L. 114-74). The levels were filed by the Senate Budget Committee chair on April 18, 2016. ("Allocation of Spending Authority to Senate Committee on Appropriations for Fiscal Year 2017," *Congressional Record*, daily edition, vol. 162, no. 59 (April 18, 2016), p. S2121.) No comparable authority for the House Budget Committee chair was provided by the Bipartisan Budget Act.

[95] These revisions did not alter the amount of budget authority that was initially allocated to the LHHS subcommittee. (See S.Rept. 114-238, S.Rept. 114-253, S.Rept. 114-257, S.Rept. 114-273, S.Rept. 114-278, S.Rept. 114-286, S.Rept. 114-358, and S.Rept. 114-405.)

[96] These interim suballocations are available on the House Appropriations Committee website, at http://appropriations.house.gov/files/?CatagoryID=34785.

[97] See, "Revised Interim Suballocation of Budget Allocations for Fiscal Year 2017," Submitted by Mr. Rogers, Chairman, Committee on Appropriations, July 14, 2016, available at http://appropriations.house.gov/uploadedfiles/07.14.16_revised_suballocation_of_budget_allocations_for_fy_2017.pdf.

Senate Appropriations Committee reported further revisions to its 302(b) suballocations.[98] The House Appropriations Committee did not officially report its FY2017 suballocations.

Table A-1 displays the initial and most recently published (current) Senate FY2017 LHHS suballocations, the House interim suballocation, and the FY2017 enacted levels, along with comparable FY2016 appropriations. The table shows that amounts enacted for FY2017 regular LHHS appropriations subject to the discretionary spending limits were $934 million (-0.6%) less than comparable FY2016 levels. The table also shows LHHS appropriations for which adjustments may be made to the discretionary spending limits under the BCA, including funding for certain LHHS program integrity activities and emergency requirements, where applicable.

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. FY2017 LHHS Discretionary 302(b) Suballocations and FY2017 Enacted, Along with Comparable FY2016 Levels

(Budget authority in billions)

	FY2016 Comparable[a]	FY2017 House Interim 302(b)	FY2017 Senate Initial 302(b)[b]	FY2017 Senate Current 302(b)	FY2017 Enacted
Regular Appropriations	162.127	161.558	161.857	161.025	161.025
Adjustments:					
Program Integrity	1.523	1.523	–	1.960	1.960
Emergency Requirements	0.933	–	–	–	–
Adjusted Appropriations	164.415	163.081	–	162.985	162.985

Source: Table prepared by the Congressional Research Service (CRS). Amounts shown for FY2016 comparable and FY2017 enacted are as scored by the Congressional Budget Office (see *Fiscal Year 2016 Senate Current Status of Discretionary Appropriations as of September 30, 2016*, and *Fiscal Year 2017 Senate Current Status of Discretionary Appropriations as of May 26, 2017*, available at https://www.cbo.gov/topics/budget/status-appropriations). The FY2017 Senate 302(b) suballocations are as reported in P.L. 114-223. The FY2017 Senate 302(b) suballocation is as reported in see S.Rept. 114-238 (April 18, 2016) and S.Rept. 115-43 (May 4, 2017). The FY2017 House Interim 302(b) suballocation is as posted on the House Appropriations Committee website on July 14, 2016, http://appropriations.house.gov/uploadedfiles/07.14.16_revised_suballocation_of_budget_allocations_for_fy_2017.pdf.

Notes: It is common for suballocations to be revised over the course of the year to reflect actual action on appropriations bills and changes in congressional priorities. Regular appropriations reflect current-year discretionary budget authority subject to the spending limits. Adjusted appropriations include, where applicable, discretionary funds for which special rules apply with regard to the spending limits, including certain funds for program integrity activities and funds designated as emergency requirements. FY2017 enacted amounts in this table do not include, where applicable, funds provided under certain authorities in the 21st Century Cures Act (P.L. 114-255) that are effectively exempt from discretionary spending limits. (For LHHS, these funds were enacted in P.L. 114-254, and totaled $852 million in budget authority.)

a. FY2016 comparable includes amounts provided by the FY2016 omnibus (P.L. 114-113) and by provisions in Divisions B-D of P.L. 114-223. The latter law provided supplemental LHHS appropriations for FY2016, all of

[98] See S.Rept. 115-1 and S.Rept. 115-43.

which were designated as emergency requirements. This law also rescinded certain LHHS funds. Recissions of non-emergency funds are reflected in the "regular appropriations" subtotal, while rescissions of emergency funds are reflected in the "adjusted appropriations" subtotal.

b. The FY2017 Senate initial 302(b) did not include an allocation that accounted for program integrity adjustments. The Senate committee-reported bill would have appropriated $1.960 billion for such adjustments.

Current-Year Budget Authority

Table A-2 displays the total LHHS current-year budget authority, by title, as enacted or proposed for FY2017, along with FY2016 levels. 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.[99] (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, FY2016-FY2017

(Current-year budget authority in billions of dollars)

Bill Title	FY2016 Adjusted	FY2017 Request	FY2017 Senate Cmte (S. 3040)	FY2017 House Cmte (H.R. 5926)	FY2017 Enacted
Title I: Labor	**13.7**	**14.4**	**13.6**	**13.6**	**13.7**
Discretionary	12.2	12.8	12.0	12.0	12.1
Mandatory	1.6	1.6	1.6	1.6	1.6
Title II: HHS	**730.0**	**766.8**	**768.9**	**769.3**	**770.2**
Discretionary	75.4	74.7	76.8	77.2	78.1
Mandatory	654.6	692.1	692.1	692.1	692.1
Title III: Education	**71.4**	**72.8**	**71.2**	**70.2**	**71.6**
Discretionary	68.1	69.4	67.8	66.8	68.2
Mandatory	3.4	3.4	3.4	3.4	3.4
Title IV: Related Agencies	**75.5**	**68.7**	**68.0**	**67.3**	**68.0**
Discretionary	14.6	15.6	14.9	14.2	14.9
Mandatory	60.9	53.1	53.1	53.1	53.1
Total Current Year BA[a]	**890.7**	**922.7**	**921.8**	**920.4**	**923.5**
Discretionary	**170.2**	**172.5**	**171.6**	**170.2**	**173.3**
Mandatory	**720.4**	**750.2**	**750.2**	**750.2**	**750.2**

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

Bill Title	FY2016 Adjusted	FY2017 Request	FY2017 Senate Cmte (S. 3040)	FY2017 House Cmte (H.R. 5926)	FY2017 Enacted
Memoranda:					
Advances for Future Years (provided in current bill)[b]	158.5	168.9	168.9	168.9	168.9
Advances from Prior Years (for use in current year)[b]	160.8	158.5	158.5	158.5	158.5
Additional Scorekeeping Adjustments[c]	-6.6	-6.6	-1.4	-7.3	-10.3

Source: Amounts for FY2017 enacted are generally based on data in the explanatory statement accompanying the FY2017 omnibus (H.R. 244; enacted as P.L. 115-31), available in the *Congressional Record*, vol. 163, no. 76, May 3, 2017, pp. H3949-H4030. These amounts include funds appropriated by the FY2017 omnibus and, where applicable, certain full-year funds appropriated by the second FY2017 CR (P.L. 114-254). Amounts for FY2016 adjusted, the FY2017 request, and the FY2017 Senate Appropriations Committee-reported LHHS bill (S. 3040) are generally based on data in S.Rept. 114-274. Amounts for the FY2017 House Appropriations Committee-reported LHHS bill (H.R. 5926) are generally based on data in H.Rept. 114-699. For consistency with source materials, amounts in this report generally do not reflect mandatory spending sequestration except for the estimated transfers from the Prevention and Public Health Fund displayed in certain HHS tables. Also per source material conventions, the FY2016 column (but not any of the columns for FY2017) has been adjusted for comparability in limited cases, including program moves and certain transfers at the National Institutes of Health (see text box in "Summary of FY2017 LHHS Appropriations" for more details).

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. 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.

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.)

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