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Labor, Health and Human Services, and Education: FY2019 Appropriations

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SUMMARY

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Labor, Health and Human Services, and Education: FY2019 Appropriations

This report offers an overview of actions taken by Congress and the President to provide FY2019 appropriations for accounts funded by the Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) appropriations bill. This bill includes all accounts funded through the annual appropriations process at the Department of Labor (DOL) and Department of Education (ED). It also provides annual appropriations for most agencies within the Department of Health and Human Services (HHS), with certain exceptions (e.g., the Food and Drug Administration is funded via the Agriculture bill). Finally, the LHHS bill provides funds for more than a dozen related agencies, including the Social Security Administration (SSA).

FY2019 Supplemental Appropriations for the Southern Border: During the 116th Congress, on July 1, 2019, the President signed into law P.L. 116-26, a supplemental appropriations act for FY2019 focusing primarily on the provision of humanitarian assistance and security at the southern border. The bill was passed by the House on June 27 and by the Senate on June 26. (An earlier version of the bill had passed the House on June 25. A related bill, S. 1900, had passed the Senate on June 19; this bill was substantially similar to the final version of P.L. 116-26.) As enacted, the bill contained nearly $2.9 billion in emergency-designated LHHS appropriations for the Refugee and Entrant Assistance account at HHS. The *FY2019 enacted* levels presented throughout this report are based on amounts provided by the FY2019 LHHS omnibus (P.L. 115-245, see below) and do not include these supplemental funds, which were provided *in addition* to the annual appropriations.

FY2019 Supplemental Appropriations for Disaster Relief: During the 116th Congress, on June 6, 2019, the President signed into law P.L. 116-20, a supplemental appropriations act for FY2019 focusing primarily on certain expenses arising from hurricanes, typhoons, wildfires, earthquakes, tornadoes, floods, and other natural disasters or emergencies. The bill was passed by the House on June 3 and by the Senate on May 23. (An earlier version of the bill had passed the House on May 10.) As enacted, the bill included roughly $611 million in emergency-designated LHHS appropriations for accounts at DOL, HHS, and ED. The *FY2019 enacted* levels presented throughout this report are based on amounts provided by the FY2019 LHHS omnibus (P.L. 115-245) and do not include these supplemental funds, which were provided *in addition* to the annual appropriations.

FY2019 LHHS Omnibus: During the 115th Congress, on September 28, 2018, the President signed into law the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (H.R. 6157, P.L. 115-245). This law contained full-year LHHS appropriations in Division B. This is the first occasion since the FY1997 appropriations cycle that full-year LHHS appropriations were enacted on or before the start of the fiscal year (October 1). The FY2019 LHHS omnibus contained discretionary appropriations totaling $189.4 billion. This amount is 1.5% more than FY2018 enacted levels and 8.9% more than the FY2019 President's budget request. The omnibus also provided $869.8 billion in mandatory funding, for a combined LHHS total of $1.059 trillion. The distribution of discretionary funding was as follows:

- **DOL:** $12.1 billion, 0.8% less than FY2018.
- **HHS:** $90.5 billion, 2.6% more than FY2018.
- **ED:** $71.4 billion, 0.8% more than FY2018.
- **Related Agencies:** $15.3 billion, 0.1% more than FY2018.

FY2019 LHHS Senate Action: The Senate Appropriations Committee reported its version of the FY2018 LHHS appropriations bill on June 28, 2018, by a vote of 30-1 (S. 3158). Instead of taking up the committee-reported vehicle, the Senate chose to take up a different appropriations vehicle (H.R. 6157) and amend it to contain FY2019 LHHS appropriations as well. (Those LHHS appropriations, which were added as Division B of H.R. 6157, were substantially the same as S. 3158.) During floor consideration of H.R. 6157, the Senate also adopted 31 amendments to the new LHHS division of the bill (see **Appendix B** for a summary of these amendments). The Senate passed an amended H.R. 6157 by a vote of 85-7 on August 23, 2018.

The Senate-passed bill would have provided $189.4 billion in discretionary LHHS funds. This would have been 1.5% more than FY2018, and 8.9% more than the FY2019 President's request. In addition, the Senate-passed bill would have provided an estimated $869.8 billion in mandatory funding, for a combined total of $1.059 trillion for LHHS as a whole. The distribution of discretionary funding would have been as follows:

- **DOL:** $12.1 billion, 0.8% less than FY2018.
- **HHS:** $90.5 billion, 2.7% more than FY2018.
- **ED:** $71.4 billion, 0.8% more than FY2018.
- **Related Agencies:** $15.4 billion, 0.5% more than FY2018.

FY2019 LHHS House Action: The House Appropriations Committee's version of the FY2019 LHHS appropriations bill was ordered reported by the full committee on July 11, 2018, by a vote of 30-22, and reported to the House on July 23 (H.R. 6470). This bill would have provided $187.2 billion in discretionary LHHS funds, a 0.3% increase from FY2018 enacted levels. This amount would have been 7.6% more than the FY2019 President's request. In addition, the House committee bill would have provided an estimated $869.8 billion in mandatory funding, for a combined total of $1.057 trillion for LHHS as a whole. The distribution of discretionary funding would have been as follows:

- **DOL:** $11.9 billion, 2.4% less than FY2018.
- **HHS:** $89.3 billion, 1.3% more than FY2018.
- **ED:** $71.0 billion, 0.2% more than FY2018.
- **Related Agencies:** $15.0 billion, 2.2% less than FY2018.

The House committee-reported version of the LHHS bill did not receive floor consideration.

FY2019 President's Budget Request: On February 12, 2018, the Trump Administration released the FY2019 President's budget. The President requested $173.9 billion in discretionary funding for accounts funded by the LHHS bill, which would have been a decrease of 6.8% from FY2018 levels. In addition, the President requested $869.8 billion in annually appropriated mandatory funding, for a total of $1.044 trillion for LHHS as a whole. The distribution of discretionary funding was as follows:

- **DOL:** $10.9 billion, 11.1% less than FY2018.
- **HHS:** $86.7 billion, 1.6% less than FY2018.
- **ED:** $63.2 billion, 10.8% less than FY2018.
- **Related Agencies:** $13.2 billion, 14.0% less than FY2018.

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Introduction

This report provides an overview of FY2019 appropriations actions for accounts traditionally funded in the appropriations bill for the Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS). This bill provides discretionary and mandatory appropriations to three federal departments: the Department of Labor (DOL), the Department of Health and Human Services (HHS), and the Department of Education (ED). In addition, the bill provides annual appropriations for more than a dozen related agencies, including the Social Security Administration (SSA).

Discretionary funds represent less than one-fifth of the total funds appropriated in the LHHS bill. Nevertheless, the LHHS bill is typically the largest single source of discretionary funds for domestic nondefense federal programs among the various appropriations bills. (The Department of Defense bill is the largest source of discretionary funds among all federal programs.) 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 social 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 FY2019 appropriations and (for context) a review of the conclusion of the FY2018 appropriations process. This is followed by a high-level summary and analysis of enacted and proposed appropriations for FY2019, compared to FY2018 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 FY2019 enacted and proposed funding levels compared to FY2018. (Note that the distribution of funds is sometimes illustrated by figures, which in all cases are based on the FY2019 enacted version of the LHHS bill.[1])

Finally, **Appendix A** provides a summary of budget enforcement activities for FY2019. This includes information on the Budget Control Act of 2011 (BCA; P.L. 112-25) and sequestration, budget enforcement in the absence of an FY2019 budget resolution, provisional subcommittee spending allocations, and current-year spending levels. This is followed by **Appendix B**, which provides an overview of the LHHS-related floor amendments that were offered in the Senate during its consideration of H.R. 6157, an appropriations measure that was amended to contain LHHS appropriations for FY2019.

[1] The dollars and percentages in each figure also are generally illustrative, except as noted, of the parallel distribution of funds enacted in FY2018 and proposed by the FY2019 President's budget, and the House committee-reported and the Senate-passed bills.

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 Social Security and parts of Medicare, receive funding directly from their authorizing statutes; such funds are not reflected in the totals provided in this report because they are not provided through the annual appropriations process (see related discussion in the "Important Budget Concepts" section).

Important Budget Concepts

Mandatory vs. Discretionary Budget Authority[2]

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.[3]

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

[3] Sometimes appropriations measures include amendments to laws authorizing mandatory spending programs and thereby change the amount of mandatory appropriations needed. Because such amendments are legislative in nature,

Most mandatory spending is not provided through the annual appropriations process, but rather through budget authority provided by the program's authorizing statute (e.g., Social Security benefits payments). The funding amounts in this report do not include budget authority provided outside of the appropriations process. Instead, the amounts reflect only those funds, discretionary and mandatory, that are provided through appropriations acts.

Note that, as displayed in this report, mandatory amounts for the Trump 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 **Appendix A**.

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

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

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

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

they may violate parliamentary rules separating authorizations and appropriations. For more information, see CRS Report R42388, *The Congressional Appropriations Process: An Introduction*.

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

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

and special instructions of Congress.[6] Unless otherwise specified, appropriations levels displayed in this report do not reflect additional scorekeeping adjustments.

Status of FY2019 LHHS Appropriations

Table 1 provides a timeline of major legislative actions for full-year LHHS proposals, which are discussed in greater detail below.

Table 1. Status of Full-Year LHHS Appropriations Legislation, FY2019

Subcommittee Approval		Full Committee Approval				Resolution of House and Senate Differences			
House	Senate	House	Senate	House Initial Passage	Senate Initial Passage	Conf. Report	House Final Passage	Senate Final Passage	Public Law
6/15/18	6/26/18	H.R. 6470	S. 3158		H.R. 6157, Division B	H.Rept. 115-952	H.R. 6157, Division B	H.R. 6157, Division B	P.L. 115-245
voice vote	voice vote	H.Rept. 115-862	S.Rept. 115-289		8/23/18		9/26/18	9/18/18	9/28/18
		7/11/18	6/28/18		85-7		361-61	93-7	
		30-22	30-1						

Source: CRS Appropriations Status Table.

FY2019 Supplemental Appropriations for the Southern Border

On July 1, the President signed into law P.L. 116-26, an FY2019 supplemental appropriations act focused primarily on humanitarian assistance and security needs at the southern border. The bill was passed by the House on June 27 and by the Senate on June 26. (An earlier version of the bill had passed the House on June 25. A related bill, S. 1900, had been reported by the Senate Appropriations Committee on June 19; this bill was substantially similar to the final version of P.L. 116-26.)

As enacted, the FY2019 border supplemental contained nearly $2.9 billion in emergency-designated LHHS appropriations for the Refugee and Entrant Assistance account at HHS. These funds were primarily intended to support the Unaccompanied Alien Children (UAC) program, which provides for the shelter, care, and placement of unaccompanied alien children who have been apprehended in the United States. According to a letter to Congress from the Office of Management and Budget (OMB), as of May 1 the number of apprehensions referred to HHS had increased by almost 50% from the prior year.[7] In this same letter, OMB requested about $2.9 billion in supplemental funds for the UAC program, noting that these funds would provide

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

[7] Letter from Russell T. Vought, Acting Director, Office of Management and Budget, to Michael R. Pence, Nancy Pelosi, Mitch McConnell, Charles E. Schumer, Kevin McCarthy, Richard C. Shelby, Nita Lowey, Patrick J. Leahy, Kay Granger, May 1, 2019, https://www.whitehouse.gov/wp-content/uploads/2019/05/Pence.pdf. (This letter requested $2.8 billion in supplemental funds for the UAC program, but a subsequent letter clarified that the actual request level was $2.88 billion. See letter from Russell T. Vought, Acting Director, Office of Management and Budget, to Nancy Pelosi et al., May 17, 2019, https://www.whitehouse.gov/wp-content/uploads/2019/05/Report-and-Notice-of-Anticipated-Deficiency.pdf.)

"critical child welfare services and high-quality shelter care." The letter estimated that these funds would allow HHS to increase shelter capacity to approximately 23,600 beds.

Of the $2.9 billion appropriated to the UAC account, some funds were set aside for designated activities or purposes, such as state-licensed shelters (not less than $866 million); postrelease services, child advocates, and legal services (not less than $100 million); additional federal field specialists and increased case management and coordination services intended to place children with sponsors more expeditiously and reduce the length of stay in HHS custody (not less than $8 million); project officers/program staff and the development of a discharge rate improvement plan (not less than $1 million); and oversight activities conducted by the HHS Office of the Inspector General ($5 million).

In addition to these reservations, the bill also placed a number of conditions on the use of the supplemental funds. For instance, the bill

- directed HHS to prioritize community-based residential care, state-licensed facilities, hard-sided dormitories, and shelter care *other than* large-scale institutional facilities (§401);
- prohibited funds from being used for unlicensed facilities, except in limited circumstances (e.g., on a temporary basis due to a large influx of children) when specified conditions are met (e.g., comprehensive monitoring for an unlicensed facility operating for more than three consecutive months) (§404);
- required HHS to ensure, when feasible, that certain types of children (e.g., children under age 13, children with special needs, pregnant or parenting teens) are not placed in unlicensed facilities (§406);
- required HHS to reverse any reprogramming within the account that had been carried out pursuant to a notification submitted to the appropriations committees on May 16 (proviso within UAC appropriation);
- prohibited funds from being used to prevent a Member of Congress from visiting a UAC facility for oversight purposes (§407);
- prohibited funds from being used by the Department of Homeland Security (DHS) to detain or remove sponsors (or potential sponsors) of unaccompanied children based on information provided by HHS as part of the sponsor's application, except when specified criteria are met (§409); and
- prohibited funds from being used to reverse or change certain operational directives previously issued by HHS, except in limited circumstances (§403).

The bill also included a number of notification and reporting requirements associated with these funds. For instance, the bill required HHS to

- notify the appropriations committees within 72 hours of conducting a formal assessment of a facility for possible lease/acquisition and within seven days of any acquisition/lease of real property (proviso within UAC appropriation);
- submit to the appropriations committees a discharge rate improvement plan within 120 days of enactment (proviso within UAC appropriation);
- provide specific information to the appropriations committees at least 15 days before opening an unlicensed facility and provide the committees with monthly reports on the children placed at such facilities (§405);
- submit to the appropriations committees (and make public) a monthly report on the number and ages of unaccompanied alien children transferred into HHS care

after being separated from parents or legal guardians by DHS, along with the reasons for the separations (§408); and

- submit to the appropriations committees a detailed spending plan of anticipated uses of funds within 30 days of enactment (§410).

FY2019 Supplemental Appropriations for Disaster Relief

Over the course of FY2019, the 115th and 116th Congresses considered supplemental appropriations to several federal departments and agencies for expenses related to various recent wildfires, hurricanes, volcanic eruptions, earthquakes, typhoons, and other natural disasters or emergencies (e.g., H.R. 695 in the 115th Congress; H.R. 268, S.Amdt. 201 to H.R. 268, and H.R. 2157 in the 116th Congress). Each of these bills included appropriations for several accounts typically funded in the LHHS bill.

Ultimately, on June 6, the President signed into law P.L. 116-20, a supplemental appropriations act for FY2019. The bill was passed by the House on June 3 and by the Senate on May 23. (An earlier version of the bill had passed the House on May 10.)

As enacted, the bill included roughly $611 million in emergency-designated LHHS appropriations for accounts at DOL, HHS, and ED. With limited exceptions, the bill explicitly directed the LHHS funds toward necessary expenses directly related to Hurricane Florence, Hurricane Michael, Typhoon Mangkhut, Super Typhoon Yutu, wildfires and earthquakes occurring in calendar year 2018, and tornadoes and floods occurring in calendar year 2019.

The FY2019 supplemental provided the following definite LHHS appropriations:

- $50 million for the dislocated worker assistance national reserve at DOL, of which up to $1 million may be transferred to other DOL accounts for reconstruction and recovery needs and up to $500,000 is to be transferred to the DOL Office of the Inspector General for oversight activities.
- $30 million to the Child Care and Development Block Grant at HHS to support the costs of renovating, repairing, or rebuilding child care facilities.
- $90 million to the Children and Families Services Programs account at HHS for necessary expenses related to the disasters and emergencies referenced by the law. Of the total, $55 million is directed to Head Start programs, $25 million is directed to the Community Services Block Grant, $5 million is directed to the Stephanie Tubbs Jones Child Welfare Services program, and up to $5 million may be used for federal administrative expenses.
- $201 million for the Public Health and Social Services Emergency Fund at HHS for necessary expenses directly related to the disasters and emergencies referenced by the law. Of this amount, HHS is directed to transfer
    - not less than $100 million to the Substance Abuse and Mental Health Services Administration (SAMHSA) Health Surveillance and Program Support account for grants, contracts, and cooperative agreements for behavioral health treatment, treatment of substance use disorders, crisis counseling and related helplines, and other similar programs to support impacted individuals;
    - $80 million to the Health Resources and Services Administration (HRSA) federal health centers program for alteration, renovation,

construction, equipment, and other capital improvements to meet the needs of affected areas;
    - not less than $20 million to the Centers for Disease Control and Prevention (CDC) for CDC-Wide Activities and Program Support for response, recovery, mitigation, and other expenses; and
    - up to $1 million to the Office of the Inspector General for oversight activities.
- $165 million for Hurricane Education Recovery at ED to assist in meeting the educational needs of affected individuals. Of the total, $2 million is to be transferred to the Office of the Inspector General for oversight activities and up to $1 million may be used for program administration.

In addition, the supplemental provided a combination of definite and indefinite appropriations to the Medicaid program at HHS to support program costs in the Northern Mariana Islands, Guam, and American Samoa.[8]

FY2019 LHHS Omnibus

During the 115th Congress, on September 28, 2018, the President signed into law the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (H.R. 6157, P.L. 115-245). This was the first occasion since the FY1997 appropriations cycle that full-year LHHS appropriations were enacted on or before the start of the fiscal year (October 1). The House and Senate had previously agreed to resolve differences on the measure via a conference committee. (Conferees on the bill were named in the House on September 4 and in the Senate on September 6.) The conference report (H.Rept. 115-952) was adopted by the Senate on September 18, and the House on September 26.

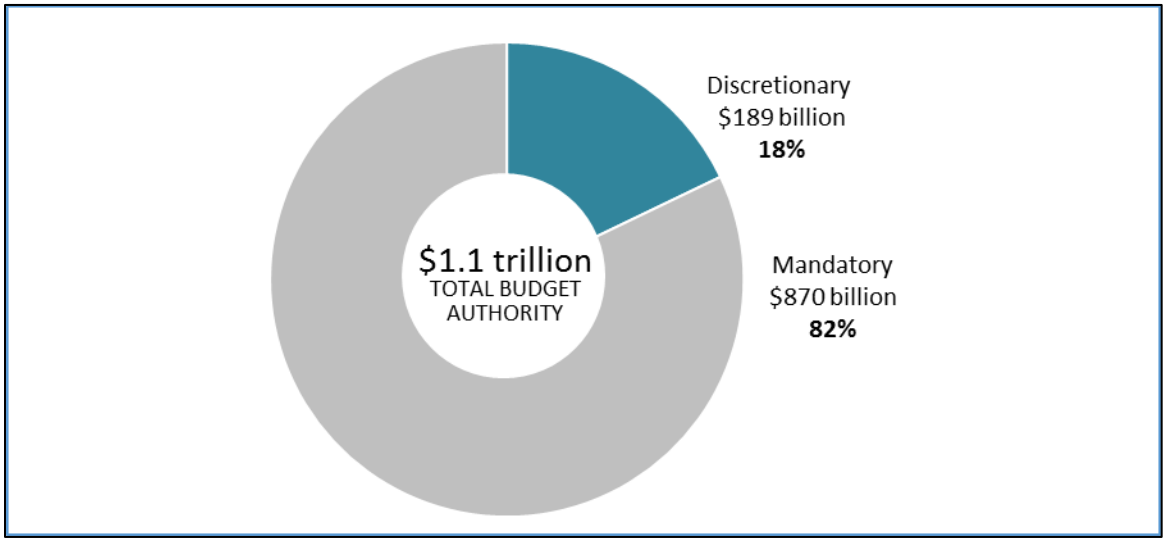
LHHS discretionary appropriations in the FY2019 omnibus totaled $189.4 billion. This amount is 1.5% more than FY2018 enacted and 8.9% more than the FY2019 President's budget request. The omnibus also provided $869.8 billion in mandatory funding, for a combined LHHS total of $1.059 trillion. (Note that these totals are based only on amounts provided by the FY2019 LHHS omnibus and do not include the supplemental funds, which were provided *in addition* to the annual appropriations.)

See **Figure 1** for a breakdown of FY2019 discretionary and mandatory LHHS appropriations.[9]

[8] The Congressional Budget Office estimated total LHHS budget authority in the FY2019 supplemental to be $611 million. Of that amount, $536 million is outlined in the bulleted list above, and the remaining amount, a portion of which is unspecified in the law, is presumably for the Medicaid funding in Section 802.

[9] While the percentages in this figure were calculated based on amounts in the FY2019 LHHS omnibus, they are generally also illustrative—within a few percentage points—of the share of mandatory and discretionary funds in FY2018 and under the various FY2019 proposals (e.g., President's budget and the House-committee and Senate-passed bills).

Figure 1. FY2019 Enacted LHHS Appropriations



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the conference report (H.Rept. 115-952) on the FY2019 LHHS omnibus (P.L. 115-245). For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration.

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

Earlier Congressional Action on an LHHS Bill

FY2019 LHHS Action in the House

The House Appropriations Committee's LHHS subcommittee approved its draft bill on June 15, 2018. The full committee markup was held on July 11, 2018, and the bill was ordered to be reported that same day (30-22). The bill was subsequently reported to the House on July 23 (H.R. 6470, H.Rept. 115-862). It did not receive floor consideration in the House.

As reported by the full committee, the bill would have provided $187.2 billion in discretionary LHHS funds, a 0.3% increase from FY2018 enacted levels. This amount would have been 7.6% more than the FY2019 President's request. In addition, the House committee bill would have provided an estimated $869.8 billion in mandatory funding, for a combined total of $1.057 trillion for LHHS as a whole.

FY2019 LHHS Action in the Senate

The Senate Appropriations Committee's LHHS subcommittee approved its draft bill on June 26, 2018. The full committee markup was held on June 28, 2018. The committee approved the bill (30-1) and reported it that same day (S. 3158, S.Rept. 115-289).

Instead of taking up S. 3158, the Senate chose to consider and pass H.R. 6157 on August 23, 2018, by a vote of 85-7. The bill was amended on the Senate floor to contain FY2019 LHHS appropriations in Division B. (Division A contained the appropriations act for the Department of Defense.) The text of Division B that was considered for amendment was the same as S. 3158

(with minor alterations). During floor consideration, the Senate also adopted 31 amendments to the new LHHS division of the bill (see **Appendix B** for a summary of these amendments).

The Senate-passed bill would have provided $189.4 billion in discretionary LHHS funds. This would have been 1.5% more than FY2018, and 8.9% more than the FY2019 President's request. In addition, the Senate bill would have provided an estimated $869.8 billion in mandatory funding, for a combined total of $1.059 trillion for LHHS as a whole.

FY2019 President's Budget Request

On February 12, 2018, the Trump Administration released the FY2019 President's budget. The President requested $173.9 billion in discretionary funding for accounts funded by the LHHS bill, which would have been a decrease of 6.8% from FY2018 levels. In addition, the President requested $869.8 billion in annually appropriated mandatory funding, for a total of $1.044 trillion for LHHS as a whole.

Conclusion of the FY2018 Appropriations Process

On March 23, 2018, President Trump signed into law the Consolidated Appropriations Act, 2018 (H.R. 1625, P.L. 115-141). The bill was agreed to in the House on March 22 and in the Senate on March 23. The bill provided regular, full-year appropriations for all 12 annual appropriations acts, including LHHS (Division H).

LHHS discretionary appropriations in the FY2018 omnibus totaled $186.5 billion (this total does not include emergency funding provided by an earlier supplemental appropriations act for FY2018, P.L. 115-123). This amount was 7.6% more than FY2017 levels and 25.3% more than the FY2018 budget request from the Trump Administration. The omnibus also provided $817.5 billion in mandatory funding, for a combined FY2018 LHHS total of $1.004 trillion.

Summary of FY2019 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 are based on unrounded amounts.

Unless otherwise specified, appropriations levels displayed in this report refer to the total amount of budget authority provided in an appropriations bill (i.e., "total in the bill"), regardless of the year in which the funding becomes available.

Funding levels are generally drawn from (or estimated based on) data contained in the conference report (H.Rept. 115-952) on the FY2019 LHHS omnibus (P.L. 115-245).

Throughout this report, the FY2019 House Appropriations Committee-reported LHHS bill and Senate Appropriations Committee-reported LHHS bill are commonly referred to as the House and Senate "committee bills." The version of H.R. 6157 that passed the Senate is referred to as "Senate-passed" or "Senate Floor."

Amounts for the FY2019 Senate Floor version integrate the budgetary effects of the LHHS-related floor amendments that were adopted in the Senate during its consideration of H.R. 6157.

Enacted totals for FY2018 do not include emergency-designated appropriations provided by the supplemental appropriations act in P.L. 115-123. (For informational purposes, and per the convention of source materials, FY2018 supplemental amounts are displayed separately in tables throughout the report.) Also per the convention of source materials, enacted totals for FY2019 do not include the emergency-designated supplemental appropriations provided in P.L. 116-20 or P.L. 116-26, nor are these amounts shown separately in the tables. (One exception to this rule is made in **Table A-1**, which includes FY2018 and FY2019 supplemental funds in the "Adjusted Appropriations" totals, as scored by the Congressional Budget Office.)

For consistency with source materials, the FY2018 and FY2019 numbers in this report generally do not reflect actual or anticipated postenactment budgetary adjustments, except as noted.[10]

Table 2 displays FY2019 discretionary and mandatory LHHS budget authority provided or proposed, by bill title, along with FY2018 enacted 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 **Appendix A**.)

[10] The general practice for CRS reports on the LHHS bill has been to reflect conventions used in source materials. These conventions have varied over the years. For instance, CRS reports on LHHS appropriations for FY2012-FY2015 generally relied on source materials that adjusted appropriations amounts in the prior-year column to reflect sequestration, reestimates of mandatory spending, transfers, reprogramming, and other adjustments for comparability. However, the FY2016 version of this report broke from that practice due to differing display conventions in source documents, and did not reflect any such adjustments (except sequestration for the Prevention and Public Health Fund (PPHF)). The FY2017 version of this report differed from both of these prior practices, in that it reflected a smaller subset of transfers (generally concentrated at the National Institutes of Health) and other adjustments for comparability (e.g., program moves from one account to another), but not reprogramming of funds or mandatory sequestration (except sequestration of the PPHF). Due to the display conventions in the FY2018 and FY2019 source materials, the current version of this report generally does not reflect any transfers or other budgetary adjustments except PPHF sequestration.

Table 2. LHHS Appropriations Overview by Bill Title, FY2018-FY2019

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

Bill Title	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
Title I: Labor	**13.8**	**12.3**	**13.6**	**13.4**	**13.6**
Discretionary	12.2	10.9	12.1	11.9	12.1
Mandatory	1.6	1.4	1.4	1.4	1.4
Title II: HHS	**847.6**	**895.4**	**899.2**	**898.0**	**899.2**
Discretionary	88.2	86.7	90.5	89.3	90.5
Mandatory	759.5	808.7	808.7	808.7	808.7
Title III: Education	**74.3**	**66.7**	**74.9**	**74.5**	**75.0**
Discretionary	70.9	63.2	71.4	71.0	71.4
Mandatory	3.5	3.5	3.5	3.5	3.5
Title IV: Related Agencies	**68.3**	**69.3**	**71.5**	**71.1**	**71.5**
Discretionary	15.3	13.2	15.4	15.0	15.3
Mandatory	53.0	56.2	56.2	56.2	56.2
Total BA in the Bill	**1,004.0**	**1,043.7**	**1,059.2**	**1,057.0**	**1,059.2**
Discretionary	186.5	173.9	189.4	187.2	189.4
Mandatory	817.5	869.8	869.8	869.8	869.8
P.L. 115-123 (emergency)	**4.0**	**—**	**—**	**—**	**—**
Memoranda:					
Advances for Future Years (provided in current bill)[a]	183.3	186.1	186.7	186.7	186.7
Advances from Prior Years (for use in current year)[a]	168.9	183.3	183.3	183.3	183.3
Additional Scorekeeping Adjustments[b]	-7.5	-5.2	-8.2	-8.2	-9.4

Source: Amounts in this table are generally drawn from or calculated based on data contained in the conference report (H.Rept. 115-952) on the FY2019 LHHS omnibus (P.L. 115-245). Enacted totals for FY2018 do not include emergency-designated appropriations provided by P.L. 115-123. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

a. Totals in this table are based on budget authority provided in the bill (i.e., they exclude advance appropriations from prior bills and include advance appropriations from this bill made available in future years). The calculation for total budget authority available in the current year is as follows: Total BA in the Bill, minus Advances for Future Years, plus Advances from Prior Years.

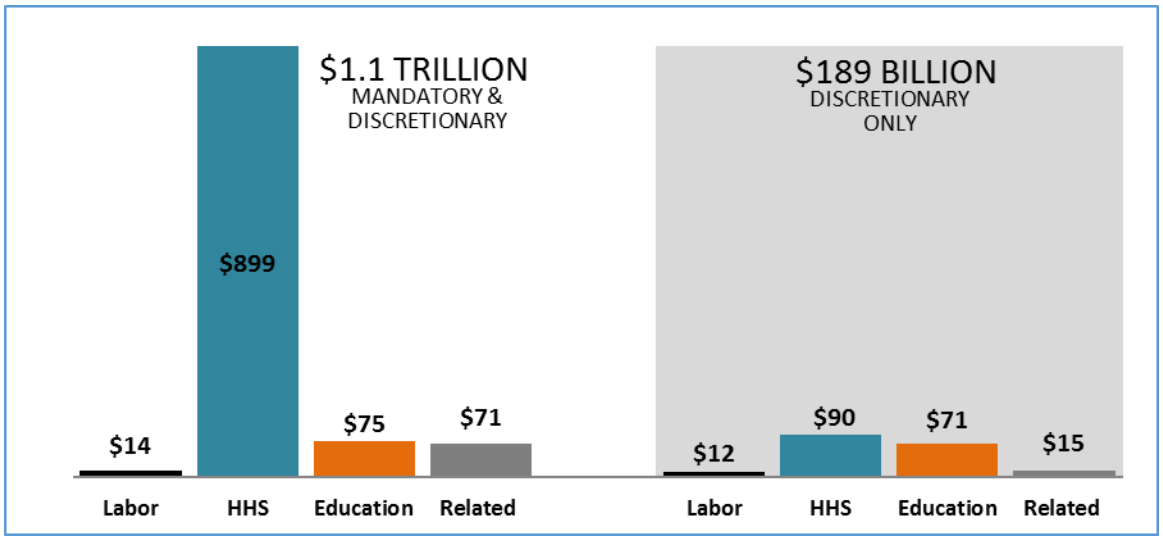
b. Totals in this table have generally not been adjusted for further scorekeeping. (To adjust for scorekeeping, add this line to the total budget authority.)

Figure 2 displays the FY2019 enacted discretionary and mandatory LHHS funding levels, by bill title. (While the dollars and percentages discussed in this section were calculated based on the FY2019 enacted amounts, they are generally also illustrative—within several percentage points—of the share of funds directed to each bill title in FY2018 and under the other FY2019 proposals.)

As this figure demonstrates, HHS accounts for the largest share of total FY2019 LHHS appropriations: $899 billion, or 84.9%. This is due to the large amount of mandatory funding included in the HHS appropriation, the majority of which is for Medicaid grants to states and payments to health care trust funds. After HHS, ED and the Related Agencies represent the next-largest shares of total LHHS funding, accounting for 7.1% and 6.7%, 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 accounts for the smallest share of total LHHS funds, 1.3%.

However, the overall composition of LHHS funding is noticeably different when comparing only discretionary appropriations. HHS accounts for a comparatively smaller share of total discretionary appropriations (47.8%), while ED accounts for a relatively larger share (37.7%). Together, these two departments represent the majority (85.5%) of discretionary LHHS appropriations. DOL and the Related Agencies account for a roughly even split of the remaining 14.5% of discretionary LHHS funds.

Figure 2. FY2019 Enacted LHHS Appropriations by Title



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the conference report (H.Rept. 115-952) on the FY2019 LHHS omnibus (P.L. 115-245). For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

Department of Labor (DOL)

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 reestimates of mandatory spending programs, where applicable.

About DOL

DOL is a federal department comprised of multiple entities that provide services related to employment and training, worker protection, income security, and contract enforcement. Annual LHHS appropriations laws direct funding to all DOL entities (see the text box).[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 Administration (MSHA), and the Wage and Hour Division (WHD) provide different types of regulation and oversight of working conditions. DOL entities focused on worker protection provide services to ensure worker safety, adherence to wage and overtime laws, and contract compliance, among other duties. In addition to these two main functional areas, DOL's Bureau of Labor Statistics (BLS) collects data and provides analysis on the labor market and related labor issues.

DOL Entities Funded via the LHHS Appropriations Process

- Employment and Training Administration (ETA)
- Employee Benefits Security Administration (EBSA)
- Wage and Hour Division (WHD)
- Office of Federal Contract Compliance Programs (OFCCP)
- Office of Labor-Management Standards (OLMS)
- Office of Workers' Compensation Programs (OWCP)
- Occupational Safety and Health Administration (OSHA)
- Mine Safety and Health Administration (MSHA)
- Bureau of Labor Statistics (BLS)
- Office of Disability Employment Policy (ODEP)
- Departmental Management (DM)[11]

FY2019 DOL Appropriations Overview

Table 3 generally displays FY2019 discretionary and mandatory DOL budget authority provided or proposed, along with FY2018 enacted levels. The FY2019 LHHS omnibus decreased discretionary appropriations for DOL by 0.8% compared to the FY2018 enacted levels. Similarly,

[11] Departmental Management includes the DOL salaries and expenses, 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.

discretionary DOL appropriations would have decreased, compared to FY2018, under the FY2019 President's budget request (-11.1%), as well as the FY2019 House committee bill (-2.4%) and Senate-passed bill (-0.8%). Of the total funding provided in the bill for DOL, roughly 89% is discretionary.

Table 3. DOL Appropriations Overview

(Dollars in billions)

Funding	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
Discretionary	12.2	10.9	12.1	11.9	12.1
Mandatory	1.6	1.4	1.4	1.4	1.4
Total BA in the Bill	**13.8**	**12.3**	**13.6**	**13.4**	**13.6**
P.L. 115-123 (emergency)	**0.1**	**—**	**—**	**—**	**—**

Source: Amounts in this table are generally drawn from or calculated based on data contained in the conference report (H.Rept. 115-952) on the FY2019 LHHS omnibus (P.L. 115-245). Enacted totals for FY2018 do not include emergency-designated appropriations provided by P.L. 115-123. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

Selected DOL Highlights

The following sections present highlights from FY2019 enacted and proposed appropriations compared to FY2018 enacted appropriations 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, 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 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. While the FY2019 LHHS omnibus provided the same funding for the three WIOA state formula grant programs compared to FY2018, the President's budget would have

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

reduced funding for all three of the state formula grant programs by $80 million (-2.9%), compared to FY2018 enacted levels.

The FY2019 LHHS omnibus provided $221 million for the Dislocated Workers Activities National Reserve (DWA National Reserve), which was the same level enacted in FY2018. The FY2019 President's budget and the House committee bill would have reduced funding for the DWA National Reserve by $75 million (-34.0%) and $21 million (-9.4%), respectively, while the Senate would have kept DWA National Reserve funding the same as FY2018. Finally, the FY2019 LHHS omnibus maintained a provision in that account (which had originated in the FY2018 omnibus) directing $30 million from the DWA National Reserve toward training and employment assistance for workers dislocated in both the Appalachian and lower Mississippi regions.

The FY2019 LHHS omnibus provided $160 million for the Apprenticeship Grant program, which is $15 million (+10.3%) more than the level enacted in FY2018. The FY2019 President's budget would have increased funding for the Apprenticeship Grant program by $55 million (+37.9%) compared to the FY2018 enacted level.

Finally, four ETA programs for which the FY2019 President's budget proposed no funding—the Native Americans program, the Migrant and Seasonal Farmworkers program, the Community Service Employment for Older Americans (CSEOA) program, and the Workforce Data Quality Initiative—received FY2019 appropriations at roughly the same level as FY2018.

Bureau of International Labor Affairs (ILAB)

The FY2019 LHHS omnibus provided the same funding, $86 million, for ILAB as was provided in FY2018. The Senate-passed bill would also have provided $86 million for ILAB. The FY2019 President's budget and the House committee bill each would have decreased funding by $68 million (-78.5%) for ILAB, which provides research, advocacy, technical assistance, and grants to promote workers' rights in different parts of the world. Language in the FY2019 President's budget indicated that the proposed reduction reflected a "workload decrease associated with the elimination of new grants as well as ILAB's refocusing of its efforts and resources on ensuring that U.S. trade agreements are fair for U.S. workers by monitoring and enforcing the labor provisions of Free Trade Agreements (FTAs) and trade preference programs."[14]

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 FY2019 LHHS omnibus.

The FY2019 LHHS omnibus continued several provisions that have been included in at least one previous LHHS appropriations act, including provisions that

- direct the Secretary of Labor to accept private wage surveys as part of the process of determining prevailing wages in the H-2B program, even in instances in which relevant wage data are available from the Bureau of Labor Statistics (included since FY2016);[15]

[14] See https://www.dol.gov/sites/dolgov/files/legacy-files/budget/2019/CBJ-2019-V3-02.pdf, DM-36.

[15] See Division B, Title I, §111 of P.L. 115-245. The H-2B program allows for the temporary employment of foreign workers in nonagricultural sectors and requires these workers to be paid the "prevailing wage" (i.e., the average wage paid to similar workers in the local area). Under DOL regulations, private employer surveys may be considered only if

- exempt certain insurance claims adjusters from overtime protection for two years following a "major disaster" (included since FY2016);[16]
- authorize the Secretary of Labor to provide up to $2 million in "excess personal property" to apprenticeship programs to assist training apprentices (included since FY2018);[17]
- authorize the Secretary of Labor to employ law enforcement officers or special agents to provide protection to the Secretary of Labor and certain other employees and family members at public events and in situations in which there is a "unique and articulable" threat of physical harm (included since FY2018);[18] and
- authorize the Secretary of Labor to dispose of or divest "by any means the Secretary determines appropriate" all or part of the real property on which the Treasure Island Job Corps Center is located (included since FY2018).[19]

Table 4. Detailed DOL Appropriations

(Dollars in millions)

Agency or Selected Program	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
ETA—Mandatory[a]	**790**	**790**	**790**	**790**	**790**
ETA—Discretionary	**9,228**	**7,997**	**9,118**	**9,012**	**9,116**
Discretionary ETA Programs:					
Training and Employment Services:	3,486	3,221	3,501	3,474	3,503
State Formula Grants:	2,790	2,710	2,790	2,790	2,790
Adult Activities Grants to States	846	816	846	846	846
Youth Activities Grants to States	903	873	903	903	903
Dislocated Worker Activities (DWA) Grants to States	1,041	1,021	1,041	1,041	1,041
National Activities:	696	511	711	685	713
DWA National Reserve	221	146	221	200	221
Native Americans	54	0	54	55	55
Migrant and Seasonal Farmworkers	88	0	88	88	89
YouthBuild	90	85	90	93	90
Technical Assistance	0	2	0	0	0
Reintegration of Ex-Offenders	93	78	93	93	93
Workforce Data Quality Initiative	6	0	6	6	6

the employer meets certain conditions.

[16] See Division B, Title I, §108 of P.L. 115-245.

[17] See Division B, Title I, §113 of P.L. 115-245.

[18] See Division B, Title I, §115 of P.L. 115-245.

[19] See Division B, Title I, §116 of P.L. 115-245.

Agency or Selected Program	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
Apprenticeship Grants	145	200	160	150	160
Job Corps	1,719	1,297	1,719	1,719	1,719
Community Service Employment for Older Americans	400	0	400	400	400
State Unemployment Insurance and Employment Service Operations (SUI/ESO):	3,465	3,325	3,339	3,260	3,336
Unemployment Compensation	2,653	2,505	2,528	2,530	2,528
Employment Service	686	691	686	606	683
Foreign Labor Certification	62	62	62	62	62
One-Stop Career Centers	63	67	63	63	63
ETA Program Administration	159	154	159	159	159
Employee Benefits Security Administration	**181**	**190**	**187**	**181**	**181**
Pension Benefit Guaranty Corp, (PBGC) program level (non-add)[b]	***(424)***	***(445)***	***(445)***	***(445)***	***(445)***
Wage and Hour Division	**228**	**230**	**229**	**226**	**229**
Office of Labor-Management Standards	**40**	**47**	**40**	**42**	**41**
Office of Federal Contract Compliance Programs	**103**	**91**	**103**	**99**	**103**
Office of Workers' Compensation Programs—Mandatory[c]	**766**	**642**	**642**	**642**	**642**
Office of Workers' Compensation Programs—Discretionary	**118**	**115**	**118**	**118**	**118**
Occupational Safety & Health Administration	**553**	**549**	**557**	**545**	**558**
Mine Safety & Health Administration	**374**	**376**	**374**	**368**	**374**
Bureau of Labor Statistics	**612**	**609**	**615**	**612**	**615**
Office of Disability Employment Policy	**38**	**27**	**38**	**38**	**38**
Departmental Management	**743**	**630**	**748**	**688**	**751**
Salaries and Expenses	338	261	338	270	338
International Labor Affairs (non-add[d]*)*	*86*	*19*	*86*	*19*	*86*
Veterans Employment and Training	295	282	300	300	300
IT Modernization	21	0	21	29	23
Office of the Inspector General	89	88	89	89	89
Total, DOL BA in the Bill	**13,773**	**12,293**	**13,557**	**13,360**	**13,555**
Subtotal, Mandatory	**1,556**	**1,432**	**1,432**	**1,432**	**1,432**
Subtotal, Discretionary	**12,218**	**10,861**	**12,126**	**11,929**	**12,123**
P.L. 115-123 (emergency)	**130**	**-**	**-**	**-**	**-**
Memoranda					

Agency or Selected Program	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
Total, BA Available in Fiscal Year (current year from any bill)	**13,774**	**12,369**	**13,558**	**13,561**	**13,556**
Total, BA Advances for Future Years (provided in current bill)	**1,787**	**1,711**	**1,786**	**1,586**	**1,786**
Total, BA Advances from Prior Years (for use in current year)	**1,788**	**1,787**	**1,787**	**1,787**	**1,787**

Source: Amounts in this table are generally drawn from or calculated based on data contained in the conference report (H.Rept. 115-952) on the FY2019 LHHS omnibus (P.L. 115-245). Enacted totals for FY2018 do not include emergency-designated appropriations provided by P.L. 115-123. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

a. Mandatory funding within ETA goes to Federal Unemployment Benefits and Allowances (FUBA) and Advances to the Unemployment Trust Fund (UTF), if any. FUBA funds Trade Adjustment Assistance for Workers (TAA).

b. PBGC funding is provided outside the LHHS Appropriations Act.

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

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

Department of Health and Human Services (HHS)

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 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 reestimates of mandatory spending programs, where applicable.

[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)*.

About HHS

HHS is a large federal department composed of multiple agencies working to enhance the health and well-being of Americans. Annual LHHS appropriations laws direct funding to most (but not all) HHS agencies (see text box for HHS agencies supported by the LHHS bill).[21] For instance, the LHHS bill directs funding to five Public Health Service (PHS) agencies: the Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Substance Abuse and Mental Health Services Administration (SAMHSA), and Agency for Healthcare Research and Quality (AHRQ).[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.

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)

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.[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.

[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). In addition, while the National Institutes of Health (NIH) receive the majority of their appropriations from the LHHS bill, one NIH institute (the National Institute of Environmental Health Sciences) receives appropriations from two bills: LHHS and the Interior-Environment bill.

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

[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] ACL is a relatively new agency within HHS—it was established in April 2012 by consolidating 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. 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/.

FY2019 HHS Appropriations Overview

Table 5 displays enacted and proposed FY2019 funding levels for HHS, along with FY2018 levels. In general, discretionary funds account for about 10% of HHS appropriations in the LHHS bill. Compared to the FY2018 funding levels, the FY2019 LHHS omnibus increased HHS discretionary appropriations by 2.6%. The House committee bill would have increased HHS discretionary appropriations to a lesser degree, by 1.3%, whereas the Senate proposed a more substantial increase of 2.7%. In contrast, the President requested a 1.6% decrease in discretionary HHS funding.

Table 5. HHS Appropriations Overview

(Dollars in billions)

Funding	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
Discretionary	88.2	86.7	90.5	89.3	90.5
Mandatory	759.5	808.7	808.7	808.7	808.7
Total BA in the Bill	**847.6**	**895.4**	**899.2**	**898.0**	**899.2**
P.L. 115-123 (emergency)	**1.1**	**-**	**-**	**-**	**-**

Source: Amounts in this table are generally drawn from or calculated based on data contained in the conference report (H.Rept. 115-952) on the FY2019 LHHS omnibus (P.L. 115-245). Enacted totals for FY2018 do not include emergency-designated appropriations provided by P.L. 115-123. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

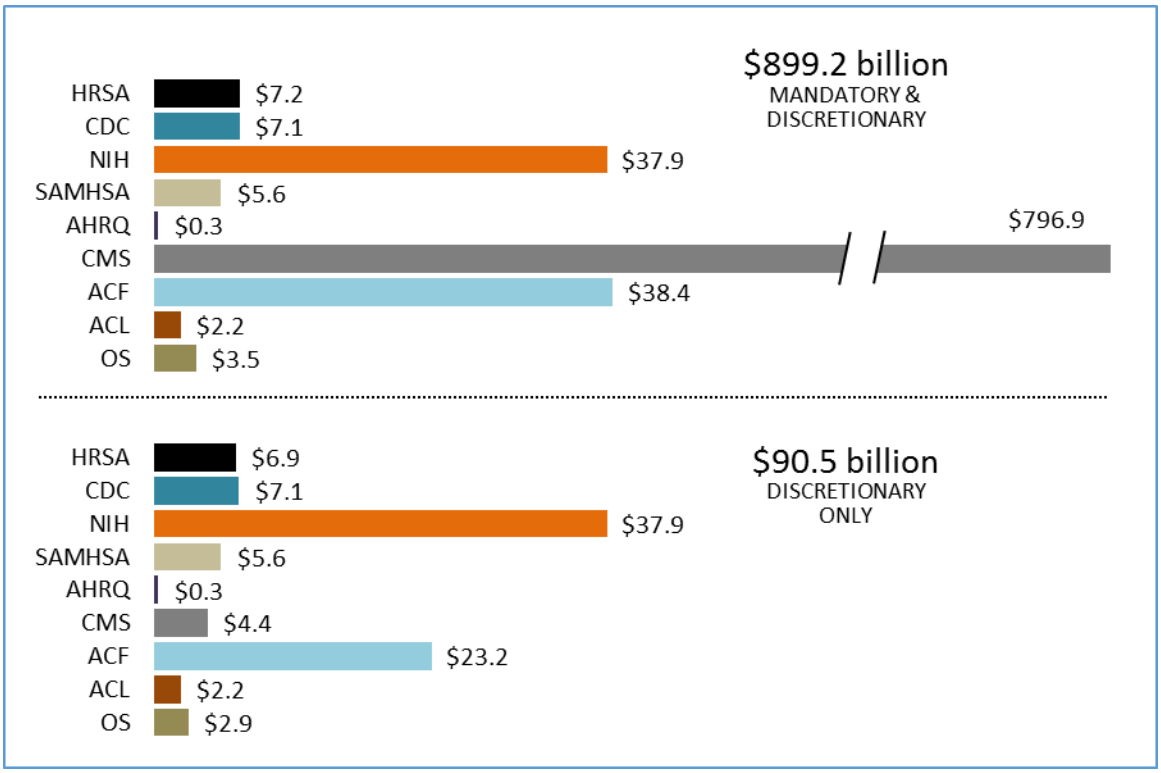
Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent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

Figure 3 provides an HHS agency-level breakdown of FY2019 enacted appropriations. As this figure demonstrates, annual HHS appropriations are dominated by mandatory funding, the majority of which goes to CMS to provide Medicaid benefits and payments to health care trust funds. When taking into account both mandatory and discretionary funding, CMS accounts for $796.9 billion, which is 88.6% of all enacted appropriations for HHS. ACF and NIH account for the next-largest shares of total HHS appropriations, receiving about 4.2% apiece.

By contrast, when looking exclusively at discretionary appropriations, funding for CMS constitutes about 4.9% of FY2019 enacted HHS appropriations. Instead, the bulk of discretionary appropriations went to the PHS agencies, which account for 63.5% of discretionary appropriations provided for HHS.[25] NIH typically receives the largest share of all discretionary funding among HHS agencies (41.9% in FY2019), with ACF accounting for the second-largest share (25.6% in FY2019).

[25] For further information about PHS agency funding, see CRS Report R44916, *Public Health Service Agencies: Overview and Funding (FY2016-FY2018).*

Figure 3. FY2019 Enacted HHS Appropriations by Agency



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the conference report (H.Rept. 115-952) on the FY2019 LHHS omnibus (P.L. 115-245). For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

Notes: Details may not add to totals due to rounding. The bar representing the combined mandatory and discretionary total for CMS has been abbreviated due to space constraints. When taking into account both mandatory and discretionary funding, CMS receives over 20 times the funding appropriated to either ACF or NIH in the FY2019 LHHS omnibus. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

Special Public Health Funding Mechanisms

Annual appropriations for HHS public health service agencies are best understood in the context of certain HHS-specific 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 have distributed specific amounts of "tap" funding to selected HHS programs. Since FY2010, and including in FY2019, this higher maximum set-aside level has been 2.5% of eligible appropriations.[26] (While the House committee bill would also have maintained the set-aside at 2.5%, the Senate-passed bill and the President's budget each proposed to increase the set-aside to 2.6% and 2.9%, respectively.)

Display of Evaluation Tap Transfers

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.

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 FY2019, LHHS appropriations laws have directed tap funds to a smaller number of programs or activities within three HHS agencies (NIH, SAMHSA, and OS) and have not provided any tap transfers to AHRQ, CDC, and HRSA. This has been particularly notable for AHRQ, which had been funded primarily through tap transfers from FY2003 to FY2014, but has received discretionary appropriations since then.[27] The House committee bill and the Senate-passed bill generally would have maintained the current distributional practice for FY2019. However, the President's budget proposed to expand the activities and agencies funded by the PHS tap to include the Public Health Scientific Services at the CDC, while simultaneously proposing to eliminate tap transfers to some other activities.

Since FY2015, LHHS appropriations laws have directed the largest share of tap transfers to NIH.[28] The FY2019 omnibus provided $1.1 billion in tap transfers to NIH, a $224 million (+24.3%) increase over the FY2018 level. The FY2019 House committee bill proposed that the NIH transfers be continued at FY2018 levels ($923 million), whereas the Senate-passed bill would have increased the transfer by $95 million (+10.3%). In contrast, the President's request proposed that the transfer be reduced by $182 million (-19.7%).

[26] See §204 of P.L. 115-245 for the FY2019 maximum set-aside level. The last time that an appropriations act set the PHS tap percentage at a level other than 2.5% was in FY2009, when it was 2.4% (see P.L. 111-8). The FY2019 omnibus also retained a change to this provision, first included in the FY2014 omnibus, allowing tap transfers to be used for the "evaluation and the implementation" of programs funded in the HHS title of the LHHS appropriations act. Prior to FY2014, such provisions had restricted tap funds to the "evaluation of the implementation" of programs authorized under the Public Health Service Act.

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

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

Prevention and Public Health Fund

The ACA both authorized and appropriated mandatory funding to three funds to support programs and activities within the PHS agencies.[29] One of these, the Prevention and Public Health Fund (PPHF, ACA §4002, as amended), was given a permanent, annual appropriation that was intended to provide support each year to prevention, wellness, and related public health programs funded through HHS accounts.

The ACA had appropriated $2 billion in mandatory funds to the PPHF for FY2019, but this amount has been reduced by subsequent laws that decreased PPHF funding for FY2019 and other fiscal years. Under current law, the FY2019 appropriation was $900 million.[30] In addition, this appropriation was subject to a 6.2% reduction due to sequestration of nonexempt mandatory spending. (For more information on sequestration, see the budget enforcement discussion in **Appendix A**.) After sequestration, the total PPHF appropriation available for FY2019 was $844 million, an increase of $4 million relative to FY2018. Of this amount, the LHHS omnibus allocated $805 million to CDC, $12 million to SAMHSA, and $28 million to ACL.[31]

PPHF funds are intended to supplement (sometimes quite substantially) the funding that selected programs receive through regular appropriations. Although the PPHF authority instructs the HHS Secretary to transfer amounts from the fund to HHS agencies, since FY2014 provisions in annual appropriations acts and accompanying reports have explicitly directed the distribution of PPHF funds and prohibited the Secretary from making further transfers for those years.[32]

Display of PPHF Transfers

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 the case for other mandatory spending shown in this report (also for consistency with source materials).

The CDC commonly receives the largest share of annual PPHF funds. The amount provided to the CDC for FY2019, $805 million, was a $4 million (+0.4%) increase relative to FY2018. The House committee bill and the Senate-passed bill each proposed increases to the CDC allocation (to $848 million and $808 million, respectively), while the President's request proposed eliminating the mandatory PPHF appropriation entirely.

Selected HHS Highlights by Agency

This section begins with a limited selection of FY2019 discretionary funding highlights by HHS agency. The discussion is largely based on the enacted and proposed appropriations levels for FY2019, compared to FY2018 enacted levels.[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 FY2018 enacted and FY2019 proposed and enacted funding levels for HHS.

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

[30] 42 U.S.C. 300u-11.

[31] See H.Rept. 115-952, p. 542, for allocations to specific agency programs and activities.

[32] See Section 222, Division B, P.L. 115-245.

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

HRSA

The FY2019 LHHS omnibus provided $6.9 billion in discretionary budget authority for HRSA. This was $107 million (+1.6%) more than HRSA's FY2018 discretionary funding level and $2.7 billion (-28.4%) less than the FY2019 President's budget request.

In several cases, the FY2019 President's budget proposed new or increased discretionary budget authority for HRSA programs that had previously been funded exclusively or jointly with mandatory appropriations from authorizing laws, such as the health centers program, the National Health Service Corps, and the Maternal, Infant, and Early Childhood Home Visiting program.[34] Simultaneously, the President's budget proposed to eliminate mandatory funding for these programs. However, authorizing law ultimately provided FY2019 mandatory appropriations for each of these programs and the FY2019 LHHS omnibus maintained discretionary appropriations for them at their FY2018 levels, where applicable.[35]

The FY2019 LHHS omnibus provided $286 million for Title X Family Planning, the same as FY2018. For the fourth year in a row, the House committee bill had proposed eliminating funding for Title X of the PHSA and also prohibiting the use of other HHS funds to carry out Title X. In contrast, the FY2019 Senate-passed bill and the FY2019 President's budget had proposed a flat funding level for Title X from FY2018, and no prohibition on the use of other HHS funds.

The FY2019 LHHS omnibus also continued to fund the Rural Communities Opioids Response program within HRSA's Rural Health account. The program was created in FY2018 to support treatment and prevention of substance use disorders in high-risk rural communities. The omnibus appropriated $120 million for the program, an increase of $20 million (+20.0%) from FY2018. HRSA is directed to use this increase to establish three Rural Centers of Excellence on substance use disorders. The LHHS omnibus provided Healthy Start an increase of $12 million (+10.9%) from FY2018 as part of a new initiative to reduce maternal mortality and increased funding to support maternal mortality reduction efforts under the Maternal and Child Health Block Grant by $26 million (+4.0%).

CDC

The FY2019 LHHS omnibus provided $7.1 billion in discretionary budget authority for CDC. This was $117 million (-1.6%) less than CDC's FY2018 funding level and $1.6 billion (+28.3%) more than the FY2019 President's budget request. The FY2019 LHHS omnibus did not direct any PHS tap funds to the CDC, continuing the practice started in FY2015. (The FY2019 President's budget had requested $136 million in tap funds.) However, the FY2019 LHHS omnibus did supplement discretionary CDC appropriations with $805 million in PPHF transfers to the CDC,

[34] These proposals had the effect of making the FY2019 President's request for discretionary HRSA budget authority significantly larger than the FY2018 enacted discretionary funding level for HRSA. However, when taking into account total budgetary resources requested, the FY2019 President's budget proposed a lower overall funding level for HRSA than had been provided in FY2018. This was driven by President's budget proposals to reduce or eliminate funds for a number of health care workforce, maternal and child health, and rural health programs. Taking into account all budgetary resources (mandatory and discretionary), the FY2019 President's request proposed a total funding level of $9.9 billion for HRSA, which is about $1.1 billion (-15%) less than the comparable FY2018 HRSA funding level. For more information, see CRS Report R45245, *Health Resources and Services Administration (HRSA) FY2019 Budget Request and Funding History: Fact Sheet*.

[35] For further discussion, see CRS Report R45245, *Health Resources and Services Administration (HRSA) FY2019 Budget Request and Funding History: Fact Sheet*.

which was $4 million (+0.4%) more than FY2018.[36] (Unlike FY2018, the FY2019 LHHS omnibus did not direct any transfers from the HHS Nonrecurring Expenses Fund (NEF) to the CDC.)[37]

A number of CDC accounts contained funding set aside to address the opioid crisis. For example, the HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases and Tuberculosis Prevention account received an increase of $5 million (+0.4%) from FY2018; the conference report specified that the increase be used for a new initiative targeting infectious disease consequences of the opioid epidemic.[38] With regard to the Injury Prevention and Control account, which was maintained at the FY2018 level of $649 million, the conference report directed HHS to reserve $476 million from this total for the CDC's Prescription Drug Overdose (PDO) activities, noting that these funds should be used to "advance the understanding of the opioid overdose epidemic and scale up prevention activities."[39] In addition, $10 million in PDO funding was to be dedicated to a nationwide opioid awareness and education campaign. The Birth Defects and Developmental Disabilities account received an increase of $15 million (+10.7%), of which $10 million was to support monitoring of mothers and babies affected by the Zika virus as well as other emerging health threats, such as opioid use during pregnancy, and $2 million was reserved specifically for activities related to neonatal abstinence syndrome.

NIH

The FY2019 LHHS omnibus provided $37.9 billion in discretionary budget authority for NIH. This was $1.8 billion (+4.9%) more than FY2018 and $4.1 billion (+12.3%) more than the President's FY2019 budget request. In addition, the FY2019 LHHS omnibus directed $1.1 billion in PHS tap transfers to NIH, an increase of $224 million (+24.3%) from FY2018. The entirety of the tap transfer was provided to the National Institute of General Medical Sciences (NIGMS), and was paired with a discretionary appropriation of $1.7 billion. The discretionary appropriation was $137 million (-7.3%) less than FY2018, but when combined with the tap transfer, total funding for NIGMS increased by $87 million (+3.1%) from FY2018.

When accounting for discretionary appropriations and PHS tap transfers, each of the NIH accounts in the LHHS bill received an increase from FY2018 levels. Compared to FY2018, the largest percentage increases went to the National Institute on Aging, which received a total of $3.1 billion (+19.8%), and the Buildings and Facilities account, which received $200 million (+55.2%).[40] In line with recent practice, the conference report on the FY2019 LHHS omnibus directed NIH to reserve a specific amount ($2.34 billion) for Alzheimer's disease research, referring to it as an increase of $425 million from FY2018.[41] Reserving a specific dollar amount

[36] H.Rept. 115-952, p. 542.

[37] The $250 million NEF transfer to the CDC Buildings and Facilities account in the FY2018 omnibus was to support the construction of a new Biosafety Level 4 laboratory. (That omnibus paired the NEF transfer with a dedicated discretionary appropriation of $240 million, for a combined funding level of $480 million for this construction project.) The FY2019 appropriation of $30 million for the CDC Buildings and Facilities account represented flat funding from FY2018, when excluding all the funds that were reserved for the biosafety laboratory construction project.

[38] H.Rept. 115-952, p. 523.

[39] Ibid, p 527.

[40] The House committee report explained that this increase was to support the buildings on the main NIH campus in Bethesda, MD; the Animal Center in Poolesville, MD; the NIEHS facility in Research Triangle Park, NC; and other smaller facilities throughout the United States. (H.Rept. 115-862, p. 77.)

[41] H.Rept. 115-952, p. 529.

for a particular disease or area of research at NIH is a relatively new practice and constitutes a significant departure from past precedent.[42]

The FY2019 LHHS omnibus appropriated $711 million to the NIH Innovation Account pursuant to the 21st Century Cures Act (P.L. 114-255), which was equal to the amount authorized to be appropriated in that act.[43] The conference report also reiterated the purposes authorized in the act, directing that NIH transfer $400 million to the National Cancer Institute to support cancer research, and $57.5 million each to the National Institute of Neurological Disorders and Stroke and the National Institute of Mental Health to support the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative. The remaining $196 million was divided between the Precision Medicine Initiative ($186 million) and regenerative medicine research ($10 million).[44]

SAMHSA

The FY2019 LHHS omnibus provided $5.6 billion in discretionary budget authority for SAMHSA. This amount was $584 million (+11.6%) more than SAMHSA's FY2018 funding level and $2.2 billion (+63.4%) more than the President's FY2019 budget request. In addition, the FY2019 LHHS omnibus also directed $134 million in PHS evaluation tap funding and $12 million in PPHF funding to SAMHSA, which was the same amount as FY2018.

State Opioid Response Grants received $1.5 billion in FY2019, a $500 million (+50%) increase from FY2018, which was the first year in which funding was provided for this program. However, the State Targeted Response to the Opioid Crisis (STR) grants that were appropriated $500 million in each of FY2017 and FY2018 did not receive appropriations in FY2019.[45] The FY2019 LHHS omnibus also included an increase of $50 million (+50.0%) from FY2018 for Certified Community Behavioral Health Centers. Mental Health Programs of Regional and National Significance (PRNS) and Substance Abuse Prevention PRNS each had a reduction of $43 million (-10.1% and -17.2%, respectively) from FY2018, while Substance Abuse Treatment PRNS had an increase of $55 million (+13.7) from FY2018.

CMS

The FY2019 LHHS omnibus provided $4.4 billion in discretionary budget authority for CMS. This was $20 million (+0.5%) more than FY2018 and $121 million (+2.8%) more than the

[42] As recently as December 2014, 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 [Alzheimer's disease] or for any other individual disease. Doing so would establish a dangerous precedent that could politicize the NIH peer review system. Nevertheless, in recognition that Alzheimer's disease poses a serious threat to the Nation's long-term health and economic stability, the agreement expects that a significant portion of the recommended increase for NIA should be directed to research on Alzheimer's. The exact amount should be determined by scientific opportunity of additional research on this disease and the quality of grant applications that are submitted for Alzheimer's relative to those submitted for other diseases." See *Congressional Record*, daily edition, vol. 160, no. 151, Book II (December 11, 2014), p. H9832.

[43] 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 (funded at $186 million in FY2019), the BRAIN Initiative (funded at $115 million in FY2019), cancer research (funded at $400 million), and regenerative medicine using adult stem cells (funded at $10 million).

[44] H.Rept. 115-952, p. 529.

[45] The STR funds were appropriated to the HHS Office of the Secretary, but SAMHSA ultimately received the funds and administered the program. The grants were initially authorized by the Cures Act for FY2017 and FY2018. They were reauthorized by the SUPPORT Act (P.L. 115-271) through FY2021, after the FY2019 LHHS omnibus was enacted.

FY2019 President's budget request. The LHHS omnibus appropriated $765 million for the CMS Health Care Fraud and Abuse Control (HCFAC) account, 2.7% more than FY2018, and slightly less (-0.6%) than the FY2019 President's request. Of the total amount appropriated for HCFAC, $454 million was effectively exempt from the discretionary budget caps. (See **Appendix A** for an explanation of the LHHS budget cap exemptions.)

The LHHS 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 FY2019 appropriation was the same amount that was proposed by the Senate-passed bill, but more than the amounts proposed by the President's budget (+3.6%) and the House committee bill (+4.8%). The omnibus maintained a general provision (§227), included in LHHS appropriations acts since FY2014, authorizing HHS to transfer additional funds into this account from Medicare trust funds. The terms of the provision required that such funds be used to support activities specific to the Medicare program, limited the amount of the transfers to $305 million, and explicitly prohibited such transfers from being used to support or supplant funding for ACA implementation. The House committee bill would have eliminated this provision.

ACF

The FY2019 LHHS omnibus provided $23.2 billion in discretionary budget authority for ACF. This was $357 million (+1.6%) more than FY2018 and $7.8 billion (+50.6%) more than the FY2019 President's budget request. The President's budget would have decreased ACF discretionary funding by roughly one-third relative to the prior year (-32.5%). The President's budget would have achieved much of its proposed reduction by eliminating certain programs within ACF, such as the Low Income Home Energy Assistance Program (LIHEAP), Preschool Development Grants (PDG), and the Community Services Block Grant (CSBG). Funding for these three programs was sustained or increased in the FY2019 LHHS omnibus: LIHEAP received $3.7 billion, PDG $250 million, and CSBG $725 million.

The LHHS omnibus provided $1.9 billion for the Refugee and Entrant Assistance programs account, an increase of $40 million (+2.2%) relative to FY2018. The LHHS omnibus retained a provision, included in LHHS appropriations since FY2015, authorizing HHS to augment appropriations for the Refugee and Entrant Assistance account by up to 10% via transfers from other discretionary HHS funds.

The conference report on the omnibus directed the majority of the appropriation for Refugee and Entrant Assistance programs toward the Unaccompanied Alien Children (UAC) program ($1.3 billion, the same as FY2018). The UAC program provides for the shelter, care, and placement of unaccompanied alien children who have been apprehended in the United States. The LHHS omnibus also included several new general provisions related to the UAC program. For instance, the law authorized HHS to accept donations for the care of UACs (§232), required HHS to submit a report on reunification of children with parents who are no longer in the United States (§233), and prohibited HHS appropriations from being used to prevent a Member of Congress from visiting a UAC facility for oversight purposes (§234). In addition, the conference report on the LHHS omnibus expressed an expectation that HHS would adhere to certain general provisions that had been included in the House committee bill (H.R. 6470), specifically provisions relating to sibling placement (§235), monthly reporting (§236), a report on preliterate children in custody (§541), a report on the mental health needs of children separated from their parents (§542), and a

sense of the Congress that immigrant children should not be separated from their parents and should be reunited immediately (§539).

A number of new directives and reporting requirements on the UAC program were also included in the conference report itself, as well as reports on the earlier committee-reported FY2019 LHHS bills. The conferees noted that HHS was expected to adhere to the requirements laid out in all three reports (unless a particular requirement in a committee report had been superseded by the LHHS omnibus or its conference report). These requirements addressed a range of topics related to, for instance, the administration of medication, questioning children about religion, sharing information on the whereabouts of children and parents, protecting genetic material, the provision of qualified and independent legal counsel, and expectations for communication with appropriations committees on various UAC issues.

AHRQ

The FY2019 LHHS omnibus provided $338 million in discretionary budget authority to AHRQ. This was 1.2% more than the FY2018 level of $334 million. The FY2019 LHHS omnibus did not direct any PHS tap transfers to AHRQ, which is in keeping with practices since FY2015 but contrasts with earlier years (FY2003-FY2014) in which AHRQ had been funded primarily with tap transfers.[46] The FY2019 omnibus continued to fund AHRQ as its own operating division, declining the President's proposal to consolidate AHRQ into NIH. The FY2019 President's request had proposed zero funding for AHRQ, proposing instead to continue funding many of AHRQ's activities through a new National Institute for Research on Safety and Quality (NIRSQ) in the NIH.[47]

ACL

The FY2019 LHHS omnibus provided $2.2 billion in discretionary budget authority for ACL. This was $25 million (+1.2%) more than FY2018. In addition, the FY2019 LHHS omnibus directed $28 million in PPHF transfers to ACL, the same as FY2018. The FY2019 LHHS omnibus specified that the PPHF transfers were for the Alzheimer's Disease Program, Chronic Disease Self-Management, and Elder Falls Prevention.

The FY2019 LHHS omnibus did not adopt the President's budget proposals to consolidate Chronic Disease Self-Management and Elder Falls Prevention into the Preventive Health Services Program, or to eliminate funding for the State Health Insurance Program, the Paralysis Resource Center, and the Limb Loss Resource Center.

The conference report on the FY2019 LHHS omnibus called on ACL to use a portion of the $181 million reserved for Family Caregiver Support Services to establish and carry out activities for

[46] In addition to funds provided through the annual appropriations process, AHRQ is also scheduled in FY2019 to receive a transfer of certain mandatory funds that were authorized and appropriated to the Patient-Centered Outcomes Research Trust Fund (PCORTF) by ACA Section 6301(e) (26 U.S.C. §9511). Transfers to AHRQ from the PCORTF are to be used to disseminate the results of patient-centered outcomes research. (PCORTF funds are generally not displayed in this report, as they are not provided by or modified through annual LHHS appropriations bills.) For more information on the PCORTF, see Appendix D of CRS Report R44916, *Public Health Service Agencies: Overview and Funding (FY2016-FY2018)*.

[47] HHS, NIH, National Institute for Research on Safety and Quality, *FY2019 Congressional Justification*, https://www.ahrq.gov/sites/default/files/wysiwyg/cpi/about/mission/budget/2019/NIRSQ.pdf. The President's request would have funded NIRSQ at $255 million for FY2019 (not counting transfers from the PCORTF). A similar proposal was made in the President's FY2018 request; see HHS, NIH, National Institute for Research on Safety and Quality, FY 2018 Congressional Justification—Budget Estimates for Appropriations Committees, May 23, 2017, https://www.ahrq.gov/sites/default/files/wysiwyg/cpi/about/mission/budget/2018/NIRSQ.pdf.

two newly authorized advisory councils. Specifically, the report recommended that ACL dedicate $300,000 to the Family Caregiving Advisory Council authorized under the RAISE Family Caregivers Act (P.L. 115-119) and $300,000 to the Advisory Council to Support Grandparents Raising Grandchildren authorized under the Supporting Grandparents Raising Grandchildren Act (P.L. 115-196). In addition, the conference report on the FY2019 LHHS omnibus called for a $5 million (+40.1%) increase under Aging Network Support Activities for a new Care Corps grants program. Care Corps grants are intended to support public agencies and nonprofits in placing volunteers to provide nonmedical care to help family caregivers, seniors, and individuals with disabilities to maintain independence.

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 FY2019 omnibus retained these existing restrictions (§§506 and 507).[48] In addition, the House committee bill proposed a new provision that was not enacted (§534) based on the Conscience Protection Act (H.R. 644, 115th Congress).[49] Among other things, this provision would have amended the Public Health Service Act to generally prevent federal, state, and local governments from penalizing or discriminating against health care providers who choose not to perform, pay for, or sponsor coverage of abortions.[50] However, the provision was not included in the LHHS omnibus.

Human Embryo Research: Since FY1996, annual LHHS appropriations have included a provision prohibiting any LHHS funds (including NIH funds) from being used to create human embryos for research purposes or for research in which human embryos are destroyed. The FY2019 omnibus retained these existing restrictions (§508).[51]

Needle Exchange Programs: Since FY1990, annual LHHS appropriations have generally included a provision prohibiting any LHHS funds from being used for needle exchange programs (i.e., programs in which sterile needles or syringes are made available to injection drug users in exchange for used needles or syringes to mitigate the spread of related infections, such as

[48] The current provisions are commonly referred to as the Hyde and Weldon Amendments. For additional information, see CRS Report RL33467, *Abortion: Judicial History and Legislative Response*.

[49] The Senate companion measure to H.R. 644 was S. 301.

[50] Section 534 of H.R. 6470 would have also established a private right of action for qualified parties who were penalized or otherwise discriminated against as a result of violations of the Public Health Service Act's conscience provisions, including those that would have been added by Section 534.

[51] The current provision is commonly referred to as the Dickey Amendment. For additional information, see CRS Report RL33540, *Stem Cell Research: Science, Federal Research Funding, and Regulatory Oversight*.

Hepatitis and HIV/AIDS).[52] Starting in FY2016, the provision was modified to allow funds to be used for needle exchange programs under the following conditions: (1) federal funds may not be used to purchase the needles, but may be used for other aspects of such programs; (2) the state or local jurisdiction must demonstrate, in consultation with CDC, that they are experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use; and (3) the program must be operating in accordance with state and local law. The FY2019 omnibus retained these existing restrictions and conditions (§529).[53]

Gun Control: Since FY1997, annual LHHS appropriations have included provisions prohibiting the use of certain funds for activities that advocate or promote gun control. Early versions of these provisions applied only to CDC; since FY2012, annual appropriations acts also have included HHS-specific restrictions, in addition to restrictions that apply to all LHHS funds (including funds transferred from the PPHF). The FY2019 omnibus retained these existing restrictions (§210 [HHS] and §503(c) [all LHHS, plus PPHF transfers]).

Restrictions on ACA Implementation: Since FY2011, annual LHHS appropriations have included provisions limiting or altering the ability of HHS to implement various aspects of the ACA.[54] The content and scope of these provisions has evolved over time. The FY2019 House committee bill contained two provisions related to this topic that were not included in the FY2018 omnibus. First, the FY2019 House committee bill (§528) 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.)[55] 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 (§527). The Senate bill did not include comparable provisions.

Table 6. HHS Appropriations Totals by Agency

(Dollars in millions)

HHS Agency	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
HRSA	**7,014**	**9,877**	**7,134**	**6,858**	**7,161**
Mandatory BA	268	308	308	308	308
Discretionary BA	6,746	9,569	6,826	6,550	6,853

[52] 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.

[53] The FY2019 House committee bill proposed modifying this provision by adding new language prohibiting funds from being used for the operation of a supervised drug consumption facility that permits the consumption onsite of any substance listed in the Schedule I of Section 202 of the Controlled Substances Act. However, this additional language was not included in the FY2019 LHHS omnibus.

[54] For more information, see CRS Report R44100, *Use of the Annual Appropriations Process to Block Implementation of the Affordable Care Act (FY2011-FY2017).*

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

HHS Agency	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
CDC[a]	**7,260**	**5,525**	**7,066**	**6,837**	**7,143**
Mandatory BA	55	0	55	55	55
Discretionary BA	7,205	5,525	7,010	6,782	7,088
Evaluation Tap Funding[b]	*0*	*136*	*0*	*0*	*0*
PPHF[c]	*801*	*0*	*808*	*848*	*805*
Nonrecurring Expenses Fund Transfer[d]	*240*	*0*	*0*	*0*	*0*
NIH[a]	**36,161**	**33,847**	**38,066**	**37,411**	**37,937**
Mandatory BA	0	55	0	0	0
Discretionary BA	36,161	33,792	38,066	37,411	37,937
Evaluation Tap Funding[b]	*923*	*741*	*1,018*	*923*	*1,147*
SAMHSA	**5,013**	**3,426**	**5,588**	**5,320**	**5,597**
Discretionary BA	5,013	3,426	5,588	5,320	5,597
Evaluation Tap Funding[b]	*134*	*121*	*134*	*362*	*134*
PPHF[c]	*12*	*0*	*12*	*0*	*12*
AHRQ[e]	**334**	**0**	**334**	**334**	**338**
Discretionary BA	334	0	334	334	338
CMS	**747,558**	**796,826**	**796,947**	**796,779**	**796,947**
Mandatory BA	743,143	792,512	792,512	792,512	792,512
Discretionary BA	4,415	4,314	4,435	4,267	4,435
ACF	**38,219**	**30,599**	**38,412**	**38,115**	**38,413**
Mandatory BA	15,365	15,182	15,202	15,202	15,202
Discretionary BA	22,853	15,417	23,209	22,913	23,210
ACL	**2,144**	**1,819**	**2,150**	**2,187**	**2,169**
Discretionary BA	2,144	1,819	2,150	2,187	2,169
PPHF[c]	*28*	*0*	*28*	*0*	*28*
Office of the Secretary (OS)	**3,904**	**13,494**	**3,517**	**4,156**	**3,493**
Mandatory BA	619	629	629	629	629
Discretionary BA	3,286	12,865	2,888	3,527	2,864
Evaluation Tap Funding[b]	*65*	*53*	*65*	*53*	*65*
Total, HHS BA in the Bill	**847,608**	**895,413**	**899,212**	**897,997**	**899,197**
Mandatory	**759,451**	**808,687**	**808,707**	**808,707**	**808,707**
Discretionary	**88,157**	**86,726**	**90,505**	**89,290**	**90,491**
P.L. 115-123 (emergency)	**1,062**	**-**	**-**	**-**	**-**
CDC	200	-	-	-	-

HHS Agency	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
NIH	50	-	-	-	-
ACF	650	-	-	-	-
OS	162	-	-	-	-
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	837,780	892,229	896,028	894,813	896,013
Total, BA Advances for Future Years (provided in current bill)	138,948	142,132	142,132	142,132	142,132
Total, BA Advances from Prior Years (for use in current year)	129,119	138,948	138,948	138,948	138,948

Source: Amounts in this table are generally drawn from or calculated based on data contained in the conference report (H.Rept. 115-952) on the FY2019 LHHS omnibus (P.L. 115-245). Enacted totals for FY2018 do not include emergency-designated appropriations provided by P.L. 115-123. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration (except for the estimated transfers from the Prevention and Public Health Fund), nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

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

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

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

d. The Nonrecurring Expenses Fund (NEF) was established by the Consolidated Appropriations Act of 2008, to enable the HHS Secretary to repurpose certain unobligated balances of expired discretionary funds appropriated to HHS from the General Fund. The FY2018 omnibus specified that HHS must transfer $240 million from the NEF to the CDC Buildings and Facilities account in FY2018. Amounts shown for the NEF transfer are *in addition to* amounts shown for budget authority.

e. The President's budget for FY2019 proposed that AHRQ be eliminated, and that certain functions be transferred to NIH. This proposal was not adopted by the House or the Senate version of the LHHS bill, or included in FY2019 enacted appropriations.

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

(Dollars in millions)

Agency or Selected Program	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
HRSA					
Community Health Centers	1,626	5,091	1,626	1,626	1,626
National Health Service Corps	105	310	105	105	105
Children's Hospitals Graduate Medical Education	315	0	325	325	325
Maternal & Child Health Block Grant	652	628	628	655	678
Autism and Other Developmental Disorders	49	0	49	52	51
Healthy Start	111	104	123	111	123
Ryan White AIDS Programs	2,319	2,260	2,319	2,319	2,319
Healthcare Systems Bureau	112	101	114	122	115
Rural Communities Opioid Response	100	0	120	83	120
Family Planning (Title X)	286	286	286	0	286
CDC					
Immunization and Respiratory Diseases	474	701	474	484	478
PPHF[a]	*324*	*0*	*324*	*324*	*321*
HIV/AIDS, Viral Hepatitis, STDs, TB Prevention	1,127	1,117	1,132	1,147	1,132
Emerging and Zoonotic Infectious Diseases	563	508	567	563	568
PPHF[a]	*52*	*0*	*52*	*52*	*52*
Chronic Disease Prevention and Health Promotion	915	939	909	911	933
PPHF[a]	*248*	*0*	*255*	*295*	*255*
Birth Defects and Developmental Disabilities	141	110	156	151	156
Public Health Scientific Services	490	332	497	495	496
Evaluation Tap Funding[b]	*0*	*136*	*0*	*0*	*0*
Environmental Health	189	157	190	184	192
PPHF[a]	*17*	*0*	*17*	*17*	*17*
Injury Prevention and Control	649	266	649	691	649
National Institute for Occupational Safety and Health	335	0	335	339	336
Global Health	489	409	489	489	489
Buildings and Facilities	270	30	30	30	30
Nonrecurring Expenses Fund Transfer[c]	*240*	*0*	*0*	*0*	*0*
NIH					
National Institute of General Medical Sciences	1,863	1,832	1,856	1,896	1,726

Agency or Selected Program	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
Evaluation Tap Funding	*923*	*741*	*1,018*	*923*	*1,147*
National Institute on Aging	2,574	1,988	3,085	3,006	3,083
National Institute on Drug Abuse	1,384	1,137	1,421	1,400	1,420
NIH Innovation Account[d]	496	711	711	711	711
SAMHSA					
Mental Health Programs of Regional & National Significance (PRNS)	427	283	433	412	384
PPHF	*12*	*0*	*12*	*0*	*12*
Mental Health Block Grant	702	542	727	702	702
Evaluation Tap Funding[b]	*21*	*21*	*21*	*21*	*21*
Certified Community Behavioral Health Clinics	100	0	150	0	150
Children's Mental Health	125	119	125	125	125
Substance Abuse Treatment PRNS	403	255	449	493	459
Evaluation Tap Funding[b]	*2*	*0*	*2*	*2*	*2*
Substance Abuse Block Grant	1,779	1,779	1,779	2,279	1,779
Evaluation Tap Funding[b]	*79*	*79*	*79*	*79*	*79*
State Opioid Response Grants	1,000	0	1,500	1,000	1,500
Substance Abuse Prevention PRNS	248	221	200	20	205
Health Surveillance and Support	129	127	129	134	129
Evaluation Tap Funding[b]	*31*	*20*	*31*	*31*	*31*
AHRQ[e]					
Research on Health Costs, Quality, and Outcomes	197	0	193	193	197
Medical Expenditure Surveys	66	0	70	70	70
Program Support	71	0	71	71	71
CMS					
CMS Program Management	3,670	3,544	3,670	3,502	3,670
Health Care Fraud and Abuse Control	745	770	765	765	765
ACF					
Low Income Home Energy Assistance Program Formula Grants	3,640	0	3,690	3,640	3,690
Refugee and Entrant Assistance Programs	1,865	1,792	1,905	1,865	1,905
Child Care and Development Block Grant	5,226	3,006	5,226	5,226	5,276
Head Start	9,863	9,275	10,113	9,913	10,063
Preschool Development Grants	250	0	250	250	250
Child Welfare Services	269	269	269	279	269

Agency or Selected Program	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
Adoption Opportunities	39	39	39	39	39
Community Services Block Grant	715	0	725	750	725
ACL					
Home & Community-Based Supportive Services	385	350	385	385	385
Family Caregiver Support Services	181	151	181	181	181
Nutrition Services Programs	897	838	897	897	907
Alzheimer's Disease Demonstrations	9	19	9	24	9
PPHF[a]	*15*	*0*	*15*	*0*	*15*
State Health Insurance Program (SHIP)	49	0	49	49	49
Paralysis Resource Center	8	0	9	8	9
Limb Loss Resource Center	4	0	4	4	4
Developmental Disabilities Programs	176	133	176	176	176
WIOA Activities (transferred from ED)	254	128	258	261	261
Office of the Secretary					
General Departmental Management	471	290	480	380	481
Evaluation Tap Funding[b]	*65*	*53*	*65*	*53*	*65*
Office of Nat'l Coord. for Health Information Technology	60	38	60	43	60
Office of the Inspector General	80	80	80	80	80
Public Health and Social Services Emergency Fund	1,953	2,304	2,046	2,813	2,021
State Response to the Opioid Abuse Crisis	500	0	0	0	0

Source: Amounts in this table are generally drawn from or calculated based on data contained in the conference report (H.Rept. 115-952) on the FY2019 LHHS omnibus (P.L. 115-245). Enacted totals for FY2018 do not include emergency-designated appropriations provided by P.L. 115-123. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration (except for the estimated transfers from the Prevention and Public Health Fund), nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

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

b. By convention, this table shows the amount of PHS Evaluation Tap funds received by an agency for a particular program or activity separately from the budget authority appropriated for that program or

activity. Tap amounts are *in addition to* amounts shown for budget authority, though the amounts shown for budget authority have not been adjusted to reflect potential "transfer-out" of funds to the tap.

c. The NEF was established by the Consolidated Appropriations Act of 2008, to enable the HHS Secretary to repurpose certain unobligated balances of expired discretionary funds appropriated to HHS from the General Fund. The FY2018 omnibus specified that HHS must transfer $240 million from the NEF to the CDC Buildings and Facilities account in FY2018. Amounts shown for the NEF transfer are in addition to amounts shown for budget authority.

d. 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 (funded at $186 million in FY2019), the BRAIN Initiative (funded at $115 million in FY2019), cancer research (funded at $400 million), and regenerative medicine using adult stem cells (funded at $10 million).

e. The President's budget for FY2019 proposed that AHRQ be eliminated, and that certain functions be transferred to NIH. This proposal was not adopted by the House or the Senate version of the LHHS bill, or included in FY2019 enacted appropriations.

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 the Federal Direct Student Loan program and the mandatory portion of the Federal Pell Grant program). 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 reestimates of mandatory spending programs, where applicable.

About ED

Federal policymakers established the U.S. Department of Education (ED) in 1980.[56] Its mission is to "promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access."[57] Typically, about three-quarters of ED's discretionary appropriations go either to local educational agencies—which primarily use the funds to provide educational and related services for economically disadvantaged students and students with disabilities—or to low-income postsecondary students in the form of Pell Grants, which help pay for college. The remainder of ED's discretionary budget provides for a wide range of activities, including (but not limited to) support for minority-serving institutions; educational research; and career, technical, and adult education.

The federal government provides roughly 7% of overall funding for elementary and secondary education in the United States.[58] The majority of school funding—about 83%—comes from states and local districts, which have primary responsibility for the provision of elementary and

[56] 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.

[57] U.S. Department of Education, "About ED," ED website at http://www2.ed.gov/about/landing.jhtml, accessed on November 29, 2018.

[58] U.S. Department of Education, "*The FY 2019 Education Budget Summary and Background Information,"* "Appendix: Total Expenditures for Elementary and Secondary Education in the U.S.," at https://www2.ed.gov/about/overview/budget/budget19/summary/19summary.pdf.

secondary education. With regard to higher education, the federal government provided roughly 61% of undergraduate and graduate student aid in academic year (AY) 2017-2018.[59]

FY2019 ED Appropriations Overview

Table 8 displays FY2019 discretionary and mandatory ED budget authority provided and proposed, along with FY2018 enacted levels. Discretionary funds represent the majority of ED's annual appropriations, accounting for roughly 95% of the FY2018 and FY2019 enacted levels.[60] The FY2019 enacted discretionary ED appropriations were 0.8% higher than FY2018 levels. Proposed discretionary ED appropriations for FY2019 compared to FY2018 would have decreased under the President's budget (-10.8%) and increased slightly under the Senate floor and House committee bills (+0.8 and +0.2, respectively).

Table 8. ED Appropriations Overview

(Dollars in billions)

Funding	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
Discretionary	70.9	63.2	71.4	71.0	71.4
Mandatory	3.5	3.5	3.5	3.5	3.5
Total BA in the Bill	**74.3**	**66.7**	**74.9**	**74.5**	**75.0**
P.L. 115-123 (emergency)	**2.8**	**-**	**-**	**-**	**-**

Source: Amounts in this table are generally drawn from or calculated based on data contained in the conference report (H.Rept. 115-952) on the FY2019 LHHS omnibus (P.L. 115-245). Enacted totals for FY2018 do not include emergency-designated appropriations provided by P.L. 115-123. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

Selected ED Highlights

The following sections highlight FY2019 appropriations for selected ED accounts and programs.[61] **Table 9** tracks funding levels for major ED budget and appropriations accounts.

[59] For the purposes of this calculation, the federal contribution included $154 billion (grants, loans, work-study, and tax benefits) out of a total of $253 billion (federal aid, state aid, institutional grants, nonfederal loans, and private and employer-provided grants). See the College Board's Trends in Student Aid 2018, p. 9, https://trends.collegeboard.org/sites/default/files/2018-trends-in-student-aid.pdf.

[60] The only mandatory ED funding provided in the LHHS Appropriations Act in each of these years is for Vocational Rehabilitation State Grants.

[61] ED budget materials can be found at https://www2.ed.gov/about/overview/focus/performance.html.

Career and Technical Education

The FY2019 LHHS omnibus appropriated nearly $1.3 billion for career and technical education, a 5.8% increase from the FY2018 level of $1.2 billion. The President's budget requested approximately $1.1 billion for CTE. The Senate bill would have kept CTE funding at the FY2018 level, whereas the House committee bill would have appropriated just over $1.3 billion.

The Carl D. Perkins Career and Technical Education Act (Perkins Act) is the primary federal law aimed at developing and supporting career and technical education (CTE) programs at the secondary and postsecondary educational levels.[62] Recipients of Perkins funds are required to use those funds for a variety of purposes that help CTE students attain technical skills and earn an industry-recognized credential, certificate, or a postsecondary degree.

Prior to the 115th Congress, the Perkins Act had most recently been reauthorized in 2006 by the Carl D. Perkins Career and Technical Education Act of 2006 (Perkins IV; P.L. 109-270). In 2018, the Perkins Act was comprehensively reauthorized once again through the passage of the Strengthening Career and Technical Education for the 21st Century Act (Perkins V; P.L. 115-224). Perkins V was signed into law by President Trump on July 31, 2018, and went into effect on July 1, 2019.

Student Financial Assistance

The Pell Grant program within the Student Financial Assistance account provides need-based financial aid primarily to low-income undergraduate students to help them cover the cost of higher education.[63] Pell Grants are the largest single source of federal grant aid for undergraduate students; they are projected to provide approximately $30 billion in aid to roughly 7.6 million undergraduate students in the 2019-2020 award year.[64] The FY2019 enacted discretionary appropriation of $22.5 billion provided level funding compared to FY2018. The President's budget, the Senate bill, and the House committee bill all proposed level funding.

The FY2019 LHHS omnibus increased the discretionary maximum Pell Grant award level to $5,135, which is $100 higher than the FY2018 level. The Senate bill recommended that same amount. The House committee bill did not recommend an increase. The President's budget, which was released before the FY2018 appropriations were finalized, requested the same discretionary maximum Pell Grant award level as in FY2017: $4,860.

The total maximum Pell Grant award is the sum of the discretionary maximum award level and the mandatory add-on award level. The discretionary award program costs may be funded through (1) annual discretionary appropriations; (2) a permanent, definite mandatory appropriation; and (3) the Pell Grant program surplus.[65] The mandatory add-on award program costs are funded by a permanent, indefinite mandatory appropriation. Both mandatory

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[62] For more information on the Perkins Act, see CRS Report R44542, *Carl D. Perkins Career and Technical Education Act of 2006: An Overview*.

[63] 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*.

[64] U.S. Department of Education, "Student Aid Overview," *Justification of Appropriation Estimates to the Congress: Fiscal Year 2019*, pp. N-6–N-7.

[65] Because discretionary funds and the base award are appropriated in advance of the award year, they are based on cost estimates. This can result in surpluses (or shortfalls) in discretionary appropriations. When annual discretionary appropriations exceed annual discretionary program costs, the Pell Grant program is able to accumulate a surplus that remains available to fund discretionary award program costs in subsequent years. The Congressional Budget Office (CBO) has estimated a surplus of $7.4 billion at the start of FY2019. See Congressional Budget Office, *Pell Grant Program—CBO's April 2018 Baseline,* April 2018.

appropriation sources are provided outside the annual appropriations process, are authorized by and funded in the Higher Education Act (HEA), and do not appear in **Table 9**.

As a result of Pell Grant award rules established in the HEA, the increase in the discretionary maximum Pell Grant award level increases FY2019 program costs, assuming no other changes. In order to pay for the estimated increase in FY2019 mandatory add-on award program costs, the LHHS omnibus reduced the FY2019 definite mandatory appropriation from $1.409 billion to $1.370 billion (§311). The Senate bill would have reduced the FY2019 definite mandatory appropriation by the same amount, while the House committee bill would not have reduced it. (The President's budget also proposed a reduction in the FY2019 definite mandatory appropriation, but that reduction was to fund a policy proposal that was subsequently implemented by the FY2018 appropriations act.)

The FY2019 LHHS omnibus implemented another provision related to the Pell Grant program surplus: it rescinded $600 million of the surplus, which offset the cost of appropriations in the act.

Free Application for Federal Student Aid (FAFSA)

ED collects and processes information from prospective postsecondary students to determine eligibility for federal loans, grants, and other types of financial aid using the Free Application for Federal Student Aid (FAFSA).[66] Through the FAFSA, students provide information on income, assets, and other characteristics. The Higher Education Act (HEA) permits student information from the FAFSA to be shared with state agencies and institutions of higher education to help determine federal and nonfederal aid.[67]

The FY2019 LHHS omnibus included a general provision authorizing institutions of higher education to share, with the applicant's explicit written consent, information collected from the FAFSA with a scholarship granting organization or an organization assisting the applicant in applying for and receiving federal, state, local, or tribal assistance (§312). The omnibus prohibits organizations that receive such information from selling or otherwise sharing it. The omnibus specifies that this provision is to remain in effect until Title IV of the HEA is reauthorized.

Table 9. Detailed ED Appropriations

(Dollars in millions)

Account and Selected Program	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
Education for the Disadvantaged	**16,444**	**15,927**	**16,569**	**16,444**	**16,544**
Grants to Local Educational Agencies	15,760	15,460	15,885	15,760	15,860
Comprehensive Literacy Development Grants	190	0	190	190	190
Impact Aid	**1,414**	**1,260**	**1,439**	**1,466**	**1,446**
School Improvement Programs	**5,158**	**645**	**5,292**	**5,258**	**5,247**
Supporting Effective Instruction State Grants	2,056	0	2,056	2,056	2,056

[66] The statutory authorization for the FAFSA is in Section 483 of the HEA (20 U.S.C. 1090).

[67] See Section 483(a)(10) of the HEA (20 U.S.C. 1090[a][10]). For more information on how federal aid is calculated, see CRS Report R44503, *Federal Student Aid: Need Analysis Formulas and Expected Family Contribution.*

Account and Selected Program	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
21st Century Community Learning Centers	1,212	0	1,212	1,212	1,222
Student Support and Academic Enrichment Grants	1,100	0	1,225	1,200	1,170
Indian Education	**180**	**165**	**180**	**180**	**180**
Innovation and Improvement	**982**	**1,778**	**1,042**	**1,058**	**1,036**
Safe Schools and Citizenship Education	**186**	**43**	**191**	**186**	**191**
English Language Acquisition	**737**	**737**	**737**	**737**	**737**
Special Education	**13,366**	**13,052**	**13,494**	**13,423**	**13,469**
Part B—Assistance for Education of all Children with Disabilities	12,659	12,371	12,784	12,723	12,756
Part C—Infants and Toddlers with Disabilities	470	459	470	470	470
Rehabilitation Services	**3,587**	**3,635**	**3,656**	**3,658**	**3,657**
Vocational Rehabilitation State Grants (mandatory)	3,453	3,522	3,522	3,522	3,522
Special Institutions for Persons with Disabilities	**228**	**217**	**240**	**238**	**242**
Career, Technical, and Adult Education	**1,831**	**1,637**	**1,856**	**1,945**	**1,926**
Career and Technical Education	1,200	1,138	1,200	1,315	1,270
Student Financial Assistance	**24,445**	**22,975**	**24,445**	**24,445**	**24,445**
Pell maximum grant (non-add)	*5,035*	*4,860*	*5,135*	*5,035*	*5,135*
Federal Pell Grant Program	22,475	22,475	22,475	22,475	22,475
Federal Direct Student Loan Program Account	**350**	**0**	**350**	**0**	**350**
Student Aid Administration	**1,679**	**1,772**	**1,679**	**1,679**	**1,679**
Higher Education	**2,247**	**1,486**	**2,261**	**2,301**	**2,312**
Federal TRIO Programs	1,010	950	1,010	1,060	1,060
Howard University	**233**	**222**	**237**	**233**	**237**
College Housing & Academic Facilities Loans[a]	**0**	**0**	**0**	**0**	**0**
HBCU Capital Financing Program Account	**30**	**20**	**30**	**30**	**40**
Institute of Education Sciences	**613**	**522**	**615**	**613**	**615**
Departmental Management	**608**	**630**	**616**	**611**	**616**
Total, ED BA in the Bill	**74,320**	**66,723**	**74,930**	**74,506**	**74,970**
Subtotal, Mandatory	**3,453**	**3,522**	**3,522**	**3,522**	**3,522**
Subtotal, Discretionary	**70,867**	**63,201**	**71,408**	**70,984**	**71,448**
P.L. 115-123	**2,795**	**-**	**-**	**-**	-
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	74,320	66,723	74,930	74,306	74,970

Account and Selected Program	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
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 in this table are generally drawn from or calculated based on data contained in the conference report (H.Rept. 115-952) on the FY2019 LHHS omnibus (P.L. 115-245). Enacted totals for FY2018 do not include emergency-designated appropriations provided by P.L. 115-123. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

a. 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 Social Security benefit payments). 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 reestimates of mandatory spending programs, where applicable.

FY2019 Related Agencies Appropriations Overview

Table 10 displays FY2019 proposed and enacted funding levels for LHHS related agencies, along with FY2018 enacted levels. In general, discretionary funds constitute about 20% of total appropriations for LHHS related agencies each year. The FY2019 omnibus increased discretionary appropriations for related agencies by about 0.1% compared to FY2018. The President's budget and the House committee bill would have decreased discretionary appropriations for related agencies by about 14.0% and 2.2%, respectively, while the Senate-passed bill would have increased such appropriations by 0.5%.

Table 10. Related Agencies Appropriations Overview

(Dollars in billions)

Funding	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
Discretionary	15.3	13.2	15.4	15.0	15.3
Mandatory	53.0	56.2	56.2	56.2	56.2
Total BA in the Bill	**68.3**	**69.3**	**71.5**	**71.1**	**71.5**

Source: Amounts in this table are generally drawn from or calculated based on data contained in the conference report (H.Rept. 115-952) on the FY2019 LHHS omnibus (P.L. 115-245). For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

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

When looking exclusively at discretionary funding, SSA received 84.7% of discretionary appropriations for LHHS related agencies in the FY2019 LHHS omnibus. After SSA, the next-largest related agency in terms of appropriations is usually the Corporation for National and Community Service (CNCS), which accounted for about 1.5% of total appropriations and 7.1% of discretionary appropriations to LHHS related agencies in FY2019. 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 FY2019 appropriations issues for selected related agencies. **Table 11** tracks funding levels for these related agencies.

SSA Limitation on Administrative Expenses (LAE)

The SSA LAE account consists mainly of funds that are used by SSA to administer the Social Security and SSI programs and to support CMS in administering portions of Medicare. The account also contains funds that are specifically set aside for certain program integrity activities, such as continuing disability reviews (CDRs) and SSI nonmedical redeterminations. The FY2019 LHHS omnibus provided $12.9 billion to the LAE account, which was a slight increase (+$2 million) over the FY2018 enacted level. The President's request would have provided about $482 million less (-3.7%) for the LAE account relative to FY2018. The Senate-passed bill would have increased LAE funding by $77 million (+0.6%) compared to FY2018, while the House committee bill would have decreased LAE funding by $318 million (-2.5%).

Of the $12.9 billion provided to the LAE account for FY2019, nearly $1.7 billion (13.1%) was dedicated to program integrity activities. The program integrity portion of the LAE account included $273 million in "base" funding subject to the discretionary spending caps established by the Budget Control Act of 2011, as well as additional funding that was effectively exempt from those caps and subject to an annual limit ("cap adjustment funding"; see **Appendix A** for further information). The FY2019 LHHS omnibus provided $1.4 billion in cap adjustment funding, which was the maximum amount permitted for FY2019.[68] However, because federal law allowed more cap adjustment funding for FY2018 than for FY2019, the combined amount of program integrity funding enacted for FY2019 was $52 million (-3.0%) less than the combined amount enacted for FY2018. All three proposals would have also provided the maximum amount of cap adjustment funding permitted for FY2019.

Corporation for National and Community Service

The CNCS is an independent federal agency that administers a variety of national and community service programs, such as AmeriCorps and the National Senior Volunteer Corps.[69] The FY2019 LHHS omnibus provided $1.1 billion in total CNCS funding, a $19 million (+1.8%) increase over the FY2018 enacted level. The FY2019 President's budget had requested $123 million (-88.5%) for CNCS, noting that these funds would be used to execute an orderly shutdown of CNCS operations, with the agency's closure slated to be complete by the end of FY2019.[70] Both the House committee bill and the Senate-passed bill declined the President's proposal, with the House proposing to retain CNCS funding at its FY2018 level of $1.1 billion (0.0%), while the Senate-passed bill would have modestly reduced agency funding by $6 million (-0.5%).

National Labor Relations Board (NLRB)

The NLRB is an independent board that enforces provisions in the National Labor Relations Act (NLRA). The FY2019 LHHS omnibus maintained the FY2018 funding levels for the NLRB of $274 million. The FY2019 President's budget and the House committee bill would have decreased funding for the NLRB by $25 million (-9.2%) and by $13 million (-4.7%), respectively, while the Senate-passed bill would have provided the same amount as FY2018.

The FY2019 LHHS omnibus retained a provision that has been included in the LHHS bill since FY2012 that prohibits any funds appropriated to the NLRB in the bill, or any prior appropriations act, from being used to issue a directive or regulation to provide employees a means of voting through any electronic method in an election determining representation for collective bargaining (§407). The FY2019 LHHS omnibus, however, did not include two NRLB-related provisions proposed by the House committee bill that would have

- prohibited any funds made available by the bill from being used to 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 (§408 of H.R. 6470); and

[68] See 2 U.S.C. §901(b)(2)(B).

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

[70] The budget request indicated that the elimination of CNCS would return the "responsibility to fund national service and volunteerism to the private and nonprofit sectors." See Corporation for National and Community Service, *Congressional Budget Justification, Fiscal Year 2019*, February 12, 2018, p. 1, https://www.nationalservice.gov/sites/default/files/documents/CNCS_FY%202019_CBJFinalPDF_508.pdf.

- prohibited any funds made available by the bill from being used to enforce the NLRA against any Indian tribe (§409 of H.R. 6470).

Table 11. Detailed Related Agencies Appropriations

(Dollars in millions)

Agency, Program, Project, or Activity	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
Committee for Purchase from People Who Are Blind or Severely Disabled (U.S. AbilityOne Commission)	**8**	**9**	**8**	**8**	**8**
Corporation for National and Community Service (CNCS)	**1,064**	**123**	**1,058**	**1,064**	**1,083**
Selected CNCS Programs/Initiatives:					
Volunteers in Service to America (VISTA)	92	5	92	92	92
National Senior Volunteer Corps	202	0	202	202	208
AmeriCorps State and National Grants	412	2	415	412	425
National Civilian Community Corps	32	24	32	32	32
National Service Trust	207	0	198	207	207
Corporation for Public Broadcasting (CPB)	**465**	**0**	**465**	**465**	**465**
Federal Mediation and Conciliation Service	**47**	**47**	**47**	**47**	**47**
Federal Mine Safety and Health Review Commission	**17**	**17**	**17**	**17**	**17**
Institute of Museum and Library Services (IMLS)	**240**	**23**	**242**	**240**	**242**
Medicaid and CHIP Payment and Access Commission (MACPAC)	**8**	**9**	**8**	**8**	**8**
Medicare Payment Advisory Commission (MedPAC)	**13**	**12**	**13**	**13**	**13**
National Council on Disability	**3**	**3**	**3**	**3**	**3**
National Labor Relations Board (NLRB)	**274**	**249**	**274**	**261**	**274**
National Mediation Board	**14**	**13**	**14**	**14**	**14**
Occupational Safety and Health Review Commission	**13**	**13**	**13**	**13**	**13**
Railroad Retirement Board (RRB)	**156**	**142**	**153**	**153**	**153**
Dual Benefits (minus tax receipts)	21	18	18	18	18
Federal Payment to RR Retirement Account (mandatory)[a]	0	0	0	0	0
Limitation on Administration	124	115	124	126	124
Inspector General	11	8	11	9	11
Social Security Administration (SSA)	**65,982**	**68,647**	**69,205**	**68,814**	**69,130**
Payments to Social Security Trust Funds (mandatory)	11	11	11	11	11
Supplemental Security Income (SSI) (mandatory)	52,996	56,143	56,143	56,143	56,143
Limitation on Administrative Expenses (LAE)	12,869	12,387	12,946	12,551	12,871
Regular LAE (incl. user fees, non-add)	11,134	10,704	11,263	10,868	11,188

Agency, Program, Project, or Activity	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (H.R. 6157)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
Program Integrity (non-add)	1,735	1,683	1,683	1,683	1,683
Office of Inspector General	106	106	106	109	106
Total, Related Agencies BA in the Bill	**68,304**	**69,306**	**71,521**	**71,120**	**71,471**
Subtotal, Mandatory	**53,008**	**56,154**	**56,154**	**56,154**	**56,154**
Subtotal, Discretionary	**15,297**	**13,152**	**15,367**	**14,966**	**15,317**
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	63,804	69,551	71,321	70,920	71,271
Total, BA Advances for Future Years (provided in current bill)	19,945	19,700	20,145	20,145	20,145
Total, BA Advances from Prior Years (for use in current year)	15,445	19,945	19,945	19,945	19,945

Source: Amounts in this table are generally drawn from or calculated based on data contained in the conference report (H.Rept. 115-952) on the FY2019 LHHS omnibus (P.L. 115-245). For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

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

Appendix A. Budget Enforcement Activities

The framework for budget enforcement under the congressional budget process has both statutory and procedural elements. 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 the statutory budget enforcement requirements that apply to FY2019 discretionary spending under the BCA were altered the prior fiscal year by the Bipartisan Budget Act of 2018 (BBA 2018; P.L. 115-123), which was enacted on February 9, 2018. This law increased the defense and nondefense discretionary spending limits for FY2018 and FY2019, and extended mandatory spending sequestration through FY2027.[71]

Budget Control Act and Sequestration

The BCA provides budget process mechanisms to reduce mandatory spending and further reduce discretionary spending over an extended period.[72] For mandatory spending, reductions are to occur through sequestration in each of fiscal years between FY2013-FY2027.[73] 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 require a sequester of discretionary spending in FY2014-FY2021 unless one or both of the statutory discretionary spending limits (defense and nondefense) is breached. Only discretionary spending subject to a given spending limit is affected by a breach of that limit, and the LHHS bill only includes funding in the nondefense category.

FY2019

On February 12, 2018, concurrent with the release of the President's budget, President Trump issued the required FY2019 sequestration order, calling for nonexempt mandatory spending to be reduced on October 1, 2018.[74] The Office of Management and Budget (OMB) estimated that the FY2019 sequestration percentages would equal 2% of nonexempt Medicare spending and 6.2% of other nonexempt nondefense mandatory spending, for a total reduction of $19 billion in FY2019.[75] (OMB also estimated an 8.7% reduction, totaling $809 million, in nonexempt defense mandatory spending, which does not affect LHHS funds.)

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[71] For a discussion of how these discretionary spending requirements for FY2014-FY2017 were modified by the Bipartisan Budget Act of 2013 and the Bipartisan Budget Act of 2015, see CRS Report R43236, *Labor, Health and Human Services, and Education: FY2014 Appropriations*; and CRS Report R44287, *Labor, Health and Human Services, and Education: FY2016 Appropriations*.

[72] 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.

[73] As originally enacted, mandatory sequestration was scheduled to run through FY2021, but this period has subsequently been incrementally extended to FY2027 by P.L. 113-67, P.L. 113-82, P.L. 114-74, and P.L. 115-123.

[74] *Sequestration Order for Fiscal Year 2019*, *Federal Register* Volume 83, Issue 32 (February 15, 2018), https://www.govinfo.gov/app/details/FR-2018-02-15/2018-03271.

[75] *OMB Report to the Congress on the Joint Committee Reductions for Fiscal Year 2019*, February 12, 2018, available at https://www.whitehouse.gov/wp-content/uploads/2018/02/Sequestration_Report_February_2018.pdf. See the

With regard to discretionary spending, the FY2019 statutory spending limits as specified in BBA 2018 were $647 billion for defense spending and $597 billion for nondefense spending; each of these levels was $18 billion more than their respective FY2018 limits. Once all annual appropriations acts were enacted for FY2019 and allowable adjustments to the spending limits were made, OMB determined that those appropriations did not violate either the defense or the nondefense limit.[76]

Cap Adjustments, Exemptions, and Special Rules

The BCA allows for certain adjustments to the discretionary spending limits for FY2012-FY2021. For LHHS, the BCA as originally enacted allowed 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).[77] The Bipartisan Budget Act of 2015 (P.L. 114-74) 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 Special Assistant 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 compared to what was previously allowed, but less generous in FY2021.[78]

The BBA 2018 added a new cap adjustment that also involves a LHHS activity. This new cap adjustment allows increases to the nondefense limit (up to a point) to accommodate new budget authority for the DOL to help fund the reemployment services and eligibility assessments conducted by the states related to unemployment compensation.[79]

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 originally applied 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.[80] For FY2019, the NIH Innovation Account was the only LHHS funding to be subject to the Cures Act budget enforcement procedures.

The Cures Act created the NIH Innovation and State Response to the Opioid Abuse Crisis 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

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report's appendix for an itemized list of budget accounts that include mandatory spending subject to sequestration in FY2018, the dollar amounts subject to sequestration (based on OMB's current law baseline), the percentage by which they would be reduced, and the dollar amount of the reduction. While the report displays reductions at the *account* level, the sequester itself is implemented at the *program, project, or activity* level.

[76] OMB, Budget Enforcement Act Report (*Seven-Day-After), Consolidated Appropriations Act, 2019*, February 27, 2019, https://www.whitehouse.gov/wp-content/uploads/2019/02/7-Day-After-Report_CR_2-27-19_Speaker.pdf.

[77] For further information about the allowable FY2018 adjustments, see *OMB Sequestration Preview Report to the President and Congress for Fiscal Year 2018*, May 23, 2017, https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/sequestration_reports/2018_preview_report_may2017_potus.pdf.

[78] For further information, see CRS Report R44250, *Social Security and Social Security Disability Insurance (SSDI) Provisions in the Bipartisan Budget Act of 2015*.

[79] For information on the programmatic changes associated with this cap adjustment that were also included in the BBA 2018, see CRS Report R44836, *Unemployment Insurance: Legislative Issues in the 115th Congress*.

[80] 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)*.

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. The Cures Act ensured that appropriations from these accounts will not count against any spending limits, such as the statutory discretionary spending limits imposed by the BCA; that is, the amounts appropriated from these accounts will be considered to be outside those limits.

An additional set of statutory exemptions and special rules that apply to sequestration are relevant for the LHHS bill. The LHHS bill contains several programs that are exempt from sequestration, including Medicaid, payments to health care trust funds, Supplemental Security Income, Special Benefits for Disabled Coal Miners, retirement pay and medical benefits for commissioned Public Health Service officers, foster care and adoption assistance, and certain family support payments. The LHHS bill also contains several programs that are subject to special rules under sequestration, such as unemployment compensation, certain student loans, health centers, and portions of Medicare.[81]

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.

For the FY2019 appropriations cycle, the House and the Senate did not adopt a budget resolution.[82] Instead, the House and Senate both used authority granted in the BBA 2018 for the Budget Committee chair in each chamber to file enforceable budgetary levels for FY2019. In line with these budgetary levels, the House Appropriations Committee adopted its initial suballocations on May 10, 2018 (H.Rept. 115-710), while the Senate Appropriations Committee adopted its initial suballocations on May 24, 2018 (S.Rept. 115-260). (As the FY2019 appropriations process was underway, both committees periodically updated these suballocations to align them with changing congressional priorities.)

For current-year LHHS discretionary funding, **Table A-1** displays FY2018 enacted levels, the House and the Senate FY2019 initial suballocations, and enacted FY2019 LHHS appropriations. The table shows that the House initially would have kept regular LHHS appropriations at a flat level compared to the prior fiscal year, whereas the Senate would have increased those appropriations by about $2.1 billion relative to FY2018 (+1%). Ultimately, final enacted appropriations were a little less than $1 billion higher than the prior fiscal year.

The table also displays funding for which adjustments may be made to the discretionary spending limits under the BCA, including funding for certain LHHS program integrity activities and

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

[82] 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*; and CRS Report R43535, *Provisions in the Bipartisan Budget Act of 2013 as an Alternative to a Traditional Budget Resolution*.

emergency requirements, where applicable. The "adjusted appropriations" total includes this funding.

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

Table A-1. FY2019 LHHS Discretionary House and Senate Initial 302(b) Suballocations, FY2019 Enacted Levels, and FY2018 Enacted Levels

(Budget authority in billions)

	FY2018 Enacted	FY2019 Initial House 302(b)	FY2019 Initial Senate 302(b)	FY2019 Enacted
Regular Appropriations	177.100	177.100	179.288	178.076
Adjustments:				
Program Integrity	1.896	-	-	1.897
Emergency Requirements	3.987	-	-	3.493
Adjusted Appropriations[a]	182.983	-	-	183.466

Source: Table prepared by the Congressional Research Service (CRS). Amounts shown for FY2018 enacted are as scored by the CBO (see *Fiscal Year 2018 House Current Status of Discretionary Appropriations As of June 14, 2018*, https://www.cbo.gov/system/files?file=2018-07/FY%202018%20House%202018.6.14.pdf). Amounts shown for FY2019 enacted are as scored by CBO (see *Fiscal Year 2019 House Current Status of Discretionary Appropriations as of July 1, 2019,* https://www.cbo.gov/system/files?file=2019-07/FY2019-House-2019-07-08.pdf). The Senate initial 302(b) is as reported in S.Rept. 115-260 on May 24, 2018. The House initial 302(b) is as reported in H.Rept. 115-710 on June 5, 2018.

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. Enacted appropriations include advance appropriations enacted in prior fiscal years that first become available in those fiscal years. They also include the LHHS supplemental appropriations that were designated as emergency requirements in FY2018 (P.L. 115-123) and FY2019 (P.L. 116-20 and P.L. 116-26). Enacted amounts do not include, where applicable, funds provided under certain authorities in the 21st Century Cures Act (P.L. 114-255) that are effectively exempt from discretionary spending limits. (For FY2018, these funds totaled $996 million in budget authority for LHHS; for FY2019, these funds totaled $711 million in budget authority for LHHS.)

a. Neither the initial House nor the initial Senate 302(b) suballocations for LHHS included amounts for program integrity or emergency requirements adjustments.

Current-Year Budget Authority

Table A-2 displays the total LHHS current-year budget authority, by title. The amounts shown in this table reflect total budget authority available for obligation in the fiscal year, regardless of the year in which it was first appropriated.[83] Amounts in the FY2018 enacted column include FY2018

[83] These amounts exclude advance appropriations for future years, but include advance appropriations from prior years

budget authority provided by the FY2016 omnibus (P.L. 114-113) and FY2017 omnibus (P.L. 115-31). Similarly, the FY2019 President's budget, House committee, Senate floor, and enacted columns include FY2019 budget authority provided by the FY2017 and FY2018 omnibuses. (For a comparable table showing total budget authority in the bill, rather than current-year budget authority, see **Table 2** in this report.) As mentioned above, it is current-year budget authority (adjusted for scorekeeping by CBO) that is used to determine compliance with discretionary spending allocations.

Table A-2. LHHS Appropriations Overview, by Bill Title: FY2018-FY2019

(Current-year budget authority in billions of dollars)

Bill Title	FY2018 Enacted	FY2019 Request	FY2019 Senate Floor (S. 3158)	FY2019 House Cmte. (H.R. 6470)	FY2019 Enacted (P.L. 115-245)
Title I: Labor	**13.8**	**12.4**	**13.6**	**13.6**	**13.6**
Discretionary	12.2	10.9	12.1	12.1	12.1
Mandatory	1.6	1.4	1.4	1.4	1.4
Title II: HHS	**837.8**	**892.2**	**896.0**	**894.8**	**896.0**
Discretionary	88.2	86.7	90.5	89.3	90.5
Mandatory	749.6	805.5	805.5	805.5	805.5
Title III: Education	**74.3**	**66.7**	**74.9**	**74.3**	**75.0**
Discretionary	70.9	63.2	71.4	70.8	71.4
Mandatory	3.5	3.5	3.5	3.5	3.5
Title IV: Related Agencies	**63.8**	**69.6**	**71.3**	**70.9**	**71.3**
Discretionary	15.3	13.6	15.4	15.0	15.3
Mandatory	48.5	56.0	56.0	56.0	56.0
Total Current Year BA[a]	**989.7**	**1040.9**	**1055.8**	**1053.6**	**1055.8**
Discretionary	**186.5**	**174.5**	**189.4**	**187.2**	**189.4**
Mandatory	**803.1**	**866.4**	**866.4**	**866.4**	**866.4**
P.L. 115-123 (emergency)	**4.0**	**-**	**-**	**-**	**-**
Memoranda:					
Advances for Future Years (provided in current bill)[b]	183.3	186.1	186.7	186.7	186.7
Advances from Prior Years (for use in current year)[b]	168.9	183.3	183.3	183.3	183.3
Additional Scorekeeping Adjustments[c]	-7.5	-5.2	-8.2	-8.2	-9.4

Source: Amounts in this table are generally drawn from or calculated based on data contained in the conference report (H.Rept. 115-952) on the FY2019 LHHS omnibus (P.L. 115-245). Enacted totals for FY2018 do not include emergency-designated appropriations provided by P.L. 115-123. For consistency with source materials,

that became available in the applicable current year. FY2017 enacted includes amounts provided by the FY2016 omnibus (P.L. 114-113)

amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect current-year budget authority; (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS Subcommittees of the House and the Senate Committees on Appropriations; and (4) do not include appropriations that occur outside of appropriations bills. No amounts are shown for Title V, because this title consists solely of general provisions.

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

b. 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.)

Appendix B. Senate Floor Amendments Offered to H.R. 6157

While the Senate committee-reported version of the LHHS bill (S. 3158) did not receive floor consideration, the text of this measure (with minor alterations) was included in a different appropriations vehicle (H.R. 6157) that was amended on the floor and passed by the Senate on August 23, 2018. Prior to Senate floor consideration, H.R. 6157 contained the text of the FY2019 Department of Defense appropriations only. On the floor, that bill was amended into an omnibus measure that contained appropriations for both the Department of Defense and LHHS.

The Senate proceeded to consider H.R. 6157 by unanimous consent on August 16, 2018. At that point, Senator Shelby (the chair of the Senate Appropriations Committee) offered an amendment in the nature of a substitute containing Department of Defense appropriations in Division A, and LHHS appropriations in Division B (S.Amdt. 3695). On August 21, a cloture motion on the measure was presented in the Senate, but a subsequent unanimous consent agreement provided, among other matters, for the Senate to adopt a manager's package comprised of dozens of amendments to the substitute amendment, adopt the substitute amendment (as amended), and then proceed to a vote without the need to invoke cloture. The Senate passed the bill, as amended, by a vote of 85-7.

Over the course of Senate floor consideration, a total of 32 LHHS amendments were offered to Division B. Twenty-nine of these were adopted by unanimous consent *en bloc* as part of the manager's package. Of the three that received recorded votes, two were adopted and one was rejected. These amendments and their dispositions are listed in **Table B-1** below.

Table B-1. Senate Floor Amendments Offered to H.R. 6157

S. Amdt. No.	Amdt. Summary from the *Congressional Record*	Disposition
3703	To increase funding for the National Suicide Prevention Lifeline.	Adopted, 95-0
3705	To provide funding for the Firefighter Cancer Registry Act of 2018.	Adopted, 85-0
3707	To increase funding for the guidelines for investigation of potential cancer clusters.	Adopted, unanimous consent
3751	To require a report on barriers to obtaining and paying for adequate medical care for survivors of childhood cancer.	Adopted, unanimous consent
3759	To increase funding for Lyme Disease activities.	Adopted, unanimous consent
3763	To require a report to Congress on potential barriers to participation in the Coal Workers' Health Surveillance program.	Adopted, unanimous consent
3765	To require the Secretary of Health and Human Services to provide Congress a status update on rulemaking, with respect to conditions of certification of health information technology and information blocking, required by the 21st Century Cures Act.	Adopted, unanimous consent

S. Amdt. No.	Amdt. Summary from the *Congressional Record*	Disposition
3810	To require the Secretary of Education to report to Congress regarding coordination between the Department of Education, the National Aeronautics and Space Administration, and the National Science Foundation on STEM programs for students in grades prekindergarten through 12.	Adopted, unanimous consent
3812	To improve section 115 of title I of division B with regard to Unemployment Insurance State consortia.	Adopted, unanimous consent
3825	To provide for the conduct of a study on the relationship between intimate partner violence and traumatic brain injury.	Adopted, unanimous consent
3853	To provide funds to enhance harmful algal bloom exposure activities.	Adopted, unanimous consent
3858	To require the Director of the NIH to conduct a comprehensive study and submit to Congress a report that includes a portfolio analysis of current funding levels of the NIH related to mental health and substance use disorder.	Adopted, unanimous consent
3862	To provide $10,000,000 to the Department of Education to fund a demonstration program to test and evaluate innovative partnerships between institutions of higher education and high-needs State or local educational agencies to train school counselors, social workers, psychologists, or other mental health professionals qualified to provide school-based mental health services in order to expand the employment pipeline and address employment shortages relating to school-based mental health services in low-income public elementary schools and secondary schools.	Adopted, unanimous consent
3870	To ensure youth are considered when the Substance Abuse and Mental Health Services Administration follows guidance on the medication-assisted treatment for prescription drug and opioid addiction program.	Adopted, unanimous consent
3875	To provide funding for the Secretary of Health and Human Services to establish the Advisory Council to Support Grandparents Raising Grandchildren.	Adopted, unanimous consent
3881	To require the Secretary of Labor to provide a report to the Committees on Appropriations on the implementation of the plan to reduce improper payments published by the Department of Labor in the fiscal year 2017 Agency Financial Report.	Adopted, unanimous consent
3883	To provide a sense of Congress that computer science education programs, including coding academics, can provide important benefits to local industries and the economy and help meet in-demand workforce needs, and the Department of Education and Department of Labor should work together with industry to improve and expand computer science education programs and opportunities, including through apprenticeships.	Adopted, unanimous consent
3893	To provide funding for the SOAR (Stop, Observe, Ask, Respond) to Health and Wellness Program.	Adopted, unanimous consent
3897	To assess the ongoing mental health impact to the children and families impacted by a volcanic eruption covered by a major disaster declared by the President in calendar year 2018.	Adopted, unanimous consent
3908	To provide a sense of the Senate the dedicated funding for coding courses in kindergarten through grade 12 education should be a top priority.	Adopted, unanimous consent

S. Amdt. No.	Amdt. Summary from the *Congressional Record*	Disposition
3912	To provide additional funding for activities related to neonatal abstinence syndrome.	Adopted, unanimous consent
3927	To provide for the establishment of the National Neurological Conditions Surveillance System.	Adopted, unanimous consent
3933	To improve obstetric care for pregnant women living in rural areas.	Adopted, unanimous consent
3950	To increase funding for oversight of grant programs and operations of the National Institutes of Health.	Adopted, unanimous consent
3951	To authorize the use of $2,000,000 to carry out a pilot program for preparing members of the Armed Forces transitioning to civilian life to qualify for, and for assisting in placing them in, apprenticeship programs.	Adopted, unanimous consent
3964	To provide for the use of funds by the Secretary of Health and Human Services to issue regulations on direct-to-consumer advertising of prescription drugs and biological products.	Adopted, unanimous consent
3967	To prohibit Federal funds being made available to a prohibited entity.	Rejected, 45-48
3977	To require a report on Civilian Conservation Centers.	Adopted, unanimous consent
3979	To promote school safety in rural areas.	Adopted, unanimous consent
3982	To increase amounts available for the Child Abuse Prevention and Treatment Act State grant program.	Adopted, unanimous consent
3985	To require the Comptroller General of the United States to study and report on the condition of the public school facilities of the United States.	Adopted, unanimous consent
3998	To require a report on circumstances in which the Centers for Medicare & Medicaid Services may be providing Medicare or Medicaid payments to, or otherwise funding, entities that process genome or exome data in the People's Republic of China or the Russian Federation.	Adopted, unanimous consent

Source: The amendment numbers, summaries, and dispositions are from the *Congressional Record* daily editions August 20, 21, 22, and 23, 2018.

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