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Labor, Health and Human Services, and Education: FY2021 Appropriations

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SUMMARY

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Labor, Health and Human Services, and Education: FY2021 Appropriations

This report offers an overview of actions taken by Congress and the President to provide FY2021 appropriations for accounts funded by the Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) appropriations bill. This bill includes all accounts funded through the annual appropriations process at the Department of Labor (DOL) and Department of Education (ED). It also provides annual appropriations for most agencies within the Department of Health and Human Services (HHS), with certain exceptions (e.g., the Food and Drug Administration is funded via the Agriculture bill). The LHHS bill also provides funds for more than a dozen related agencies, including the Social Security Administration (SSA).

This report primarily focuses on regular FY2021 LHHS discretionary funding enacted during the annual appropriations process. The emergency-designated discretionary funding that was subsequently enacted for FY2021 is generally not included in the budgetary figures discussed in the main body of the report. (The FY2021 emergency supplemental discretionary appropriations enacted for COVID-19 pandemic response are addressed in the context of the FY2021 annual cycle in **Appendix C**.)

Regular Appropriations

FY2021 LHHS Omnibus: On December 27, 2020, the Consolidated Appropriations Act, 2021 (FY2021 LHHS omnibus; H.R. 133) was signed into law by President Trump as P.L. 116-260. The FY2021 LHHS omnibus provided full-year appropriations for all 12 annual appropriations acts in Divisions A-L. Annual discretionary LHHS appropriations totaled $198.5 billion. This amount is 1.6% more than FY2020 enacted and 11.0% more than the FY2021 President's budget request. The omnibus also provided $980.0 billion in mandatory funding, for a combined LHHS total of $1.178 trillion. The distribution of discretionary funding was as follows:

- **DOL:** $12.5 billion, 1.0% more than FY2020.
- **HHS:** $97.0 billion, 2.2% more than FY2020.
- **ED:** $73.54 billion, 1.1% more than FY2020.
- **Related Agencies:** $15.5 billion, 0.6% more than FY2020.

FY2021 LHHS Senate Action: The FY2021 LHHS bill did not receive subcommittee, full committee, or initial floor action in the Senate prior to its enactment. The chair of the Senate Committee on Appropriations, Senator Richard Shelby, released drafts of all 12 annual appropriations bills along with draft accompanying committee reports on November 10, 2020, which was intended to further negotiations on annual appropriations between the House and the Senate. *These draft numbers are not presented in this report.*

FY2021 LHHS House Action: On July 13, 2020, the House Appropriations Committee voted to report the FY2021 LHHS appropriations bill, 30-22; the measure was subsequently reported to the House on July 15 (H.R. 7614; H.Rept. 116-450). This was preceded by subcommittee approval of the draft bill on July 7, by a vote of 9-6.

As reported by the full committee, the bill would have provided $198.1 billion in discretionary LHHS funds, a 1.3% increase from FY2020 enacted levels. This amount would have been 10.8% more than the FY2021 President's request. In addition, the House committee bill would have provided an estimated $980.0 billion in mandatory funding, for a combined total of $1.178 trillion for LHHS as a whole. The distribution of discretionary funding was as follows:

- **DOL:** $12.7 billion, 2.0% more than FY2020.
- **HHS:** $96.4 billion, 1.5% more than FY2020.
- **ED:** $73.47 billion, 1.0% more than FY2020.
- **Related Agencies:** $15.6 billion, 1.4% more than FY2020.

The House version of LHHS appropriations was initially considered on the floor as part of a consolidated appropriations package and passed the House (217-197), as amended, on July 31, 2020 (Division E of H.R. 7617). Of the amendments offered, 84 were adopted and 8 were rejected. *Because there is no publicly available source that estimates the account-level budgetary effects of the amendments adopted to Division E, this report provides analysis of the House Committee-reported version of the LHHS bill.* For information on the LHHS amendments offered during floor consideration, see **Appendix B**.

FY2021 President's Budget Request: The President's FY2021 budget request was submitted to Congress on February 10, 2020. On March 17, 2020, President Trump submitted a letter to Congress about FY2021 budget amendments (along with a supplemental appropriations request for FY2020) related to the response to the COVID-19 pandemic. These budget amendments affected the FY2021 President's requested levels for Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH) accounts at HHS. Amounts shown for the President's request in the source materials consulted for this report generally appear to reflect these budget amendments.

The President requested $178.8 billion in discretionary funding for accounts funded by the LHHS bill, which would have been a decrease of 8.5% from FY2020 levels. In addition, the President requested $978.3 billion in annually appropriated mandatory funding, for a total of $1.157 trillion for LHHS as a whole. The distribution of discretionary funding was as follows:

- **DOL:** $11.1 billion, 10.5% less than FY2020.
- **HHS:** $87.0 billion, 8.3% less than FY2020.
- **ED:** $66.6 billion, 8.5% less than FY2020.
- **Related Agencies:** $14.1 billion, 8.2% less than FY2020.

Supplemental Appropriations

Several acts have been signed into law providing FY2020 and FY2021 supplemental discretionary appropriations for LHHS programs and activities related to the COVID-19 pandemic. For FY2021, the same law that provided "regular" annual LHHS appropriations for FY2021 in Division H also provided supplemental discretionary appropriations in a separate division (Coronavirus Response and Relief Supplemental Appropriations Act, 2021; CRRSA). This law, which was enacted on December 27, 2020, provided a total of $154.9 billion in supplemental LHHS funds (Title III, Division M, of P.L. 116-260).

In addition, prior to the end of FY2021, a second supplemental appropriations act containing LHHS appropriations was enacted (P.L. 117-31) on July 30, 2021. This law provided $25 million in supplemental appropriations for the Refugee and Entrant Assistance account at HHS for specified purposes related to Afghan special immigrants.

In total, FY2021 supplemental appropriations increased regular discretionary FY2021 LHHS enacted funding by about 78.1%. This funding was split roughly equally between HHS (48.1%) and ED (52.9%). (None was enacted for DOL or RA.) The ED budgetary increase due to its supplemental funding was 111.5% (+82.0 billion) more than its FY2021 regular discretionary appropriations. HHS regular discretionary appropriations were increased by 75.2% (+$72.9 billion).

See **Appendix C** of this report for an analysis of the supplemental discretionary LHHS appropriations provided in these acts. For a detailed discussion of the LHHS COVID-19 pandemic response funding, see CRS Report R46775, *Overview of COVID-19 LHHS Supplemental Appropriations: FY2020 and FY2021*.

Contents

Introduction 1
Report Roadmap and Useful Terminology 1
Scope of the Report 2
Important Budget Concepts 3
Mandatory vs. Discretionary Budget Authority 3
Total Budget Authority Provided in the Bill vs. Total Budget Authority Available in the Fiscal Year 4
Status of FY2021 LHHS Appropriations 4
FY2021 Supplemental Appropriations 4
Emergency Security Supplemental Appropriations Act, 2021 (H.R. 3237; P.L. 117-31) 5
The Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021 (Division M of H.R. 133; P.L. 116-260, "5th COVID") 5
FY2021 Annual LHHS Appropriations 6
FY2021 LHHS Omnibus (Division H, Consolidated Appropriations Act, 2021, H.R. 133; P.L. 116-260) 6
FY2021 Continuing Resolutions (Division A of H.R. 8337; P.L. 116-159) 8
Earlier Congressional Action on an LHHS Bill 8
FY2021 President's Budget Request 9
Conclusion of the FY2020 Appropriations Process and FY2020 Supplemental Appropriations 10
Summary of FY2021 LHHS Appropriations 12
Department of Labor (DOL) 15
About DOL 16
FY2021 DOL Appropriations Overview 16
Selected DOL Highlights 17
Employment and Training Administration (ETA) 17
Office of Foreign Labor Certification (OFLC) 18
Bureau of Labor Statistics (BLS) 19
Bureau of International Labor Affairs (ILAB) 19
Labor-Related General Provisions 19
Department of Health and Human Services (HHS) 22
About HHS 23
FY2021 HHS Appropriations Overview 24
Special Public Health Funding Mechanisms 26
Public Health Service Evaluation Tap 26
Prevention and Public Health Fund 28
Selected HHS Highlights by Agency 28
HRSA 29
CDC 29
NIH 31
SAMHSA 32
AHRQ 32
CMS 33
ACF 33
ACL 34

Restrictions Related to Certain Controversial Issues 35
Department of Education (ED) 42
About ED 42
FY2021 ED Appropriations Overview 43
Selected ED Highlights 44
Education for the Disadvantaged 44
Student Financial Assistance 45
Related Agencies 47
FY2021 Related Agencies Appropriations Overview 48
Selected Related Agencies Highlights 49
SSA Limitation on Administrative Expenses (LAE) 49
Corporation for National and Community Service 50
National Labor Relations Board (NLRB) 50

Figures

Figure 1. FY2021 Enacted LHHS Appropriations 7
Figure 2. FY2021 Enacted LHHS Appropriations by Title 15
Figure 3. FY2021 Enacted HHS Appropriations by Agency 26

Tables

Table 1. Status of Full-Year LHHS Appropriations Legislation, FY2021 6
Table 2. LHHS Appropriations Overview by Bill Title, FY2020-FY2021 13
Table 3. DOL Appropriations Overview 17
Table 4. Detailed DOL Appropriations 20
Table 5. HHS Appropriations Overview 24
Table 6. HHS Appropriations Totals by Agency 36
Table 7. HHS Discretionary Appropriations for Selected Programs or Activities, by Agency 39
Table 8. ED Appropriations Overview 43
Table 9. Detailed ED Appropriations 46
Table 10. Related Agencies Appropriations Overview 48
Table 11. Detailed Related Agencies Appropriations 50

Table A-1. LHHS Discretionary FY2020 Enacted Levels, FY2021 House 302(b) Suballocations, and FY2021 Enacted Levels 57
Table A-2. LHHS Appropriations Overview, by Bill Title: FY2020-FY2021 58
Table B-1. LHHS House Floor Amendments Offered to H.R. 7617 60
Table C-1. Summary of Enacted FY2021 Discretionary Regular and Supplemental Appropriations 70

Appendixes

Appendix A. Budget Enforcement Activities 53
Appendix B. House Floor Amendments Offered to H.R. 7617 60
Appendix C. Enacted FY2021 LHHS Supplemental Appropriations 69

Contacts

Author Information 71

Introduction

This report provides an overview of FY2021 appropriations actions for accounts traditionally funded in the appropriations bill for the Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS). This bill provides discretionary and mandatory appropriations to three federal departments: the Department of Labor (DOL), the Department of Health and Human Services (HHS), and the Department of Education (ED). In addition, the bill provides annual appropriations for more than a dozen related agencies, including the Social Security Administration (SSA).

Discretionary funds represent less than one-fifth of the total funds appropriated in the annual LHHS bill. Nevertheless, the LHHS bill is typically the largest single source of discretionary funds for domestic nondefense federal programs among the various appropriations bills. (The Department of Defense bill is the largest source of discretionary funds among all federal programs.) Because the appropriations process both *provides* and *controls* discretionary funding (concepts discussed further in "Mandatory vs. Discretionary Budget Authority"), the bulk of this report is focused on these funds.

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

Scope of the Report: Emergency and Mandatory Funding Related to COVID-19

This report primarily focuses on regular FY2021 LHHS discretionary funding enacted during the annual appropriations process. The emergency discretionary funding that was enacted for FY2020, or proposed and enacted for FY2021, is generally not included in the budgetary figures discussed or table totals presented in the main body of the report. (Note that while emergency-designated spending, including that proposed and enacted in the context of annual LHHS appropriations, is presented below the table totals, it is not included in them. Also, the FY2021 emergency supplemental appropriations enacted for COVID-19 pandemic response and other purposes are addressed in the context of the FY2021 annual cycle in **Appendix C**.) In addition, during FY2020 and FY2021, mandatory appropriations were enacted to certain LHHS-related accounts for COVID-19 pandemic response, including in the American Rescue Plan Act of 2021 (P.L. 117-2). These mandatory funds are beyond the scope of this report.

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 FY2021 appropriations and (for context) a review of the conclusion of the FY2020 appropriations process. This is followed by a high-level summary and analysis of enacted and proposed appropriations for FY2021, compared to FY2020 funding levels. The body of the report concludes with overview sections for each of the major titles of the bill: DOL, HHS, ED, and Related Agencies (RA). These sections provide selected highlights from FY2021 enacted and proposed funding levels compared to FY2020. (Note that the

distribution of funds is sometimes illustrated by figures, which in all cases are based on the FY2021 enacted version of the LHHS bill.[1])

Appendix A provides a summary of budget enforcement activities for FY2021. This includes information on the Budget Control Act of 2011 (BCA; P.L. 112-25) and sequestration, budget enforcement in the absence of an FY2021 budget resolution, the House LHHS subcommittee spending allocation, 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 House during its consideration of H.R. 7617. **Appendix C** provides an analysis of the supplemental discretionary LHHS appropriations enacted for FY2021. For a detailed discussion of the FY2021 supplemental LHHS COVID-19 pandemic response funding, see CRS Report R46775, *Overview of COVID-19 LHHS Supplemental Appropriations: FY2020 and FY2021*.

Scope of the Report

This report focuses on appropriations to agencies and accounts that are subject to the jurisdiction of the Labor, Health and Human Services, Education, and Related Agencies subcommittees of the House and Senate appropriations committees (i.e., accounts traditionally funded via the LHHS bill). Department "totals" provided in this report do not include funding for accounts or agencies that are traditionally funded by appropriations bills under the jurisdiction of other subcommittees.

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

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

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

[1] The dollars and percentages in each figure also are generally illustrative, except as noted, of the parallel distribution of funds enacted in FY2020 and proposed by the FY2021 President's budget and the House committee bill.

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]

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

As displayed in this report, mandatory amounts for the FY2021 President's budget submission reflect current-law (or current services) estimates; they generally do not include the President's proposed changes to a mandatory spending program's authorizing statute that might affect total spending. (In general, such proposals are excluded from this report, as they typically would be enacted in authorizing legislation.)

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

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

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

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 and special instructions of Congress.[6] Unless otherwise specified, appropriations levels displayed in this report do not reflect additional scorekeeping adjustments. (Those scorekeeping adjustments are displayed at the bottom of **Table 2**.)

Status of FY2021 LHHS Appropriations

FY2021 Supplemental Appropriations

The legislative response to the global COVID-19 pandemic has included the enactment of laws to provide authorities and supplemental funding to prevent, prepare for, and respond to the pandemic. LHHS supplemental appropriations for COVID-19 pandemic response were enacted in four FY2020 measures, and one FY2021 measure. All five of these supplementals are discussed in detail in CRS Report R46775, *Overview of COVID-19 LHHS Supplemental Appropriations: FY2020 and FY2021*.

In addition, prior to the end of FY2021, a second supplemental appropriations act containing LHHS appropriations was enacted (P.L. 117-31) on July 30, 2021. This law provided $25 million in supplemental appropriations for the Refugee and Entrant Assistance account at HHS for specified purposes related to Afghan special immigrants.

See **Appendix C** for an analysis of the regular and supplemental discretionary LHHS appropriations enacted for FY2021.

[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.

[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).

Emergency Security Supplemental Appropriations Act, 2021 (H.R. 3237; P.L. 117-31)

H.R. 3237 was introduced as a supplemental appropriations bill by the chair of the House Appropriations Committee, Representative DeLauro, on May 14, 2021. Both as introduced and as passed by the House (213-212, 3 present) on May 20, 2021, the bill did not contain LHHS funding. Subsequently, the Senate added $25 million in supplemental appropriations for the Refugee and Entrant Assistance account at HHS for specified purposes related to Afghan special immigrants, among other changes. The bill passed the Senate, as amended (98-0), on July 29, 2021. The House agreed to the Senate-passed version (416-11) on July 30, 2021, and the bill was signed into law (P.L. 117-31) by President Biden that same day.

According to CBO, the $25 million in supplemental LHHS appropriations provided by P.L. 117-31 was about 1% of the $2.1 billion in FY2021 discretionary appropriations provided by the law. [7]

The Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021 (Division M of H.R. 133; P.L. 116-260, "5th COVID")

While annual appropriations for FY2021 were under discussion during the summer and fall of 2020, Congress and President Trump considered whether any additional COVID-19 pandemic response funding should be enacted in separate supplemental appropriations measures or packaged with the FY2021 annual funding. (Four COVID-19 pandemic response FY2020 supplemental appropriations acts had previously been enacted; see discussion in "Conclusion of the FY2020 Appropriations Process and FY2020 Supplemental Appropriations".) In addition, policymakers had the option of making further COVID-19 pandemic response funding subject to the limit on FY2021 nondefense discretionary spending, or providing that funding instead as emergency appropriations (effectively exempt from that limit).[8] Ultimately, additional FY2021 appropriations for COVID-19 pandemic relief were enacted as part of H.R. 133. (Regular FY2021 LHHS annual appropriations were provided in Division H, referred to in this report as "the FY2021 LHHS omnibus"; emergency supplemental funding for COVID-19 pandemic response was provided in Division M.) On December 21, 2020, the final version of H.R. 133 was approved by the House. (The vote to approve the portion that contained Division M was 359-53.[9]) The measure was approved by the Senate (92-6) later that same day, and signed into law (P.L. 116-260) by President Trump on December 27.

[7] CBO, *Discretionary Spending: Senate Amendment 2123*, July 29, 2021, https://www.cbo.gov/system/files/2021-07/EmergencySecuritySupplementalAppropriationsAct2021.pdf.

[8] Prior to the enactment of full year FY2021 LHHS funding, COVID-19 pandemic-related LHHS provisions were proposed in several different appropriations measures for FY2021, including the House-passed full-year LHHS bill (Division E, H.R. 7617), a supplemental appropriations package (Division A, H.R. 925), and the FY2021 continuing resolution (Division A, P.L. 116-159). While in some cases, the budgetary effects of the COVID-19 pandemic-related provisions were designated as an emergency requirement, that was not the case universally.

[9] The special rule, H.Res. 1271, provided for the consideration of an amendment consisting of the final text for enactment (as contained in House Rules Committee Print 116-68) to the Senate amendment to H.R. 133. H.Res. 1271 also provided for the House to adopt the amendment in two votes: the first on Divisions B, C, E, and F, and the second on the remaining divisions. The House adopted Divisions B, C, E, and F by a vote of 327-85, and adopted the remaining divisions by a vote of 359-53. The subsequent motion that the House agree to the Senate amendment with an amendment was agreed to without objection.

According to CBO, P.L. 116-260 provided about $184.3 billion in supplemental appropriations in Division M, of which $155 billion (approximately 84%) was for LHHS accounts and activities.[10] Funding was provided for various programs and activities at HHS and ED.

FY2021 Annual LHHS Appropriations

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

Table 1. Status of Full-Year LHHS Appropriations Legislation, FY2021

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
7/7/2020 9-6		H.R. 7614 H.Rept. 116-450 7/13/20 30-22		H.R. 7617, Division E 7/31/20 217-197			H.R. 133, Division H 12/21/20 359-53	H.R. 133, Division H 12/21/20 96-2	P.L. 116-260 12/27/20

Source: CRS Appropriations Status Table.

FY2021 LHHS Omnibus (Division H, Consolidated Appropriations Act, 2021, H.R. 133; P.L. 116-260)

On December 27, 2020, the Consolidated Appropriations Act, 2021 was signed into law by the President (H.R. 133, P.L. 116-260). P.L. 116-260 provided full-year appropriations for all 12 annual appropriations acts in Divisions A-L, and supplemental appropriations for COVID-19 pandemic relief in Division M.[11] (Full-year LHHS appropriations were enacted in Division H, referred to as "the FY2021 LHHS omnibus.") Prior to its enactment, the final version of the measure was approved by the House on December 21. (The vote to approve the portion that contained LHHS appropriations was 359-53.[12]) It was approved by the Senate (92-6) later that same day.

[10] The total amount of supplemental appropriations in Division M is from CBO, *Discretionary Spending Under Division M, the Coronavirus Response and Relief Supplemental Appropriations Act, 2021*, December 22, 2020, p. 1, https://www.cbo.gov/publication/56916. The total amount of LHHS supplemental appropriations in Title III of Division M was calculated by CRS (see Table 2 of this report), and does not include funding appropriated in Title III to the Food and Drug Administration (FDA) Salaries and Expenses account, as this funding is generally not under the purview of the LHHS Appropriations Act.

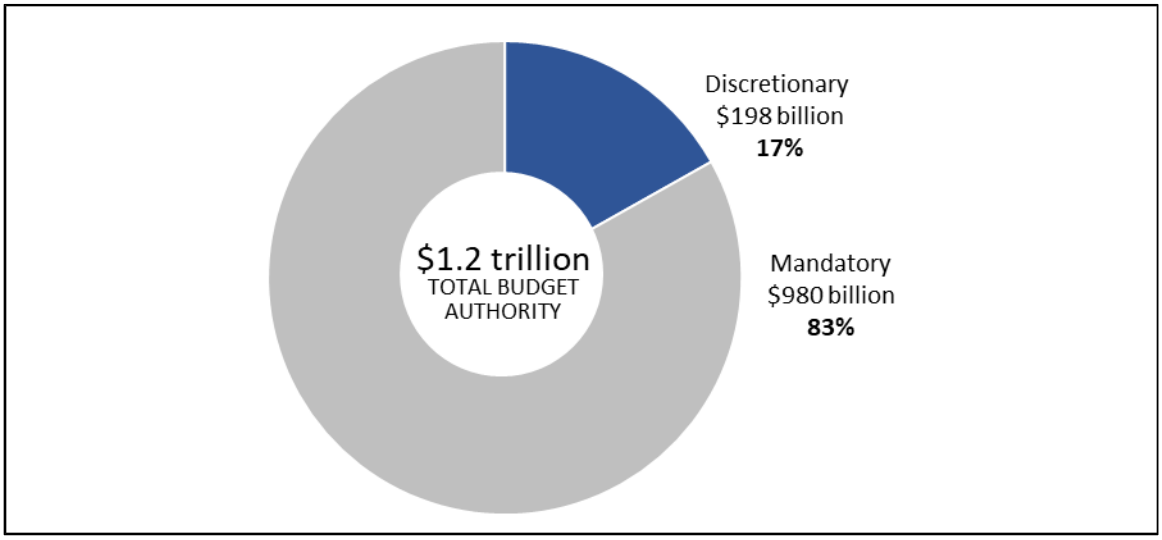
[11] P.L. 116-260 also contained additional COVID-19 pandemic response provisions in Division N, but this division is considered authorizing legislation, rather than appropriations legislation, and is thus beyond the scope of this report. For further discussion, see the Congressional Budget Office cost estimate for Division N, released on January 14, 2021, https://www.cbo.gov/system/files/2021-01/PL_116-260_div_N.pdf. In addition, Divisions O-FF of P.L. 116-260 contained miscellaneous authorizing provisions that are also beyond the scope of this report.

[12] The special rule, H.Res. 1271, provided for the consideration of an amendment consisting of the final text for enactment (as contained in House Rules Committee Print 116-68) to the Senate amendment to H.R. 133. H.Res. 1271 also provided for the House to adopt the amendment in two votes: the first on Divisions B, C, E, and F, and the second on the remaining divisions. The House adopted Divisions B, C, E, and F by a vote of 327-85, and adopted the remaining divisions by a vote of 359-53. The subsequent motion that the House agree to the Senate amendment with an

LHHS discretionary appropriations in the FY2021 LHHS omnibus totaled $198.5 billion. This amount is 1.6% more than FY2020 enacted and 11.0% more than the FY2021 President's budget request. The omnibus also provided $980.0 billion in mandatory funding, for a combined LHHS total of $1.178 trillion. (Note that these totals are based only on amounts of non-emergency appropriations provided by the FY2021 LHHS omnibus and do not include emergency-designated or supplemental funds, which were provided *in addition* to the annual appropriations. Division H also enacted $1.6 billion in emergency-designated budget authority, of which $925 million was for DOL in Title I, and $638 million was for HHS in Title II, which is not reflected in the above figures.)

See **Figure 1** for a breakdown of FY2021 discretionary and mandatory LHHS appropriations.[13]

Figure 1. FY2021 Enacted LHHS Appropriations



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2021 LHHS omnibus (P.L. 116-260), available in the *Congressional Record*, vol. 166, no. 218, book IV, December 21, 2020, pp. H8619-H8711. Enacted totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations provided in Division H or M of P.L. 116-260, or P.L. 117-31. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

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

amendment was agreed to without objection.

[13] While the percentages in this figure were calculated based on amounts in the FY2021 LHHS omnibus, they are generally also illustrative—within a few percentage points—of the share of mandatory and discretionary funds in FY2020 and under the various FY2021 proposals (e.g., President's budget and the House-committee bill).

FY2021 Continuing Resolutions (Division A of H.R. 8337; P.L. 116-159)

Between the start of the fiscal year on October 1, 2020, and the enactment of the annual LHHS appropriations on December 27, 2020, LHHS programs and activities were provided temporary FY2021 funding via a series of continuing resolutions (CRs).

The first CR providing temporary funding for LHHS programs and activities was signed into law on October 1 (Division A of H.R. 8337; P.L. 116-159). The measure had previously been introduced by the House Appropriations Committee chair, Representative Lowey, on September 22, and had passed the House that same day, 359-57.[14] The Senate subsequently took up and passed the measure without amendment, 84-10, on September 30.

The CR provided continuing appropriations for all 12 annual appropriations acts (including LHHS) through December 11, 2020. In general, the CR funded discretionary programs at the same rate and under the same conditions as in FY2020 (§101) and annually appropriated entitlements at their current law levels (§111).[15] It also included several anomalies that are specific to LHHS accounts or related activities (§§149-156).

This first CR was extended by four subsequent CRs:

- P.L. 116-215 (Division A), which extended LHHS funding through December 18;
- P.L. 116-225, which extended LHHS funding through December 20;
- P.L. 116-226, which extended LHHS funding through December 21; and
- P.L. 116-246, which extended LHHS funding through December 28.

Earlier Congressional Action on an LHHS Bill

FY2021 LHHS Action in the Senate

Senate Appropriations Committee action on the FY2021 LHHS bill did not occur during the FY2021 cycle. The chair of the Senate Committee on Appropriations, Senator Richard Shelby, released drafts of all 12 annual appropriations bills along with draft accompanying committee reports on November 10, 2020, which was intended to further negotiations on annual appropriations between the House and the Senate.[16] *These draft numbers are not presented in this report.*

[14] For further information about the continuing appropriations in H.R. 8337, see House Appropriations Committee, "House Democrats File Bipartisan Continuing Resolution," press release, September 22, 2020, https://appropriations.house.gov/news/press-releases/house-democrats-file-bipartisan-continuing-resolution. Previously, the chairwoman had introduced H.R. 8319, which included a similar CR in Division A, but that measure did not receive House floor consideration. For further information about the continuing appropriations in H.R. 8319, see House Appropriations Committee, "House Democrats Introduce Continuing Resolution," press release, September 21, 2020, https://appropriations.house.gov/news/press-releases/house-democrats-introduce-continuing-resolution-1.

[15] For an estimate of the discretionary appropriations contained in Division A of H.R. 8337, see CBO, "CBO's Estimate for H.R. 8337, the Continuing Appropriations Act, 2021 and Other Extensions Act, as Passed by the House of Representatives on September 22, 2020," September 23, 2020, https://www.cbo.gov/system/files/2020-09/hr8337.pdf.

[16] See linked draft bill and report language text in the Senate Appropriations Committee majority press release, "Committee Releases FY21 Bills in Effort to Advance Process, Produce Bipartisan Results," November 10, 2020, https://www.appropriations.senate.gov/news/committee-releases-fy21-bills-in-effort-to-advance-process-produce-bipartisan-results. See also the statement from the Senate Appropriations Committee Vice Chair, Senator Patrick Leahy, at https://www.appropriations.senate.gov/news/minority/senate-approps-vice-chair-leahy-statement-on-the-release-of-the-fy-2021-senate-appropriations-bills-.

FY2021 LHHS Action in the House (Division A, H.R. 2740)

The House LHHS subcommittee approved the draft LHHS bill on July 7, by a vote of 9-6. On July 13, 2020, the House Appropriations Committee voted to report the FY2021 LHHS appropriations bill, 30-22; the measure was subsequently reported to the House on July 15 (H.R. 7614; H.Rept. 116-450).

As reported by the full committee, the bill would have provided $198.1 billion in discretionary LHHS funds, a 1.3% increase from FY2020 enacted levels. This amount would have been 10.8% more than the FY2021 President's request. In addition, the House committee bill would have provided an estimated $980.0 billion in mandatory funding, for a combined total of $1.178 trillion for LHHS as a whole. (Note that these totals are based only on amounts of non-emergency appropriations that would have been provided by the House committee bill and do not include emergency-designated or supplemental funds, which were provided *in addition* to the annual appropriations. The House committee bill included a total of $19.4 billion in emergency-designated budget authority in Title VI, of which $925 million was for DOL and $18.5 billion was for HHS, which is not reflected in the above figures.)

Later in July, LHHS appropriations were initially considered on the House floor as part of a consolidated appropriations package and passed the House (217-197), as amended, on July 31, 2020 (Division E of H.R. 7617). This package would have provided appropriations for five other appropriations acts in addition to LHHS: Department of Defense; Commerce, Justice, Science; Energy and Water Development; Financial Services and General Government; and Transportation, Housing, and Urban Development.[17] Floor action on H.R. 7617 was regulated by the terms of a special rule (H.Res. 1067) that made in order 92 amendments to the LHHS title of the bill.[18] That rule also provided the authority for the chair of the Appropriations Committee or her designee to offer any of the amendments made in order en bloc (i.e., in groups of amendments to be disposed of together). All but three LHHS amendments were considered in this manner.[19] When counted as 92 separate amendments, 84 were adopted and 8 were rejected.

Because there is no publicly available source that estimates the account-level budgetary effects of the amendments adopted to Division E, this report provides analysis of the House Committee-reported version of the LHHS bill. For information on the LHHS amendments offered during floor consideration, see **Appendix B**.

FY2021 President's Budget Request

The President's FY2021 budget request was submitted to Congress on February 10, 2020.[20] On March 17, 2020, President Trump submitted a letter to Congress about FY2021 budget

[17] H.R. 7617 was initially expected to provide appropriations for the act funding the Department of Homeland Security, but that division was ultimately omitted under the terms of the special rule that regulated floor consideration (H.Res. 1067).

[18] For a list of these LHHS amendments (numbered 218-309) and the text of each that was made in order, see H.Rept. 116-461, pp. 23-32 and 89-108. Readers should note that LHHS amendments were keyed to Division F of what was to be the base text for amendment (Rules Committee Print 116–60). The LHHS division was redesignated as Division E after House passage due to the omission of the Department of Homeland Security division from the bill.

[19] For the en bloc amendments proposing changes to the LHHS division of the bill, see consideration of amendments en bloc nos. 3, 4, and 5 in *Congressional Record*, daily edition, Vol. 166, No. 135 (July 30, 2020), pp. H4134-H4139, H4143-H4169.

[20] For further information on the HHS budget request, see CRS Report R46321, *Department of Health and Human Services: FY2021 Budget Request*. Note that the report covers the FY2021 President's request for HHS in its entirety,

amendments (along with a supplemental appropriations request for FY2020) related to the response to the COVID-19 pandemic.[21] These budget amendments affected the FY2021 President's requested levels for CDC and NIH accounts at HHS.[22]

The President requested $178.8 billion in discretionary funding for accounts funded by the LHHS bill, which would have been a decrease of 8.5% from FY2020 levels. In addition, the President requested $978.3 billion in annually appropriated mandatory funding, for a total of $1.157 trillion for LHHS as a whole.

Conclusion of the FY2020 Appropriations Process and FY2020 Supplemental Appropriations

FY2020 regular appropriations for LHHS were enacted as part of the Further Consolidated Appropriations Act, 2020, on December 20, 2019 (FY2020 LHHS omnibus; P.L. 116-94). The FY2020 LHHS omnibus was agreed to by the House (297-120) on December 17, 2019, and by the Senate (71-23) on December 19. The bill was signed into law on December 20 (P.L. 116-94).

LHHS discretionary appropriations in the FY2020 LHHS omnibus totaled $195.4 billion. This amount is 3.2% more than FY2019 enacted and 17.4% more than the FY2020 President's budget request. The omnibus also provided $902.3 billion in mandatory funding, for a combined LHHS total of $1.098 trillion.[23]

On January 29, 2020, supplemental appropriations of $210 million in additional funding to DOL to carry out the United States-Mexico-Canada Agreement (USMCA) were enacted (P.L. 116-113).[24]

Subsequent to the enactment of annual FY2020 LHHS discretionary appropriations and the submission of the President's budget, the effects of the COVID-19 global pandemic on communities across the world and throughout the United States elicited a legislative response from Congress and the President during the remainder of FY2020. Four FY2020 supplemental appropriations were part of this legislative response:[25]

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not just the components of the agency funded through the annual LHHS bill.

[21] Executive Office of the President, Office of Management and Budget, Letter from Acting Director Russell T. Vought to The Honorable Michael R. Pence, March 17, 2020, https://www.whitehouse.gov/wp-content/uploads/2020/03/Letter-regarding-additional-funding-to-support-the-United-States-response-to-COVID-19-3.17.2020.pdf.

[22] Amounts shown for the President's request in the source materials consulted for this report generally appear to reflect these budget amendments. The source materials used for the President's request are drawn from or calculated based on the explanatory statement accompanying the FY2021 LHHS omnibus (P.L. 116-260), available in the *Congressional Record*, vol. 166, no. 218, book IV, December 21, 2020, pp. H8619-H8711.

[23] For further information, see CRS Report R46492, *Labor, Health and Human Services, and Education: FY2020 Appropriations*.

[24] Title IX of the United States-Mexico-Canada Agreement Supplemental Appropriations Act, 2019, (USMCA, P.L. 116-113). The USMCA supplemental appropriations of $210 million for DOL were for the Bureau of International Labor Affairs (ILAB) to support the implementation and enforcement of the USMCA. The labor-related provisions in the USMCA, which are associated with ILAB's role, are discussed in CRS Report R44981, *The United States-Mexico-Canada Agreement (USMCA)*, pp. 32-33.

[25] Other divisions of the acts that provided supplemental LHHS appropriations contained authorization provisions that in some cases relate to LHHS programs and activities—for instance, provisions providing a 6.2% increase to the federal matching assistance percentage for Medicaid and certain other programs in FFCRA, and provisions modifying student loan subsidy costs in the CARES Act. The mandatory spending budgetary effects of such provisions are outside the scope of this report. For further information on the LHHS appropriations provided by these COVID-19 pandemic response supplementals, see CRS Report R46353, *COVID-19: Overview of FY2020 LHHS Supplemental*

- Title III, Division A, of the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123), enacted on March 6, 2020, provided approximately $6.4 billion in supplemental LHHS funds[26] ("1st COVID");
- Title V, Division A, of the Families First Coronavirus Response Act (FFCRA, P.L. 116-127), enacted on March 18, 2020, provided $1.25 billion in supplemental LHHS funds ("2nd COVID");
- Title VIII, Division B, of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act, P.L. 116-136), enacted on March 27, 2020, provided $172.1 billion in supplemental LHHS funds ("3rd COVID"); and
- Title I, Division B, of the Paycheck Protection Program and Health Care Enhancement Act (PPPHCEA, P.L. 116-139), enacted on April 24, 2020, provided $100 billion in supplemental LHHS funds ("4th COVID").

In total, FY2020 supplemental appropriations increased regular FY2020 LHHS enacted funding by about 143%. The bulk of the supplemental funding (89%) was directed at HHS. The $248 billion in supplemental HHS funds represented a 261% increase over the agency's FY2020 regular appropriations funding level. ED received the next largest increase via supplemental funds (43%), whereas DOL and RA received the smallest increases relative to their initial FY2020 enacted levels (5% and 3%, respectively).

Appropriations.

[26] Of the amount shown for P.L. 116-123, $300 million (appropriated to the Public Health and Social Services Emergency Fund at HHS) was contingent upon future HHS actions.

Summary of FY2021 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.

Amounts for the FY2020 Enacted, FY2021 Request, and FY2021 Enacted are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2021 LHHS omnibus (P.L. 116-260), available in the *Congressional Record*, vol. 166, no. 218, book IV, December 21, 2020, pp. H8619-H8711. (The amount for P.L. 117-31 is from CBO, *Discretionary Spending: Senate Amendment 2123*, July 29, 2021, https://www.cbo.gov/system/files/2021-07/EmergencySecuritySupplementalAppropriationsAct2021.pdf.)

Amounts for the FY2021 House Committee-reported bill are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-450) accompanying H.R. 7614. Throughout this report, the FY2021 House Appropriations Committee-reported LHHS bill is commonly referred to as the House "committee bill." (This report does not contain estimates of the House-passed version of H.R. 7617, as there is no publicly available source that estimates the account-level budgetary effects of the adopted amendments. However, information on the LHHS amendments offered during floor consideration can be found in **Appendix B**.)

Enacted totals ("Total BA in the Bill") for FY2020 do not include emergency-designated appropriations provided in P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. House committee bill totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations proposed in Title VI of H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations provided in Division H or M of P.L. 116-260, or P.L. 117-31. For informational purposes, FY2020 enacted, and FY2021 proposed and enacted, emergency-designated amounts are displayed separately at the bottom of tables throughout the report and not summed. One exception is made in **Table A-1**, which includes FY2020 and FY2021 enacted emergency-designated funds in the "Adjusted Appropriations" totals, as scored by the Congressional Budget Office. In addition, further details on the FY2021 supplemental appropriations can be found in **Appendix C**.

For consistency with source materials, the FY2020 and FY2021 numbers in this report generally do not reflect actual or anticipated post-enactment budgetary adjustments, except as noted.[27] CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255).

Table 2 displays FY2021 discretionary and mandatory LHHS budget authority provided or proposed, by bill title, along with FY2020 enacted levels. The amounts shown in this table reflect total budget authority provided in the annual LHHS bill (i.e., all funds appropriated in the bill, regardless of the fiscal year in which the funds become available), not total budget authority available for the current fiscal year. (For a comparable table showing current-year budget authority, see **Table A-2**. Note that the totals in this table do not include emergency-designated appropriations; those amounts are displayed separately at the bottom of the table and are in

[27] The general practice for CRS reports on the LHHS bill has been to reflect conventions used in source materials. These conventions have varied over the years. For instance, CRS reports on LHHS appropriations for FY2012-FY2015 generally relied on source materials that adjusted appropriations amounts in the prior-year column to reflect sequestration, reestimates of mandatory spending, transfers, reprogramming, and other adjustments for comparability. However, the FY2016 version of this report broke from that practice due to differing display conventions in source documents, and did not reflect any such adjustments (except sequestration for the Prevention and Public Health Fund (PPHF)). The FY2017 version of this report differed from both of these prior practices, in that it reflected a smaller subset of transfers (generally concentrated at the National Institutes of Health) and other adjustments for comparability (e.g., program moves from one account to another), but not reprogramming of funds or mandatory sequestration (except sequestration of the PPHF). The FY2018, FY2019, and FY2020 versions of this report, however, relied on source materials that generally did not reflect any transfers or other budgetary adjustments pursuant to administrative authorities except PPHF sequestration. The source materials used for the FY2021 report version, and thus the numbers in this report, continue this most recent approach.

addition to regular appropriations. For a discussion of the FY2021 supplemental appropriations displayed below the bill totals in **Table 2**, see **Appendix C**.)

Table 2. LHHS Appropriations Overview by Bill Title, FY2020-FY2021

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

Bill Title	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
Title I: Labor	**13.8**	**12.5**	**14.0**	**13.9**
Discretionary	12.4	11.1	12.7	12.5
Mandatory	1.4	1.4	1.4	1.4
Title II: HHS	**934.8**	**1,005.0**	**1,016.0**	**1016.6**
Discretionary	94.9	87.0	96.4	97.0
Mandatory	839.9	917.9	919.6	919.6
Title III: Education	**76.4**	**70.2**	**77.1**	**77.2**
Discretionary	72.8	66.6	73.5	73.5
Mandatory	3.6	3.7	3.7	3.7
Title IV: Related Agencies	**72.7**	**69.4**	**70.9**	**70.8**
Discretionary	15.4	14.1	15.6	15.5
Mandatory	57.3	55.3	55.3	55.3
Total BA in the Bill	**1,097.7**	**1,157.1**	**1,178.0**	**1,178.5**
Discretionary	**195.4**	**178.8**	**198.1**	**198.5**
Mandatory	**902.3**	**978.3**	**980.0**	**980.0**
Emergency Funding (not included in above totals)				
USMCA (P.L. 116-113)	0.2	-	-	-
1st COVID (P.L. 116-123)	6.4	-	-	-
2nd COVID (P.L. 116-127)	1.3	-	-	-
3rd COVID (P.L. 116-136)	172.1	-	-	-
4th COVID (P.L. 116-139)	100.0	-	-	-
Emergency Funding in Annual LHHS[a]	-	-	19.4	1.6
5th COVID (Division M, P.L. 116-260)	-	-	-	154.9
Afghan special immigrants (P.L. 117-31)	-	-	-	0.0[b]
Memoranda (non-emergency funds only):				
Advances for Future Years (provided in current bill)[c]	189.1	197.1	197.6	197.6
Advances from Prior Years (for use in current year)[c]	186.7	188.6	189.0	189.0
Additional Scorekeeping Adjustments[d]	-10.5	-9.9	-13.2	-22.5

Source: Amounts in this table for the FY2020 Enacted, FY2021 Request, and FY2021 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the

FY2021 LHHS omnibus (P.L. 116-260), available in the *Congressional Record*, vol. 166, no. 218, book IV, December 21, 2020, pp. H8619-H8711. (The amount for P.L. 117-31 is from CBO, *Discretionary Spending: Senate Amendment 2123*, July 29, 2021, https://www.cbo.gov/system/files/2021-07/EmergencySecuritySupplementalAppropriationsAct2021.pdf.) Amounts in the FY2021 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-450) accompanying H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2020 do not include emergency-designated appropriations provided in P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. House committee bill totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations proposed in Title VI of H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations provided in Division H or M of P.L. 116-260, or P.L. 117-31. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

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

a. The FY2021 House committee bill included a total of $19.4 billion in emergency-designated budget authority in Title VI, of which $925 million was for DOL and $18.5 billion was for HHS. Subsequently, Division H of P.L. 116-260 enacted $1.6 billion in emergency-designated budget authority, of which $925 million was for DOL in Title I, and $638 million was for HHS in Title II.

b. P.L. 117-31 provided $25 million in supplemental appropriations for the Refugee and Entrant Assistance account at HHS for specified purposes related to Afghan special immigrants, which rounds to $0.0 in billions (the unit of measure used in this table).

c. 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.

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

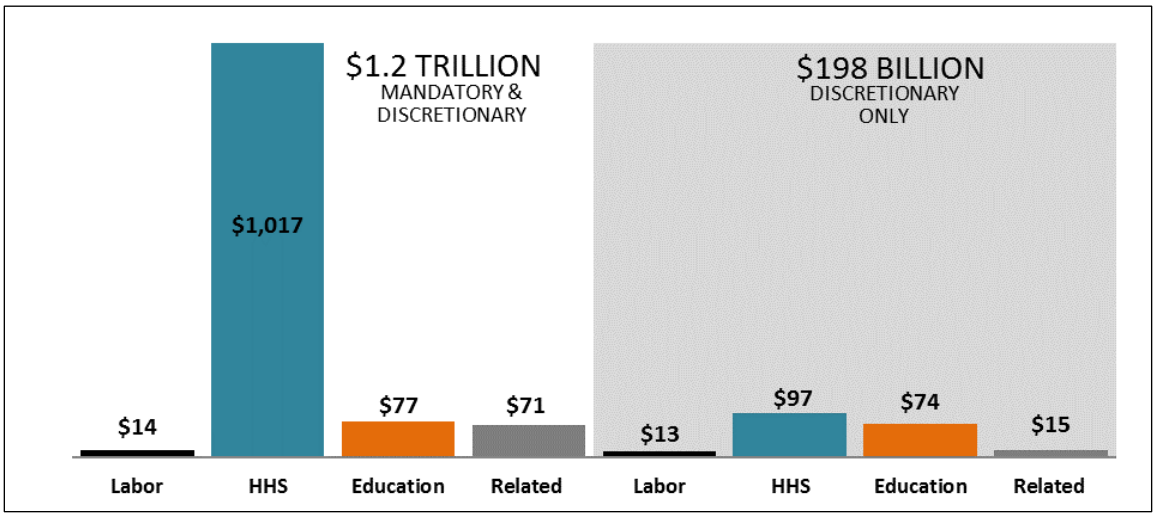
Figure 2 displays the FY2021 enacted discretionary and mandatory LHHS funding levels, by bill title. (While the dollars and percentages discussed in this section were calculated based on the FY2021 enacted amounts, they are generally also illustrative—within several percentage points—of the share of funds directed to each bill title in FY2020 and under the other FY2021 proposals.)

As this figure demonstrates, HHS accounts for the largest share of total FY2021 LHHS appropriations: $1,017 billion, or 86.3%. 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 6.6% and 6.0%, respectively. (The majority of the ED appropriations each year are discretionary, while the bulk of funding for the Related Agencies goes toward mandatory payments and administrative costs of the Supplemental Security Income program at the Social Security Administration.) DOL accounts for the smallest share of total LHHS funds, 1.2%.

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 (48.8%), while ED accounts for a relatively larger share (37.0%). Together, these two departments represent the majority (85.9%) of discretionary LHHS appropriations. DOL and the Related Agencies account for a roughly even split of the remaining 14.1% of discretionary LHHS funds.

Figure 2. FY2021 Enacted LHHS Appropriations by Title

(Budget authority in billions of dollars [unless otherwise indicated])



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2021 LHHS omnibus (P.L. 116-260), available in the *Congressional Record*, vol. 166, no. 218, book IV, December 21, 2020, pp. H8619-H8711. Enacted totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations provided in Division H or M of P.L. 116-260, or P.L. 117-31. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

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

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).[29] 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)[28]

FY2021 DOL Appropriations Overview

Table 3 generally displays FY2021 discretionary and mandatory DOL budget authority provided or proposed, along with FY2020 enacted levels. The totals in this table do not include emergency supplemental appropriations; amounts provided in supplemental appropriations are displayed separately at the bottom of the table and are in addition to regular appropriations. (Although not technically supplemental appropriations, the bottom of the table also includes emergency-designated discretionary funding proposed or enacted in annual LHHS measures.)

The FY2021 LHHS omnibus increased discretionary appropriations for DOL by $122 million (+1.0%) compared to the FY2020 enacted levels. Discretionary DOL appropriations would have increased by $254 million (+2.0%) under the FY2021 House committee bill, compared to FY2020 enacted, but would have decreased under the FY2021 President's budget request by $1.3 billion (-10.5%). Of the total funding provided in the bill for DOL, roughly 90% is discretionary.

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

[29] The Pension Benefit Guaranty Corporation (PBGC) is funded primarily through insurance premiums and related fees from companies covered by the PBGC. For further information, see CRS In Focus IF10492, *An Overview of the Pension Benefit Guaranty Corporation (PBGC)*.

Table 3. DOL Appropriations Overview

(In billions of dollars)

Funding	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
Discretionary	12.4	11.1	12.7	12.5
Mandatory	1.4	1.4	1.4	1.4
Total BA in the Bill	**13.8**	**12.5**	**14.0**	13.9
Emergency Funding (not included in above totals)				
USMCA (P.L. 116-113)	0.2	—	—	—
3rd COVID (P.L. 116-136)	0.4	—	—	—
Emergency Funding in Annual LHHS[a]	—	—	0.9	0.9

Source: Amounts in this table for the FY2020 Enacted, FY2021 Request, and FY2021 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2021 LHHS omnibus (P.L. 116-260), available in the *Congressional Record*, vol. 166, no. 218, book IV, December 21, 2020, pp. H8619-H8711. Amounts in the FY2021 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-450) accompanying H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2020 do not include emergency-designated appropriations provided in P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. House committee bill totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations proposed in Title VI of H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations provided in Division H or M of P.L. 116-260, or P.L. 117-31. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

a. The FY2021 House committee bill included a total of $19.4 billion in emergency-designated budget authority in Title VI, of which $925 million was for DOL. Subsequently, Division H of P.L. 116-260 enacted $1.6 billion in emergency-designated budget authority, of which $925 million was for DOL.

Selected DOL Highlights

The following sections present highlights from FY2021 enacted and proposed appropriations compared to FY2020 enacted appropriations for selected DOL accounts and programs.[30]

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

Employment and Training Administration (ETA)

ETA administers the primary federal workforce development statute, the Workforce Innovation and Opportunity Act (WIOA, P.L. 113-128). The WIOA, which replaced the Workforce

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

Investment Act, was enacted in July 2014 and authorized appropriations for its programs and activities from FY2015 through FY2020. Authorization of appropriations for WIOA programs and activities expired at the end of FY2020 but was extended through FY2021 by the FY2021 LHHS omnibus (P.L. 116-260, Division H, Title I).

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 FY2021 LHHS omnibus provided a $26 million increase (+0.9%) for the three WIOA state formula grant programs compared to FY2020, the FY2021 President's budget would have provided level funding and the House committee bill would have increased funding by $50 million (+1.8%), compared to FY2020 enacted levels.

The FY2021 LHHS omnibus provided $281 million for the Dislocated Workers Activities National Reserve (DWA National Reserve), which was an increase of $10 million (+3.7%) compared to the FY2020 enacted level. This was the same amount that was proposed by the House committee bill, whereas the FY2021 President's budget would have reduced funding for the DWA National Reserve by $110 million (-40.6%). In addition, the FY2021 LHHS omnibus maintained a provision in that account (which originated in the FY2018 omnibus and has been included since then) directing $35 million from the DWA National Reserve toward training and employment assistance for workers dislocated in both the Appalachian and lower Mississippi regions. Finally, the FY2021 LHHS omnibus maintained a provision that originated in the FY2020 omnibus directing $45 million from the DWA National Reserve to be used in developing, offering, or improving career training programs at community colleges.

The FY2021 LHHS omnibus provided $185 million for the Apprenticeship Grant program, which was $10 million (+5.7%) more than the level enacted in FY2020 and the same that the House committee bill would have provided. The FY2021 President's budget would have increased the level of funding for the Apprenticeship Grant program by $25 million (+14.3%) compared to the FY2020 enacted level.

Four ETA programs for which the FY2021 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 FY2021 appropriations at roughly the same level as FY2020.

Office of Foreign Labor Certification (OFLC)

The FY2021 LHHS omnibus provided $78 million for OFLC, which was an increase of $9 million (+13.1%) compared to the FY2020 enacted level and the same amount that was proposed by the House committee bill. This FY2021 enacted level was $2 million less (-2.6%) than the amount requested in the FY2021 President's budget. The OFLC, which is part of ETA, is responsible for labor certification applications for employment-based and immigration and guest worker programs. Of the $9 million increase, $3 million was for national administration and $6 million was for grants to states. As noted in the FY2021 House committee report, the $6 million increase in OFLC grants to states was proposed partly in response to an increase in the number of H-2A applications that resulted in requests from states for additional resources for reviewing, processing, recruitment of potential domestic agricultural workers, and contract oversight.[31]

[31] H.Rept. 116-450, pp. 20-21.

Bureau of Labor Statistics (BLS)

The FY2021 LHHS omnibus provided $655 million for BLS, the same level as FY2020 enacted The House committee bill had previously proposed level funding, whereas the FY2021 President's budget had proposed a $3 million increase (+0.5%) relative to FY2020. As noted in the explanatory statement accompanying the FY2021 LHHS omnibus, $13 million of the FY2021 appropriation was for necessary costs associated with the physical relocation of BLS headquarters to the Suitland Federal Complex, which was initiated in FY2020.[32] Similarly, the FY2021 House committee report indicated continued support for BLS to continue implementation of several data projects started in FY2020, including work to implement an annual supplement to the Current Population Survey (CPS) to collect data on contingent workers every two years and other topics in the alternate years, to restore the production of labor market data in the Local Area Unemployment Statistics (LAUS) program for New England Minor Civil Divisions with populations less than 1,000, and to plan and develop a new National Longitudinal Survey of Youth (NLSY) cohort.[33]

Bureau of International Labor Affairs (ILAB)

The FY2021 LHHS omnibus provided $96 million for ILAB, which was the same as the FY2020 enacted level and the same amount that the House committee bill would have provided. The FY2021 President's budget would have decreased funding by $77 million (-80.6%) for ILAB, which provides research, advocacy, technical assistance, and grants to promote workers' rights in different parts of the world. Language in the FY2021 President's budget indicated that the proposed reduction reflected a $67.3 million decrease to eliminate new grants and a $10.3 million decrease to reduce staff levels, with the remaining $19 million to be used on "efforts to make U.S. trade agreements fair for U.S. workers by monitoring and enforcing the labor provisions of free trade agreements (FTAs) and trade preference programs to ensure a fair global playing field for U.S. workers and businesses."[34]

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 FY2021 LHHS omnibus.

The FY2021 LHHS omnibus continued several provisions that have been included in at least one previous LHHS appropriations act, including provisions that

- exempt certain insurance claims adjusters from overtime protection for two years following a "major disaster" (included since FY2016);[35]
- 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);[36]

[32] *Congressional Record*, December 21, 2020, Vol. 166, No. 218, Book IV, p. H8619.

[33] H.Rept. 116-450, pp. 31-32.

[34] See DOL, *FY2021 Congressional Budget Justification, Departmental Management*, p. DM-41, https://www.dol.gov/sites/dolgov/files/general/budget/2021/CBJ-2021-V3-02.pdf.

[35] See Division H, Title I, §108 of P.L. 116-260.

[36] See Division H, Title I, §110 of P.L. 116-260. The H-2B program allows for the temporary employment of foreign

- 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);[37]
- 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);[38]
- 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);[39] and
- prohibit any funds from the FY2021 omnibus from being used to alter the Interagency Agreement between DOL and USDA or to close any Civilian Conservation Centers unless certain conditions are met (included since FY2020).[40]

Table 4. Detailed DOL Appropriations

(In millions of dollars)

Agency or Selected Program	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
ETA—Mandatory[a]	**680**	**634**	**634**	**634**
ETA—Discretionary	**9,293**	**8,043**	**9,527**	**9,392**
Discretionary ETA Programs:				
Training and Employment Services:	3,611	3,358	3,697	3,663
State Formula Grants:	2,820	2,820	2,870	2,845
Adult Activities Grants to States	855	855	865	863
Youth Activities Grants to States	913	913	925	921
Dislocated Worker Activities (DWA) Grants to States	1,052	1,052	1,080	1,062
National Activities:	791	538	827	818
DWA National Reserve	271	161	281	281
Native Americans	55	0	56	56
Migrant and Seasonal Farmworkers	92	0	96	94
YouthBuild	95	85	101	97
Reintegration of Ex-Offenders	98	93	103	100

workers in nonagricultural sectors and requires these workers to be paid the "prevailing wage" (i.e., the average wage paid to similar workers in the local area). Under DOL regulations, private employer surveys may be considered only if the employer meets certain conditions.

[37] See Division H, Title I, §112 of P.L. 116-260.

[38] See Division H, Title I, §113 of P.L. 116-260.

[39] See Division H, Title I, §114 of P.L. 116-260.

[40] See Division H, Title I, §116 of P.L. 116-260.

Agency or Selected Program	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
Workforce Data Quality Initiative	6	0	6	6
Apprenticeship Grants	175	200	185	185
Job Corps	1,744	1,016	1,756	1,749
Community Service Employment for Older Americans	405	0	410	405
State Unemployment Insurance and Employment Service Operations (SUI/ESO):	3,375	3,497	3,506	3,417
Unemployment Compensation	2,553	2,665	2,668	2,584
Employment Service	690	688	698	692
Foreign Labor Certification	69	80	78	78
One-Stop Career Centers	63	65	63	63
ETA Program Administration	159	172	159	159
Employee Benefits Security Administration	**181**	**193**	**181**	**181**
Pension Benefit Guaranty Corp, (PBGC) program level (non-add)[b]	*(453)*	*(465)*	*(465)*	*(465)*
Wage and Hour Division	**242**	**244**	**246**	**246**
Office of Labor-Management Standards	**43**	**50**	**42**	**44**
Office of Federal Contract Compliance Programs	**106**	**106**	**106**	**106**
Office of Workers' Compensation Programs—Mandatory[c]	**695**	**739**	**739**	**739**
Office of Workers' Compensation Programs—Discretionary	**118**	**119**	**118**	**118**
Occupational Safety & Health Administration	**582**	**577**	**594**	**592**
Mine Safety & Health Administration	**380**	**382**	**380**	**380**
Bureau of Labor Statistics	**655**	**658**	**655**	**655**
Office of Disability Employment Policy	**39**	**27**	**39**	**39**
Departmental Management	**776**	**714**	**780**	**784**
Salaries and Expenses	348	272	349	349
International Labor Affairs (non-add[d]*)*	*96*	*19*	*96*	*96*
Veterans Employment and Training	311	312	314	316
IT Modernization	25	37	25	27
Office of the Inspector General	91	93	92	91
Total, DOL BA in the Bill	**13,789**	**12,488**	**14,041**	**13,909**
Subtotal, Mandatory	**1,375**	**1,373**	**1,373**	**1,373**
Subtotal, Discretionary	**12,414**	**11,114**	**12,668**	**12,536**

Agency or Selected Program	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
Emergency Funding (not included in above totals)				
USMCA (P.L. 116-113)	210	—	—	—
3rd COVID (P.L. 116-136)	360	—	—	—
Emergency Funding in Annual LHHS[e]	—	—	925	925
Memoranda (non-emergency funds only)				
Total, BA Available in Fiscal Year (current year from any bill)	13,789	12,548	14,041	13,909
Total, BA Advances for Future Years (provided in current bill)	1,786	1,726	1,786	1,786
Total, BA Advances from Prior Years (for use in current year)	1,786	1,786	1,786	1,786

Source: Amounts in this table for the FY2020 Enacted, FY2021 Request, and FY2021 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2021 LHHS omnibus (P.L. 116-260), available in the *Congressional Record*, vol. 166, no. 218, book IV, December 21, 2020, pp. H8619-H8711. Amounts in the FY2021 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-450) accompanying H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2020 do not include emergency-designated appropriations provided in P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. House committee bill totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations proposed in Title VI of H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations provided in Division H or M of P.L. 116-260, or P.L. 117-31. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

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

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

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

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

e. The FY2021 House committee bill included a total of $19.4 billion in emergency-designated budget authority in Title VI, of which $925 million was for DOL. Subsequently, Division H of P.L. 116-260 enacted $1.6 billion in emergency-designated budget authority, of which $925 million was for DOL.

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]). All amounts in this section are rounded to the nearest million or billion (as labeled). The dollar changes and percentage changes discussed in the text are based on unrounded amounts. For consistency with source materials, amounts do not reflect sequestration or re-estimates of mandatory spending programs, where applicable.

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).[41] 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).[42] 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,[43] 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. 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.

[41] 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.

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

[43] 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.

FY2021 HHS Appropriations Overview

Table 5 displays enacted and proposed FY2021 funding levels for HHS, along with FY2020 levels. Note that the totals in this table do not include emergency supplemental appropriations; amounts provided in supplementals are displayed separately at the bottom of the table and are in addition to regular appropriations. (Although not technically supplemental appropriations, the bottom of the table also includes emergency-designated discretionary funding proposed or enacted in annual LHHS measures.) For a discussion of the FY2021 supplemental appropriations in Division M of P.L. 116-260 and P.L. 117-31, see **Appendix C**.

In general, discretionary funds account for about 10% of HHS appropriations in the LHHS bill. Compared to the FY2020 funding levels, the FY2021 LHHS omnibus increased HHS discretionary appropriations by 2.2%. The House committee bill would have increased HHS discretionary appropriations to a lesser degree, by 1.5%, while the President requested an 8.3% decrease in discretionary HHS funding.

Table 5. HHS Appropriations Overview

(In billions of dollars)

Funding	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
Discretionary	94.9	87.0	96.4	97.0
Mandatory	839.9	917.9	919.6	919.6
Total BA in the Bill	**934.8**	**1,005.0**	**1,016.0**	**1,016.6**
Emergency Funding (not included in above totals)				
1st COVID (P.L. 116-123)	6.4	—	—	—
2nd COVID (P.L. 116-127)	1.3	—	—	—
3rd COVID (P.L. 116-136)	140.4	—	—	—
4th COVID (P.L. 116-139)	100.0	—	—	—
Emergency Funding in Annual LHHS[a]	—	—	18.5	0.6
5th COVID (Division M, P.L. 116-260)	—	—	—	72.9
Afghan special immigrants (P.L. 117-31)	-	-	-	0.0[b]

Sources: Amounts in this table for the FY2020 Enacted, FY2021 Request, and FY2021 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2021 LHHS omnibus (P.L. 116-260), available in the *Congressional Record*, vol. 166, no. 218, book IV, December 21, 2020, pp. H8619-H8711. (The amount for P.L. 117-31 is from CBO, *Discretionary Spending: Senate Amendment 2123*, July 29, 2021, https://www.cbo.gov/system/files/2021-07/EmergencySecuritySupplementalAppropriationsAct2021.pdf.) Amounts in the FY2021 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-450) accompanying H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2020 do not include emergency-designated appropriations provided in P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. House committee bill totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations proposed in Title VI of H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations provided in Division H or M of P.L. 116-260, or P.L. 117-31. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where

applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

Notes: 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 FY2021 House committee bill included a total of $19.4 billion in emergency-designated budget authority in Title VI, of $18.5 billion was for HHS. Subsequently, Division H of P.L. 116-260 enacted $1.6 billion in emergency-designated budget authority, of which $638 million was for HHS in Title II.

b. P.L. 117-31 provided $25 million in supplemental appropriations for the Refugee and Entrant Assistance account at HHS for specified purposes related to Afghan special immigrants, which rounds to $0.0 in billions (the unit of measure used in this table).

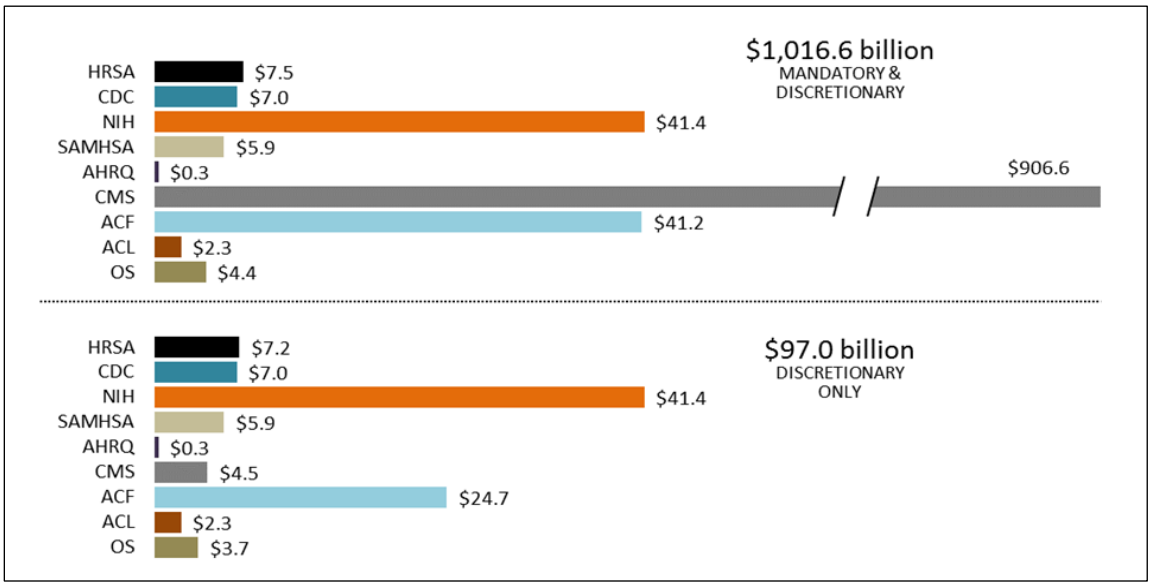
Figure 3 provides an HHS agency-level breakdown of FY2021 enacted appropriations. As this figure demonstrates, annual HHS appropriations are dominated by mandatory funding, the majority of which goes to CMS to provide Medicaid benefits and payments to health care trust funds. When taking into account both mandatory and discretionary funding, CMS accounts for $906.6 billion, which is 89.2% of all enacted appropriations for HHS. NIH and ACF account for the next-largest shares of total HHS appropriations, receiving about 4.1% apiece.

By contrast, when looking exclusively at discretionary appropriations, funding for CMS constitutes about 4.6% of FY2021 enacted HHS appropriations. Instead, the bulk of discretionary appropriations went to the PHS agencies, which combined to account for 63.8% of discretionary appropriations provided for HHS.[44] NIH typically receives the largest share of all discretionary funding among HHS agencies (42.7% in FY2021), with ACF accounting for the second-largest share (25.5% in FY2021).

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

Figure 3. FY2021 Enacted HHS Appropriations by Agency

(Budget authority in billions of dollars)



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2021 LHHS omnibus (P.L. 116-260), available in the *Congressional Record*, vol. 166, no. 218, book IV, December 21, 2020, pp. H8619-H8711. Enacted totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations provided in Division H or M of P.L. 116-260, or P.L. 117-31. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

Notes: Details may not add to totals due to rounding. The bar representing the combined mandatory and discretionary total for CMS has been abbreviated due to space constraints. When taking into account both mandatory and discretionary funding, CMS receives over 20 times the funding appropriated to either ACF or NIH in the FY2021 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 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 FY2021, this higher maximum set-aside level has been 2.5% of eligible appropriations.[45] (The President's budget proposed to increase the set-aside to 2.9%, while the House committee bill would have increased it to 3.0%.)

Display of Evaluation Tap Transfers

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 FY2020, 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.[46] The House committee bill generally would have maintained the current distributional practice for FY2021, except that it would have also provided tap funding to AHRQ. 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 and to supplemental funding for organ transplantation activities at HRSA, while simultaneously proposing to reduce tap transfers to the NIH.

Since FY2015, LHHS appropriations laws have directed the largest share of tap transfers to NIH.[47] The FY2021 LHHS omnibus provided $1.3 billion in tap transfers to NIH, a $41 million (+3.3%) increase over the FY2020 level. The FY2021 House committee bill proposed that the NIH transfers be increased by $110 million (+9.0%), whereas the President's request proposed that the transfers be reduced by $490 million (-39.8%).

[45] See Section 204, Division H, P.L. 116-260 for the FY2021 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 FY2021 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.

[46] 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*.

[47] 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.[48] One of these, the Prevention and Public Health Fund (PPHF, ACA §4002, as amended), was given a permanent, annual appropriation that was intended to provide support each year to prevention, wellness, and related public health programs funded through HHS accounts.

Display of PPHF Transfers

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

The ACA had appropriated $2 billion in mandatory funds to the PPHF for FY2021, but this amount was reduced by subsequent laws that decreased PPHF funding for FY2021 and other fiscal years. Under current law, the FY2021 appropriation was $950 million.[49] In addition, this appropriation was subject to a 5.7% reduction due to sequestration of nonexempt mandatory spending.[50] (For more information on sequestration, see the budget enforcement discussion in **Appendix A**.) After sequestration, the total PPHF appropriation available for FY2021 was $896 million, an increase of $2 million relative to FY2020. Of this amount, the LHHS omnibus allocated $856 million to CDC, $12 million to SAMHSA, and $28 million to ACL.[51]

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.[52]

CDC commonly receives the largest share of annual PPHF funds. The amount provided to CDC for FY2021 and proposed by the House committee bill, $854 million, was a $2 million (+0.2%) increase relative to FY2020. The President's request proposed increasing the PPHF funding transferred to CDC to $894 million (+4.6%), and providing no mandated transfers to SAMHSA or ACL.

Selected HHS Highlights by Agency

This section begins with a limited selection of FY2021 discretionary funding highlights by HHS agency. The discussion is largely based on the enacted and proposed appropriations levels for FY2021, compared to FY2020 enacted levels.[53] 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

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

[49] 42 U.S.C. §300u-11.

[50] *OMB Report to the Congress on the Joint Committee Reductions for Fiscal Year 2021*, February 10, 2020, p. 7 of 17, https://www.whitehouse.gov/wp-content/uploads/2020/02/JC-sequestration_report_FY21_2-10-20.pdf.

[51] See explanatory statement accompanying the FY2021 LHHS omnibus (P.L. 116-260), available in the *Congressional Record*, December 21, 2020, Vol. 166, No. 218, Book IV, p. H8634, for allocations to specific agency programs and activities.

[52] See Division H, §222, P.L. 116-260.

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

two tables (**Table 6** and **Table 7**) presenting more detailed information on FY2020 enacted and FY2021 proposed and enacted funding levels for HHS.

HRSA

The FY2021 LHHS omnibus provided $7.2 billion in discretionary budget authority for HRSA. This was $171 million (+2.4%) more than HRSA's FY2020 discretionary funding level and $913 million (+14.5%) more than the FY2021 President's budget request.

Under the Primary Health Care account, the Community Health Centers program received $1.683 billion, an increase of $57 million (+3.5%) relative to FY2020.[54] The explanatory statement also recommended $102.5 million under that same account for the second year of the Ending the HIV Epidemic Initiative, which is focused on reducing HIV transmission via increased use of pre-exposure prophylaxis (PrEP) among high risk groups.[55] Under the Ryan White HIV/AIDS Program appropriation, there is an additional $105 million set aside for this HIV initiative, an increase of $35 million relative to FY2020. The explanatory statement also "encourages the acceleration of the development of oral, ultra-long-acting, sustained-release therapies" as part of this initiative.[56]

The explanatory statement provided $34 million for telehealth within the Rural Health account, a $5 million (+17.2%) increase relative to FY2020. Within this amount, $6.5 million was provided for the Telehealth Centers of Excellence (COE) and $1 million was provided for an evaluation of nationwide telehealth investments in rural areas and populations.[57] It also directed HHS and HRSA to "continue to utilize the expertise of the COEs in the Ending the HIV Epidemic initiative to develop best practices for utilizing telehealth in HIV prevention, care, and treatment."

The Maternal and Child Health (MCH) Block Grant received $713 million, an increase of $25 million (+3.6%) relative to FY2020. Related to maternal health, the explanatory statement set aside $9 million for the Alliance for Maternal Health Safety Bundles, which are "a set of targeted and evidence-based best practices that, when implemented, improve patient outcomes and reduce maternal mortality and severe maternal morbidity,"[58] and provided $5 million for State Maternal Health Innovation Grants. Within the Health Workforce account, the explanatory statement designated $2.5 million for midwife training "to address the national shortage of maternity care providers and the lack of diversity in the maternity care workforce."[59]

CDC

The FY2021 LHHS omnibus provided $7.0 billion in discretionary budget authority for CDC, which was $123 million (+1.8%) more than CDC's FY2020 funding level. The FY2021 LHHS omnibus did not direct any PHS tap funds to the CDC, continuing the practice started in FY2015.

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[54] The Health Centers program also received significant additional FY2020 and FY2021 funding related to the COVID-19 pandemic, totaling roughly $2 billion. For a discussion of this funding, see CRS Report R46711, *U.S. Public Health Service: COVID-19 Supplemental Appropriations in the 116th Congress*.

[55] *Congressional Record*, December 21, 2020, Vol. 166, No. 218, Book IV, p. H8620. An amount of $50 million was set aside in FY2020 for the first year of this initiative (see *Congressional Record*, December 17, 2019, Vol. 165, No. 204, Book III, p. H11063).

[56] Ibid, p. H8621.

[57] Ibid, p. H8620. See H.Rept. 116-450, pp. 58-59, for further information.

[58] Ibid, p. H8620. See H.Rept. 116-450, p. 51, for a description of this activity.

[59] Ibid, p. H8620.

It also did not direct the transfer of funds from the HHS Nonrecurring Expenses Fund (NEF) to the CDC (unlike FY2020).[60] However, the FY2021 LHHS omnibus did supplement discretionary CDC appropriations by directing $856 million in PPHF transfers to the CDC, which was $2 million (+0.2%) more than FY2020. All told, this combination of funding—compared to FY2020 funding from discretionary appropriations and directed transfers from the PPHF and NEF—represented a decrease of $100 million (-1.3%) from FY2020 in budget authority that is inclusive of directed transfers.

The President's budget request would have increased discretionary budget authority by $54 million (+0.8%) relative to FY2020, while also requesting that $542 million in tap funds be directed to the CDC. The President's budget also requested $894 million in PPHF transfers, which would have been a $40 million (+4.6%) increase. The President's budget did not request that any transfers from the NEF be directed to the CDC. All told, this combination of funding would have represented an increase of $410 million (+5.1%) from FY2020.

All programmatic accounts received increases relative to FY2020 except Public Health Preparedness and Response and CDC-Wide Activities and Program Support. Among these increases: (1) the HIV/AIDS, Viral Hepatitis, STI and TB Prevention account, which was funded at an increased level of $1.3 billion (+3.2% above FY2020) included a $35 million increase for the Ending HIV/AIDS Initiative;[61] and (2) the Emerging and Zoonotic Infectious Diseases (EZID) account, which was funded at an increased level of $596 million (+4.5% above FY2020), included $10 million in funding for a new pilot program that would award competitive grants for the development of Social Determinants of Health Accelerator Plans.[62] Other increases included the Environmental Health account, funded at $206 million (+4.6%),[63] and the Public Health Scientific Services account, funded at $592 million (+6.6%).

With regard to the Injury Prevention and Control account, which received $683 million (+0.8%), the explanatory statement included funding for several line items that were first included in FY2020, including child sexual abuse prevention ($1.5 million), suicide prevention ($12 million), and adverse childhood experiences (ACEs, $5 million).[64] The explanatory statement also included specific funding for Firearm Injury and Mortality Prevention Research program ($12.5 million) and Opioid Overdose Prevention and Surveillance ($476 million).[65]

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[60] 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 (P.L. 110-161, Division G, Title II, §223). Most accounts in annual appropriations measures receive appropriations from the General Fund at the U.S. Treasury. This term refers to all federal money not allocated by law to any other fund account, such as federal trust funds for Medicare. Funds transferred into the NEF are generally available to the Secretary for capital acquisitions across HHS, including facilities infrastructure and information technology. Until recently, it has not been common for LHHS appropriations acts to specify that particular projects are to be funded by the NEF, but there have been a few such cases since FY2017, including in FY2020 where the LHHS omnibus directed $225 million from the NEF to the CDC Buildings and Facilities account to support infrastructure improvements for the CDC's Chamblee Campus (*Congressional Record*, December 17, 2019, Vol. 165, No. 204, Book III, p. H11065).

[61] Centers for Disease Control and Prevention, "Ending the HIV Epidemic," https://www.cdc.gov/endhiv/index.html.

[62] *Congressional Record*, December 21, 2020, Vol. 166, No. 218, Book IV, p. H8623. See H.Rept. 116-450, pp. 76-77, for a description of this activity.

[63] This amount does not include the PPHF transfer of $17 million that was directed to the Environmental Health account each of FY2020 and FY2021.

[64] Ibid., p. H8623.

[65] Ibid., p. H8623. When taking account of the $12.5 million in NIH funding that was reserved for the same purpose, the total provided for Firearm Injury and Mortality Prevention Research was $25 million.

The Infectious Disease Rapid Response Reserve Fund (IDRRRF) within the CDC-Wide Activities and Program Support account received $10 million in the explanatory statement.[66] The IDRRRF was established in 2018 by P.L. 115-245 and is codified at 42 U.S.C. §247d-4a as an emergency reserve account. Funds can be made available for infectious disease emergencies as declared by the HHS Secretary (PHSA §319), or if an infectious disease outbreak has the potential to affect national security or the health and security of U.S. citizens, as specified. Funds may be used to carry out activities related to the research, public health prevention, and response for infectious disease emergencies.

NIH

The FY2021 LHHS omnibus provided $41.4 billion in discretionary budget authority for NIH. This was $1.2 billion (+3.0%) more than FY2020 and $3.4 billion (+8.8%) more than the President's FY2021 budget request.

As was the case in FY2020, the FY2021 LHHS omnibus directed $225 million from the HHS Nonrecurring Expenses Fund (NEF)[67] to the NIH Buildings and Facilities account to implement the recommendations in the 2019 National Academies of Sciences, Engineering, and Medicine report *Managing the NIH Bethesda Campus' Capital Assets in a Highly Competitive Global Biomedical Research Environment.*[68] In addition, the FY2021 LHHS omnibus directed $1.3 billion in PHS tap transfers to NIH, an increase of $41 million (+3.3%) from FY2020. The entirety of the PHS 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 NIGMS discretionary appropriation was $14 million (+0.8%) more than FY2020, but when combined with the tap transfer, total funding for NIGMS increased by $54 million (+1.8%) from FY2020.

In line with recent practice, the explanatory statement on the FY2021 LHHS omnibus directed NIH to reserve a specific dollar amount for a number of purposes, for example, $3.1 billion for Alzheimer's disease research at the National Institute on Aging.[69] It also included a reservation of funds for Firearm Injury and Mortality Prevention Research of $12.5 million, the same amount as FY2020.[70] Reserving a specific dollar amount for a particular disease or area of research at NIH is a relatively new practice that has expanded since 2015; still, most NIH funding is not designated for particular diseases or areas of research.[71]

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[66] Ibid., p. H8624.

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

[68] See Division H, Title II, §238 of P.L. 116-260. For further details, see *Congressional Record*, December 21, 2020, Vol. 166, No. 218, Book IV, p. H8629. (See also *Congressional Record*, December 17, 2019, Vol. 165, No. 204, Book III, p. H11074.)

[69] Ibid., p. H8626. For a list of specified funding levels in the explanatory statement accompanying the LHHS omnibus, see Table A-2 in CRS Report R43341, *National Institutes of Health (NIH) Funding: FY1996-FY2022*.

[70] Ibid., p. H8627. When taking account of the $12.5 million in CDC funding that was reserved for the same purpose, the total provided for Firearm Injury and Mortality Prevention Research was $25 million in both FY2020 and FY2021.

[71] 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 FY2021 LHHS omnibus appropriated $404 million to the NIH Innovation Account pursuant to the 21st Century Cures Act (Cures Act; P.L. 114-255), which was equal to the amount authorized to be appropriated in that act. The explanatory statement also reiterated the purposes authorized in the Cures Act, directing that NIH transfer $195 million to the National Cancer Institute to support cancer research, and $50 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 $109 million was for the Precision Medicine Initiative.[72]

SAMHSA

The FY2021 LHHS omnibus provided $5.9 billion in discretionary budget authority for SAMHSA. This amount was $133 million (+2.3%) more than SAMHSA's FY2020 funding level and $272 million (+4.9%) more than the President's FY2021 budget request. The FY2021 LHHS omnibus also directed $134 million in PHS evaluation tap funding and $12 million in PPHF funding to SAMHSA, which were the same amounts as FY2019 and FY2020.

The additional funding provided to SAMHSA was spread across several programs in the explanatory statement. The programs within the Mental Health Programs of Regional and National Significance (PRNS) received an increase of $26 million (+5.9%) and the programs within the Substance Abuse Treatment PRNS received an increase of $17 million (+3.6%). Nearly all Mental Health and Substance Abuse Treatment PRNS programs received level funding or modest increases from FY2020. The largest increase was provided to the Certified Community Behavioral Health Clinics (CCBHCs)—$50 million (+25.0%) more than FY2020. The Community Mental Health Block Grant (MHBG) received an increase of $35 million (+5.0%) while the Substance Abuse Prevention and Treatment Block Grant (SABG) received the same amount as FY2020. The State Opioid Response (SOR) grant program continued to be funded at $1.5 billion, the same amount as FY2019 and FY2020.

AHRQ

The FY2021 LHHS omnibus provided $338 million in discretionary budget authority to AHRQ. This was the same as the FY2020 level. The FY2021 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.[73] (The House bill proposed $200 million in tap transfers for AHRQ, but this proposal was not enacted.) The FY2021 LHHS omnibus continued to fund AHRQ as its own operating division, declining the President's proposal to consolidate AHRQ into NIH. The FY2021 President's budget had

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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.

[72] *Congressional Record*, December 21, 2020, Vol. 166, No. 218, Book IV, p. H8624.

[73] In addition to funds provided through the annual appropriations process, AHRQ is also scheduled in FY2021 to receive a transfer of certain mandatory funds that were authorized and appropriated to the Patient-Centered Outcomes Research Trust Fund (PCORTF) by ACA Section 6301(e), as amended (26 U.S.C. §9511). Transfers to AHRQ from the PCORTF are to be used to disseminate the results of patient-centered outcomes research. (PCORTF funds are generally not displayed in this report, as they are not provided by or modified through annual LHHS appropriations bills.) For more information on the PCORTF, see HHS, Office of the Assistant Secretary for Planning and Evaluation, *Patient-Centered Outcomes Research Trust Fund*, https://aspe.hhs.gov/patient-centered-outcomes-research-trust-fund.

requested 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.[74]

CMS

The FY2021 LHHS omnibus provided $4.5 billion in discretionary budget authority for CMS. This was $21 million (+0.5%) more than FY2020 and $30 million (-0.7%) less than the FY2021 President's budget request. The LHHS omnibus appropriated $807 million for the CMS Health Care Fraud and Abuse Control (HCFAC) account, 2.7% more than FY2020, and less (-0.7%) than the FY2021 President's request. Of the total amount appropriated for HCFAC, $496 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 $3.7 billion, which was the same amount provided in FY2020 and FY2019. 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 FY2021 appropriation was less than the amount proposed by the President's budget (-0.6%) and the House committee bill (-7.9%). The LHHS 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 FY2021 LHHS omnibus provided $24.7 billion in discretionary budget authority for ACF. This was $251 million (+1.0%) more than FY2020 and $4.5 billion (+22.3%) more than the FY2020 President's budget request. The President's budget would have decreased ACF discretionary funding by almost one-fifth relative to the prior year (-17.4%). 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 all three of these programs was sustained or increased in the FY2021 LHHS omnibus relative to FY2020: LIHEAP received $3.8 billion (+0.3%), PDG $275 million (+0.0%), and CSBG $745 million (+0.7%).

[74] HHS, NIH, National Institute for Research on Safety and Quality, *FY2021 Congressional Justification*, https://www.ahrq.gov/sites/default/files/wysiwyg/cpi/about/mission/budget/2021/FY_2021_CJ_NIRSQ.pdf. The President's request would have funded NIRSQ at $257 million for FY2021 (not counting transfers from the PCORTF). A similar proposal was made in the President's FY2020, FY2019, and FY2018 requests; see HHS, NIH, National Institute for Research on Safety and Quality, *FY2021 Congressional Justification*, https://www.ahrq.gov/sites/default/files/wysiwyg/cpi/about/mission/budget/2020/FY_2020_CJ_-NIRSQ.pdf; 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; HHS, NIH, National Institute for Research on Safety and Quality, *FY 2018 Congressional Justification*, https://www.ahrq.gov/sites/default/files/wysiwyg/cpi/about/mission/budget/2018/NIRSQ.pdf.

The LHHS omnibus provided $1.9 billion for the Refugee and Entrant Assistance programs account, an increase of $2 million (+0.1%) relative to FY2020. The LHHS omnibus retained a provision, included in LHHS appropriations since FY2015, authorizing HHS to augment appropriations for the Refugee and Entrant Assistance account via transfers from other discretionary HHS funds. The 15% limit on those transfers was the same as FY2020.

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 FY2020 and FY2019). 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 general provisions that were enacted in FY2020 related to the UAC program. For instance, the law authorized HHS to accept donations for the care of UAC arrivals (§230), limited the use of funds for changes to policy directives related to the UAC program (§231), limited the use of funds for unlicensed facilities for unaccompanied alien children (§232), and imposed additional congressional notification requirements prior to the use of unlicensed facilities (§233). It also prohibited HHS appropriations from being used to prevent a Member of Congress from visiting a UAC facility for oversight purposes provided that the Office of Refugee Resettlement (ORR) was notified not less than two business days in advance to ensure that such visit would not interfere with the operations (including child welfare and child safety operations) of such facility (§234). A number of reporting requirements related to the UAC program were also included in or carried by reference in the explanatory statement, such as a monthly report to the appropriations committees that includes estimates of UAC arrivals and any changes in funding needs as a result of these arrivals, public reporting with respect to children who have been separated from a parent or legal guardian, a report to the appropriations committees related to provider facility violations related to standards of child care or the wellbeing of children, and a semiannual report related to number of children in ORR custody in residential treatment centers.[75]

ACL

The FY2021 LHHS omnibus provided $2.3 billion in discretionary budget authority for ACL. This was $35 million (+1.6%) more than FY2020. In addition, the FY2021 LHHS omnibus directed $28 million in PPHF transfers to ACL, the same as FY2020. The explanatory statement accompanying the FY2021 LHHS omnibus specified that the PPHF transfers were for the Alzheimer's Disease Program, Chronic Disease Self-Management, and Elder Falls Prevention.

The FY2021 LHHS omnibus did not adopt several ACL proposals made in the President's budget submission. These included proposals to consolidate Chronic Disease Self-Management and Elder Falls Prevention into the Preventive Health Services Program, and to allow states and tribal organizations to transfer 100% of funds among the home and community-based supportive services, nutrition, disease prevention and health promotion, and family caregiver support programs.[76]

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[75] *Congressional Record*, vol. 165, no. 204, December 17, 2019, pp. H11077-H11078. The explanatory statement included language related to the UACs that noted "The agreement notes that the front matter of this explanatory statement establishes that language included in House Report 116–450 should be complied with unless specifically addressed to the contrary in this explanatory statement. In cases where the House Report addresses an issue not addressed in this joint explanatory statement, the House Report language is deemed to carry the same emphasis as language included in this explanatory statement." See H.Rept. 116-450, pp. 177-188 for UAC-related language.

[76] *Budget of the United States Government, Fiscal Year 2021, Appendix*, p. 502, https://www.govinfo.gov/content/pkg/BUDGET-2021-APP/pdf/BUDGET-2021-APP.pdf#page=506. A similar proposal was made in the President's FY2020

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 FY2021 LHHS omnibus retained these existing restrictions (§§506 and 507).[77]

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 FY2021 LHHS omnibus retained these existing restrictions (§508).[78]

Needle Exchange Programs: Since FY1990, annual LHHS appropriations have generally included a provision prohibiting any LHHS funds from being used for needle exchange programs (i.e., programs in which sterile needles or syringes are made available to injection drug users in exchange for used needles or syringes to mitigate the spread of related infections, such as Hepatitis and HIV/AIDS).[79] 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 FY2021 House

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and FY2019 requests; see, *Budget of the United States Government, Fiscal Year 2020, Appendix*, p. 488, https://www.govinfo.gov/content/pkg/BUDGET-2020-APP/pdf/BUDGET-2020-APP-1-11.pdf#page=72; and *Budget of the United States Government, Fiscal Year 2019, Appendix*, p. 484, https://www.govinfo.gov/content/pkg/BUDGET-2019-APP/pdf/BUDGET-2019-APP-1-11.pdf#page=70. During the COVID-19 public health emergency, state and local agencies on aging have increased flexibility to transfer funds among certain programs; see the discussion of Section 3222 in CRS Report R46334, *Selected Health Provisions in Title III of the CARES Act (P.L. 116-136).* Furthermore, P.L. 116-260, Division N, Section 732 provides that of the home-delivered and congregate nutrition services program funds that they receive in FY2021, state and local agencies on aging may transfer up to 100% of the funds between the two programs without prior approval.

[77] 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*.

[78] 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*.

[79] 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.

committee bill would have omitted this provision entirely, but the FY2021 LHHS omnibus retained these existing restrictions and conditions (§527).

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). FY2021 omnibus retained these existing restrictions (§210 [HHS] and §503(c) [all LHHS, plus PPHF transfers]).[80]

Table 6. HHS Appropriations Totals by Agency

(In millions of dollars)

HHS Agency	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
HRSA	**7,333**	**6,571**	**7,472**	**7,484**
Mandatory BA	286	266	266	266
Discretionary BA	7,047	6,305	7,206	7,218
Evaluation Tap Funding[a]	*0*	*13*	*0*	*0*
CDC[b]	**6,895**	**6,949**	**7,126**	**7,019**
Mandatory BA	55	55	55	55
Discretionary BA	6,840	6,894	7,070	6,963
Evaluation Tap Funding[a]	*0*	*542*	*0*	*0*
PPHF[c]	*854*	*894*	*856*	*856*
Nonrecurring Expenses Fund Transfer[d]	*225*	*0*	*0*	*0*
NIH[b]	**40,228**	**38,070**	**40,618**	**41,437**
Mandatory BA	0	0	0	0
Discretionary BA	40,228	38,070	40,618	41,437
Evaluation Tap Funding[a]	*1,231*	*741*	*1,341*	*1,272*
Nonrecurring Expenses Fund Transfer[d]	*225*	*0*	*0*	*225*
SAMHSA	**5,737**	**5,598**	**5,833**	**5,870**
Mandatory BA	0	0	0	0
Discretionary BA	5,737	5,598	5,833	5,870
Evaluation Tap Funding[a]	*134*	*143*	*134*	*134*
PPHF[c]	*12*	*0*	*12*	*12*
AHRQ[e]	**338**	**0**	**143**	**338**

[80] As previously noted, the explanatory statement accompanying the FY2021 LHHS omnibus directed that $12.5 million apiece ($25 million total) be allocated by the CDC and NIH for Firearm Injury and Mortality Prevention Research (*Congressional Record*, December 21, 2020, Vol. 166, No. 218, Book IV, pp. H8623 and H8627.). These CDC and NIH funding reservations for Firearm Injury and Mortality Prevention were first included in LHHS explanatory statements in FY2020.

HHS Agency	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
Mandatory BA	0	0	0	0
Discretionary BA	338	0	143	338
Evaluation Tap Funding[a]	*0*	*0*	*200*	*0*
CMS	**828,343**	**906,657**	**906,942**	**906,627**
Mandatory BA	823,888	902,150	902,150	902,150
Discretionary BA	4,456	4,507	4,792	4,477
ACF	**39,523**	**34,994**	**41,256**	**41,190**
Mandatory BA	15,079	14,796	16,496	16,496
Discretionary BA	24,444	20,198	24,760	24,695
ACL	**2,223**	**2,108**	**2,280**	**2,258**
Mandatory BA	0	0	0	0
Discretionary BA	2,223	2,108	2,280	2,258
PPHF[c]	*28*	*0*	*28*	*28*
Office of the Secretary (OS)	**4,212**	**4,009**	**4,309**	**4,359**
Mandatory BA	624	653	653	653
Discretionary BA	3,588	3,356	3,656	3,706
Evaluation Tap Funding[a]	*65*	*74*	*65*	*65*
Total, HHS BA in the Bill	**934,832**	**1,004,955**	**1,015,978**	**1,016,583**
Mandatory	**839,931**	**917,920**	**919,620**	**919,620**
Discretionary	**94,901**	**87,036**	**96,358**	**96,963**
Emergency Funding (not included in above totals)				
1st COVID (P.L. 116-123)	6.4	—	—	—
2nd COVID (P.L. 116-127)	1.3	—	—	—
3rd COVID (P.L. 116-136)	140.4	—	—	—
4th COVID (P.L. 116-139)	100.0	—	—	—
Emergency Funding in Annual LHHS[f]	—	—	18.5	0.6
5th COVID (Division M, P.L. 116-260)	—	—	—	72.9
Afghan special immigrants (P.L. 117-31)	-	-	-	0.0[g]
Memoranda (non-emergency funds only)				
Total, BA Available in Fiscal Year (current year from any bill)	932,661	996,126	1,007,149	1,007,753
Total, BA Advances for Future Years (provided in current bill)	144,303	153,132	153,132	153,132
Total, BA Advances from Prior Years (for use in current year)	142,132	144,303	144,303	144,303

HHS Agency	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
Total, Additional Scorekeeping Adjustments	-9,420	-9,163	-12,124	-21,068

Sources: Amounts in this table for the FY2020 Enacted, FY2021 Request, and FY2021 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2021 LHHS omnibus (P.L. 116-260), available in the *Congressional Record*, vol. 166, no. 218, book IV, December 21, 2020, pp. H8619-H8711. (The amount for P.L. 117-31 is from CBO, *Discretionary Spending: Senate Amendment 2123*, July 29, 2021, https://www.cbo.gov/system/files/2021-07/ EmergencySecuritySupplementalAppropriationsAct2021.pdf.) Amounts in the FY2021 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-450) accompanying H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2020 do not include emergency-designated appropriations provided in P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. House committee bill totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations proposed in Title VI of H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations provided in Division H or M of P.L. 116-260, or P.L. 117-31. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

Notes: 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. 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.

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

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 FY2020 omnibus specified that HHS must transfer $225 million apiece from the NEF to the buildings and facilities accounts at CDC and NIH. The FY2021 omnibus specified that HHS must transfer $225 million to the building and facilities account at NIH. Amounts shown for the NEF transfer are *in addition to* amounts shown for budget authority.

e. The President's budget for FY2020 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 FY2020 enacted appropriations.

f. The FY2021 House committee bill included a total of $19.4 billion in emergency-designated budget authority in Title VI, of which $18.5 billion was for HHS. Subsequently, Division H of P.L. 116-260 enacted $1.6 billion in emergency-designated budget authority, of which $638 million was for HHS in Title II.

g. P.L. 117-31 provided $25 million in supplemental appropriations for the Refugee and Entrant Assistance account at HHS for specified purposes related to Afghan special immigrants, which rounds to $0.0 in billions (the unit of measure used in this table).

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

(In millions of dollars)

Agency or Selected Program	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
HRSA				
Community Health Centers	1,626	1,728	1,651	1,683
National Health Service Corps	120	120	120	120
Children's Hospitals Graduate Medical Education	340	0	340	350
Maternal & Child Health Block Grant	688	761	713	713
Autism and Other Developmental Disorders	52	0	53	53
Healthy Start	126	126	131	128
Ryan White AIDS Programs	2,389	2,484	2,414	2,424
Organ Transplantation	28	17	33	29
Telehealth	29	29	42	34
Rural Communities Opioid Response	110	110	110	110
Family Planning (Title X)	286	286	286	286
CDC				
Immunization and Respiratory Diseases	433	577	470	449
PPHF[a]	*370*	*303*	*370*	*372*
HIV/AIDS, Viral Hepatitis, STDs, TB Prevention	1,274	1,553	1,288	1,314
Emerging and Zoonotic Infectious Diseases	570	599	594	596
Chronic Disease Prevention and Health Promotion	985	962	1,050	1,022
PPHF[a]	*255*	*454*	*257*	*255*
Birth Defects and Developmental Disabilities	161	112	163	168
Public Health Scientific Services	555	115	593	592
Environmental Health	197	182	220	206
PPHF[a]	*17*	*0*	*17*	*17*
Injury Prevention and Control	677	730	695	683
National Institute for Occupational Safety and Health	343	111	345	345
Evaluation Tap Funding[b]	*0*	*79*	*0*	*0*
Global Health	571	621	573	593
Buildings and Facilities	25	30	30	30
Nonrecurring Expenses Fund Transfer[c]	*225*	*0*	*0*	*0*
NIH				
National Institute of Allergy and Infectious Diseases	5,885	5,885	6,013	6,070

Agency or Selected Program	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
National Institute of General Medical Sciences	1,706	1,931	1,631	1,720
Evaluation Tap Funding	1,231	741	1,341	1,272
National Institute on Aging	3,544	3,226	3,609	3,899
National Institute on Drug Abuse	1,462	1,432	1,475	1,480
NIH Innovation Account[d]	492	404	404	404
SAMHSA				
Mental Health Programs of Regional & National Significance (PRNS)	449	441	469	475
PPHF	*12*	*0*	*12*	*12*
Mental Health Block Grant	702	737	737	737
Evaluation Tap Funding[b]	*21*	*21*	*21*	*21*
Certified Community Behavioral Health Clinics	200	225	225	250
Children's Mental Health	125	125	125	125
Substance Abuse Treatment PRNS	478	365	488	495
Evaluation Tap Funding[b]	*79*	*79*	*79*	*79*
Substance Abuse Block Grant	1,779	1,779	1,779	1,779
Evaluation Tap Funding[b]	*79*	*79*	*79*	*79*
State Opioid Response Grants	1,500	1,585	1,500	1,500
Substance Abuse Prevention PRNS	206	97	209	208
Health Surveillance and Support	129	97	129	129
Evaluation Tap Funding[b]	*31*	*42*	*31*	*31*
AHRQ[e]				
Research on Health Costs, Quality, and Outcomes	197	0	0	197
Evaluation Tap Funding[b]	*0*	*0*	*200*	*0*
Medical Expenditure Surveys	70	0	72	70
Program Support	71	0	71	71
CMS				
CMS Program Management	3,670	3,694	3,985	3,670
Health Care Fraud and Abuse Control	786	813	807	807
ACF				
Low Income Home Energy Assistance Program Formula Grants	3,740	0	3,765	3,750
Refugee and Entrant Assistance Programs	1,908	2,456	1,911	1,910
Child Care and Development Block Grant	5,826	5,826	5,926	5,911
Head Start	10,613	10,613	10,763	10,748

Agency or Selected Program	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
Preschool Development Grants	275	0	300	275
Child Welfare Services	269	269	269	269
Adoption Opportunities	42	42	42	44
Community Services Block Grant	740	0	750	745
ACL				
Home & Community-Based Supportive Services	390	390	400	393
Family Caregiver Support Services	186	151	194	189
Nutrition Services Programs	937	937	957	952
Alzheimer's Disease Demonstrations	12	27	12	13
PPHF[a]	*15*	*0*	*15*	*15*
State Health Insurance Program (SHIP)	52	36	54	52
Paralysis Resource Center	10	10	10	10
Limb Loss Resource Center	4	4	4	4
Developmental Disabilities Programs	180	136	184	183
WIOA Activities (transferred from ED)	265	236	265	267
Office of the Secretary				
Office of Nat'l Coord. for Health Information Technology	60	51	60	62
Office of the Inspector General	80	90	80	80
Public Health and Social Services Emergency Fund	2,737	2,641	2,827	2,847

Sources: Amounts in this table for the FY2020 Enacted, FY2021 Request, and FY2021 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2021 LHHS omnibus (P.L. 116-260), available in the *Congressional Record*, vol. 166, no. 218, book IV, December 21, 2020, pp. H8619-H8711. Amounts in the FY2021 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-450) accompanying H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2020 do not include emergency-designated appropriations provided in P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. House committee bill totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations proposed in Title VI of H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations provided in Division H or M of P.L. 116-260, or P.L. 117-31. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

Notes: 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 FY2020 omnibus required that HHS transfer $225 million apiece from the NEF to the buildings and facilities accounts at CDC and NIH. The FY2021 omnibus required that $225 million be transferred to NIH. 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. In keeping with the purposes and amounts authorized in the Cures Act, for FY2021, the FY2021 LHHS explanatory statement directed that NIH transfer $195 million to the National Cancer Institute to support cancer research, and $50 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 $109 million was for the Precision Medicine Initiative.

e. The President's budget for FY2021 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 FY2021 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 in 1980.[81] Its mission is to "promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access."[82] 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.

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

[82] U.S. Department of Education, "About ED," http://www2.ed.gov/about/landing.jhtml, accessed on June 9, 2021.

The federal government provides roughly 7% of overall funding for elementary and secondary education in the United States.[83] The majority of school funding—about 84%—comes from states and local districts, which have primary responsibility for the provision of elementary and secondary education. With regard to higher education, the federal government provided roughly 59% of undergraduate and graduate student aid in academic year (AY) 2019-2020.[84]

FY2021 ED Appropriations Overview

Table 8 displays FY2021 discretionary and mandatory ED budget authority provided and proposed, along with FY2020 enacted levels. The totals in this table do not include emergency supplemental appropriations; amounts provided in supplementals are displayed separately at the bottom of the table and are in addition to regular appropriations. For a discussion of the FY2021 supplemental appropriations in Division M of P.L. 116-260 and P.L. 117-31, see **Appendix C**.

Discretionary funds represent the majority of ED's annual appropriations, accounting for roughly 95% of the FY2020 and FY2021 enacted levels.[85] The FY2021 enacted discretionary ED appropriations were 1.1% higher than FY2020 levels. Proposed discretionary ED appropriations for FY2021 compared to FY2020 would have decreased under the President's budget (-8.5%) and increased under the House committee bill (+1.0%).

Table 8. ED Appropriations Overview

(In billions of dollars)

Funding	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
Discretionary	72.8	66.6	73.5	73.5
Mandatory	3.6	3.7	3.7	3.7
Total BA in the Bill	**76.4**	**70.2**	**77.1**	**77.2**
Emergency Funding (not included in above totals)				
3rd COVID (P.L. 116-136)	30.9	—	—	—
5th COVID (Division M, P.L. 116-260)	—	—	—	82.0

Sources: Amounts in this table for the FY2020 Enacted, FY2021 Request, and FY2021 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2021 LHHS omnibus (P.L. 116-260), available in the *Congressional Record*, vol. 166, no. 218, book IV, December 21, 2020, pp. H8619-H8711. Amounts in the FY2021 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-450) accompanying H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2020 do not include emergency-designated appropriations provided in P.L.

[83] U.S. Department of Education, "*The FY 2021 Education Budget Summary,* "Appendix: Total Expenditures for Elementary and Secondary Education in the U.S.," at https://www2.ed.gov/about/overview/budget/budget21/summary/21summary.pdf.

[84] For the purposes of this calculation, the federal contribution included $143 billion (grants, loans, work-study, and tax benefits) out of a total of $242 billion (federal aid, state aid, institutional grants, and private and employer-provided grants). See the College Board's *Trends in College Pricing and Student Aid 2020*, p. 30, https://research.collegeboard.org/pdf/trends-college-pricing-student-aid-2020.pdf.

[85] The only mandatory ED funding provided in the LHHS Appropriations Act in each of these years is for Vocational Rehabilitation State Grants. This excludes any rescissions of mandatory appropriations that are used in the appropriations process.

116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. House committee bill totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations proposed in Title VI of H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations provided in Division H or M of P.L. 116-260, or P.L. 117-31. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

Selected ED Highlights

The following sections highlight FY2021 appropriations for selected ED accounts and programs.[86] **Table 9** tracks funding levels for major ED budget and appropriations accounts, and selected items within those accounts.

Education for the Disadvantaged

The Education for the Disadvantaged account is the largest account related to elementary and secondary education and the third largest overall within ED based on funding provided through the annual appropriations process. Within the account, a majority of funds are appropriated for Grants to Local Educational Agencies, authorized under Title I-A of the Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA; P.L. 114-95). Title I-A grants provide supplementary educational and related services to low-achieving and other students attending elementary and secondary schools with relatively high concentrations of students from low-income families, as well as eligible students who live in the areas served by these public schools but attend private schools.[87]

The enacted FY2021 appropriation for Title I-A grants was $16.5 billion, compared to an FY2020 appropriation level of $16.3 billion (+1.4%). The House committee bill had recommended a funding level of $16.6 billion for the program. President Trump's FY2021 budget requested no new funding for the Education for the Disadvantaged account, but proposed to consolidate the Title I-A program, along with 28 other competitive and formula grant programs,[88] into a single Elementary and Secondary Education for the Disadvantaged Block Grant under a new "Improving Elementary and Secondary Education" account. Under the proposal, block grants would have been allocated to state educational agencies and local educational agencies by formula and could have been used for any purpose of the consolidated programs.[89]

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

[87] Although Title I-A funds are used to serve eligible private school students, funds remain under the control of public school authorities (i.e., they are not transferred to private schools).

[88] ED budget materials propose $19.3 billion in new budget authority for this block grant (including $6.8 billion to become available in FY2021 and an advance appropriation of $12.5 billion to become available in FY2022. For a full list of programs that would be combined into a single block grant under the proposal, see *Budget of the United States Government, Fiscal Year, 2021, Major Savings and Reforms*, p. 20, https://www.govinfo.gov/content/pkg/BUDGET-2021-MSV/pdf/BUDGET-2021-MSV.pdf.

[89] For more information about the legislative proposal, see U.S. Department of Education, "Improving Elementary and Secondary Education," *Justification of Appropriation Estimates to the Congress: Fiscal Year 2021*, https://www2.ed.gov/about/overview/budget/budget21/justifications/a-iese.pdf.

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.[90] Pell Grants are the largest single source of federal grant aid for undergraduate students; ED projected that they would provide approximately $30.3 billion in aid to roughly 7.1 million undergraduate students in FY2021.[91] The explanatory statement accompanying the FY2021 LHHS Omnibus directed $22.5 billion in discretionary funding to the Pell Grant program, which was level funding compared to FY2020. (Additional mandatory funding for the program is appropriated outside the LHHS bill.) The President's budget and the House committee bill both proposed level discretionary funding, as well.

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.[92] The mandatory add-on award program costs are funded by a permanent, indefinite mandatory appropriation. Both mandatory appropriation sources are provided outside the annual appropriations process, are authorized by and funded in the Higher Education Act of 1965 (HEA), as amended, and do not appear in **Table 9**.

The FY2021 LHHS omnibus increased the discretionary maximum Pell Grant award level to $5,435, which is $150 (+2.8%) more than the FY2020 level. The House committee bill recommended the same amount. The President's budget requested the same discretionary maximum Pell Grant award level as in FY2020.

As a result of Pell Grant award rules established in the HEA, the increase in the discretionary maximum Pell Grant award level increases FY2021 program costs, assuming no other changes. In order to pay for the estimated increase in FY2021 mandatory add-on award program costs, the FY2021 LHHS omnibus rescinded $28 million of the FY2021 definite mandatory appropriation.[93] The House committee bill would have reduced the FY2020 definite mandatory appropriation by the same amount.

The FY2021 LHHS omnibus implemented another provision related to the Pell Grant program surplus: it rescinded $500 million of the surplus, which offset the cost of appropriations in the act.[94]

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[90] For more information about the program, see CRS Report R45418, *Federal Pell Grant Program of the Higher Education Act: Primer*.

[91] U.S. Department of Education, "Student Aid Overview," *Justification of Appropriation Estimates to the Congress: Fiscal Year 2021*, pp. O-6–O-7, https://www2.ed.gov/about/overview/budget/budget21/justifications/o-sao.pdf.

[92] 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 funding available exceeds annual discretionary program costs, the Pell Grant program is able to accumulate a surplus that remains available to fund discretionary award program costs in subsequent years. The Congressional Budget Office (CBO) has estimated a surplus of $12.5 billion at the start of FY2021. See Congressional Budget Office, *Pell Grant Program—CBO's February 2021 Baseline*, p. 2, https://www.cbo.gov/system/files/2021-02/51304-2021-02-pellgrant.pdf.

[93] P.L. 116-260, Division H, §309.

[94] P.L. 116-260, Division H, §308.

Table 9. Detailed ED Appropriations

(In millions of dollars)

Account and Selected Program	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
Education for the Disadvantaged	**16,997**	**0[a]**	**17,258**	**17,227**
Grants to Local Educational Agencies	16,310	0[a]	16,564	16,537
Comprehensive Literacy Development Grants	192	0[a]	192	192
Impact Aid	**1,486**	**1,411**	**1,491**	**1,501**
School Improvement Programs	**5,405**	**392**	**5,454**	**5,444**
Supporting Effective Instruction State Grants	2,132	0[a]	2,154	2,143
21st Century Community Learning Centers	1,250	0[a]	1,263	1,260
Student Support and Academic Enrichment Grants	1,210	0[a]	1,220	1,220
Indian Education	**181**	**181**	**181**	**181**
Innovation and Improvement	**1,104**	**0[a]**	**1,075**	**1,114**
Safe Schools and Citizenship Education	**210**	**0[a]**	**218**	**217**
English Language Acquisition	**787**	**0[a]**	**797**	**797**
Special Education	**13,885**	**13,985**	**14,093**	**14,071**
Part B—Assistance for Education of all Children with Disabilities	13,159	13,259	13,356	13,335
Part C—Infants and Toddlers with Disabilities	477	477	482	482
Rehabilitation Services	**3,748**	**3,783**	**3,828**	**3,814**
Vocational Rehabilitation State Grants (mandatory)	3,610	3,668	3,668	3,675
Special Institutions for Persons with Disabilities	**249**	**249**	**254**	**256**
Career, Technical, and Adult Education	**1,961**	**2,723**	**1,986**	**2,031**
Career and Technical Education	1,290	2,053	1,308	1,342
Student Financial Assistance	**24,520**	**22,975**	**24,565**	**24,545**
Pell maximum grant (non-add)	*5,285*	*5,285*	*5,435*	*5,435*
Federal Pell Grant Program	22,475	22,475	22,475	22,475
Federal Direct Student Loan Program Account	**50**	**0**	**50**	**50**
Student Aid Administration	**1,769**	**1,883**	**1,769**	**1,854**
Higher Education	**2,476**	**1,789**	**2,557**	**2,542**
Federal TRIO Programs	1,090	950	1,100	1,097
Howard University	**240**	**240**	**254**	**251**
College Housing & Academic Facilities Loans[b]	**0**	**0**	**0**	**0**
HBCU Capital Financing Program Account	**46**	**40**	**48**	**48**
Institute of Education Sciences	**623**	**565**	**630**	**642**
Departmental Management	**623**	**647**	**626**	**624**
Total, ED BA in the Bill	**76,361**	**70,228**	**77,135**	**77,212**

Account and Selected Program	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
Subtotal, Mandatory	**3,610**	**3,668**	**3,668**	**3,675**
Subtotal, Discretionary	**72,751**	**66,561**	**73,467**	**73,537**
Emergency Funding (not included in above totals)				
3rd COVID (P.L. 116-136)	30,925	—	—	—
5th COVID (Division M, P.L. 116-260)	—	—	—	82,000
Memoranda (non-emergency funds only)				
Total, BA Available in Fiscal Year (current year from any bill)	76,225	70,228	77,135	77,212
Total, BA Advances for Future Years (provided in current bill)	22,597	22,597	22,597	22,597
Total, BA Advances from Prior Years (for use in current year)	22,597	22,597	22,597	22,597

Sources: Amounts in this table for the FY2020 Enacted, FY2021 Request, and FY2021 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2021 LHHS omnibus (P.L. 116-260), available in the *Congressional Record*, vol. 166, no. 218, book IV, December 21, 2020, pp. H8619-H8711. Amounts in the FY2021 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-450) accompanying H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2020 do not include emergency-designated appropriations provided in P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. House committee bill totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations proposed in Title VI of H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations provided in Division H or M of P.L. 116-260, or P.L. 117-31. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

a. The President's FY2021 budget proposed to eliminate funding for this program and to consolidate it into a new Elementary and Secondary Education for the Disadvantaged Block Grant. The amount proposed for that Block Grant is not reflected in the source materials described above; as such, it is not reflected this table. ED budget materials propose $19.3 billion in new budget authority for this block grant (including $6.8 billion to become available in FY2021 and an advance appropriation of $12.5 billion to become available in FY2022. For more information about the legislative proposal, see U.S. Department of Education, "Improving Elementary and Secondary Education," *Justification of Appropriation Estimates to the Congress: Fiscal Year 2021*, https://www2.ed.gov/about/overview/budget/budget21/justifications/a-iese.pdf.

b. Actual amount for College Housing & Academic Facilities Loans is $435,000 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 re-estimates of mandatory spending programs, where applicable.

FY2021 Related Agencies Appropriations Overview

Table 10 displays FY2021 proposed and enacted funding levels for LHHS related agencies, along with FY2020 enacted levels. Totals in this table do not include emergency supplemental appropriations; amounts provided in supplementals are displayed separately at the bottom of the table and are in addition to regular appropriations.

In general, discretionary funding constitutes about 20% of total appropriations for LHHS related agencies each year. The FY2021 LHHS omnibus increased discretionary appropriations for related agencies by about 0.6% compared to FY2020. The President's budget would have decreased discretionary appropriations for related agencies by about 8.2%, while the House committee bill would have increased such appropriations by 1.4%.

Table 10. Related Agencies Appropriations Overview

(In billions of dollars)

Funding	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
Discretionary	15.4	14.1	15.6	15.5
Mandatory	57.3	55.3	55.3	55.3
Total BA in the Bill	**72.7**	**69.4**	**70.9**	**70.8**
Emergency Funding (not included in above totals)				
3rd COVID (P.L. 116-136)	0.4	—	—	—

Sources: Amounts in this table for the FY2020 Enacted, FY2021 Request, and FY2021 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2021 LHHS omnibus (P.L. 116-260), available in the *Congressional Record*, vol. 166, no. 218, book IV, December 21, 2020, pp. H8619-HH8711. Amounts in the FY2021 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-450) accompanying H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2020 do not include emergency-designated appropriations provided in P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. House committee bill totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations proposed in Title VI of H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations provided in Division H or M of P.L. 116-260, or P.L. 117-31. 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 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 84.3% of discretionary appropriations for LHHS related agencies in the FY2021 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 1.6% of total appropriations and 7.3% of discretionary appropriations to LHHS related agencies in FY2021. 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 FY2021 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 FY2021 LHHS omnibus provided $12.9 billion to the LAE account, which was an increase of $60 million (+0.5%) relative to the FY2020 enacted level. The President's request would have provided about $480 million (+3.7%) more for the LAE account relative to FY2020, while the House committee bill would have increased LAE funding by $100 million (+0.8%).

Of the $12.9 billion provided to the LAE account for FY2021, nearly $1.6 billion (12.2% of this total) 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 FY2021 LHHS omnibus provided $1.3 billion in cap adjustment funding, which was the maximum amount permitted for FY2021.[95] Federal law allowed slightly more cap adjustment funding for FY2020 than for FY2021, and additional FY2021 funds to sustain the prior year level of funding were subject to the cap. The combined amount of program integrity funding enacted for FY2021 was $7 million (-0.4%) less than the combined amount enacted for FY2020, reflecting the reduction to the cap adjustment funding permitted for FY2021 relative to FY2020. Both the FY2021 President's budget and the House committee bill would have also provided the maximum amount of cap adjustment funding permitted for FY2021.

[95] See 2 U.S.C. §901(b)(2)(B).

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.[96] The FY2021 LHHS omnibus provided $1.1 billion in total CNCS funding, a $17 million (+1.5%) increase from the FY2020 enacted level. The FY2021 President's budget had requested $92 million (-91.7%) for CNCS,[97] 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 FY2021.[98] The House committee bill declined the President's proposal, proposing instead to increase CNCS funding by $50 million (+4.5%) compared to the FY2020 enacted level.

National Labor Relations Board (NLRB)

The NLRB is an independent board that enforces provisions in the National Labor Relations Act (NLRA). The FY2021 LHHS omnibus maintained the FY2020 funding levels for the NLRB of $274 million. The FY2021 President's budget would have decreased funding for the NLRB by $27 million (-10.0%) compared to the FY2020 enacted level, while the House committee bill would have increased funding for the NLRB by $4 million (+1.3%).

The FY2021 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).

Table 11. Detailed Related Agencies Appropriations

(In millions of dollars)

Agency, Program, Project, or Activity	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
Committee for Purchase from People Who Are Blind or Severely Disabled (U.S. AbilityOne Commission)	**10**	**14**	**10**	**11**
Corporation for National and Community Service (CNCS)	**1,104**	**92**[a]	**1,154**	**1,121**
Selected CNCS Programs/Initiatives:				
Volunteers in Service to America (VISTA)	93	5	95	97

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

[97] This report uses the figure that was published in the FY2021 LHHS omnibus explanatory statement, which is the source document used by this report for the FY2021 request. (See the Source notes for **Table 11** for further information.) According to the Corporation for National and Community Service (CNCS) FY2021 budget justification, the total amount requested for CNCS was $82 million (see CNCS, FY2021 Congressional Budget Justification, February 10, 2020, p. 2, https://americorps.gov/sites/default/files/documents/CNCS%20FY%202021%20Congressional%20Budget%20Justification%20w%20IG%20Message%20%28Final%29_508.pdf).

[98] 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 ibid. Previous President's budgets for FY2018, FY2019, and FY2020 had also proposed an elimination of CNCS.

Agency, Program, Project, or Activity	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
National Senior Volunteer Corps	221	0[b]	239	225
AmeriCorps State and National Grants	429	2	447	455
National Civilian Community Corps	33	23	35	34
National Service Trust	208	10[c]	212	185
Corporation for Public Broadcasting (CPB)	**485**	**0**	**535**	**495**
Federal Mediation and Conciliation Service	**47**	**49**	**49**	**49**
Federal Mine Safety and Health Review Commission	**17**	**17**	**17**	**17**
Institute of Museum and Library Services (IMLS)	**252**	**23**	**257**	**257**
Medicare Payment Advisory Commission (MedPAC)	**13**	**14**	**13**	**13**
Medicaid and CHIP Payment and Access Commission (MACPAC)	**9**	**9**	**9**	**9**
National Council on Disability	**3**	**3**	**3**	**3**
National Labor Relations Board (NLRB)	**274**	**247**	**278**	**274**
National Mediation Board	**14**	**14**	**14**	**14**
Occupational Safety and Health Review Commission	**13**	**14**	**13**	**13**
Railroad Retirement Board (RRB)	**150**	**144**	**150**	**147**
Dual Benefits (minus tax receipts)	15	12	12	12
Federal Payment to RR Retirement Account (mandatory)[d]	0	0	0	0
Limitation on Administration	124	120	127	124
Inspector General	11	11	11	12
Social Security Administration (SSA)	**70,314**	**68,759**	**68,369**	**68,329**
Payments to Social Security Trust Funds (mandatory)	11	11	11	11
Supplemental Security Income (SSI) (mandatory)	57,328	55,282	55,282	55,282
Limitation on Administrative Expenses (LAE)	12,870	13,349	12,970	12,930
Regular LAE (incl. user fees, non-add)	*11,288*	*11,774*	*11,395*	*11,355*
Program Integrity (non-add)	*1,582*	*1,575*	*1,575*	*1,575*
Office of Inspector General	106	116	106	106
Total, Related Agencies BA in the Bill	**72,706**	**69,398**	**70,871**	**70,752**
Subtotal, Mandatory	**57,339**	**55,294**	**55,294**	**55,294**
Subtotal, Discretionary	**15,367**	**14,104**	**15,577**	**15,459**
Emergency Funding (not included in above totals)				
3rd COVID (P.L. 116-136)	430	—	—	—
Memoranda (non-emergency funds only)				
Total, BA Available in Fiscal Year (current year from any bill)	72,486	69,728	71,101	71,022
Total, BA Advances for Future Years (provided in current bill)	20,365	19,600	20,115	20,075

Agency, Program, Project, or Activity	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
Total, BA Advances from Prior Years (for use in current year)	20,145	19,930	20,345	20,345

Sources: Amounts in this table for the FY2020 Enacted, FY2021 Request, and FY2021 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2021 LHHS omnibus (P.L. 116-260), available in the *Congressional Record*, vol. 166, no. 218, book IV, December 21, 2020, pp. H8619-HH8711. Amounts in the FY2021 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-450) accompanying H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2020 do not include emergency-designated appropriations provided in P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. House committee bill totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations proposed in Title VI of H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations provided in Division H or M of P.L. 116-260, or P.L. 117-31. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

a. This report uses the figure that was published in the FY2021 LHHS omnibus explanatory statement, which is the source document used by this report for the FY2021 request. (See the Source notes for further information.) According to the Corporation for National and Community Service (CNCS) FY2021 budget justification, the total amount requested for CNCS was $82 million (see CNCS, FY2021 Congressional Budget Justification, February 10, 2020, p. 2, https://americorps.gov/sites/default/files/documents/CNCS%20FY%202021%20Congressional%20Budget%20Justification%20w%20IG%20Message%20%28Final%29_508.pdf).

b. The actual amount requested is roughly $333,000, which rounds to $0 in millions (the unit of measure used in this table).

c. This report uses the figure that was published in the FY2021 LHHS omnibus explanatory statement, which is the source document used by this report for the FY2021 request. (See the "Source" notes for further information.) According to the CNCS FY2021 budget justification, the total amount requested for the National Service Trust was $0 (see CNCS, FY2021 Congressional Budget Justification, February 10, 2020, p. 2, https://americorps.gov/sites/default/files/documents/CNCS%20FY%202021%20Congressional%20Budget%20Justification%20w%20IG%20Message%20%28Final%29_508.pdf).

d. 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), as amended. 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.

Statutory budget enforcement requirements that apply to FY2021 discretionary spending were altered prior to the start of the fiscal year by the Bipartisan Budget Act of 2019 (BBA 2019; P.L. 116-37) which was enacted on August 2, 2019. This law increased the defense and nondefense discretionary spending limits for FY2020 and FY2021, and extended mandatory spending sequestration through FY2029.[99] Subsequently, mandatory spending sequestration was further extended through FY2030 by the CARES Act (P.L. 116-136), enacted on March 27, 2020.

Budget Control Act and Sequestration

The BCA provides budget process mechanisms to reduce mandatory spending and further reduce discretionary spending over an extended period.[100] For mandatory spending, reductions are to occur through sequestration in each of fiscal years between FY2013-FY2030.[101] For discretionary spending, reductions occurred through sequestration in FY2013, but were to be achieved through lower discretionary spending limits for each of the fiscal years between FY2014-FY2021. (At this time, there are no statutory discretionary spending limits in place for FY2022 or future years.) The BCA does not require a sequester of discretionary spending in FY2014-FY2021 unless one or both of the statutory discretionary spending limits (on "defense" and "nondefense" spending) is breached. Only discretionary spending subject to a given spending limit would be affected by a breach of that limit, and the LHHS bill only includes funding in the nondefense category.

FY2021 Mandatory Spending Sequestration

On February 10, 2020, concurrent with the release of the President's budget submission, President Trump issued the required FY2021 sequestration order, calling for nonexempt mandatory spending to be reduced on October 1, 2020.[102] At that time, the Office of Management and Budget (OMB) estimated that the FY2021 sequestration percentages would equal 2% of

[99] For a discussion of how these discretionary spending requirements for FY2014-FY2019 were modified by the Bipartisan Budget Act of 2013, the Bipartisan Budget Act of 2015, and the Bipartisan Budget Act of 2018, 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*, and CRS Report R45083, *Labor, Health and Human Services, and Education: FY2018 Appropriations*.

[100] 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.

[101] As originally enacted, mandatory sequestration was scheduled to run through FY2021, but this period has subsequently been incrementally extended to FY2030 by P.L. 113-67, P.L. 113-82, P.L. 114-74, P.L. 115-123, P.L. 116-37, and P.L. 116-136.

[102] Sequestration Order for Fiscal Year 2021 Pursuant to Section 251A of the Balanced Budget and Emergency Deficit Control Act, As Amended, Federal Register Volume 85, No. 30, February 13, 2020, p. 8129, https://www.govinfo.gov/content/pkg/FR-2020-02-13/pdf/2020-03044.pdf.

nonexempt Medicare spending and 5.7% of other nonexempt nondefense mandatory spending, for a total reduction of $21 billion in FY2021.[103] (OMB also estimated an 8.3% reduction, totaling $924 million, in nonexempt defense mandatory spending, which does not affect LHHS funds.)

On March 27, 2020, over a month after President Trump issued the sequestration order for FY2021 and OMB released the sequester report, the CARES Act (P.L. 116-136) was enacted. This law included a provision temporarily suspending Medicare sequestration from May 1, 2020, through December 31, 2020. Subsequent laws (P.L. 116-260 and P.L. 117-7) extended this suspension through December 31, 2021. A result of these combined provisions is that Medicare sequestration was effectively required to be suspended throughout the entirety of FY2021 (October 2020 through September 2021).

FY2021 Statutory Discretionary Spending Limits

With regard to discretionary spending, the FY2021 statutory spending limits that were in effect were $672 billion for defense spending and $627 billion for nondefense spending.[104] Relative to FY2020, the defense and nondefense limits allowed for an increase in spending subject to each respective limit of $5 billion apiece. Once all regular annual appropriations acts were enacted for FY2021 and allowable adjustments to the spending limits (discussed below) were made, OMB determined that those appropriations did not violate either of the spending limits, and thus no sequestration of discretionary spending would be required.[105]

Cap Adjustments, Exemptions, and Special Rules

The BCA allows for certain adjustments to the discretionary spending limits for FY2012-FY2021.[106] An adjustment effectively raises the applicable spending limit when funding subject to that adjustment is enacted. In addition to the LHHS-specific adjustments that are discussed in the paragraph below, the BCA includes an adjustment for funding designated as an "emergency requirement." The BCA includes no dollar limit to the amount of appropriations each fiscal year that can be designated in this manner, and no criteria that would restrict the use of this adjustment to certain accounts or activities. All FY2021 LHHS supplemental discretionary appropriations (totaling $155 billion) were designated as an emergency requirement, as were a small portion of annual LHHS appropriations ($1.6 billion).

The BCA also provides adjustments that are specifically for LHHS accounts and activities, all of which are subject to dollar limits each fiscal year. As originally enacted, the BCA allowed increases to the nondefense limit (up to a point) to accommodate new budget authority for

[103] *OMB Report to the Congress on the Joint Committee Reductions for Fiscal Year 2021*, February 10, 2020, https://www.whitehouse.gov/wp-content/uploads/2020/02/JC-sequestration_report_FY21_2-10-20.pdf. See the report's appendix for an itemized list of budget accounts that include mandatory spending subject to sequestration in FY2021, 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.

[104] *OMB Sequestration Preview Report to the President and Congress for Fiscal Year 2021*, February 10, 2020, https://www.whitehouse.gov/wp-content/uploads/2020/02/Sequestration_Preview_2-10-20.pdf.

[105] OMB, Budget Enforcement Act Report (*Seven-Day-After), Consolidated Appropriations Act, 2021*, January 15, 2021, https://www.whitehouse.gov/wp-content/uploads/2021/01/7_Day_After_Report_Omni_1-15-21.pdf.

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

specified program integrity initiatives at HHS and the Social Security Administration (SSA).[107] The Bipartisan Budget Act of 2015 (P.L. 114-74) amended the list of SSA activities 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, and 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.[108] The BBA 2018 then added a new cap 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.[109]

Separate from these cap adjustments, the 21st Century Cures Act (Cures Act, P.L. 114-255), which was enacted on December 13, 2016, includes additional budget enforcement procedures related to the discretionary spending limits.[110] For the purposes of FY2021 LHHS appropriations, these procedures apply only to the NIH Innovation Account that was created by the act.[111] The Cures Act provides that discretionary appropriations from this account (up to the amount authorized) are to be subtracted from any cost estimates provided for purposes of budget controls. Thus, the Cures Act ensures that appropriations from this account will not count against any spending limits, such as the statutory discretionary spending limits imposed by the BCA.

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.[112]

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

[107] 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.

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

[109] 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*.

[110] These procedures originally applied to two accounts within the scope of the LHHS bill that were created by the Cures Act: the NIH Innovation Account (FY2017-FY2026) and the Account for the State Response to the Opioid Abuse Crisis (FY2017-FY2018). These procedures have lapsed for the State Response to the Opioid Abuse Crisis account as of the end of FY2018, but are still in effect for the NIH Innovation Account through FY2026.

[111] 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)*.

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

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 FY2021 appropriations cycle, the House and the Senate relied on alternate mechanisms provided by BBA 2019 to provide the basis for the Appropriations Committees spending allocations.[113] These procedures allowed those spending allocations to be established via statements submitted to the *Congressional Record* by the chairs of the House and Senate budget committees, without the adoption of a budget resolution.[114] Among other requirements, these spending allocations were required to be consistent with the levels established by the statutory discretionary spending limits. The FY2021 committee-level spending allocations were submitted in the House on May 1, and in the Senate on May 4, 2020.[115] The House Appropriations Committee subsequently adopted 302(b) suballocations for each of its 12 subcommittees on July 9.[116] The House initial LHHS discretionary suballocation for FY2021 was $182.9 billion.[117] The Senate Appropriations Committee did not formally adopt suballocations prior to the enactment of full-year appropriations for FY2021, although a majority proposal for these suballocations was released on November 10, 2020.[118]

For current-year LHHS discretionary funding, **Table A-1** displays FY2020 enacted levels, the House FY2021 initial suballocations, and enacted FY2021 LHHS appropriations. The table shows that the House would have decreased regular LHHS discretionary appropriations by about $128 million (-0.1%) compared to the prior fiscal year. Final enacted appropriations were about $9 billion (-4.9%) lower than the prior fiscal year. However, readers should note that the LHHS funding amounts calculated via this method are the net of billions of dollars in offsets included in each proposal, such as certain rescissions of previously enacted funding and *changes in mandatory program spending* (CHIMPS). When those offsets are excluded from this calculation, FY2021 regular discretionary appropriations in the House committee bill and those that were ultimately enacted represent an increase to LHHS funding relative to FY2020.[119]

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[113] 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*.

[114] Ibid. For a general 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*.

[115] "Publication of Budgetary Material," *Congressional Record*, daily edition, Vol. 166, No. 82 (May 1, 2020), pp. H1968-H1969. "Budget Enforcement Levels for Fiscal Year 2021," *Congressional Record*, daily edition, Vol. 166, No. 83 (May 4, 2020), pp. S2205-S2206.

[116] House Appropriations Committee, "Appropriations Committee Approves FY2021 Subcommittee Allocations," July 9, 2020, press release, https://appropriations.house.gov/news/press-releases/appropriations-committee-approves-fy-2021-subcommittee-allocations.

[117] H.Rept. 116-443. The House Appropriations Committee subsequently reported revised 302(b) suballocations (H.Rept. 116-454, July 16, 2020), although the LHHS discretionary suballocation was unchanged from the initial amount.

[118] See linked draft 302(b) suballocation text in the Senate Appropriations Committee majority press release, "Committee Releases FY21 Bills in Effort to Advance Process, Produce Bipartisan Results," November 10, 2020, https://www.appropriations.senate.gov/news/committee-releases-fy21-bills-in-effort-to-advance-process-produce-bipartisan-results.

[119] See the funding totals and scorekeeping adjustments in **Table A-2**. For the FY2021 House committee bill, see also the House Appropriations Committee, "Appropriations Committee Releases Fiscal Year 2021 Labor-HHS-Education

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 emergency requirements, where applicable. The "Adjusted Appropriations" total includes this funding.

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

Table A-1. LHHS Discretionary FY2020 Enacted Levels, FY2021 House 302(b) Suballocations, and FY2021 Enacted Levels

(Budget authority in billions of dollars)

	FY2020 Enacted	FY2021 Initial House 302(b)	FY2021 Enacted
Regular Appropriations	183.042	182.914	174.073
Adjustments:			
Program Integrity	1.842	1.881	1.881
Emergency Requirements[a]	280.000	—	156.588
Adjusted Appropriations	464.884	184.795	332.542

Sources: Table prepared by CRS. Amounts shown for FY2020 Enacted are as scored by CBO (see *Fiscal Year 2020 House Current Status of Discretionary Appropriations as of April 24, 2020,* https://www.cbo.gov/system/files?file=2020-05/FY2020-House-2020-4-24.pdf). The House Initial 302(b) is as reported in H.Rept. 116-443 on July 13, 2020. Amounts shown for FY2021 Enacted are as scored by CBO (*Report on the Status of Discretionary Appropriations, Fiscal Year 2021, House of Representatives, as of July 30, 2021*, https://www.cbo.gov/system/files?file=2021-09/FY2021-House.pdf).

Notes: It is common for suballocations to be revised over the course of the year to reflect actual action on appropriations bills and changes in congressional priorities. Regular appropriations reflect current-year discretionary budget authority subject to the spending limits. Adjusted appropriations include, where applicable, discretionary funds for which special rules apply with regard to the spending limits, including certain funds for program integrity activities. Enacted appropriations include advance appropriations enacted in prior fiscal years that first become available in those fiscal years. They also include the enacted LHHS appropriations that were designated as emergency requirements in FY2020 (P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, and P.L. 116-139) and FY2021 (Divisions H and M of P.L. 116-260, and P.L. 117-31). 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 FY2020, these funds totaled $492 million; for FY2021, these funds totaled $404 million.)

a. The House initial 302(b) for LHHS did not include an allocation for the $19.4 billion in emergency-designated appropriations subsequently proposed in Title VI of the House committee bill (H.R. 7614).

Funding Bill," press release, July 6, 2020, https://appropriations.house.gov/news/press-releases/appropriations-committee-releases-fiscal-year-2021-labor-hhs-education-funding. For FY2021 enacted, see also Senate Appropriations Committee Vice Chair, Senator Patrick Leahy, "Summary, Labor, Health and Human Services, Education, and Related Agencies Fiscal Year 2021 Appropriations Bill," December 21, 2020, p. 1, https://www.appropriations.senate.gov/imo/media/doc/LHHS.pdf.

Current-Year Budget Authority

Table A-2 displays the total LHHS current-year budget authority, by title. The amounts shown in this table reflect total budget authority available for obligation in the fiscal year, regardless of the year in which it was first appropriated. (In other words, these amounts exclude advance appropriations for future years, but include advance appropriations from prior years that became available in the applicable current year.) Amounts in the FY2020 enacted column include FY2020 budget authority provided by the FY2018 omnibus (P.L. 115-141) and FY2019 omnibus (P.L. 116-94). Similarly, the FY2021 President's budget, House committee, and enacted columns include FY2021 budget authority provided by the FY2019 and FY2020 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: FY2020-FY2021

(Current-year budget authority in billions of dollars)

Bill Title	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
Title I: Labor	**13.8**	**12.5**	**14.0**	**13.9**
Discretionary	12.4	11.2	12.7	12.5
Mandatory	1.4	1.4	1.4	1.4
Title II: HHS	**932.7**	**996.1**	**1007.1**	**1007.8**
Discretionary	94.9	87.0	96.4	97.0
Mandatory	837.8	909.1	910.8	910.8
Title III: Education	**76.4**	**70.2**	**77.1**	**77.2**
Discretionary	72.8	66.6	73.5	73.5
Mandatory	3.6	3.7	3.7	3.7
Title IV: Related Agencies	**72.5**	**69.7**	**71.1**	**71.0**
Discretionary	15.3	14.1	15.5	15.4
Mandatory	57.1	55.6	55.6	55.6
Total Current Year BA[a]	**1,095.3**	**1,148.6**	**1,169.4**	**1,169.9**
Discretionary	**195.4**	**178.9**	**198.0**	**198.5**
Mandatory	**899.9**	**969.7**	**971.4**	**971.4**
Emergency Funding (not included in above totals)				
USMCA (P.L. 116-113)	0.2	-	-	-
1st COVID (P.L. 116-123)	6.4	-	-	-
2nd COVID (P.L. 116-127)	1.3	-	-	-
3rd COVID (P.L. 116-136)	172.1	-	-	-
4th COVID (P.L. 116-139)	100.0	-	-	-
Emergency Funding in Annual LHHS[b]	-	-	19.4	1.6

Bill Title	FY2020 Enacted	FY2021 Request	FY2021 House Cmte. (H.R. 7614)	FY2021 Enacted (P.L. 116-260)
5th COVID (Division M, P.L. 116-260)	-	-	-	154.9
Afghan special immigrants (P.L. 117-31)	-	-	-	0.0[c]
Memoranda:				
Advances for Future Years (provided in current bill)[d]	189.1	197.1	197.6	197.6
Advances from Prior Years (for use in current year)[d]	186.7	188.6	189.0	189.0
Additional Scorekeeping Adjustments[e]	-10.5	-9.9	-13.2	-22.5

Sources: Amounts in this table for the FY2020 Enacted, FY2021 Request, and FY2021 Enacted columns are generally drawn from or calculated based on data contained in the explanatory statement accompanying the FY2021 LHHS omnibus (P.L. 116-260), available in the *Congressional Record*, vol. 166, no. 218, book IV, December 21, 2020, pp. H8619-H8711. (The amount for P.L. 117-31 is from CBO, *Discretionary Spending: Senate Amendment 2123*, July 29, 2021, https://www.cbo.gov/system/files/2021-07/ EmergencySecuritySupplementalAppropriationsAct2021.pdf.) Amounts in the FY2021 House Committee column are generally drawn from or calculated based on data contained in the committee report (H.Rept. 116-450) accompanying H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2020 do not include emergency-designated appropriations provided in P.L. 116-113, P.L. 116-123, P.L. 116-127, P.L. 116-136, or P.L. 116-139. House committee bill totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations proposed in Title VI of H.R. 7614. Enacted totals ("Total BA in the Bill") for FY2021 do not include emergency-designated appropriations provided in Division H or M of P.L. 116-260, or P.L. 117-31. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

Notes: BA = Budget Authority. Details may not add to totals due to rounding. Amounts in this table (1) reflect 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 FY2021 House committee bill included a total of $19.4 billion in emergency-designated budget authority in Title VI, of which $925 million was for DOL and $18.5 billion was for HHS. Subsequently, Division H of P.L. 116-260 enacted $1.6 billion in emergency-designated budget authority, of which $925 million was for DOL in Title I, and $638 million was for HHS in Title II.

c. P.L. 117-31 provided $25 million in supplemental appropriations for the Refugee and Entrant Assistance account at HHS for specified purposes related to Afghan special immigrants, which rounds to $0.0 in billions (the unit of measure used in this table).

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

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

Appendix B. House Floor Amendments Offered to H.R. 7617

The House began its initial floor consideration of FY2021 LHHS appropriations on July 30, 2020. Those appropriations were initially considered on the floor as part of a consolidated appropriations package and passed the House (217-197), as amended, on July 31, 2020 (Division E of H.R. 7617). This package would have provided appropriations for five other appropriations acts in addition to LHHS: Department of Defense; Commerce, Justice, Science; Energy and Water Development; Financial Services and General Government; and Transportation, Housing, and Urban Development.[120] LHHS amendments were keyed to Division F of what was to be the base text for amendment (Rules Committee Print 116–60). The LHHS division was redesignated as Division E after House passage due to the omission of the Department of Homeland Security division from the bill.

Floor action on H.R. 7617 was regulated by the terms of a special rule (H.Res. 1067) that made in order 92 amendments to the LHHS title of the bill.[121] That rule also provided the authority for the chair of the Appropriations Committee or her designee to offer any of the amendments made in order en bloc (i.e., in groups of amendments to be disposed of together). All but three LHHS amendments were considered in this manner.[122] When counted as 92 separate amendments, 84 were adopted and 8 were rejected.

All of the amendments that were offered and their dispositions are listed in **Table B-1** below.

Table B-1. LHHS House Floor Amendments Offered to H.R. 7617

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
218. Adams (NC): Prohibits the use of funds for the enforcement of WHD Field Bulletin No. 2020-2, which attempts to limit liquidated damages for violations of minimum wage and overtime protections.	5	Adopted, Voice
219. Allen (GA): Reduces funds made available in Division F (LHHS) by 5%.	NA	Rejected, 123-292
220. Bera (CA): Increases and decreases the School Improvement Account by $500,000 with the intent of directing the Department of Education to collect and share best practices for offering online classroom instruction with local education agencies, including resources from the What Works Clearinghouse and lessons learned by schools from the transition to online learning this past school year as a result of COVID-19.	4	Adopted, Voice

[120] H.R. 7617 was initially expected to provide appropriations for the act funding the Department of Homeland Security, but that division was ultimately omitted under the terms of the special rule that regulated floor consideration (H.Res. 1067).

[121] For a list of these LHHS amendments (numbered 218-309) and the text of each that was made in order, see H.Rept. 116-461, pp. 23-32 and 89-108.

[122] For the en bloc amendments proposing changes to the LHHS division of the bill, see consideration of amendments en bloc nos. 3, 4, and 5 in *Congressional Record*, daily edition, Vol. 166, No. 135 (July 30, 2020), pp. H4134-H4139, H4143-H4169.

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
221. Bera (CA): Decreases and increases funds by $1 million in the CDC Public Health Preparedness and Response account to urge CDC to integrate early warning surveillance data, such as network-connected devices like smart thermometers and pulse oximeters or symptom surveys, into its COVID-19 syndromic surveillance to help identify potential hotspots even before individuals present to a health care facility.	5	Adopted, Voice
222. Bera (CA): Decreases and increases funds by $1 million in the CDC Immunization and Respiratory Diseases account to urge CDC to prioritize assistance to State, local, tribal, and territorial health departments regarding Immunization Information Systems to best prepare for management and distribution of seasonal influenza and COVID-19 vaccines and to support mass vaccination efforts.	5	Adopted, Voice
223. Beyer (VA): Increases and decreases funds by $500,000 to highlight the need for a GAO study on standardized tests for college admissions, the accountability and oversight of the organizations managing such tests, efficacy of such tests, impact in admissions decisions, and economic impact on college applicants.	4	Adopted, Voice
224. Beyer (VA): Requires the National Academies of Sciences Engineering and Medicine do to a holistic review of the U.S. coronavirus response and offer recommendations, including but not limited to how to build public health security and pandemic preparedness.	5	Adopted, Voice
225. Bishop, Dan (NC): Restricts any of the funds in the Act from being used to withdraw the rule allowing Health Reimbursement Arrangements to be used to purchase individual market coverage.	3	Rejected, voice
226. Burgess (TX): Increases and decreases funds by $100 million in the Public Health and Social Services Emergency fund to highlight the need for manufacturing process improvements to increase yields of Immunoglobulin G in plasma manufacturing in the United States.	4	Adopted, Voice
227. Cárdenas (CA): Increases funding for the National Child Traumatic Stress Initiative by $1 million and decreases funding for HHS's General Departmental Management account by $1 million.	4	Adopted, Voice
228. Cohen (TN): Prohibits the use of funds to enter into any new contract, grant, or cooperative agreement with any Trump related business listed in the President Trump's Annual Financial Disclosure Report submitted to the Office of Government Ethics as well as certain Trump related properties listed on the Trump Organization's website. The specific business are listed in the amendment.	5	Adopted, Voice
229. Crow (CO): Increases the carve-out for Project SERV from $5 million to $6 million, which funds grants to local education agencies for mental health, counseling, and technical assistance in the wake of traumatic events at schools that are disruptive to learning—such as natural disasters, violence at school, or pandemics.	4	Adopted, Voice
230. Davis, Danny K. (IL), Burgess (TX): Increases funding to the account of Birth Defects, Development Disabilities, Disabilities and Health by $2,000,000, and decreases the administration account in the Office of the Secretary of Health and Human Services by $2,000,000. Currently under this account, there are zero dollars allocated for the Public Health Approach to Blood Disorders Program for Sickle Cell Disease that will support the CDC's sickle cell disease surveillance program to better identify affected individuals, to understand their health outcomes, and to evaluate strategies to prevent complications and risk factors that affect individuals living with this disease.	4	Adopted, Voice
231. DeSaulnier (CA): Increases and decreases the Department of Labor budget by $2 million with the intention of funding a study that examines the cost savings of teleworking/telecommuting, specifically as it relates to worker productivity, cost savings to the employer, transportation emission reductions, child care costs, etc.	4	Adopted, Voice

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
232. DeSaulnier (CA), Thompson, Glenn (PA): Increases funding for Statewide Family Engagement Centers at the Department of Education by $1 million.	4	Adopted, Voice
233. Escobar (TX): Increases and decreases funding by $1 million in the Substance Abuse and Mental Health Administration (SAMHSA) account to encourage the agency to streamline the application process for SAMHSA grants.	4	Adopted, Voice
234. Escobar (TX), Torres Small, Xochitl (NM), Jackson Lee (TX): Increases and decreases funding by $1 million in the Office of the Secretary account to urge the U.S.-Mexico Border Health Commission to develop and implement a bi-national strategy to address COVID-19 in the border region.	5	Adopted, Voice
235. Escobar (TX): Prohibits funds from being used to implement or enforce the restrictions under the rule entitled, "Order Under Sections 362 and 365 of the Public Health Service Act; Order Suspending Introduction of Certain Persons From Countries Where a Communicable Disease Exists (42 U.S.C. 265, 268)" at the U.S. borders with Canada and Mexico.	5	Adopted, Voice
236. Espaillat (NY), Jackson Lee (TX): Increases and decreases by $10,000,000 to support greater minority patient outreach and minority candidate inclusion by the National Institute of Allergy and Infectious Diseases in clinical trial participation for any vaccine or therapeutics to treat the novel Coronavirus 2019 (COVID-19).	4	Adopted, Voice
237. Espaillat (NY): Prohibits the Office of Refugee Resettlement and the U.S. Department of Health and Human Services from contracting with any for-profit contractor for the purposes of housing unaccompanied children (UAC).	5	Adopted, Voice
238. Espaillat (NY), Grijalva (AZ): Increases and decreases funds by $10 million in Part A of Title III of the ESEA to highlight the need for English Language Acquisition (ELA) grants and technical assistance to local education agencies supporting the education of English learners (ELs).	4	Adopted, Voice
239. Finkenauer (IA): Increases funding for endometriosis research at the National Institute of Child Health and Human Development to $26 million, doubling funding for endometriosis research over FY19 level.	NA	Adopted, Voice
240. Finkenauer (IA), Mullin (OK): Increases funding by $5 million for Certified Community Behavioral Health Clinics, decreases $5 million from the Office of the Secretary account.	4	Adopted, Voice
241. Foster (IL), Kelly, Mike (PA): Strikes Section 510, thereby removing a ban on HHS promulgating rules on unique patient identifiers.	NA	Adopted, Voice
242. Foxx (NC), Flores (TX), Walden (OR): Prohibits the delay or weakening of the November 27, 2019 rule relating to price transparency requirements for hospitals.	3	Rejected, voice
243. Gomez (CA): Provides an additional $5 million for the NIH's National Institute on Minority Health and Health Disparities (NIMHD), decreases $5 million from the Office of the Secretary account.	4	Adopted, Voice
244. Gomez (CA): Provides an additional $5 million for the Health Centers program, decreases $5 million from the Office of the Secretary account.	4	Adopted, Voice
245. Gottheimer (NJ): Increases and decreases funds by $1,000,000 in the Centers For Disease Control And Prevention Environmental Health account to emphasize the importance of every child having access to drinking water at school that's free of lead and dangerous materials.	4	Adopted, Voice
246. Gottheimer (NJ): Increases and decreases the Public Health Emergency Fund by $1 million to highlight the need for all Members of Congress to have access to the weekly updates on the Strategic National Stockpile from the Secretary of HHS provided to House and Senate Appropriations Committees.	4	Adopted, Voice

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
247. Hastings (FL): Provides an additional $500,000 for civics education, split equally between American History and Civics Academies, and American History and Civics National Activities.	4	Adopted, Voice
248. Hill, French (AR): Strikes guidance requiring $100 million to be obligated to carry out the ACA navigator program.	3	Rejected, voice
249. Hill, French (AR): Transfers $2.6 million from the National Labor Relations Board (NLRB) account to the Office of Labor Management Standards (OLMS) account.	3	Rejected, voice
250. Hudson (NC): Increase Impact Aid 7003(b) by $1,000,000 and decrease Department of Education Departmental Management Program Administration fund by $1,000,000	4	Adopted, Voice
251. Jackson Lee (TX): Increases and decreases funds by $10,000,000 increase in funding to support greater diversity in the pool of diabetes research professionals and patients participating in clinical trials.	4	Adopted, Voice
252. Jackson Lee (TX): Increases and decreases funds by $10,000,000 with the intent of supporting programs that provide outreach and support services targeting program participants at greatest risk of not completing a college degree due to COVID-19 education disruption.	4	Adopted, Voice
253. Jayapal (WA), Hayes (CT), Moulton (MA), Kennedy (MA), Trahan (MA): Prohibits use of funds to implement or enforce Secretary DeVos' Interim Final Rule entitled "CARES Act Programs; Equitable Services to interpretation of the CARES Act to divert federal emergency aid dollars intended for public schools to private school students. Students and Teachers in Non-Public Schools," an unlawful	5	Adopted, Voice
254. Keating (MA): Increases the Bureau of Health Workforce account by $5 million to go toward the Nurse Corps Loan Repayment Program, decreases the Office of the Secretary account by $5 million.	4	Adopted, Voice
255. Keating (MA): Increases the NIH budget by $2 million to go towards a study and a report to Congress reviewing the increased use of opioids during the COVID-19 pandemic.	4	Adopted, Voice
256. Kelly, Robin (IL): Increases CDC firearm injury and mortality prevention research by $5,000,000.	5	Adopted, Voice
257. Lee, Susie (NV): Increases funding for the Full-Service Community Schools Program (FSCS) by $1 million. This Department of Education program helps provide comprehensive wrap-around services in schools.	4	Adopted, Voice
258. Lee, Susie (NV), Thompson, Glenn (PA): Provides an additional $1,000,000 to Area Health Education Centers (AHEC) within HRSA's Bureau of Health Workforce account to address shortages and increase diversity in communities' health workforce pipelines by developing education and training networks among local academic institutions and community-based organizations. Makes corresponding reduction in the General Departmental Management sub-account of HHS's Office of the Secretary.	4	Adopted, Voice
259. Levin, Andy (MI): Increases and decreases by $1 million for ILAB funding with the intent that the funds support workers' rights and capacity to organize independent unions in Mexico.	5	Adopted, Voice
260. Levin, Andy (MI): Prohibits any of the funds made available by this Act to be used by the Department of Education for Education Freedom Scholarship private school vouchers.	5	Adopted, Voice

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
261. Lujan (NM), Pappas (NH), Guthrie (KY): Increases funding for Comprehensive Opioid Recovery Centers (CORCs) under the SAMHSA Mental Health account by $8 million, bringing total funding for CORCs to the full $10 million authorized by the SUPPORT Act. Offset by a corresponding reduction to HHS Office of the Secretary.	4	Adopted, Voice
262. Maloney, Sean (NY): Increases and decreases funding by $10 million in the Institute of Museum and Library Services account to highlight the need for technological advancements, like Wi-Fi and computers, in Libraries, especially those in communities that are economically distressed.	4	Adopted, Voice
263. McAdams (UT): Increases funding for the Suicide Lifeline program under the SAMHSA Mental Health account by $4 million with offsets.	4	Adopted, Voice
264. McBath (GA): Increases funding for CDC Injury Prevention and Control fund by $5,000,000, decreases the General Departmental Management fund under the office of the HHS Secretary by $5,000,000.	5	Adopted, Voice
265. McBath (GA), Speier (CA), Dingell (MI), Moore (WI), Kuster (NH): Increase overall budget for Children and Family Services by $5,000,000, thereby increasing the budget for FVPSA by $5,000,000. Decrease the General Departmental Management fund under the Office of the HHS Secretary by $5,000,000.	4	Adopted, Voice
266. McKinley (WV), Pascrell (NJ): Provides an additional $1 million to the Alternatives to Opioids in the Emergency Department which is authorized in Section 7091 of the SUPPORT for Patients and Communities Act, P.L. 115-271.	4	Adopted, Voice
267. McKinley (WV), Doyle (PA): Funds Sec. 7081 of the SUPPORT Act, preventing overdoses while in emergency rooms by creating a coordinated care model.	4	Adopted, Voice
268. Newhouse (WA): Strikes Section 247 of Title II, which prohibits the use of funds to implement, enforce, or otherwise give effect to the revision to Section 447.10 of title 42, Code of Federal Regulations, contained in the final rule entitled "Medicaid Program; Reassignment of Medicaid Provider Claims" (84 Fed. Reg. 19718 (May 6, 2019)).	3	Rejected, voice
269. Norcross (NJ): Increases and decreases OSHA by $5 million with the intent of directing them to issue a comprehensive emergency temporary standard to protect workers, employers, and customers from the COVID19 pandemic.	5	Adopted, Voice
270. Norcross (NJ): Increases and decreases the Public Health and Social Services Emergency Fund by $5 million with the intention of directing the Department to establish a nationwide standard for diagnostic testing and contact tracing related to COVID-19. The standard should focus on child care facilities, child care providers, parents, and anyone who may come in contact with a child care setting.	5	Adopted, Voice
271. Norcross (NJ), Hartzler (MO): Appropriates $11.5 million for military and civilian partnership for trauma readiness grants as authorized by Section 204 of the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019.	4	Adopted, Voice
272. Omar (MN): Transfers $1 million to the CDC with the intention that the agency use the funds to conduct a study on the health impacts of mercury exposure caused by the use of commercial skin lightening products.	4	Adopted, Voice
273. Panetta (CA), Yarmuth (KY), Davis, Danny K. (IL), Hastings (FL): Increases and decreases School Improvement Programs funding by $1 million to emphasize the need for additional funding for the McKinney Vento Homeless Assistance Act's Education for Homeless Children and Youth program (EHCY).	4	Adopted, Voice
274. Pappas (NH), Gooden (TX), Suozzi (NY), Kustoff (TN), Brindisi (NY), Trone (MD): Increases and decreases by $4,000,000 funding for NIH Office of the Director in order to establish a pilot program to support research and development jointly with Israel for effective responses to COVID-19	4	Adopted, Voice

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
275. Pascrell (NJ), Bacon (NE): Decreases the General Departmental Management funding by $1 million and provides funding $1 million for the National Concussion Surveillance System within the Centers for Disease Control and Prevention, authorized by 42 U.S.C. 280b-3.	4	Adopted, Voice
276. Perlmutter (CO), Wilson, Joe (SC), Lujan (NM), Crow (CO): Increases the Energy Employees Occupational Illness Program by $2 million in order to fund the Department of Labor Office of the Ombudsman through FY2021.	4	Adopted, Voice
277. Perlmutter (CO): Increases the Energy Employees Occupational Illness Program by $300,000 to fund a support contractor for the Advisory Board on Toxic Substances and Worker Health and help the Board fulfill its legislative mandate.	4	Adopted, Voice
278. Porter (CA): Ensures that ACA open enrollment data is disaggregated by race, ethnicity, preferred language, age, and sex to support better understanding of enrollment information.	5	Adopted, Voice
279. Porter (CA): Increases funding to provide $500,000 for the Maternal Mental Health Hotline.	4	Adopted, Voice
280. Porter (CA): Increases funding to provide $55,500,000 for the Child Care Access Means Parents in School Program (CCAMPIS).	4	Adopted, Voice
281. Pressley (MA): Increases funding by $5 million for the National Institute of Arthritis and Musculoskeletal and Skin Diseases, which conducts research for alopecia areata, by decreasing the General Departmental Management budget for the Department of Health and Human Services' Office of the Secretary.	4	Adopted, Voice
282. Richmond (LA): Increases and decreases Student Support and Academic Enrichment State Grants by $1 million to focus additional efforts on comprehensive dropout prevention programs including those with experiential learning components.	4	Adopted, Voice
283. Schakowsky (IL): Providing $1,000,000 in funding for an interagency College Campus Task Force on mental and behavioral health and $1,000,000 for efforts aimed at reducing the stigma associated with mental health services to ensure that students at institutions of higher education have the support they need to successfully complete their education, as authorized in the 21st Century Cures Act (P.L. 114-255).	5	Adopted, Voice
284. Schrier (WA): Increases funding for vaccines by $2 million and reduce by $2 million the Office of the Secretary of Health and Human Services to ensure that the Centers for Disease Control and Prevention (CDC) has the resources to disaggregate, detailed vaccination acceptance data by race and ethnicity.	5	Adopted, Voice
285. Schrier (WA): Increases then decrease by $200 million funding to promote innovation in antibacterial research and development by funding the CARB-X program that develops products directly supporting the government-wide National Action Plan for Combating AntibioticResistant Bacteria.	4	Adopted, Voice
286. Sherrill (NJ): Increases and decreases funds by $20,000,000 to highlight the need for the Mental and Substance Use Disorder Workforce Training Demonstration Program under HRSA Health Workforce.	5	Adopted, Voice
287. Sherrill (NJ): Increases the National Institute of Mental health budget by $5,000,000 to address youth mental health disparities.	4	Adopted, Voice
288. Slotkin (MI): Increases and decreases the Institute of Education Sciences by $1,000,000 to highlight the need for academic research on issues of racial inequality.	5	Adopted, Voice

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
289. Smith, Christopher (NJ), Peterson (MN), Stefanik (NY), Delgado (NY), Rose, Max (NY): Redirects $4 million from General Departmental Management at the Department of Health and Human Services to Emerging Zoonotic and Infectious Diseases at the Centers for Disease Control, for Lyme Disease and other Vector-Borne Diseases. (10 minutes)	4	Adopted, Voice
290. Smith, Jason (MO): Increases and decreases funds by $1 million to highlight the need for the Secretary of HHS, in collaboration with the HHS Assistant Secretary for Preparedness and Response, the FDA Commissioner, the CDC Director, and the Secretary for Homeland Security, to determine, and annually update, a list of 300-400 medications for which it is critical that the Federal government ensure availability in the event of a public health emergency.	4	Adopted, Voice
291. Speier (CA), Dingell (MI), Moore (WI), McBath (GA), Haaland (NM): Increases funding for the Rape, Prevention and Education program by $5.25 million to ensure that diverse stakeholders, including educational institutions, rape crisis centers, community organizations and state agency partners have sufficient resources to implement their programming to prevent sexual violence.	4	Adopted, Voice
292. Speier (CA), Jayapal (WA), Jackson Lee (TX), Rice, Kathleen (NY), Tlaib (MI): Increases funding for OSHA's Whistleblower Protection Program by $1,436,000 in order to ensure the office that enforces over 20 whistleblower laws has the funding needed to respond to the increase in complaints related to the COVID-19 pandemic. Decreases funding for the Office of the Secretary by $2,436,000.	5	Adopted, Voice
293. Stauber (MN), Young (AK): Increases SAMHSA for American Indian and Alaska Native Suicide Prevention by $2,869,000 to combat the rampant suicide of Native Americans.	4	Adopted, Voice
294. Stevens (MI), Wasserman Schultz (FL): Reduces and increases funds by $5 million in the CDC's Injury Prevention and Control account to highlight the need to fund the CDC's work on drowning prevention.	4	Adopted, Voice
295. Taylor (TX), Shalala (FL): Requires the Secretary of the Department of Health and Human Services to enter into an agreement with the National Academies of Science, Engineering, and Medicine to commission a report on the differences between state, local, and federal vital statistics and death reporting standards; to provide recommendations on how to harmonize these standards; and provide information on the feasibility of establishing and implementing national standards for vital statistics and death reporting.	4	Adopted, Voice
296. Taylor (TX): Increases and decreases funds by $1 million with the intention of requiring the Inspector General of the Department of Labor to report on the Bureau of Labor Statistics (BLS) media lock-ups, including a comparison to the Federal Reserve's media lock-up and best practices for market moving information from the Federal Reserve and BLS, examine the ability of the Federal Reserve to release more market moving information such as the BLS economic data, if discontinuing media lock-ups pose a single point of failure security risk, determine best practices to ensure equal access by traders, determine best practices to enable media access to examine data prior to releases, and determine if lock-ups pose a cybersecurity concern.	3	Rejected, voice
297. Trahan (MA), Jayapal (WA): Increases and decreases funding under Title I of the Elementary and Secondary Education Act of 1965 (referred to in this Act as "ESEA") to underscore congressional intent that funding designated as emergency aid during the COVID-19 pandemic not be redirected by the Secretary of Education away from public elementary and secondary schools to private schools unless specifically authorized under such Acts, the ESEA, IDEA, or other law in effect prior to the enactment of this Act.	5	Adopted, Voice

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
298. Trahan (MA), Correa (CA): Increases and decreases the Program Administration account at the Department of Education to illustrate the serious consequences of using federal funding to coerce schools into resuming in-person instruction as they reopen during the COVID-19 pandemic.	5	Adopted, Voice
299. Trahan (MA): Increases and decreases funding at the HHS Office of the Secretary General Management account for the intention of directing the Secretary to engage the National Academies of Sciences, Engineering, and Mathematics to study the health effects and injury impacts caused by the use of kinetic impact projectiles.	5	Adopted, Voice
300. Trone (MD), Gallagher (WI): Increases funding by $1 million for SAMHSA's mental health programs to implement an Interagency Task Force on Trauma-Informed Care to identify and disseminate evidence based approaches on prevention and identification of trauma, community-based practices to support children and their families, and opportunities for state- and local-level partnerships, as authorized by the SUPPORT for Patients and Communities Act. Decreases by $1 million the Office of the Secretary - General Departmental Management.	4	Adopted, Voice
301. Velázquez (NY): Prevents funds from this Act from being used to reject grant applications due to the use of the term "vulnerable," "entitlement," "diversity," "transgender," "fetus," "evidence-based", or "science-based".	5	Adopted, Voice
302. Waters (CA), Schakowsky (IL), Dingell (MI): Prohibits the use of funds to implement the Administration's July 2019 proposed rule, "Medicare and Medicaid Programs; Requirements for Long-Term Care Facilities: Regulatory 5 Provisions To Promote Efficiency, and Transparency" which deregulates nursing homes and weakens infection prevention standards in nursing homes.	5	Adopted, Voice
303. Waters (CA), Watson Coleman (NJ): Prohibits the use of funds to require hospitals, hospital laboratories, and acute care facilities to report COVID-19 data using the "teletracking.protect.hhs.gov" website that was announced by the Department of Health and Human Services in the document entitled "COVID-19 Guidance for Hospital Reporting and FAQs for Hospitals, Hospital Laboratory, and Acute Care Facility Data Reporting Updated July 10, 2020", instead of the CDC.	5	Adopted, Voice
304. Waters (CA), Lee, Barbara (CA), Chu (CA): Increases funds for the Minority AIDS Initiative by $5 million and reduces remaining funds for the Office of the Secretary, HHS, General Departmental Management, by the same amount.	4	Adopted, Voice
305. Waters (CA), Smith, Christopher (NJ): Increases funds for the BOLD Infrastructure for Alzheimer's Act, within the CDC's "Chronic Disease Prevention and Health Promotion" account, by $5 million and reduces funds for the Office of the Secretary, HHS, General Departmental Management, by the same amount.	4	Adopted, Voice
306. Waters (CA), Schakowsky (IL): Increases funds for the Alliance for Innovation on Maternal Health (AIM) within HRSA's Maternal and Child Health account by $5 million and reduces funds for the Office of the Secretary, HHS, General Departmental Management, by the same amount.	4	Adopted, Voice
307. Watson Coleman (NJ): Increases and decreases funds by $500,000 to highlight the need for a GAO study examining: 1) whether public health entities are including racial and ethnic demographic data when reporting COVID–19 cases & deaths, identifying challenges, and recommendations for improvement; and 2) whether changes after July 10 to HHS reporting requirements make it more difficult to report demographic data.	5	Adopted, Voice
308. Watson Coleman (NJ): Increases and decreases funds by $5,000,000 to highlight the need for a GAO study auditing hiring, retention, and promotion practices at CDC to evaluate whether current policies equitably support staff of color, and identifying recommendations to remedy disparities.	5	Adopted, Voice

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
309. Wright (TX), Foxx (NC): Strikes Sec. 114 in division F, removing the prohibition against DOL OFCCP's rule Implementing Legal Requirements Regarding the Equal Opportunity Clause's Religious Exemption from taking effect.	3	Rejected, voice

Sources: The amendment numbers and summaries are from H.Rept. 116-461. En bloc amendment numbers are from *Congressional Record*, daily edition, Vol. 166, No. 135 (July 30, 2020), pp. H4134-H4139, H4143-H4169. The amendment dispositions are from Congress.gov.

Appendix C. Enacted FY2021 LHHS Supplemental Appropriations

Five appropriations acts have been signed into law related to the COVID-19 pandemic. Four of these provided FY2020 supplemental discretionary appropriations for LHHS programs and activities, and one provided FY2021 supplemental discretionary appropriations. All five of these are summarized in CRS Report R46775, *Overview of COVID-19 LHHS Supplemental Appropriations: FY2020 and FY2021*.

For FY2021, the same law that provided "regular" annual LHHS appropriations for FY2021 in Division H also provided supplemental discretionary appropriations in Division M (H.R. 133, P.L. 116-260). This law, which was enacted on December 27, 2020, provided a total of $154.9 billion in supplemental LHHS funds (Title III, Coronavirus Response and Relief Supplemental Appropriations Act, 2021; CRRSA).[123] Unlike the regular discretionary appropriations in Division H, however, these additional funds were designated as an "emergency requirement" and thus were effectively exempted from otherwise applicable budget enforcement requirements (such as the statutory discretionary spending limits).[124]

In addition, prior to the end of FY2021, a second supplemental appropriations act containing LHHS appropriations was enacted (P.L. 117-31) on July 30, 2021. This law provided $25 million in supplemental appropriations for the Refugee and Entrant Assistance account at HHS for specified purposes related to Afghan special immigrants.

The FY2021 discretionary regular and supplemental LHHS appropriations are summarized in **Table C-1**. In total, FY2021 supplemental appropriations increased regular FY2021 LHHS enacted funding by about 78%. This funding was split roughly equally between HHS (48%) and ED (53%). (None was enacted for DOL or RA.) The ED supplemental funding budgetary increase of $82 billion was 112% of its FY2021 regular appropriations. HHS regular appropriations were increased by 75% (+$73 billion).[125]

The majority of HHS funds (66%) in the FY2021 supplemental appropriations measure were appropriated to the Public Health and Social Services Emergency Fund (PHSSEF) within the Office of the Secretary. The PHSSEF account is used by the HHS Secretary for one-time or short-term funding, such as emergency supplemental appropriations, and for some ongoing public health preparedness activities in the Office of the HHS Assistant Secretary for Preparedness and Response.

Accounts at the CDC received approximately 12% of the supplemental HHS appropriations provided in the FY2021 supplemental measure, which more than doubled its discretionary funding level for FY2021. The FY2021 supplemental appropriations also increased SAMHSA funding by 72%, and ACF funding by 42%. Remaining supplemental appropriations to NIH and

[123] This amount excludes funding appropriated in Title III to the Food and Drug Administration (FDA) Salaries and Expenses account, as this funding is generally not under the purview of the LHHS appropriations act. It also does not include funds provided in other titles and divisions of this law. For instance, $175 million in mandatory funds provided to ACL Aging and Disability Services Programs for nutrition services provided in Title VII of Division N.

[124] Division H also included $1.6 billion in emergency-designated funding, but these are not considered to be "regular" annual appropriations. These are thus excluded from the "regular appropriations" numbers in **Table C-1**.

[125] For a discussion of the FY2020 and FY2021 COVID-19-related supplemental appropriations for the Public Health Service Agencies at HHS, see CRS Report R46711, *U.S. Public Health Service: COVID-19 Supplemental Appropriations in the 116th Congress*.

ACL augmented total agency funding levels to a lesser extent. No FY2021 supplemental funds were appropriated to HRSA, CMS, or AHRQ.

The majority of ED funds ($81.9 billion or 99.9%) in the FY2021 supplemental appropriations measure were for the Education Stabilization Fund (ESF). The ESF supports three emergency relief funding streams: (1) a Governor's Emergency Education Relief (GEER) Fund, (2) an Elementary and Secondary School Emergency Relief (ESSER) Fund, and (3) a Higher Education Emergency Relief Fund (HEERF). The ESF is not typically funded in regular appropriations acts. Remaining FY2021 supplemental funds for ED, which combined to account for 0.1% of ED's FY2021 supplemental funds, went to accounts that typically receive regular appropriations, including accounts for Student Aid Administration, the Institute for Education Sciences, Special Institutions for People with Disabilities, Howard University, and Departmental Management.

Table C-1. Summary of Enacted FY2021 Discretionary Regular and Supplemental Appropriations

(Budget authority in millions of dollars)

	FY2021 Regular	CRRSA, Title III	P.L. 117-31	Grand Total
Department of Labor	**12,536**	**-**	**-**	**12,536**
Department of Health and Human Services	**96,963**	**72,945**	**25**	**169,933**
HRSA	7,218	-	-	7,218
CDC	6,963	8,750	-	15,713
NIH	41,437	1,250	-	42,687
SAMHSA	5,870	4,250	-	10,120
AHRQ	338	-	-	338
CMS	4,477	-	-	4,477
ACF	24,695	10,250	25	34,970
ACL	2,258	100	-	2,358
OS	3,706	48,345	-	52,051
Department of Education	**73,537**	**82,000**	**-**	**155,537**
Related Agencies	**15,459**	**-**	**-**	**15,459**
LHHS Total:	***198,494***	***154,945***	***25***	***353,464***

Sources: Compiled by CRS from LHHS amounts specified in P.L. 116-260, Divisions H and Title III of M, and P.L. 117-31. This report excludes funding appropriated to the Food and Drug Administration (FDA) Salaries and Expenses account in Title III (P.L. 116-260, Division M), as this funding is generally not under the purview of the LHHS appropriations act. This table does not include the $1.6 billion in emergency-designated funding enacted in Division H of P.L. 116-260, as these generally are not considered to be "regular appropriations." Funds provided in other titles and divisions of this law are beyond the scope of this report and are excluded from the table. (For instance, the table does not include $175 million in mandatory funds provided to ACL Aging and Disability Services Programs for nutrition services provided in Title VII of Division N, P.L. 116-260.) FY2021 regular amounts include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255).

Notes: All supplemental funds are designated as an emergency requirement. The display of funds in this table is based on the accounts in which they were appropriated. When the supplemental bill text calls for transfers, funds are tabulated based on the account to which they were appropriated, not on the account to which they are to be transferred. For further information about how these funds were distributed, see CRS Report R46775, *Overview of COVID-19 LHHS Supplemental Appropriations: FY2020 and FY2021*.

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