

Labor, Health and Human Services, and Education: FY2022 Appropriations

February 4, 2022

Congressional Research Service

<https://crsreports.congress.gov>

R47029



R47029

February 4, 2022

Jessica Tollestrup,
Coordinator
Specialist in Social Policy

Karen E. Lynch,
Coordinator
Specialist in Social Policy

Labor, Health and Human Services, and Education: FY2022 Appropriations

This report offers an overview of actions taken by Congress and the President to provide FY2022 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 FY2022 LHHS discretionary funding enacted during the annual appropriations process. Note that the totals in the report tables do not include emergency-designated appropriations. Those amounts are displayed separately and are in addition to regular appropriations.

FY2022 Continuing Resolutions: FY2022 LHHS appropriations are currently being provided by a series of continuing resolutions (CRs). The first CR was signed into law on September 30, 2021 (Division A of H.R. 5305; P.L. 117-43), providing continuing appropriations for all 12 annual appropriations acts (including LHHS) through December 3, 2021. In general, the CR funded discretionary programs at the same rate and under the same conditions as in FY2021 (§101) and annually appropriated entitlements at their current law levels (§111). It also included several anomalies that are specific to LHHS accounts or related activities (§§138-149). A second CR was subsequently enacted on December 3, 2021, extending the provisions of the first CR with some additional anomalies (for LHHS, see §162) through February 18, 2022 (Division A of H.R. 6119; P.L. 117-70).

Regular Appropriations

FY2022 LHHS Senate Action: The FY2022 LHHS bill has not received subcommittee, full committee, or initial floor action in the Senate. Senator Leahy, Chair of the Senate Appropriations Committee, released a majority draft of the LHHS bill and accompanying draft report language on October 18, 2021. According to the chair, the purpose of this release was to further negotiations toward enacting all 12 annual appropriations bills prior to when the CR was to expire on December 3. *These draft numbers are not presented in this report.*

In addition, on October 25, Senator Murray, Chair of the Senate Appropriations LHHS Subcommittee, introduced an FY2022 LHHS bill (S. 3062). This bill was referred to the Senate Appropriations Committee. *Because S. 3062 has not received any congressional action, this report does not discuss this measure.*

FY2022 LHHS House Action: On July 15, 2021, the House Appropriations Committee voted to report the FY2022 LHHS appropriations bill, 33-25; the measure was subsequently reported to the House on July 19 (H.R. 4502; H.Rept. 117-96). The measure was approved in subcommittee, via voice vote, on July 12, 2021.

As reported by the full committee, the bill would provide \$254.4 billion in discretionary LHHS funds, a 28.1% increase from FY2021 enacted levels. This amount is 0.2% more than the FY2022 President's request. In addition, the House committee bill would provide an estimated \$1.102 trillion in mandatory funding, for a combined total of \$1.356 trillion for LHHS as a whole. The distribution of discretionary funding was as follows:

- **DOL:** \$14.7 billion, 17.4% more than FY2021.
- **HHS:** \$119.8 billion, 23.6% more than FY2021.

-
- **ED:** \$102.8 billion, 39.8% more than FY2021.
 - **Related Agencies:** \$17.0 billion, 9.8% more than FY2021.

The House version of LHHS appropriations was initially considered on the floor as part of a consolidated appropriations package and passed the House (219-208), as amended, on July 31, 2020 (Division A of H.R. 4502). Of the amendments offered, 47 were adopted and 9 were rejected. *Because there is no publicly available source that estimates the account- or subaccount-level budgetary effects of the amendments adopted to Division A, 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**.

FY2022 President's Budget Request: The full FY2022 President's budget request was submitted to Congress on May 28, 2021. (The President had previously submitted to Congress an outline of his discretionary funding priorities for FY2022 on April 9, 2021.)

The President requested \$254.0 billion in discretionary funding for accounts funded by the LHHS bill, which is an increase of 27.9% from FY2021 levels. In addition, the President requested \$1.102 trillion in annually appropriated mandatory funding, for a total of \$1.355 trillion for LHHS as a whole. The distribution of discretionary funding was as follows:

- **DOL:** \$14.3 billion, 14.2% more than FY2021.
- **HHS:** \$120.0 billion, 23.7% more than FY2021.
- **ED:** \$102.8 billion, 39.8% more than FY2021.
- **Related Agencies:** \$16.9 billion, 9.0% more than FY2021.

Supplemental Appropriations

Although full-year regular annual appropriations have yet to be enacted, three bills have been signed into law providing FY2022 emergency-designated appropriations for accounts typically funded in the LHHS bill.

- Divisions A and C of the Extending Government Funding and Delivering Emergency Assistance Act (H.R. 5305; P.L. 117-43, September 30, 2021) provided \$4.2 billion, as follows:
 - Division A, which contained the first CR for FY2022, provided \$2.5 billion in emergency-designed spending (§141) for the HHS Administration for Children and Families (ACF) for shelter and support services for unaccompanied minors referred to HHS, including funding to expand the capacity of state-licensed shelters.
 - Division C, which contained the Afghanistan Supplemental Appropriations Act, 2022, provided \$1.7 billion to ACF for resettlement assistance for Afghan arrivals and refugees, and \$21.5 million to the HHS Centers for Disease Control and Prevention (CDC) for medical support, screening, and related public health activities for Afghan arrivals and refugees.
- Division J of the Infrastructure Investment and Jobs Act (H.R. 3684; P.L. 117-58, November 15, 2021) provided \$100 million in FY2022 for the HHS Low Income Home Energy Assistance Program, and rescinded \$353 million in previously enacted emergency funding from the Education Stabilization Fund.
- Division B of the Further Extending Government Funding Act (H.R. 6119; P.L. 117-70, December 3, 2021) contained the Additional Afghanistan Supplemental Appropriations Act, 2022, which provided \$8 million to the CDC for medical support, screening, and related public health activities for Afghan arrivals and refugees, and \$1.3 billion to ACF for resettlement assistance for Afghan arrivals and refugees.

Contents

Introduction	1
Report Roadmap and Useful Terminology	1
Scope of the Report.....	2
Important Budget Concepts.....	2
Mandatory vs. Discretionary Budget Authority	2
Total Budget Authority Provided in the Bill vs. Total Budget Authority Available in the Fiscal Year.....	3
Status of FY2022 LHHS Appropriations	4
FY2022 Continuing Appropriations.....	4
FY2022 Emergency-Designated Appropriations	5
FY2022 Annual LHHS Appropriations.....	5
Congressional Action on an LHHS Bill.....	6
FY2022 President’s Budget Request.....	8
FY2021 LHHS Omnibus (Division H, Consolidated Appropriations Act, 2021, H.R. 133; P.L. 116-260).....	8
Summary of FY2022 LHHS Appropriations.....	10
Department of Labor (DOL)	13
About DOL	14
FY2022 DOL Appropriations Overview	14
Selected DOL Highlights	15
Employment and Training Administration (ETA).....	15
Employment Service.....	16
Wage and Hour Division (WHD).....	16
Bureau of International Labor Affairs (ILAB).....	16
Labor-Related General Provisions	17
Department of Health and Human Services (HHS).....	20
About HHS.....	20
FY2022 HHS Appropriations Overview	21
Special Public Health Funding Mechanisms.....	23
Public Health Service Evaluation Tap.....	23
Prevention and Public Health Fund	25
Selected HHS Highlights by Agency	26
HRSA.....	26
CDC	27
NIH	28
SAMHSA.....	28
AHRQ	29
CMS.....	29
ACF.....	30
ACL	31
Restrictions Related to Certain Controversial Issues	31
Department of Education (ED).....	38
About ED	39
FY2022 ED Appropriations Overview.....	39
Selected ED Highlights	40

Education for the Disadvantaged	40
Safe Schools and Citizenship Education.....	41
Higher Education	42
Related Agencies	44
FY2022 Related Agencies Appropriations Overview	44
Selected Related Agencies Highlights.....	45
SSA Limitation on Administrative Expenses (LAE)	45
Corporation for National and Community Service	46
National Labor Relations Board (NLRB)	46

Figures

Figure 1. FY2022 House Committee-Reported LHHS Appropriations	7
Figure 2. FY2022 House Committee-Reported LHHS Appropriations by Title	13
Figure 3. FY2022 House Committee-Reported HHS Appropriations by Agency.....	23

Tables

Table 1. Status of Full-Year LHHS Appropriations Legislation, FY2022.....	6
Table 2. LHHS Appropriations Overview by Bill Title, FY2021-FY2022	11
Table 3. DOL Appropriations Overview	15
Table 4. Detailed DOL Appropriations.....	17
Table 5. HHS Appropriations Overview.....	21
Table 6. HHS Appropriations Totals by Agency	33
Table 7. HHS Discretionary Appropriations for Selected Programs or Activities, by Agency	35
Table 8. ED Appropriations Overview	40
Table 9. Detailed ED Appropriations	42
Table 10. Related Agencies Appropriations Overview.....	45
Table 11. Detailed Related Agencies Appropriations	46
Table A-1. LHHS Discretionary FY2021 Enacted Levels and FY2022 House 302(b) Suballocations	53
Table A-2. LHHS Appropriations Overview, by Bill Title: FY2021-FY2022.....	54
Table B-1. LHHS House Floor Amendments Offered to H.R. 4502	57

Appendixes

Appendix A. Budget Enforcement Activities	49
Appendix B. House Floor Amendments Offered to Division A of H.R. 4502	57

Contacts

Author Information.....	62
-------------------------	----

Introduction

This report provides an overview of FY2022 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.

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

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

This report primarily focuses on regular FY2022 LHHS discretionary funding enacted during the annual appropriations process. The emergency discretionary funding that was enacted for FY2021 or FY2022 is generally not included in the budgetary figures discussed or table totals presented in the main body of the report. (Such spending is presented below the table totals and is in addition to regular appropriations.) In addition, during FY2021, mandatory appropriations were enacted for 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 also not included in this report.

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 FY2022 appropriations and (for context) a review of the conclusion of the FY2021 appropriations process. This is followed by a high-level summary and analysis of proposed appropriations for FY2022, compared to FY2021 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 FY2022 proposed funding levels compared to FY2021. (Note that the distribution of funds is sometimes

illustrated by figures, which in all cases are based on the FY2022 House committee-reported version of the LHHS bill.¹⁾

Appendix A provides a summary of budget enforcement activities for FY2022. This includes information on mandatory spending sequestration pursuant to the Budget Control Act of 2011 (BCA; P.L. 112-25), discretionary spending budget enforcement pursuant to the FY2022 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 floor amendments that were offered in the House during its consideration of H.R. 4502.

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).

Important Budget Concepts

Mandatory vs. Discretionary Budget Authority²

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

¹ The dollars and percentages in each figure also are generally illustrative, except as noted, of the parallel distribution of funds enacted in FY2021 and proposed by the FY2022 President’s budget.

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>.

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 FY2022 President's budget submission reflect current-law (or current services) estimates; they generally do not include the President's proposed changes to a mandatory spending program's authorizing statute that might affect total spending. (In general, such proposals are excluded from this report, as they typically would be enacted in authorizing legislation.)

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

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

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

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

Unless otherwise specified, appropriations levels displayed in this report refer to the total amount of *budget authority provided in an appropriations bill* (i.e., "total in the bill"), regardless of the year in which the funding becomes available.⁴ In some cases, the report breaks out *current-year*

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*.

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.

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, see **Appendix A**). The process of measuring appropriations against these spending ceilings takes into account *scorekeeping adjustments*, which are made by the Congressional Budget Office (CBO) to reflect conventions and special instructions of Congress.⁶ Unless otherwise specified, appropriations levels displayed in this report do not reflect additional scorekeeping adjustments. (Those scorekeeping adjustments are displayed at the bottom of **Table 2**.)

Status of FY2022 LHHS Appropriations

FY2022 Continuing Appropriations

FY2022 LHHS regular appropriations are currently being provided by a series of continuing resolutions (CRs). The first CR was signed into law on September 30, 2021 (Division A of H.R. 5305; P.L. 117-43). The measure had previously been introduced by the House Appropriations Committee chair, Representative DeLauro, on September 21, and was passed by the House that same day, 220-211. On September 30, the Senate took up and passed the measure with an amendment, 65-35,⁷ which was subsequently agreed to by the House, 254-175.

The first CR provided continuing appropriations for all 12 annual appropriations acts (including LHHS) through December 3, 2021. In general, the CR funded discretionary programs at the same rate and under the same conditions as in FY2021 (§101) and annually appropriated entitlements at their current law levels (§111).⁸ It also included several anomalies that are specific to LHHS accounts or related activities (§§138-149).⁹

A second CR was enacted on December 3, 2021, extending the provisions of the first CR with some additional anomalies (for LHHS, see §162) through February 18, 2022 (Division A of H.R. 6119; P.L. 117-70). The measure had previously been introduced by Representative DeLauro on December 2, and passed by the House (221-212) and Senate (69-28) that same day.

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).

⁷ No substantive changes were made by the Senate amendment to the CR provisions in Division A of H.R. 5305.

⁸ For an estimate of the discretionary appropriations contained in Division A of H.R. 5305, see Table 1-H and Table 1-S in CBO Estimate for H.R. 5305, the Extending Government Funding and Delivering Emergency Assistance Act as Passed by the House of Representatives on September 21, 2021, <https://www.cbo.gov/system/files/2021-09/57491-CBO-Estimate-for-HR5305.pdf>.

⁹ The LHHS anomalies are discussed in CRS Report R46953, *Overview of Continuing Appropriations for FY2022 (P.L. 117-43)*.

FY2022 Emergency-Designated Appropriations

Although full-year regular annual appropriations have yet to be enacted, three bills have been signed into law providing FY2022 emergency-designated appropriations for accounts typically funded in the LHHS bill.

- Divisions A and C of the Extending Government Funding and Delivering Emergency Assistance Act (H.R. 5305; P.L. 117-43, September 30, 2021), provided \$4.2 billion, as follows:¹⁰
 - Division A, which contained the first CR for FY2022, provided \$2.5 billion in emergency-designed spending (§141) for the HHS Administration for Children and Families (ACF) for shelter and support services for unaccompanied minors referred to HHS, including funding to expand the capacity of state-licensed shelters.
 - Division C, which contained the Afghanistan Supplemental Appropriations Act, 2022, provided \$1.7 billion to ACF for resettlement assistance for Afghan arrivals and refugees, and \$21.5 million to the HHS Centers for Disease Control and Prevention (CDC) for medical support, screening, and related public health activities for Afghan arrivals and refugees.
- Division J of the Infrastructure Investment and Jobs Act (H.R. 3684; P.L. 117-58, November 15, 2021) provided \$100 million in FY2022 for the HHS Low Income Home Energy Assistance Program,¹¹ and rescinded \$353 million in previously enacted emergency funding from the Education Stabilization Fund.
- Division B of the Further Extending Government Funding Act (H.R. 6119; P.L. 117-70, December 3, 2021) contained the Additional Afghanistan Supplemental Appropriations Act, 2022, which provided \$8 million to the CDC for medical support, screening, and related public health activities for Afghan arrivals and refugees, and \$1.3 billion to ACF for resettlement assistance for Afghan arrivals and refugees.¹²

FY2022 Annual LHHS Appropriations

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

¹⁰ See the summary of these provisions from House Appropriations Committee majority staff, *H.R. 5305, Extending Government Funding and Delivering Emergency Assistance Act: Section-by-Section Summary*, https://appropriations.house.gov/sites/democrats.appropriations.house.gov/files/documents/Summary_0.pdf.

¹¹ Division J of P.L. 117-58 further provided to the Low Income Home Energy Assistance Program advance appropriations of \$100 million for each of FY2023 through FY2026, for a total of \$500 million for the program with all fiscal years taken into account.

¹² See the summary of these provisions from the House Appropriations Committee majority staff, *H.R. 6119, Further Extending Government Funding Act Section-by-Section Summary*, <https://appropriations.house.gov/sites/democrats.appropriations.house.gov/files/Further%20Extending%20Government%20Funding%20Act%20Summary.pdf>.

Table 1. Status of Full-Year LHHS Appropriations Legislation, FY2022

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
7/12/21		H.R. 4502		H.R. 4502,					
voice		H.Rept.		Division A					
vote		117-96		7/29/21					
		7/15/21		219-208					
		33-25							

Source: CRS Appropriations Status Table.

Congressional Action on an LHHS Bill

FY2022 LHHS Action in the Senate

The FY2022 LHHS bill has not received subcommittee, full committee, or initial floor action in the Senate. Senator Leahy, Chair of the Senate Appropriations Committee, released a majority draft of the LHHS bill and accompanying draft report language on October 18, 2021. According to the chair, the purpose of this release was to further negotiations toward enacting all 12 annual appropriations bills prior to when the CR was to expire on December 3.¹³ *These draft numbers are not presented in this report.*

In addition, on October 25, Senator Murray, Chair of the Senate Appropriations LHHS Subcommittee, introduced an FY2022 LHHS bill (S. 3062). This bill was referred to the Senate Appropriations Committee.¹⁴ *Because S. 3062 has not received any congressional action, this report does not discuss this measure.*

FY2022 LHHS Action in the House (Division A, H.R. 2740)

The House LHHS subcommittee approved the draft LHHS bill on July 12, 2021, by a voice vote. On July 15, 2021, the House Appropriations Committee voted (33-25) to report the LHHS bill; the measure was subsequently reported to the House on July 19 (H.R. 4502; H.Rept. 117-96).

See **Figure 1** for a breakdown of FY2022 discretionary and mandatory LHHS appropriations proposed in the House committee bill.¹⁵ As reported by the full committee, the bill would provide \$254.4 billion in discretionary LHHS funds, a 28.1% increase from FY2021 enacted levels. This amount would be 0.2% more than the FY2022 President's request. In addition, the House

¹³ The text of the Senate majority draft LHHS bill and accompanying committee report is linked to the press release, "Chairman Leahy Releases Remaining Nine Senate Appropriations Bills," October 18, 2021, <https://www.appropriations.senate.gov/news/majority/chairman-leahy-releases-remaining-nine-senate-appropriations-bills>. See also "Shelby: Democrats' Partisan Bills Threaten FY22 Appropriations Process," October 18, 2021, <https://www.appropriations.senate.gov/news/shelby-democrats-partisan-bills-threaten-fy22-appropriations-process>.

¹⁴ The text of S. 3062 as introduced was generally the same as the draft LHHS bill released by the chair of the Senate Appropriations Committee on October 18, discussed above.

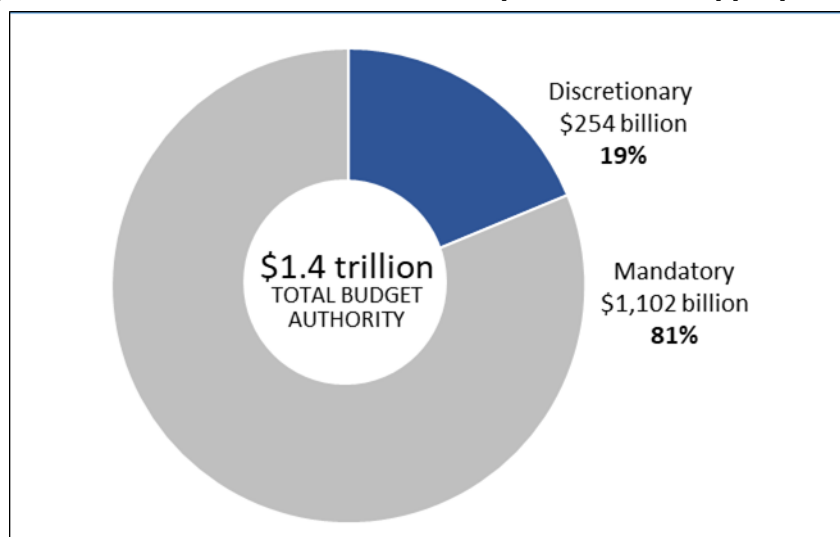
¹⁵ While the percentages in this figure were calculated based on amounts in the FY2022 House committee bill, they are generally also illustrative—within a few percentage points—of the share of mandatory and discretionary funds in FY2021 and under the FY2022 President's budget.

committee bill would provide an estimated \$1.102 trillion in mandatory funding, for a combined total of \$1.356 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 funds, which are *in addition* to the regular annual appropriations.)

Later in July, LHHS appropriations were initially considered on the House floor as part of a consolidated appropriations package and passed the House (219-208), as amended, on July 29, 2021 (Division A of H.R. 4502). This package would provide appropriations for six other appropriations acts in addition to LHHS.¹⁶ Floor action was regulated by the terms of a special rule (H.Res. 555). A total of 56 amendments to the LHHS title of the bill were made in order for consideration on the floor.¹⁷ This rule also provided the authority for the chair of the Appropriations Committee or her designee to offer any of the amendments made in order en bloc (i.e., in groups of amendments to be disposed of together).¹⁸ All but two LHHS amendments were considered in this manner.¹⁹ When counted as 56 separate amendments, 47 were adopted and 9 were rejected.

Because there is no publicly available source that estimates the account- or subaccount-level budgetary effects of the amendments adopted to Division A, 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**.

Figure 1. FY2022 House Committee-Reported LHHS Appropriations



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying the FY2022 House committee bill (H.R. 4502, as reported).

¹⁶ Those appropriations acts were Agriculture and Rural Development, Energy and Water Development, Financial Services and General Government, Interior and Environment, Military Construction and Veterans Affairs, and Transportation and Housing and Urban Development.

¹⁷ For a list of these LHHS amendments (numbered 1-56) and the text of each that was made in order, see pages 8-13 and 30-38 of H.Rept. 117-109.

¹⁸ For further information about en bloc authority in the context of House floor consideration of appropriations measures, see CRS Report R46841, *Changes in the House of Representatives' Initial Consideration of Regular Appropriations Measures, 113th-116th Congresses*.

¹⁹ For the en bloc amendments proposing changes to the LHHS division of the bill, see consideration of amendments en bloc nos. 1, 2, 3, and 4 in *Congressional Record*, daily edition, Vol. 167, No. 131 (July 27, 2021), pp. H4055-H4073.

FY2022 House committee totals (“Total BA in the Bill”) do not include emergency-designated LHHS appropriations. 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.

FY2022 President’s Budget Request

The President’s budget request for the upcoming fiscal year is due to be submitted to Congress by the first Monday in February. However, the FY2022 budget was submitted during a year in which a presidential transition occurred (on January 20, 2021). Recent Presidents have not submitted detailed budget proposals until April or May of their first year in office, although each has advised Congress regarding the general contours of their economic and budgetary policies in special messages submitted to Congress prior to that submission.²⁰ This delay allows time to prepare a proposal that reflects the priorities of the new Administration.

On April 9, President Biden submitted to Congress an outline of his discretionary funding priorities for FY2022.²¹ This preliminary document provided early highlights for numerous policy areas, including several funded in the LHHS bill. The full budget request was submitted on May 28, almost four months after its due date.²²

The President requested \$254.0 billion in discretionary funding for accounts funded by the LHHS bill, which is an increase of 27.9% from FY2021 levels. In addition, the President requested \$1.102 trillion in annually appropriated mandatory funding, for a total of \$1.355 trillion for LHHS as a whole.

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.²³ (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

²⁰ See CRS Insight IN11655, *Budget Submission After a Presidential Transition: Contextualizing the Biden Administration’s FY2022 Request*.

²¹ Office of Management and Budget (OMB), *The President’s FY2022 Discretionary Request*, April 9, 2021, <https://www.whitehouse.gov/omb/fy-2022-discretionary-request/>.

²² See <https://www.whitehouse.gov/omb/budget/>.

²³ 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, at 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.

contained LHHS appropriations was 359-53.²⁴) It was approved by the Senate (92-6) later that same day.

LHHS discretionary appropriations in the FY2021 LHHS omnibus totaled \$198.5 billion. This amount was 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, consistent with the conventions for displaying emergency-designated budget authority in this report.)

²⁴ 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.

Summary of FY2022 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.

Throughout this report, the FY2022 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 Division A of H.R. 4502, as there is no publicly available source that estimates the account- and subaccount-level budgetary effects of the adopted amendments. However, information on the LHHS amendments offered during floor consideration can be found in **Appendix B**.)

Amounts for FY2021 Enacted, FY2022 Request, and FY2022 House Committee are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying the FY2022 House committee bill (H.R. 4502, as reported), unless otherwise noted. The amounts for P.L. 117-31, Divisions A and C of P.L. 117-43, Division J of P.L. 117-58, and Division B of P.L. 117-70, are based on CRS analysis of the texts of those laws.

FY2021 enacted totals (“Total BA in the Bill”) do not include emergency-designated LHHS appropriations provided in Divisions H and M of P.L. 116-260, or by P.L. 117-31. FY2022 House committee totals (“Total BA in the Bill”) do not include emergency-designated LHHS appropriations in Divisions A and C of P.L. 117-43, Division J of P.L. 117-58, or Division B of P.L. 117-70. For informational purposes, FY2021 and FY2022 enacted emergency-designated amounts are displayed separately at the bottom of tables throughout the report and not summed. One exception to this rule is made in **Table A-1**, which includes FY2021 and FY2022 enacted emergency-designated funds in the “Adjusted Appropriations” totals, as scored by the Congressional Budget Office.

For consistency with source materials, amounts in this report generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities, except as noted.²⁵ CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

Table 2 displays FY2022 discretionary and mandatory LHHS budget authority proposed, by bill title, along with FY2021 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 addition to regular appropriations.

²⁵ 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-FY2021 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. For FY2022, the source materials used for this report continue this most recent approach.

Table 2. LHHS Appropriations Overview by Bill Title, FY2021-FY2022

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

Bill Title	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Title I: Labor	13.9	15.6	16.0	
Discretionary	12.5	14.3	14.7	
Mandatory	1.4	1.2	1.2	
Title II: HHS	1,016.6	1,159.6	1,159.4	
Discretionary	97.0	120.0	119.8	
Mandatory	919.6	1,039.6	1,039.6	
Title III: Education	77.2	106.5	106.5	
Discretionary	73.5	102.8	102.8	
Mandatory	3.7	3.7	3.7	
Title IV: Related Agencies	70.8	73.8	74.0	
Discretionary	15.5	16.9	17.0	
Mandatory	55.3	57.0	57.0	
Total BA in the Bill	1,178.5	1,355.5	1,355.9	
Discretionary	198.5	254.0	254.4	
Mandatory	980.0	1,101.5	1,101.5	
<i>Emergency Funding (not included in above totals)</i>				
P.L. 116-260, Division H	1.6	—	—	—
P.L. 116-260, Division M	154.9	—	—	—
P.L. 117-31	0.0 ^a	—	—	—
P.L. 117-43, Divisions A and C	—	—	—	4.2
P.L. 117-58, Division J	—	—	—	-0.3
P.L. 117-70, Division B	—	—	—	1.3
Memoranda (non-emergency funds only):				
Advances for Future Years (provided in current bill) ^b	197.6	210.7	210.8	
Advances from Prior Years (for use in current year) ^b	189.0	197.6	197.6	
Additional Scorekeeping Adjustments ^c	-22.5	-25.4	-14.7	

Source: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 House Cmte. columns are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying the FY2022 House committee bill (H.R. 4502, as reported). The amounts shown for emergency funding at the bottom of the table are based on CRS analysis of the texts of those laws. For consistency with source materials, regular annual appropriations totals generally do not include emergency funds; instead, emergency funds are shown separately and are in addition to the regular annual amounts. 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. 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.

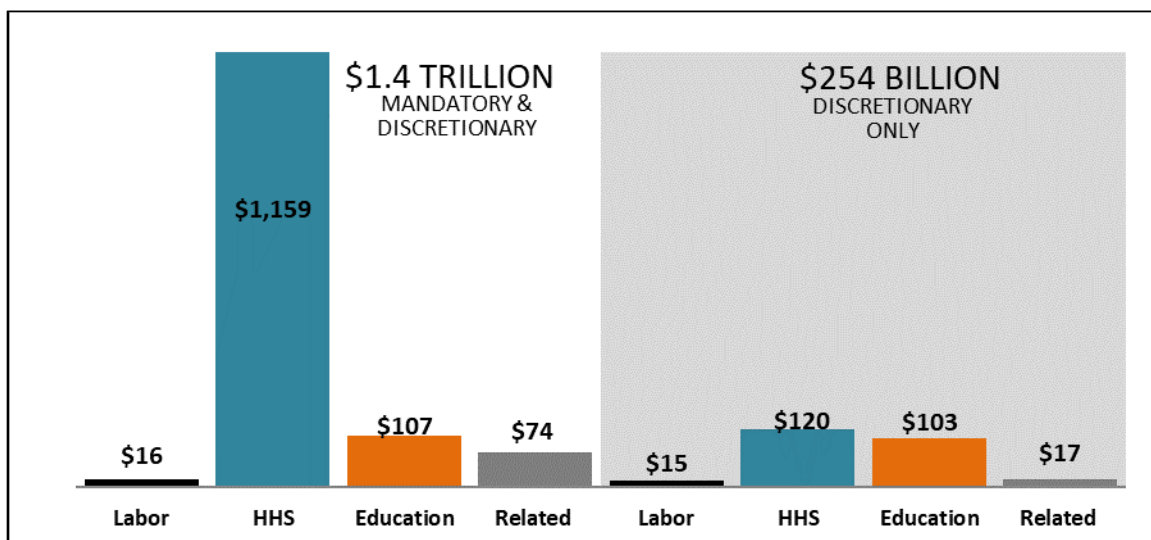
- a. P.L. 117-31 provided \$25 million in supplemental appropriations for the Refugee and Entrant Assistance account at HHS for specified purposes related to Afghan special immigrants, which rounds to \$0.0 in billions (the unit of measure used in this table).
- b. Totals in this table are based on budget authority provided in the bill (i.e., they exclude advance appropriations from prior bills and include advance appropriations from this bill made available in future years). The calculation for total budget authority available in a given fiscal year is as follows: Total BA in the Bill, minus Advances for Future Years, plus Advances from Prior Years. FY2022 advance appropriations enacted in prior fiscal years are listed in the FY2022 Request and FY2022 House Cmte. columns.
- c. Totals in this table have generally not been adjusted for scorekeeping. (To adjust for scorekeeping, add this line to the total budget authority.)

Figure 2 displays the House committee bill discretionary and mandatory LHHS funding levels proposed for FY2022, by bill title. (While the dollars and percentages discussed in this section were calculated based on the FY2022 House committee bill, they are generally also illustrative—within several percentage points—of the share of funds directed to each bill title in FY2021 and under the FY2022 President’s budget.)

As this figure demonstrates, HHS accounts for the largest share of total FY2022 LHHS appropriations: \$1.159 trillion, or 85.5%. This is due to the large amount of mandatory funding included in the HHS appropriation, the majority of which is for Medicaid grants to states and payments to health care trust funds. After HHS, ED and the Related Agencies represent the next-largest shares of total LHHS funding, accounting for 7.9% and 5.4%, 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 (47.1%), while ED accounts for a relatively larger share (40.4%). Together, these two departments represent the majority (87.5%) of discretionary LHHS appropriations. DOL and the Related Agencies account for a roughly even split of the remaining 12.5% of discretionary LHHS funds.

Figure 2. FY2022 House Committee-Reported 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 committee report (H.Rept. 117-96) accompanying the FY2022 House committee bill (H.R. 4502, as reported). FY2022 House committee totals ("Total BA in the Bill") do not include emergency-designated LHHS appropriations. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

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

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).²⁷ 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)²⁶

FY2022 DOL Appropriations Overview

Table 3 generally displays FY2022 discretionary and mandatory DOL budget authority proposed, along with FY2021 enacted levels. Note that the totals in this table do not include emergency-designated appropriations. Those amounts are displayed separately, along with the law in which they were enacted, at the bottom of the table and are in addition to regular appropriations.

The FY2022 House committee bill would increase discretionary appropriations for DOL by \$2.2 billion (+17.4%), while the FY2022 President’s budget request would have increased discretionary appropriations by \$1.8 billion (+14.2%) compared to the FY2021 enacted levels. Of the total funding provided in the bill for DOL, roughly 92% is discretionary.

²⁶ Departmental Management includes the DOL salaries and expenses, Veterans Employment and Training Service (VETS), IT Modernization, and the Office of the Inspector General.

²⁷ 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	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Discretionary	12.5	14.3	14.7	
Mandatory	1.4	1.2	1.2	
Total BA in the Bill	13.9	15.6	16.0	
<i>Emergency Funding (not included in above totals)</i>				
P.L. 116-260, Division H	0.9	—	—	—

Source: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 House Cmte. columns are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying the FY2022 House committee bill (H.R. 4502, as reported). The amounts shown for emergency funding at the bottom of the table are based on CRS analysis of the texts of those laws. For consistency with source materials, regular annual appropriations totals generally do not include emergency funds; instead, emergency funds are shown separately and are in addition to the regular annual amounts. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

Selected DOL Highlights

The following sections present highlights from the FY2022 House committee bill and the President's FY2022 budget request compared to FY2021 enacted appropriations for selected DOL accounts and programs.²⁸

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

Employment and Training Administration (ETA)

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. For the three WIOA state formula grant programs, the FY2022 House committee bill would provide a \$250 million increase (+8.8%) compared to FY2021 enacted levels and a \$76 million increase (+2.5%) compared to the level requested in the FY2022 President's budget.

The FY2022 committee bill would provide \$436 million for the Dislocated Workers Activities National Reserve (DWA National Reserve), which would be an increase of \$155 million (+55.2%) compared to the FY2021 enacted level of \$281 million and an increase of \$55 million (+14.4%) compared to the FY2022 President's budget request of \$381 million. In addition, the

²⁸ DOL budget materials can be found at <https://www.dol.gov/general/aboutdol#budget>.

FY2022 House committee bill would maintain a provision in that account, which originated in the FY2020 LHHS omnibus, directing funds (\$100 million) from the DWA National Reserve to be used in developing, offering, or improving career training programs at community colleges. The FY2022 House committee bill and the FY2022 President's budget request would direct \$100 million from the DWA National Reserve for training and employment assistance to workers in communities experiencing dislocations in the fossil fuel extraction and energy production industries.

The FY2022 House committee bill would provide \$285 million for the Apprenticeship Grant program, which would be \$100 million (+54.1%) more than the level enacted in FY2021 and the same amount requested in the FY2022 President's budget.

Finally, under the pilot and demonstration authority in WIOA (Section 169), the FY2022 House committee bill and the FY2022 President's budget would provide new funding for a National Youth Employment Program (\$50 million) and a Veterans Clean Energy Training program (\$20 million). In addition, the FY2022 House committee bill would provide \$64 million in funding for community projects for dislocated workers.

Employment Service

The FY2022 House committee bill would provide \$771 million for the Employment Service, which would be an increase of \$79 million (+11.4%) compared to the FY2021 enacted level and \$50 million (+6.9%) more than requested in the FY2022 President's budget. The Employment Service is a joint federal-state partnership that funds staff to provide career counseling, job search services, and administration of the work test for the UI system. The FY2022 House committee bill would also prohibit DOL from using any funds provided in the FY2022 LHHS appropriations bill from being used to implement or enforce a 2020 final rule allowing the use of non-merit-staff employees to deliver Employment Service services.²⁹

Wage and Hour Division (WHD)

The FY2022 House committee bill would provide \$300 million for WHD, an increase of \$54 million (+22.0%) compared to the FY2021 enacted level and \$24 million (+8.5%) more than the FY2022 President's budget. The WHD is responsible for enforcing the Fair Labor Standards Act (FLSA), the Davis-Bacon Act (DBA), the Family and Medical Leave Act (FMLA), and other labor standards statutes. As noted in the accompanying report, the additional \$54 million in the FY2022 appropriations for WHD is to support additional investigators to implement strategic enforcement and, as required by the bill, to establish a national hotline to support domestic workers reporting wage and hour violations.³⁰

Bureau of International Labor Affairs (ILAB)

The FY2022 House committee bill would provide \$136 million for ILAB, an increase of \$40 million (+41.5%) compared to the FY2021 enacted level and \$12 million (+9.9%) more than the FY2022 President's budget request. ILAB provides research, advocacy, technical assistance, and grants to promote workers' rights in different parts of the world. Language in the FY2022 House

²⁹ See Section 114 and H.Rept. 117-96, p. 24, for further information.

³⁰ H.Rept. 117-96, pp. 29-30.

committee report directs ILAB to place additional labor attachés in strategic countries to assist with promoting worker rights, such as freedom of association and collective bargaining.³¹

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 FY2022 House committee bill.

The FY2022 House committee bill would add new provisions and continue several provisions that have been included in at least one previous LHHS appropriations act, including provisions that would

- 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);³²
- 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);³³
- prohibit any funds from the bill from being used to alter the Interagency Agreement between DOL and the Department of Agriculture or to close any Civilian Conservation Centers unless certain conditions are met (included since FY2020);³⁴
- prohibit any funds from the FY2022 House committee bill from being used to implement or enforce the final rule on “Wagner-Peyser Act Staffing Flexibility” (new in 2022);³⁵ and
- prohibit any funds from the FY2022 House committee bill from being used to implement or enforce Industry Recognized Apprentices Programs (new in 2022).³⁶

Table 4. Detailed DOL Appropriations

(In millions of dollars)

Agency or Selected Program	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
ETA—Mandatory^a	634	551	551	
ETA—Discretionary	9,392	10,704	11,075	
<u>Discretionary ETA Programs:</u>				
Training and Employment Services:	3,663	4,211	4,407	

³¹ H.Rept. 117-96, p. 38.

³² See Division A, Title I, §109 of H.R. 4502.

³³ See Division A, Title I, §110 of H.R. 4502.

³⁴ See Division A, Title I, §111 of H.R. 4502.

³⁵ See Division A, Title I, §114 of H.R. 4502.

³⁶ See Division A, Title I, §115 of H.R. 4502.

Agency or Selected Program	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
<u>State Formula Grants:</u>	2,845	3,019	3,095	
Adult Activities Grants to States	863	900	923	
Youth Activities Grants to States	921	964	989	
Dislocated Worker Activities (DWA) Grants to States	1,062	1,155	1,184	
<u>National Activities:</u>	818	1,192	1,312	
DWA National Reserve	281	381	436	
Native Americans	56	58	58	
Migrant and Seasonal Farmworkers	94	97	97	
YouthBuild	97	145	145	
Reintegration of Ex-Offenders	100	150	150	
Workforce Data Quality Initiative	6	6	7	
Apprenticeship Grants	185	285	285	
Community Projects	0	0	64	
National Youth Employment Program	0	50	50	
Veterans Clean Energy Training	0	20	20	
Job Corps	1,749	1,755	1,830	
Community Service Employment for Older Americans	405	405	450	
<u>State Unemployment Insurance and Employment Service Operations (SUI/ESO):</u>	3,417	4,122	4,176	
Unemployment Compensation	2,584	3,243	3,243	
Employment Service	692	721	771	
Foreign Labor Certification	78	90	94	
One-Stop Career Centers	63	68	68	
ETA Program Administration	159	212	212	
Employee Benefits Security Administration	181	218	218	
Pension Benefit Guaranty Corp, (PBGC) program level (non-add)^b	(465)	(473)	(473)	
Wage and Hour Division	246	277	300	
Office of Labor-Management Standards	44	52	44	
Office of Federal Contract Compliance Programs	106	141	141	
Office of Workers' Compensation Programs— Mandatory^c	739	683	683	

Agency or Selected Program	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Office of Workers' Compensation Programs—Discretionary	118	141	141	
Occupational Safety & Health Administration	592	665	692	
Mine Safety & Health Administration	380	447	405	
Bureau of Labor Statistics	655	701	701	
Office of Disability Employment Policy	39	43	43	
Departmental Management	784	933	961	
Salaries and Expenses	349	440	457	
<i>International Labor Affairs (non-add^d)</i>	96	124	136	
Veterans Employment and Training	316	325	335	
IT Modernization	27	37	37	
Working Capital Fund	0	36	36	
Office of the Inspector General	91	95	95	
Total, DOL BA in the Bill	13,909	15,554	15,954	
Subtotal, Mandatory	1,373	1,234	1,234	
Subtotal, Discretionary	12,536	14,320	14,720	
<i>Emergency Funding (not included in above totals)</i>				
P.L. 116-260, Division H	925	—	—	—
Memoranda (non-emergency funds only)				
Total, BA Available in Fiscal Year (current year from any bill)	13,909	15,557	15,957	
Total, BA Advances for Future Years (provided in current bill)	1,786	1,783	1,783	
Total, BA Advances from Prior Years (for use in current year) ^e	1,786	1,786	1,786	

Source: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 House Cmte. columns are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying the FY2022 House committee bill (H.R. 4502, as reported). The amounts shown for emergency funding at the bottom of the table are based on CRS analysis of the texts of those laws. For consistency with source materials, regular annual appropriations totals generally do not include emergency funds; instead, emergency funds are shown separately and are in addition to the regular annual amounts. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

- a. Mandatory funding within ETA goes to Federal Unemployment Benefits and Allowances (FUBA) and Advances to the Unemployment Trust Fund (UTF), if any. FUBA funds Trade Adjustment Assistance for Workers (TAA).
- b. PBGC funding is provided outside the LHHS Appropriations Act.
- c. Mandatory programs in the Office of Workers' Compensation Programs include Special Benefits (comprising the Federal Employees' Compensation Benefits and the Longshore and Harbor Workers' Benefits), Special Benefits for Disabled Coal Miners, Energy Employees Occupational Illness Compensation (Administrative Expenses), and the Black Lung Disability Trust Fund.
- d. The funding for International Labor Affairs is included in the Salaries and Expenses total.
- e. FY2022 advance appropriations enacted in prior fiscal years are listed in the FY2022 Request and FY2022 House Cmte. columns.

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 American Rescue Plan Act of 2021 [P.L. 117-2]). 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).³⁷ 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).³⁸ 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

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)

³⁷ 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.

³⁸ For more information on HHS PHS agencies, see CRS Report R44916, *Public Health Service Agencies: Overview and Funding (FY2016-FY2018)*.

(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,³⁹ which is the HHS agency responsible for the administration of Medicare, Medicaid, the State Children's Health Insurance Program (CHIP), and consumer protections and private health insurance provisions of the Affordable Care Act (ACA; P.L. 111-148).

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.

FY2022 HHS Appropriations Overview

Table 5 displays enacted and proposed FY2022 funding levels for HHS, along with FY2021 levels. Note that the totals in this table do not include emergency-designated appropriations. Those amounts are displayed separately, along with the law in which they were enacted, at the bottom of the table and are in addition to regular appropriations. For a discussion of the COVID-19 related FY2021 supplemental appropriations in Division M of P.L. 116-260, see CRS Report R46775, *Overview of COVID-19 LHHS Supplemental Appropriations: FY2020 and FY2021*.

In general, discretionary funds account for about 10% of HHS appropriations in the LHHS bill. Compared to the FY2021 funding levels, the FY2022 House committee bill would increase HHS discretionary appropriations by 23.6%. The FY2022 President's request proposed increasing HHS discretionary appropriations to a similar degree, by 23.7%.

Table 5. HHS Appropriations Overview

(In billions of dollars)

Funding	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Discretionary	97.0	120.0	119.8	
Mandatory	919.6	1,039.6	1,039.6	
Total BA in the Bill	1,016.6	1,159.6	1,159.4	
<i>Emergency Funding (not included in above totals)</i>				
P.L. 116-260, Division H	0.6	—	—	—
P.L. 116-260, Division M	72.9	—	—	—
P.L. 117-31	0.0 ^a	—	—	—
P.L. 117-43, Divisions A and C	—	—	—	4.2
P.L. 117-58, Division J	—	—	—	0.1
P.L. 117-70, Division B	—	—	—	1.3

³⁹ 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.

Sources: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 House Cmte. columns are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying the FY2022 House committee bill (H.R. 4502, as reported). The amounts shown for emergency funding at the bottom of the table are based on CRS analysis of the texts of those laws. For consistency with source materials, regular annual appropriations totals generally do not include emergency funds; instead, emergency funds are shown separately and are in addition to the regular annual amounts. 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. 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.

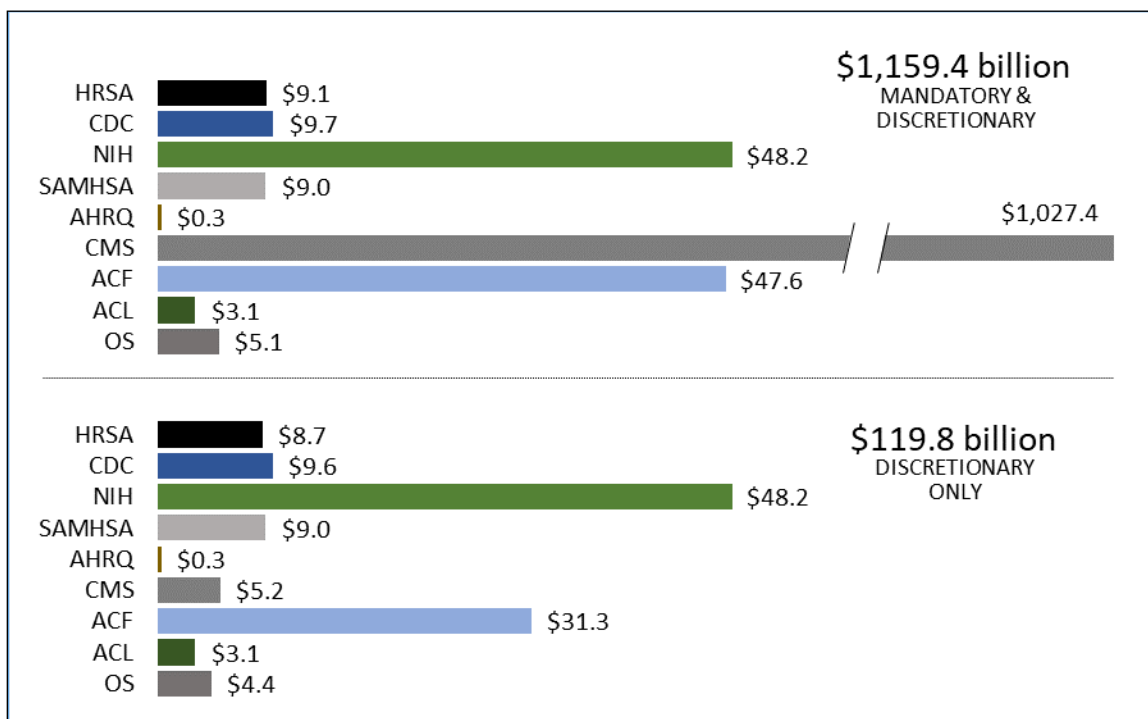
- a. P.L. 117-31 provided \$25 million in supplemental appropriations for the Refugee and Entrant Assistance account at HHS for specified purposes related to Afghan special immigrants, which rounds to \$0.0 in billions (the unit of measure used in this table).

Figure 3 provides an HHS agency-level breakdown of FY2022 appropriations proposed by the House Appropriations Committee. As this figure demonstrates, annual HHS appropriations are dominated by mandatory funding, the majority of which goes to CMS to provide Medicaid benefits and payments to health care trust funds. When taking into account both mandatory and discretionary funding, CMS accounts for \$1.027 trillion in the House committee bill, which is 88.6% of all proposed appropriations for HHS. NIH and ACF account for the next-largest shares of total HHS appropriations, receiving about 4.2% and 4.1% apiece, respectively.

By contrast, when looking exclusively at discretionary appropriations, funding for CMS constitutes about 4.3% of FY2022 HHS appropriations proposed by the House committee. Instead, the bulk of discretionary appropriations would go to the PHS agencies, which would account for a combined 63.2% of discretionary appropriations proposed for HHS.⁴⁰ NIH typically receives the largest share of all discretionary funding among HHS agencies (40.2% in the FY2022 House committee proposal), with ACF accounting for the second-largest share (26.1%).

⁴⁰ For further information about PHS agency funding, see CRS Report R44916, *Public Health Service Agencies: Overview and Funding (FY2016-FY2018)*.

Figure 3. FY2022 House Committee-Reported 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 committee report (H.Rept. 117-96) accompanying the FY2022 House Committee bill (H.R. 4502, as reported). FY2022 House committee totals ("Total BA in the Bill") do not include emergency-designated LHHS appropriations. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

Notes: Details may not add to totals due to rounding. The bar representing the combined mandatory and discretionary total for CMS has been abbreviated due to space constraints. When taking into account both mandatory and discretionary funding, CMS receives over 20 times the funding appropriated to either ACF or NIH in the FY2022 House Committee bill. 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 laws 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. In regular LHHS appropriations enacted between FY2010 and FY2021, this higher maximum set-aside level was 2.5% of eligible appropriations.⁴¹ Both the House committee bill and the President’s budget would continue this 2.5% level.

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 FY2021, 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.⁴² Since FY2015, LHHS appropriations laws have directed the largest share of tap transfers to NIH.

Under both the House committee bill and the President’s budget, the amount of tap transfers to NIH (\$1.3 billion) and SAMHSA (\$134 million) would be the same as those directed in FY2021.⁴³ However, the amount of tap transfers to OS would be increased by \$97 million (+149.0%) by the House committee bill, and \$106 million (+163.7%) by the President’s budget. These proposed increases would, in large part, be used to transition the Office of the National Coordinator for Health Information Technology to being solely funded by tap transfers.

In addition to the transfers to NIH, SAMHSA, and OS, the FY2022 House committee bill proposes that AHRQ receive \$129 million in tap funding, slightly over half the amount that it proposes for AHRQ’s discretionary funding for FY2022 (\$251 million), for a total of \$380

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.

⁴¹ 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 House committee bill 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.

⁴² 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*.

⁴³ 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.

million. The FY2022 President's budget had requested that AHRQ receive a comparatively lesser amount of tap funding (\$27 million), with a greater proportion of AHRQ's funding in the LHHS bill being derived from discretionary appropriations (\$353 million), for a total of \$380 million. If final appropriations adopt one of these proposals, it will be the first time since FY2014 that the LHHS bill will direct tap funds to AHRQ.

The President's budget also proposed expanding the activities and agencies funded by the PHS tap to include the Public Health Scientific Services and Environmental Health at the CDC (\$139 million), and Paralysis Resource Center, Limb Loss, and Traumatic Brain Injury at ACL (\$17 million). The House Committee bill rejects those proposals.

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.⁴⁴ 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.

PPHF funds are intended to supplement (sometimes quite substantially) the funding that selected programs receive through regular appropriations. The PPHF authority instructs the HHS Secretary to transfer amounts from the fund to HHS agencies. However, since FY2014, provisions in annual appropriations acts and accompanying reports have explicitly directed the distribution of PPHF funds and prohibited the Secretary from making further transfers for those years.⁴⁵

The ACA had appropriated \$2 billion in mandatory funds to the PPHF for FY2022, but this amount was reduced by subsequent laws that decreased PPHF funding for FY2022 and other fiscal years. Under current law, the FY2022 appropriation is \$1 billion.⁴⁶ In addition, this appropriation was subject to a 5.7% reduction due to sequestration of nonexempt mandatory spending.⁴⁷ (For more information on sequestration, see the budget enforcement discussion in **Appendix A**.) After sequestration, the total PPHF appropriation available for FY2022 was \$943 million, an increase of \$47 million relative to FY2021. Of this amount, the House committee bill and the President's budget would allocate \$903 million to CDC, \$12 million to SAMHSA, and \$28 million to ACL.

⁴⁴ For more information, see CRS Report R41301, *Appropriations and Fund Transfers in the Affordable Care Act (ACA)*.

⁴⁵ For the FY2021 LHHS omnibus, see Division H, §222, P.L. 116-260.

⁴⁶ 42 U.S.C. §300u-11.

⁴⁷ *OMB Report to the Congress on the BBEDCA 251A Sequestration for Fiscal Year 2022*, May 28, 2021, p. 7, https://www.whitehouse.gov/wp-content/uploads/2021/05/BBEDCA_251A_Sequestration_Report_FY2022.pdf.

CDC commonly receives the largest share of annual PPHF funds. The amount that would be provided to CDC for FY2022 under the House committee bill and the President's request, \$903 million, would be a \$47 million (+5.5%) increase relative to FY2021. The amounts for SAMHSA or ACL would be the same as FY2021 under both proposals.

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).

Selected HHS Highlights by Agency

This section begins with a limited selection of FY2022 discretionary funding highlights by HHS agency. The discussion is largely based on the proposed appropriations levels for FY2022 compared to FY2021 enacted levels.⁴⁸ These summaries are followed by a brief overview of significant provisions from annual HHS appropriations laws that restrict spending in certain controversial areas, such as abortion and stem cell research. The section concludes with two tables (**Table 6** and **Table 7**) presenting more detailed information on FY2021 enacted and FY2022 proposed funding levels for HHS.

HRSA

The FY2022 House committee bill proposes \$8.7 billion in discretionary budget authority for HRSA. This is \$1.5 billion (+21.1%) more than HRSA's discretionary funding level in the FY2021 LHHS omnibus and \$911 million (+11.6%) more than the FY2022 President's budget request.

The House committee bill proposes \$1.8 billion for the Community Health Centers program, an increase of \$148 million (+8.8%) relative to the FY2021 LHHS omnibus. Within this amount, the House committee report sets aside \$25 million for a new program, the Alcee L. Hastings Program for Advanced Cancer Screening in Underserved Communities,⁴⁹ and provides funding increases to programs such as Ending the HIV Epidemic (EHE) Initiative (+\$50 million) and School-Based Health Centers (SBHCs) and Health Center Services at School-Based Sites (+\$50 million).⁵⁰

The National Health Service Corps program has the largest relative increase between the FY2021 LHHS omnibus and the FY2022 House committee bill. It would receive \$185 million in the House committee bill, an increase of \$65 million (+54.2%) relative to the FY2021 LHHS omnibus. As noted in the House committee report, \$25 million of this increase is to fund a pilot program to evaluate rural patient access and retention of rural practitioners.⁵¹

Other significant proposed funding increases in the House committee bill include \$400 million for the Family Planning (Title X) program, an increase of \$114 million (+39.6%) relative to the FY2021 LHHS omnibus. The House committee bill also proposes \$140 million for the Rural Communities Opioid Response Program, an increase of \$30 million (+27.3%) relative to the

⁴⁸ HHS budget materials can be found at <http://www.hhs.gov/budget/>.

⁴⁹ H.Rept. 117-96, p. 46.

⁵⁰ H.Rept. 117-96, p. 47.

⁵¹ H.Rept. 117-96, p. 49.

FY2021 LHHS omnibus, and \$869 million for the Maternal and Child Health (MCH) Block Grant program, an increase of \$156 million (+21.9%) relative to the FY2021 LHHS omnibus.

The House committee report directs that additional proposed increases for the MCH account be used to fund new initiatives such as the Pregnancy Medical Home Demonstration (\$25 million), which would offer “incentives to maternal health care providers to provide integral health care services to pregnant women and new mothers, with the goal of reducing adverse maternal health outcomes and maternal deaths.”⁵² Another new initiative is the Early Childhood Development Expert Grants (\$25 million), which would “place early childhood development experts in pediatrician offices that serve a population with a high percentage of Medicaid and CHIP patients.”⁵³

CDC

For CDC, the FY2022 House committee bill proposes \$9.6 billion in discretionary budget authority. This is \$2.6 billion (+38.0%) more than CDC’s discretionary funding level in the FY2021 LHHS omnibus (\$7.0 billion) and \$1.2 billion (+13.7%) more than the FY2022 President’s discretionary budget request (\$8.5 billion). The President’s discretionary budget request represents a \$1.5 billion increase (+21.4%) relative to the FY2021 LHHS omnibus. Both the House committee bill and the President’s budget request propose directing \$903 million in PPHF funding to CDC, compared to \$856 million in the FY2021 LHHS omnibus. Similar to recent practice (since FY2015), the House committee bill would not direct PHS tap funds to CDC. The President’s budget requested \$139 million in PHS tap funds to CDC.

The FY2022 House committee bill proposes discretionary funding increases to all CDC accounts, relative to the FY2021 LHHS omnibus, with the largest increase (in dollar and percentage terms) going to CDC-Wide Activities and Program Support. The House committee bill would provide \$1.1 billion in discretionary funding to this account, an increase of \$1.0 billion (+829.5%) relative to the FY2021 LHHS omnibus (\$124 million) and an increase of \$600 million (+109.0%) compared to the FY2022 President’s budget request (\$549 million). The House committee bill would direct the majority of the account’s discretionary appropriation (\$1.0 billion) toward public health infrastructure and capacity. The House committee report describes the \$1.0 billion as “new, annual funding to turn the tide on the nation’s public health infrastructure by providing a stable source of disease-agnostic funding so that the nation’s State, local, territorial, and Federal public health agencies are better equipped to coordinate together to save lives.”⁵⁴

Other CDC accounts to receive some of the larger percentage increases in discretionary funding under the FY2022 House committee bill include Buildings and Facilities (+83.3%), Environmental Health (+58.5%), and Injury Prevention and Control (+55.8%). The President’s budget request also called for discretionary increases to most CDC accounts relative to the FY2021 LHHS omnibus, but often to a lesser degree than the House proposal. According to the House committee report, these additional funds were largely allocated to increases of \$100 million for the Climate and Health Program in the Environmental Health account and \$100

⁵² H.Rept. 117-96, pp. 58-59.

⁵³ H.Rept. 117-96, pp. 57-58.

⁵⁴ H.Rept. 117-96, p. 107. For information about the President’s budget proposal for additional funding, see CDC, *FY2022 Congressional Budget Justification*, p. 348, <https://www.cdc.gov/budget/documents/fy2022/FY-2022-CDC-congressional-justification.pdf>.

million for Community and Youth Violence Prevention in the Injury Prevention and Control account, as requested in the President's budget.⁵⁵

NIH

For NIH, the FY2022 House committee bill proposes \$48.2 billion in discretionary budget authority. This is a \$6.7 billion (+16.2%) increase relative to the FY2021 LHHS omnibus (\$41.4 billion) and \$2.3 billion (-4.6%) less than the President's discretionary budget request (\$50.5 billion). The President's discretionary budget request represents a \$9.0 billion (+21.8%) increase from the FY2021 LHHS omnibus. Both the House committee bill and the President's budget request would direct \$1.3 billion in PHS tap funds to NIH—the same amount as was directed in the FY2021 LHHS omnibus.

Compared to the FY2021 LHHS omnibus, the FY2022 House committee bill would provide discretionary funding increases to all NIH Institute and Center accounts, with the largest percentage increases to the National Institute on Minority Health and Health Disparities (+69.3%), the National Institute on Drug Abuse (+25.7%), and the National Center for Complementary and Integrative Health (+20.2%).⁵⁶ Generally, the House committee bill would increase funding for NIH accounts to a greater degree relative to the FY2021 LHHS omnibus, compared to the President's budget request, with two exceptions: (1) the National Institute of Child Health and Human Development, which the House committee bill would increase by 6.3% and the President's budget by 22.1%, and (2) the National Institute of Arthritis and Musculoskeletal and Skin Diseases, which the House committee bill would increase by 7.1% and the President's budget by 7.2%. The House committee bill would fund the President's proposed new Advanced Research Projects Agency for Health (ARPA-H) at \$3.0 billion, which is \$3.5 billion (-54%) less than the FY2022 President's budget request (\$6.5 billion).⁵⁷ Under the House committee bill, ARPA-H funding would only be available if legislation specifically establishing ARPA-H is enacted into law.

SAMHSA

The FY2022 House committee bill proposes \$9.0 billion in discretionary budget authority for SAMHSA. This is \$3.1 billion (+53.6%) more than SAMHSA's discretionary funding level in the FY2021 LHHS omnibus and \$572 million (-6.0%) less than the FY2022 President's budget request. PHS tap funding (\$134 million) and PPHF funding (\$12 million) would be the same as FY2021 under both the House committee and President's budget proposals.

The House committee report recommends that the Community Mental Health Block Grant (MHBG) receive the largest increase in percentage terms (relative to FY2021) among SAMHSA programs. The committee report proposes \$1.6 billion for the MHBG, an increase of \$825 million (+112.0%) compared to the FY2021 LHHS omnibus. This is the same amount as requested in the FY2022 President's budget.⁵⁸ The House committee bill would require HHS to reserve not less than 10% of total MHBG funding (not less than \$160 million) for a set-aside to support evidence-based crisis systems, an increase from the \$35 million provided in FY2021. Within the MHBG

⁵⁵ See H.Rept. 117-96, pp. 98-99; and CDC, *FY2022 Congressional Budget Justification*, <https://www.cdc.gov/budget/documents/fy2022/FY-2022-CDC-congressional-justification.pdf>.

⁵⁶ Discretionary funding for the NIH Buildings and Facilities account would increase under both the FY2022 House committee bill and the President's budget

⁵⁷ Under the House committee bill, funding for ARPA-H would be available through September 30, 2024.

⁵⁸ H.Rept. 117-96, p. 478.

total, the House committee report recommends that \$100 million be reserved for a Mental Health Crisis Response Partnership Pilot Program for “mobile crisis response teams that divert the response for mental health crises from law enforcement to behavioral health teams.”⁵⁹

The House Committee report recommends that the Substance Abuse Prevention and Treatment Block Grant (SABG) receive the largest increase in dollar terms (relative to FY2021) among SAMHSA programs. The committee report proposes \$2.8 billion for the SABG, an increase of \$1.0 billion (+56.2%) compared to the FY2021 LHHS omnibus. The House committee bill would require states that receive funding from the SABG to reserve not less than 10% of these funds for recovery support services.⁶⁰

Other funding increases in the House committee bill include \$2.0 billion for State Opioid Response Grants, an increase of \$500 million (+33.3%) relative to the FY2021 LHHS omnibus; \$727 million for Mental Health Programs of Regional and National Significance (PRNS), an increase of \$252 million (+53.1%) relative to the FY2021 LHHS omnibus; and \$375 million for the Certified Community Behavioral Health Clinics, an increase of \$125 million (+50.0%) relative to the FY2021 LHHS omnibus.

AHRQ

The House committee bill would provide \$251 million in discretionary funding for AHRQ, which would be a 25.8% reduction (-\$87 million) from the FY2021 level of \$338 million. However, the House committee bill would also direct to AHRQ an additional \$129 million in PHS evaluation tap transfers, for a combined funding level of \$380 million. When accounting for the discretionary appropriation and the PHS tap transfers, total funding would be \$42 million (+12.4%) more than was provided by the FY2021 LHHS omnibus. (The FY2021 LHHS omnibus directed no tap transfers to AHRQ, in keeping with practices since FY2015.⁶¹) The FY2022 President’s request proposed \$353 million in discretionary funding for AHRQ, plus \$27 million in tap transfers, for a combined funding level of \$380 million.⁶² As requested in the President’s budget, the report accompanying the House committee bill directs funds to support new research on health equity, COVID-19, and maternal health, among other topics.⁶³

CMS

The FY2022 House committee bill and FY2022 President’s budget request would provide \$5.2 billion in discretionary budget authority for CMS. This is \$712 million (+15.9%) more than the FY2021 enacted level. Both proposals would appropriate \$873 million for the CMS Health Care Fraud and Abuse Control (HCFAC) account, 8.2% more than FY2021. Of this total amount for

⁵⁹ H.Rept. 117-96, p. 172-173. This set-aside is separate from the MHBG Crisis Care Set-Aside described immediately prior.

⁶⁰ The House Committee report explains that this set aside is for “the provision of evidence-informed SUD non-clinical recovery supports and services” (H.Rept. 117-96, p. 179).

⁶¹ Since FY2015, annual LHHS appropriations laws have not directed tap transfers to AHRQ, but in earlier years (FY2003-FY2014) AHRQ was funded primarily with tap transfers.

⁶² That is, both the FY2022 President’s request and the House committee bill would provide a combined funding level of \$380 million for AHRQ, including both discretionary funding and tap transfers. President Trump’s budgets for FY2018 through FY2021 had 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. See CRS Report R46859, *Labor, Health and Human Services, and Education: FY2021 Appropriations*, footnote 73.

⁶³ H.Rept. 117-96, pp. 188-191.

HCFAC, \$556 million would be effectively exempt from the discretionary budget caps. (See **Appendix A** for an explanation of the LHHS budget cap exemptions.)

Both the House committee bill and the President's request would provide the CMS Program Management account with \$4.3 billion, which is 17.6% (+\$646 million) more than the amount provided in FY2022 (\$3.7 billion). This account supports CMS program operations (e.g., claims processing, information technology investments, provider and beneficiary outreach and education, and program implementation), in addition to federal administration and other activities related to the administration of Medicare, Medicaid, the State Children's Health Insurance Program, and private health insurance provisions established by the ACA. The House committee bill and the President's budget would eliminate a general provision (§227 in the FY2021 LHHS omnibus), 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.

ACF

The FY2022 House committee bill would provide \$31.3 billion in discretionary budget authority for ACF. This is \$6.6 billion (+26.8%) more than FY2021 and \$680 million (+2.2%) more than the FY2022 President's budget request of \$30.6 billion.

The FY2022 House committee bill would provide \$4.5 billion for the Refugee and Entrant Assistance programs account, an increase of \$2.6 billion (+135.8%) relative to FY2021. The President's budget would increase this account to a similar degree relative to FY2021, to \$4.4 billion (+130.6%). Both the House committee bill and the President's budget would retain 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 FY2021.

The House committee report would direct \$3.4 billion of the appropriation for Refugee and Entrant Assistance programs toward the Unaccompanied Alien Children (UAC) program, a \$2.1 billion (159.6%) increase over the FY2021 level. The UAC program provides for the shelter, care, and placement of unaccompanied alien children who have been apprehended in the United States. The President's budget would provide \$3.3 billion for this program to "allow ORR [the Office of Refugee Resettlement] to increase the number of state-licensed beds and foster family placements, including both long-term and transitional foster care placements."⁶⁴

The House committee bill also included several general provisions that were enacted in FY2021 (with modifications in some cases) related to the UAC program. For instance, the House committee bill would

- authorize HHS to accept donations for the care of UAC arrivals (§228),
- limit the use of funds for unlicensed facilities for unaccompanied alien children with new language addressing the termination of services for contractors or grantees not in compliance (§229),
- impose additional congressional notification requirements prior to the use of unlicensed facilities (§230),

⁶⁴ HHS, ACF, *FY 2022 Congressional Justification*, p. 59, https://www.acf.hhs.gov/sites/default/files/documents/olab/fy_2022_congressional_justification.pdf.

- impose additional public monthly reporting requirements on the number of unaccompanied alien children who were separated from their parents or legal guardians and transferred to the care of the ORR (§232), and
- prohibit HHS appropriations from being used to prevent a Member of Congress from visiting a UAC facility for oversight purposes (modified from the FY2021 version so as to have no advance notification requirements) (§231).

New general provisions also were included in the House committee bill that prohibit the use of funds for sharing any information pertaining to unaccompanied alien children for use or reference in removal proceedings or immigration enforcement (§233), and require HHS to make efforts to place sibling unaccompanied alien children together (§234). The House committee report “includes directives in this report for ORR to raise standards of care; expand services for children; rebuild, support and train staff on trauma-informed care; establish an independent office to better serve children in ORR’s care; and increase planning for future humanitarian responses at the border.”⁶⁵

ACL

The House committee bill would provide \$3.1 billion in discretionary funding for ACL, which would be \$846 million (+37.5%) more than the FY2021 enacted level and \$96 million (+3.2%) more than the FY2022 President’s request. Both the House committee bill and the President’s request would direct \$28 million in PPHF funding to ACL, the same amount as FY2021. However, the President’s budget also would direct another \$17 million in PHS evaluation tap transfers to ACL, while the House committee bill would direct no tap funding to that agency, consistent with FY2021.

Much of the House committee bill’s increase relative to FY2021 would go towards Nutrition Services Programs (+\$436 million, a 45.8% increase), Home and Community-Based Supportive Services (+\$158 million, a 40.2% increase), Family Caregiver Support Services (+\$61 million, a 32.3% increase), Workforce Innovation and Opportunity Act Activities (+\$50 million, an 18.9% increase), and Developmental Disabilities Programs (+\$25 million, a 13.9% increase), among others.

In addition, the House committee report would follow the FY2022 President’s request in directing \$28 million in PPHF transfers to ACL’s Alzheimer’s Disease, Chronic Disease Self-Management, and Falls Prevention programs.⁶⁶

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

⁶⁵ H.Rept. 117-96, pp. 208-215.

⁶⁶ The same PPHF amounts were directed to these ACL programs by the FY2021 LHHS omnibus and accompanying explanatory statement.

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. Both the FY2022 House committee bill and the President's budget would eliminate these existing restrictions (§§506 and 507 in the FY2021 LHHS omnibus⁶⁷).

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. Both the FY2022 House committee bill and the President's budget would retain these existing restrictions (§506 of the House committee bill).⁶⁸

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).⁶⁹ 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. Both the FY2022 House committee bill and the President's budget would omit this provision entirely (§527 in the FY2021 LHHS omnibus).

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). Both the FY2022 House committee bill and the President's budget would retain these existing restrictions (§210 [HHS] and §503(c) [all LHHS, plus PPHF transfers]).⁷⁰

⁶⁷ These provisions are commonly referred to as the Hyde and Weldon Amendments. For additional information, see CRS Report RL33467, *Abortion: Judicial History and Legislative Response*.

⁶⁸ 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*.

⁶⁹ 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.

⁷⁰ The FY2022 House committee report directs that \$25 million apiece (\$50 million total) be allocated by the CDC and NIH for Firearm Injury and Mortality Prevention Research (H.Rept. 117-96.). CDC and NIH funding reservations for Firearm Injury and Mortality Prevention were first included in LHHS explanatory statements in FY2020.

Table 6. HHS Appropriations Totals by Agency

(In millions of dollars)

HHS Agency	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
HRSA	7,484	8,151	9,062	
Mandatory BA	266	317	317	
Discretionary BA	7,218	7,834	8,745	
CDC^a	7,019	8,510	9,668	
Mandatory BA	55	55	55	
Discretionary BA	6,963	8,455	9,613	
<i>Evaluation Tap Funding^b</i>	0	139	0	
PPHF ^c	856	903	903	
NIH^a	41,437	50,461	48,162	
Mandatory BA	0	0	0	
Discretionary BA	41,437	50,461	48,162	
<i>Evaluation Tap Funding^b</i>	1,272	1,272	1,272	
<i>Nonrecurring Expenses Fund Transfer^d</i>	225	0	0	
SAMHSA	5,870	9,587	9,015	
Mandatory BA	0	0	0	
Discretionary BA	5,870	9,587	9,015	
<i>Evaluation Tap Funding^b</i>	134	134	134	
PPHF ^c	12	12	12	
AHRQ	338	353	251	
Mandatory BA	0	0	0	
Discretionary BA	338	353	251	
<i>Evaluation Tap Funding^b</i>	0	27	129	
CMS	906,627	1,027,439	1,027,439	
Mandatory BA	902,150	1,022,250	1,022,250	
Discretionary BA	4,477	5,189	5,189	
ACF	41,190	46,943	47,624	
Mandatory BA	16,496	16,302	16,302	
Discretionary BA	24,695	30,641	31,321	
ACL	2,258	3,009	3,105	
Mandatory BA	0	0	0	
Discretionary BA	2,258	3,009	3,105	
<i>Evaluation Tap Funding^b</i>	0	17	0	
PPHF ^c	28	28	28	

HHS Agency	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Office of the Secretary (OS)	4,359	5,101	5,101	
Mandatory BA	653	657	657	
Discretionary BA	3,706	4,444	4,445	
<i>Evaluation Tap Funding^b</i>	65	171	161	
Total, HHS BA in the Bill	1,016,583	1,159,554	1,159,426	
Mandatory	919,620	1,039,581	1,039,581	
Discretionary	96,963	119,973	119,845	
<i>Emergency Funding (not included in above totals)</i>				
P.L. 116-260, Division H	6	—	—	—
P.L. 116-260, Division M	72,945	—	—	—
P.L. 117-31	25	—	—	—
P.L. 117-43, Divisions A and C	—	—	—	4,209
P.L. 117-58, Division J	—	—	—	100
P.L. 117-70, Division B	—	—	—	1,272
Memoranda (non-emergency funds only)				
Total, BA Available in Fiscal Year (current year from any bill)	1,007,753	1,142,464	1,142,337	
Total, BA Advances for Future Years (provided in current bill)	153,132	170,222	170,222	
Total, BA Advances from Prior Years (for use in current year) ^e	144,303	153,132	153,132	
Total, Additional Scorekeeping Adjustments	-21,443	-25,262	-14,676	

Sources: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 House Cmte. columns are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying the FY2022 House committee bill (H.R. 4502, as reported). The amounts shown for emergency funding at the bottom of the table are based on CRS analysis of the texts of those laws. For consistency with source materials, regular annual appropriations totals generally do not include emergency funds; instead, emergency funds are shown separately and are in addition to the regular annual amounts. 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. Each year, CDC and NIH also receive funding in the Interior-Environment appropriations bill as part of their overall budget authority.

- b. By convention, this table shows only the amount of PHS Evaluation Tap funds received by an agency, not the amount of tap funds donated by an agency. That is to say, tap amounts shown in this table are *in addition to* amounts shown for budget authority, but the amounts shown for budget authority have not been adjusted to reflect potential “transfer-out” of funds to the tap.
- c. PPHF funds are not appropriated in the LHHS bill, but are shown here for illustrative purposes as they may be used to supplement the funding selected agencies and programs receive through the appropriations process. Amounts shown for PPHF in this table are *in addition to* amounts shown for budget authority.
- d. The Nonrecurring Expenses Fund (NEF) was established by the Consolidated Appropriations Act of 2008, to enable the HHS Secretary to repurpose certain unobligated balances of expired discretionary funds appropriated to HHS from the General Fund. The 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. FY2022 advance appropriations enacted in prior fiscal years are listed in the FY2022 Request and FY2022 House Cmte. columns.

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

(In millions of dollars)

Agency or Selected Program	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
HRSA				
Community Health Centers	1,683	1,733	1,831	
National Health Service Corps	120	185	185	
Children’s Hospitals Graduate Medical Education	350	350	400	
Maternal & Child Health Block Grant	713	823	869	
Autism and Other Developmental Disorders	53	57	57	
Healthy Start	128	128	145	
Ryan White AIDS Programs	2,424	2,555	2,655	
Organ Transplantation	29	29	34	
Telehealth	34	37	39	
Rural Communities Opioid Response	110	165	140	
Family Planning (Title X)	286	340	400	
CDC				
Immunization and Respiratory Diseases	449	527	532	
PPHF ^a	372	419	419	
HIV/AIDS, Viral Hepatitis, STDs, TB Prevention	1,314	1,421	1,502	
Emerging and Zoonotic Infectious Diseases	596	626	674	
Chronic Disease Prevention and Health Promotion	1,022	1,198	1,302	
PPHF ^a	255	255	255	
Birth Defects and Developmental Disabilities	168	173	187	
Public Health Scientific Services	592	610	757	
Environmental Health	206	309	326	

Agency or Selected Program	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
<i>PPHF^a</i>	17	17	17	
Injury Prevention and Control	683	1,103	1,064	
National Institute for Occupational Safety and Health	345	345	360	
<i>Evaluation Tap Funding^b</i>	345	345	360	
Global Health	593	698	843	
CDC Wide Activities and Program Support	124	549	1,149	
Buildings and Facilities	30	55	55	
NIH				
National Institute of Allergy and Infectious Diseases	6,070	6,246	6,558	
National Institute of General Medical Sciences	1,720	1,825	1,868	
<i>Evaluation Tap Funding</i>	1,272	1,272	1,272	
National Institute of Child Health and Human Development	1,590	1,942	1,690	
National Institute on Aging	3,899	4,036	4,258	
National Institute of Arthritis and Musculoskeletal and Skin Diseases	634	680	679	
National Institute on Drug Abuse	1,480	1,853	1,860	
National Center for Complementary and Integrative Health	154	184	185	
National Institute on Minority and Health Disparities	391	652	662	
Advanced Research Projects Agency for Health (ARPA-H)	0	6,500	3,000	
Buildings and Facilities	200	250	250	
SAMHSA				
Mental Health Programs of Regional & National Significance (PRNS)	475	659	727	
<i>PPHF</i>	12	12	12	
Mental Health Block Grant	737	1,562	1,562	
<i>Evaluation Tap Funding^b</i>	21	21	21	
Certified Community Behavioral Health Clinics	250	375	375	
Children's Mental Health	125	125	150	
Substance Abuse Treatment PRNS	495	649	652	
<i>Evaluation Tap Funding^b</i>	2	2	2	
Substance Abuse Block Grant	1,779	3,429	2,779	
<i>Evaluation Tap Funding^b</i>	79	79	79	

Agency or Selected Program	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
State Opioid Response Grants	1,500	2,250	2,000	
Substance Abuse Prevention PRNS	208	217	244	
Health Surveillance and Support	129	139	212	
<i>Evaluation Tap Funding^b</i>	31	31	31	
AHRQ				
Research on Health Costs, Quality, and Outcomes	197	208	106	
<i>Evaluation Tap Funding^b</i>	0	27	129	
Medical Expenditure Surveys	70	72	72	
Program Support	71	73	73	
CMS				
CMS Program Management	3,670	4,316	4,316	
Health Care Fraud and Abuse Control	807	873	873	
ACF				
Low Income Home Energy Assistance Program Formula Grants	3,750	3,850	3,900	
Refugee and Entrant Assistance Programs	1,910	4,405	4,505	
Child Care and Development Block Grant	5,911	7,377	7,377	
Head Start	10,748	11,932	12,182	
Preschool Development Grants	275	450	450	
Child Welfare Services	269	275	275	
Adoption Opportunities	44	46	46	
Community Services Block Grant	745	754	800	
ACL				
Home & Community-Based Supportive Services	393	551	551	
Family Caregiver Support Services	189	250	250	
Nutrition Services Programs	952	1,341	1,388	
Alzheimer's Disease Program	13	15	20	
<i>PPHF^a</i>	15	15	15	
State Health Insurance Program (SHIP)	52	55	57	
Paralysis Resource Center	10	4	10	
<i>Evaluation Tap Funding^b</i>	0	7 ^c	0	
Limb Loss Resource Center	4	1	4	
<i>Evaluation Tap Funding^b</i>	0	3	0	
Developmental Disabilities Programs	183	206	209	
WIOA Activities (transferred from ED)	267	311	317	

Agency or Selected Program	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Office of the Secretary				
Office of Nat'l Coord. for Health Information Technology	62	0	0	
<i>Evaluation Tap Funding^b</i>	0	87	87	
Office of the Inspector General	80	100	100	
Public Health and Social Services Emergency Fund	2,847	3,523	3,518	

Sources: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 House Cmte. columns are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying the FY2022 House committee bill (H.R. 4502, as reported). The amounts shown for emergency funding at the bottom of the table are based on CRS analysis of the texts of those laws. For consistency with source materials, regular annual appropriations totals generally do not include emergency funds; instead, emergency funds are shown separately and are in addition to the regular annual amounts. 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.

- PPHF funds are not appropriated in the LHHS bill, but are shown here for illustrative purposes as they may be used to supplement the funding selected agencies and programs receive through the appropriations process. Amounts shown for PPHF in this table are *in addition* to amounts shown for budget authority.
- By convention, this table shows the amount of PHS Evaluation Tap funds received by an agency for a particular program or activity separately from the budget authority appropriated for that program or activity. Tap amounts are *in addition* to amounts shown for budget authority, though the amounts shown for budget authority have not been adjusted to reflect potential “transfer-out” of funds to the tap.
- The PHS tap amount requested for the Paralysis Resource Center is from page 17 of the FY2022 *ACL Congressional Justification*, linked at <https://acl.gov/about-acl/budget>.

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 1980.⁷¹ Its mission is to “promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.”⁷² Typically, about three-quarters of ED’s discretionary appropriations go either to local educational agencies—which primarily use the funds to provide educational and related services for economically disadvantaged students and students with disabilities—or to low-income postsecondary students in the form of Pell Grants, which help pay for college. The remainder of ED’s discretionary budget provides for a wide range of activities, including (but not limited to) support for minority-serving institutions; educational research; and career, technical, and adult education.

The federal government provides roughly 8% of overall funding for elementary and secondary education in the United States.⁷³ The majority of school funding—about 92%—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 57% of undergraduate and graduate student aid in academic year (AY) 2020-2021.⁷⁴

FY2022 ED Appropriations Overview

Table 8 displays FY2022 discretionary and mandatory ED budget authority proposed, along with FY2021 enacted levels. Note that the totals in this table do not include emergency-designated appropriations. Those amounts are displayed separately, along with the law in which they were enacted, at the bottom of the table and are in addition to regular appropriations. For a discussion of the COVID-19-related FY2021 supplemental appropriations in Division M of P.L. 116-260, see CRS Report R46775, *Overview of COVID-19 LHHS Supplemental Appropriations: FY2020 and FY2021*.

Discretionary funds represent the majority of ED’s annual appropriations, accounting for roughly 95% of ED funding.⁷⁵ Proposed discretionary ED appropriations for FY2022 would increase under the House committee bill (+39.8%) and the President’s budget (+39.8%) compared to FY2021.

⁷¹ 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>.

⁷² U.S. Department of Education, “About ED,” <http://www2.ed.gov/about/landing.jhtml>, accessed on January 10, 2022.

⁷³ U.S. Department of Education, National Center for Education Statistics, *Revenues and Expenditures for Public Elementary and Secondary Education: FY19* (NCES 2021-302), June 2021, <https://nces.ed.gov/pubs2021/2021302.pdf>.

⁷⁴ For the purposes of this calculation, the federal contribution included \$134 billion (grants, loans, work-study, and tax benefits) out of a total of \$235 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 2021*, p. 31, <https://research.collegeboard.org/pdf/trends-college-pricing-student-aid-2021.pdf>.

⁷⁵ The House Committee funding distribution for ED is reflective, within a few percentage points, of the distribution enacted in FY2021 and proposed in the FY2022 President’s budget. 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.

Table 8. ED Appropriations Overview

(In billions of dollars)

Funding	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Discretionary	73.5	102.8	102.8	
Mandatory	3.7	3.7	3.7	
Total BA in the Bill	77.2	106.5	106.5	
<i>Emergency Funding (not included in above totals)</i>				
P.L. 116-260, Division M ^a	82.0	—	—	—
P.L. 117-58, Division J ^b	—	—	—	-0.353

Sources: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 House Cmte. columns are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying the FY2022 House committee bill (H.R. 4502, as reported). The amounts shown for emergency funding at the bottom of the table are based on CRS analysis of the texts of those laws. For consistency with source materials, regular annual appropriations totals generally do not include emergency funds; instead, emergency funds are shown separately and are in addition to the regular annual amounts. 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. 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 Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA), included in P.L. 116-260, provided approximately \$82 billion for the Education Stabilization Fund.
- Section 90007(f)(1) of the Infrastructure Investment and Jobs Act (P.L. 117-58) rescinded \$353.4 million of unobligated balances previously made available for the Education Stabilization Fund.

Selected ED Highlights

The following sections highlight FY2022 appropriations for selected ED accounts and programs.⁷⁶ **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 has been the second largest overall within ED based on funding provided through the annual appropriations process in recent years. Within the account, a majority of funds are 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

⁷⁶ ED budget materials can be found at <https://www2.ed.gov/about/overview/focus/performance.html>.

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.⁷⁷

The House committee bill would provide \$36.8 billion for the Education for the Disadvantaged account, which would represent a 113.4% increase compared to the enacted FY2021 level of \$17.2 billion. Of the \$36.8 billion, \$36.0 billion would be provided for Title I-A grants. The President's budget would provide \$37.2 billion for the Education for the Disadvantaged account, of which \$16.5 billion would be designated for Title I-A grants. Of the remaining funds, \$20.0 billion would be provided for a new Title I Equity Grants program proposed in the President's budget. According to the President's budget, the new program would be intended to "help address long-standing funding disparities between under-resourced school districts and their wealthier counterparts and provide critical new support to advance the President's commitments to ensure teachers at Title I schools are paid competitively, ensure equitable access to rigorous curriculum, expand access to pre-kindergarten and provide meaningful incentives to examine and address inequalities in school funding systems."⁷⁸ (Although the House committee report expressed support for the equity-related goals in the President's proposals for this account, it did not set aside funds for this program.⁷⁹)

Safe Schools and Citizenship Education

The House committee bill would provide \$1.67 billion for the Safe Schools and Citizenship Education account, which would represent a 667.7% increase compared to the enacted FY2021 level of \$217 million. The President's budget would provide \$1.65 billion for the account. The Safe Schools and Citizenship Education account includes several programs authorized under Title IV-F of the ESEA, as amended: Promise Neighborhoods; Full-Service Community Schools; and School Safety National Activities, including Project Prevent and Project SERV.

Of the amount provided in this account for School Safety National Activities (\$1.1 billion), both the House committee bill and the President's budget would designate the majority (\$1.0 billion) for school-based mental health services. The House committee bill would evenly divide this \$1 billion in funding between the Mental Health Services Professional Demonstration Grants program, which was first funded by the FY2019 LHHS omnibus, and the School-Based Mental Health Services Grant program, which was first funded by the FY2020 LHHS omnibus. Both programs are intended to increase the number of qualified mental health service providers in schools.⁸⁰

⁷⁷ 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).

⁷⁸ *Budget of the United States Government, Fiscal Year 2022, Appendix*, p. 336, <https://www.govinfo.gov/content/pkg/BUDGET-2022-APP/pdf/BUDGET-2022-APP.pdf#page=340>.

⁷⁹ H.Rept. 117-96, p. 262.

⁸⁰ The FY2022 President's budget proposes to establish a new School-Based Health Professionals program, within the School Improvement Programs account, that would provide formula grants to support increasing the number of health professionals—including school counselors, nurses, school psychologists, and social workers—at public schools. To aid comparability between the President's budget and the House committee bill, this proposal is reflected in the Safe Schools and Citizenship Education account in this report.

Higher Education

The House committee bill would provide \$3.4 billion in discretionary funding for the Higher Education account, which would be an increase of 35.0% compared to the FY2021 appropriation level of \$2.5 billion. The President's budget would provide \$3.3 billion in discretionary funding, which would be a 30.2% increase over FY2021 funding. The Higher Education account includes numerous grant programs to support postsecondary education authorized under the Higher Education Act of 1965, as amended, and other authorizing statutes. Activities funded under the Higher Education account include aid for institutional development (e.g., grants for minority-serving institutions), other aid for institutions, and assistance for students, among others.

The largest activity funded under the account is the set of discretionary grant programs—collectively known as the TRIO programs—designed to assist qualified individuals from disadvantaged backgrounds with preparing for and completing postsecondary education.⁸¹ The House committee report and the President's budget propose \$1.3 billion for the Federal TRIO programs, compared to \$1.1 billion provided for FY2021 (+18.3%). For Aid for Institutional Development, the House committee report and the President's budget propose \$1.1 billion, compared to an FY2021 level of \$789 million (+43.7%).

Table 9. Detailed ED Appropriations

(In millions of dollars)

Account and Selected Program	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Education for the Disadvantaged^a	17,227	37,247	36,757	
Grants to Local Educational Agencies	16,537	16,537	36,037	
Comprehensive Literacy Development Grants	192	192	192	
Impact Aid	1,501	1,541	1,552	
School Improvement Programs	5,444	5,533	5,804	
Supporting Effective Instruction State Grants	2,143	2,149	2,293	
21 st Century Community Learning Centers	1,260	1,310	1,360	
Student Support and Academic Enrichment Grants	1,220	1,220	1,305	
Indian Education	181	186	188	
Innovation and Improvement	1,114	1,284	1,385	
Safe Schools and Citizenship Education	217	1,650	1,666	
School Safety National Activities ^b	106	1,116	1,177	
English Language Acquisition	797	917	1,000	
Special Education	14,071	17,193	17,200	
Part B—Assistance for Education of all Children with Disabilities ^c	13,335	16,040	16,040	
Part C—Infants and Toddlers with Disabilities	481,850	731,850	731,850	

⁸¹ Originally, in 1965, there were three such programs—Upward Bound, Student Support Services, and Talent Search—that provided a range of student support services, thus the name TRIO. Subsequent legislation authorized additional programs with a similar purpose, but the TRIO name remains.

Account and Selected Program	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Rehabilitation Services	3,814	3,895	3,897	
Vocational Rehabilitation State Grants (mandatory)	3,675	3,719	3,719	
Special Institutions for Persons with Disabilities	256	265	265	
Career, Technical, and Adult Education	2,031	2,184	2,239	
Career and Technical Education	1,342	1,470	1,500	
Student Financial Assistance	24,545	27,545	27,187	
Pell maximum grant (non-add)	5,435	5,835	5,835	
Federal Pell Grant Program	22,475	25,475	24,725	
Federal Direct Student Loan Program Account	50	25	25	
Student Aid Administration	1,854	2,054	2,054	
Higher Education	2,542	3,309	3,431	
Aid for Institutional Development	789	1,134	1,134	
Federal TRIO Programs	1,097	1,298	1,298	
Howard University	251	261	411	
College Housing & Academic Facilities Loans^d	0	0	0	
HBCU Capital Financing Program Account	48	20	24	
Institute of Education Sciences	642	737	762	
Departmental Management	624	694	694	
Total, ED BA in the Bill	77,212	106,542	106,542	
Subtotal, Mandatory	3,675	3,719	3,719	
Subtotal, Discretionary	73,537	102,823	102,823	
<i>Emergency Funding (not included in above totals)</i>				
P.L. 116-260, Division M	82,000	—	—	—
P.L. 117-58, Division J	—	—	—	-353
Memoranda (non-emergency funds only)				
Total, BA Available in Fiscal Year (current year from any bill)	77,212	106,542	106,542	
Total, BA Advances for Future Years (provided in current bill)	22,597	22,597	22,597	
Total, BA Advances from Prior Years (for use in current year) ^e	22,597	22,597	22,597	

Sources: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 House Cmte. columns are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying the FY2022 House committee bill (H.R. 4502, as reported). The amounts shown for emergency funding at the bottom of the table are based on CRS analysis of the texts of those laws. For consistency with source materials, regular annual appropriations totals generally do not include emergency funds; instead, emergency funds are shown separately and are in addition to the regular annual amounts. For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

- a. The FY2022 Request amount for the Education for the Disadvantaged account includes \$20 billion for a new Title I Equity Grants program proposed in the President's budget. The House committee bill would not include a new Title I Equity Grants program, but it would provide \$19.5 billion more than the FY2022 Request amount for existing Grants to Local Educational Agencies.
- b. The FY2022 President's budget proposes to establish a new School-Based Health Professionals program, within the School Improvement Programs account, that would provide formula grants to support increasing the number of health professionals—including school counselors, nurses, school psychologists, and social workers—at public schools. To aid comparability between the President's budget and the House committee bill, this proposal is reflected in the Safe Schools and Citizenship Education account in this report.
- c. Includes Grants to States Part B and Preschool Grants.
- d. 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).
- e. FY2022 advance appropriations enacted in prior fiscal years are listed in the FY2022 Request and FY2022 House Cmte. columns.

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.

FY2022 Related Agencies Appropriations Overview

Table 10 displays FY2022 proposed funding levels for LHHS related agencies, along with FY2021 enacted levels. Note that the totals in this table do not include emergency-designated appropriations. Those amounts are generally displayed separately, along with the law in which they were enacted, at the bottom of the table and are in addition to regular appropriations. However, no such appropriations were enacted for the related agencies in FY2021 or FY2022.

In general, discretionary funding constitutes about 20% of total appropriations for LHHS-related agencies each year. Compared to FY2021, discretionary appropriations for related agencies would be increased in both proposals. The House committee bill would increase them by 9.8% and the President's budget by 9.0%.

Table 10. Related Agencies Appropriations Overview

(In billions of dollars)

Funding	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Discretionary	15.5	16.9	17.0	
Mandatory	55.3	57.0	57.0	
Total BA in the Bill	70.8	73.8	74.0	
<i>Emergency Funding (not included in above totals)</i>	—	—	—	

Sources: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 House Cmte. columns are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying the FY2022 House committee bill (H.R. 4502, as reported). 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 usually receives about 84% of discretionary appropriations for LHHS related agencies. After SSA, the next-largest related agency in terms of appropriations is usually the Corporation for National and Community Service (CNCS), which usually accounts for about 2% of total appropriations and 7% of discretionary appropriations to LHHS related agencies. 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 FY2022 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 House committee bill proposes \$14.1 billion in discretionary funding for the LAE account for FY2022, an increase of \$1.1 billion (+8.8%) compared to the FY2021 enacted level. The President's

request of \$14.2 billion in discretionary funding for FY2022 would provide \$1.3 billion (+9.7%) more for the LAE account than the FY2021 enacted level.

As in FY2021, the House committee bill and the President's request would dedicate about 12% of total funding for the LAE account to program integrity activities in FY2022. The program integrity portion of the LAE account for FY2022 includes \$273 million in base funding subject to the committee allocations pursuant to the FY2022 budget resolution, S.Con.Res. 14, as well as additional funding that is effectively exempt from those caps and subject to an annual limit (*adjustment funding*; see **Appendix A** for further information). Both the House committee bill and the President's request would provide \$1.4 billion in adjustment funding, which is the maximum amount permitted for FY2022 under S.Con.Res. 14. Compared to the FY2021 enacted level of nearly \$1.6 billion, the House committee bill and the President's request would both provide \$133 million (+8.4%) more in combined program integrity funding for the LAE account for FY2022, reflecting the higher level of adjustment funding permitted for FY2022 relative to FY2021.

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.⁸² Compared to the FY2021 enacted level of \$1.1 billion, the House committee bill would increase total discretionary funding for CNCS by \$194 million (+17.3%), while the President's request would increase it by \$89 million (+8.0%).

National Labor Relations Board (NLRB)

The NLRB is an independent board that enforces provisions in the National Labor Relations Act (NLRA). Compared to the FY2021 enacted level of \$274 million, the House committee bill would increase total discretionary funding for NLRB by \$43 million (+15.6%), while the President's request would increase it by \$28 million (+10.1%).

Table 11. Detailed Related Agencies Appropriations

(In millions of dollars)

Agency, Program, Project, or Activity	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Committee for Purchase from People Who Are Blind or Severely Disabled (U.S. AbilityOne Commission)	11	12	12	
Corporation for National and Community Service (CNCS)	1,121	1,210	1,315	
<u>Selected CNCS Programs/Initiatives:</u>				
Volunteers in Service to America (VISTA)	97	104	104	
National Senior Volunteer Corps	225	245	245	
AmeriCorps State and National Grants	455	501	601	

⁸² See CRS Report RL33931, *The Corporation for National and Community Service: Overview of Programs and Funding*.

Agency, Program, Project, or Activity	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
National Civilian Community Corps	34	38	38	
National Service Trust	185	191	196	
Corporation for Public Broadcasting (CPB)	495	495	585	
Federal Mediation and Conciliation Service	49	50	50	
Federal Mine Safety and Health Review Commission	17	18	18	
Institute of Museum and Library Services (IMLS)	257	265	282	
Medicare Payment Advisory Commission (MedPAC)	13	13	13	
Medicaid and CHIP Payment and Access Commission (MACPAC)	9	9	9	
National Council on Disability	3	4	4	
National Labor Relations Board (NLRB)	274	302	317	
National Mediation Board	14	15	16	
Occupational Safety and Health Review Commission	13	15	15	
Railroad Retirement Board (RRB)	147	148	153	
Dual Benefits (minus tax receipts)	12	10	10	
Federal Payment to RR Retirement Account (mandatory) ^a	0	0	0	
Limitation on Administration	124	125	130	
Inspector General	12	13	13	
Social Security Administration (SSA)	68,329	71,293	71,172	
Payments to Social Security Trust Funds (mandatory)	11	11	11	
Supplemental Security Income (SSI) (mandatory)	55,282	56,982	56,982	
Limitation on Administrative Expenses (LAE)	12,930	14,188	14,067	
<i>Regular LAE (incl. user fees, non-add)</i>	<i>11,355</i>	<i>12,480</i>	<i>12,359</i>	
<i>Program Integrity (non-add)</i>	<i>1,575</i>	<i>1,708</i>	<i>1,708</i>	
Office of Inspector General	106	112	112	
Total, Related Agencies BA in the Bill	70,752	73,849	73,961	
Subtotal, Mandatory	55,294	56,993	56,993	
Subtotal, Discretionary	15,459	16,855	16,967	
<i>Emergency Funding (not included in above totals)</i>	—	—	—	
Memoranda (non-emergency funds only)				
Total, BA Available in Fiscal Year (current year from any bill)	71,022	77,839	77,861	
Total, BA Advances for Future Years (provided in current bill)	20,075	16,075	16,165	
Total, BA Advances from Prior Years (for use in current year) ^b	20,345	20,065	20,065	

Sources: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 House Cmte. columns are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96)

accompanying the FY2022 House committee bill (H.R. 4502, as reported). For consistency with source materials, amounts in this table generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

- a. The actual amount of mandatory federal payments to the Railroad Retirement account is roughly \$150,000 in each column, which rounds to \$0 in millions (the unit of measure used in this table).
- b. FY2022 advance appropriations enacted in prior fiscal years are listed in the FY2022 Request and FY2022 House Cmte. columns.

Appendix A. Budget Enforcement Activities

The framework for budget enforcement under the congressional budget process has both procedural and statutory elements. 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. The statutory elements relevant to the LHHS bill include the 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 (most recently by the Infrastructure Investment and Jobs Act (P.L. 117-58), enacted on November 15, 2021).

For the decade prior to FY2022, the framework for discretionary spending budget enforcement included statutory limits on defense and nondefense discretionary spending established by the Budget Control Act of 2011 (BCA; P.L. 112-25).⁸³ (LHHS appropriations are classified as nondefense spending, and the bill has the largest share of such spending compared to the other annual appropriations bills.) The BCA statutory limits on discretionary spending expired at the end of FY2021. This generally means that, absent the imposition of new statutory limits, discretionary budget enforcement for FY2022 will occur via procedural means only.

BCA and Mandatory Sequestration

For deficit-reduction purposes, the BCA (as amended) requires mandatory spending reductions to occur through sequestration in each of FY2013 through FY2031.⁸⁴

On May 28, 2021, concurrent with the release of the President's budget submission, President Biden issued the required FY2022 sequestration order, calling for nonexempt mandatory spending to be reduced on October 1, 2021.⁸⁵ At that time, the Office of Management and Budget (OMB) estimated that the FY2022 sequestration percentages would equal 2% of nonexempt Medicare spending and 5.7% of other nonexempt nondefense mandatory spending, for a total reduction of \$23 billion in FY2022.⁸⁶ (OMB also estimated an 8.3% reduction, totaling \$1.1 billion, in nonexempt defense mandatory spending, which does not affect LHHS funds.)

The BCA includes a number of statutory exemptions to sequestration and other special rules that are relevant for the appropriated mandatory spending in the LHHS bill. For instance, the LHHS bill contains several programs that are exempt from sequestration, including Medicaid, payments to health care trust funds, Supplemental Security Income, Special Benefits for Disabled Coal

⁸³ The BCA initially imposed limits on discretionary spending for each of FY2012-FY2021. Further reductions to discretionary spending for FY2013-FY2021 were triggered when the Joint Committee on Deficit Reduction did not report legislation to achieve a specified amount of budgetary savings.

⁸⁴ 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, P.L. 116-136, P.L. 117-58.

⁸⁵ Sequestration Order for Fiscal Year 2022 Pursuant to Section 251A of the Balanced Budget and Emergency Deficit Control Act, As Amended, Federal Register Volume 86, No. 105, June 3, 2021, p. 29927, <https://www.govinfo.gov/content/pkg/FR-2021-06-03/pdf/2021-11819.pdf>.

⁸⁶ *OMB Report to the Congress on the BBEDCA 251A Sequestration for Fiscal Year 2022*, May 28, 2021, https://www.whitehouse.gov/wp-content/uploads/2021/05/BBEDCA_251A_Sequestration_Report_FY2022.pdf. See the report's appendix for an itemized list of budget accounts that include mandatory spending subject to sequestration in FY2022, 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.

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 health centers and portions of Medicare.⁸⁷

Since FY2020, the Medicare sequestration has been temporarily suspended through a series of laws, starting with the enactment of the CARES Act on May 1, 2020 (P.L. 116-136). The act suspended the Medicare sequestration from May 1, 2020, through December 31, 2020. Subsequent laws (P.L. 116-260, P.L. 117-7, and P.L. 117-71) extended this suspension through March 31, 2022.

Budget Resolution, 302(b) Suballocations, and Exceptions to Budget Enforcement

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

For the past several years, certain spending has been made effectively exempt from discretionary budget enforcement (both the previously mentioned statutory spending caps and 302(a) and 302(b) limits) by a mechanism that is commonly referred to as an *adjustment*. An adjustment increases the applicable spending limit to accommodate additional specified funding. Adjustments to the 302(a) and 302(b) limits are typically specified in the budget resolution. For FY2011-FY2021, when statutory discretionary spending limits were also in effect pursuant to the BCA, adjustments to those statutory limits also could be made under Section 251(b) of the BBEDCA.⁸⁸ However, since those statutory limits expired, any exemptions from budget control for LHHS programs and activities generally would be pursuant to provisions in the budget resolution, with certain exceptions. The adjustments that apply to LHHS discretionary funding that are currently in effect (pursuant to S.Con.Res. 14, discussed below⁸⁹) are as follows:

- **Emergency requirement.** Funding for this adjustment is designated as being provided for an emergency requirement. There is no criteria that would restrict the use of this adjustment to particular accounts or activities, and no dollar limit to the amount of appropriations each fiscal year that can be designated in this manner. For FY2022,

⁸⁷ For more information, see CRS Report R42050, *Budget “Sequestration” and Selected Program Exemptions and Special Rules*.

⁸⁸ For further information, see CRS Report R45778, *Exceptions to the Budget Control Act’s Discretionary Spending Limits*.

⁸⁹ Section 4011 of S.Con.Res. 14 provided that the BCA cap adjustments (Section 251(b) of the Balanced Budget and Emergency Deficit Control Act) would not apply to allocations established pursuant to that resolution. Although the FY2022 adjustment for reemployment services and eligibility assessments pursuant to Section 314(g) of the Congressional Budget Act (CBA) continues to be in effect, the limit on that adjustment in the CBA is the same as that provided by S.Con.Res. 14 (\$133 million in additional new budget authority).

emergency-designated LHHS spending enacted as of the date of this report has totaled \$5.2 billion. (For FY2021, \$156.5 billion in LHHS emergency-designated discretionary spending was enacted, almost all of which related to COVID-19 pandemic response.⁹⁰)

- **Continuing disability reviews and redeterminations.** Funding for this adjustment is for the costs associated with conducting redeterminations of eligibility under title XVI of the Social Security Act, co-operative disability investigation units, and the prosecution of fraud in the programs and operations of the SSA by Special Assistant United States Attorneys. For FY2022, the amount of this adjustment is limited to \$1.4 billion in additional new budget authority. However, at least \$273 million must first be appropriated for these purposes, subject to the budget resolution limits, in order for the additional \$1.4 billion adjustment to be available. (For FY2021, the amount of the adjustment was \$1.3 billion, and the amount of the amount subject the limits was \$273 million.)
- **Health care fraud and abuse control.** Funding for this adjustment is for the health care fraud abuse control program at CMS (in HHS). For FY2022, the amount of this adjustment is limited to \$556 million in additional new budget authority. However, at least \$317 million must first be appropriated for these purposes, subject to the budget resolution limits, in order for the additional \$556 million adjustment to be available. (For FY2021, the amount of the adjustment was \$496 million, and the amount of the amount subject the limits was \$311 million.)
- **Reemployment services and eligibility assessments.** Funding for this adjustment is for a DOL program providing grants to states under section 306 of the Social Security Act for claimants of regular compensation, as defined in such section, including those who are profiled as most likely to exhaust their benefits. For FY2022, the amount of this adjustment is limited to \$133 million in additional new budget authority. However, at least \$117 million must first be appropriated for these purposes, subject to the budget resolution limits, in order for the additional \$133 million adjustment to be available.⁹¹ (For FY2021, the amount of the adjustment was \$83 million, and the amount subject the limits was \$117 million.)

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.⁹² For the purposes of FY2022 LHHS appropriations, these procedures apply only to the NIH Innovation Account that was created by the act.⁹³ The Cures Act provides that discretionary appropriations from this account (up to the amount authorized) are

⁹⁰ For further information, see CRS Report R46775, *Overview of COVID-19 LHHS Supplemental Appropriations: FY2020 and FY2021*.

⁹¹ Unlike the other adjustments, the reemployment services and eligibility assessments adjustment has separately been established in Section 314(g) of the CBA, which continues to be in effect. However, the FY2022 limit on that adjustment in the CBA is the same as that provided by the adjustment in S.Con.Res. 14 (\$133 million in additional new budget authority).

⁹² 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.

⁹³ 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)*.

to be subtracted from any cost estimates provided for purposes of budget controls. Thus, the Cures Act ensures that appropriations from this account will not count against any spending limits, such as those associated with the budget resolution. For FY2022, these Cures Act funds allowed in the LHHS bill total \$496 million.

FY2022 Budget Resolution

A FY2022 budget resolution has been agreed to by the House and the Senate. S.Con.Res. 14 was adopted by the Senate on August 11, 2021, and by the House (without amendment) on August 24. To provide for 302(a) allocations associated with S.Con.Res. 14, Section 4006 of the budget resolution provided the Chair of the Senate Budget Committee the authority to enter into the *Congressional Record* allocations consistent with the levels in the budget resolution. Those levels were filed in the Senate on September 23, 2021.⁹⁴ Section 4006 provided similar authority to the Chair of the House Budget Committee and those allocations were filed on October 27, 2021.⁹⁵ In addition, S.Con.Res. 14 allowed adjustments to those allocations for emergency requirements, health care fraud and abuse control, continuing disability reviews and redeterminations, and reemployment services and eligibility assessments (as well as other purposes that do not apply to LHHS). With the exception of emergency requirements, all of these adjustments are subject to limits specified in S.Con.Res. 14.⁹⁶ Neither the House nor the Senate has filed 302(b) suballocations pursuant to the FY2022 budget resolution.

Earlier in 2021, the House provided for budget enforcement in the absence of a budget resolution prior to initial floor consideration of the FY2022 appropriations measures by adopting a deeming resolution, H.Res. 467, on June 14, 2021.⁹⁷ This resolution provided for 302(a) allocations to the House Appropriations Committee at a specified level, provided limits on advance appropriations,⁹⁸ and allowed adjustments to those allocations for emergency requirements, health care fraud and abuse control, and continuing disability reviews and redeterminations (as well as other purposes that do not apply to LHHS).⁹⁹ Pursuant to this resolution, the Chair of the House Budget Committee, Representative Yarmuth, published in the *Congressional Record* the House

⁹⁴ “Publication of Budgetary Material,” *Congressional Record*, daily edition, Vol. 167, No. 165 (September 23, 2021), pp. S6667-S6668.

⁹⁵ Publication of Budgetary Material,” *Congressional Record*, daily edition, Vol. 167, No. 189 (October 27, 2021), pp. H5956-H5957.

⁹⁶ Section 4011 of S.Con.Res. 14 provided that the BCA cap adjustments (Section 251(b) of the Balanced Budget and Emergency Deficit Control Act) would not apply to allocations established pursuant to that resolution. Although the FY2022 adjustment for reemployment services and eligibility assessments pursuant to Section 314(g) of the Congressional Budget Act (CBA) continues to be in effect, the limit on that adjustment in the CBA is the same as that provided by S.Con.Res. 14 (\$133 million in additional new budget authority).

⁹⁷ For a discussion of budget enforcement through methods such as H.Res. 467, see CRS Report R44296, *Deeming Resolutions: Budget Enforcement in the Absence of a Budget Resolution*.

⁹⁸ Advance appropriations become available for obligation one or more fiscal years after the budget year covered by the appropriations act. The FY2022 LHHS appropriations bill generally would contain advance appropriations for FY2023 and FY2024 for certain programs and activities. For further information, see CRS Report R43482, *Advance Appropriations, Forward Funding, and Advance Funding: Concepts, Practice, and Budget Process Considerations*.

⁹⁹ H.Res. 467 further provided that the BCA cap adjustments (Section 251(b) of the Balanced Budget and Emergency Deficit Control Act) would not apply to allocations established pursuant to that resolution. However, the adjustment for reemployment services and eligibility assessments would continue to be in effect for FY2022 through FY2027 pursuant to Section 314(g) of the Congressional Budget Act, subject to specified limits.

Appropriations Committee allocations on June 24.¹⁰⁰ The House Appropriations Committee reported their initial 302(b) suballocations for all 12 subcommittees on July 1 (H.Rept. 117-78).¹⁰¹

For current-year LHHS discretionary funding, **Table A-1** displays FY2021 enacted levels and the House FY2022 initial suballocations (pursuant to H.Res. 467). The amount shown represents current-year budget authority subject to the spending limits and takes into account any applicable CBO scorekeeping adjustments. Under this method of estimating the bill, the House committee suballocation would increase regular discretionary appropriations for LHHS relative to FY2021 by 36% (+\$63.4 billion).

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 FY2021 Enacted Levels and FY2022 House 302(b) Suballocations

(Budget authority in billions of dollars)

	FY2021 Enacted	FY2022 Initial House 302(b) (and Adjustments)
Regular Discretionary Appropriations	174.073	237.466
Adjustments ^a :		
Health care fraud and abuse control	0.496	0.556
Continuing disability reviews and redeterminations	1.302	1.435
Reemployment services and eligibility assessments	0.083	0.133
Emergency Requirements	156.588	— ^b
Adjusted Appropriations	332.542	239.590

Sources: Table prepared by CRS. The FY2021 enacted amounts are from 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> and CRS analysis of Division H of P.L. 116-260. The FY2022 House amount for regular discretionary appropriations is from H.Rept. 117-78. The FY2022 House amount for the adjustments is from a CRS analysis of H.R. 4502, as reported.

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

¹⁰⁰ “Publication of Budgetary Material,” *Congressional Record*, daily edition, Vol. 167, No. 110 (June 24, 2021), p. H3130.

¹⁰¹ Suballocations are commonly adjusted through the appropriations cycle to account for changing priorities. For FY2022, the House Appropriations Committee reported revised suballocations on July 16 (H.Rept. 117-91) to incorporate the cap adjustments where applicable, but otherwise the suballocation for the LHHS subcommittee was the same as originally reported.

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. Amounts include advance appropriations enacted in prior fiscal years that first become available in those fiscal years. 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 FY2021, these funds totaled \$404 million; for FY2022, these funds total \$496 million.) FY2021 amounts include the enacted LHHS appropriations that were designated as emergency requirements in FY2021 (Divisions H and M of P.L. 116-260, and P.L. 117-31).

- a. The House initial 302(b) for LHHS (H.Rept. 117-78) did not include any adjustments to the LHHS suballocations. These amounts are based on a CRS analysis of H.R. 4502, as reported.
- b. This table does not include \$5.228 billion in emergency-designated FY2022 LHHS annual appropriations that have been enacted in three measures: Divisions A and C of P.L. 117-43, Division J of P.L. 117-58, and Division B of P.L. 117-70. Total funding enacted in each of these measures was calculated based on an analysis of the statutory text, and estimated budgetary effects in CBO Estimate for H.R. 5305, the Extending Government Funding and Delivering Emergency Assistance Act as Passed by the House of Representatives on September 21, 2021 (<https://www.cbo.gov/system/files/2021-09/57491-CBO-Estimate-for-HR5305.pdf>), CBO, Senate Amendment 2137 to H.R. 3684, the Infrastructure Investment and Jobs Act, as Proposed on August 1, 2021, Estimated Discretionary Spending Under Division J, Appropriations (https://www.cbo.gov/system/files/2021-08/hr3684_infrastructure.pdf), and CBO Estimate for H.R. 6119, the Further Extending Government Funding Act, as Posted on the Rules Committee Website on December 2, 2021 (<https://www.cbo.gov/system/files/2021-12/hr6119.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 FY2021 enacted column include FY2021 advance appropriations budget authority provided by the FY2019 LHHS omnibus (P.L. 116-94) and FY2020 LHHS omnibus (P.L. 116-260). Similarly, the FY2022 President’s budget and House committee columns include FY2022 advance appropriations budget authority provided by the FY2020 and FY2021 LHHS omnibuses. (For a comparable table showing total budget authority in the bill, rather than current-year budget authority, see **Table 2** in this report.) As mentioned above, it is current-year budget authority (adjusted for scorekeeping by CBO) that is used to determine compliance with discretionary spending allocations.

Table A-2. LHHS Appropriations Overview, by Bill Title: FY2021-FY2022

(Current-year budget authority in billions of dollars)

Bill Title	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Title I: Labor	13.9	15.6	16.0	
Discretionary	12.5	14.3	14.7	
Mandatory	1.4	1.2	1.2	
Title II: HHS	1,007.8	1,142.5	1,142.3	
Discretionary	97.0	120.0	119.8	
Mandatory	910.8	1,022.5	1,022.5	
Title III: Education	77.2	106.5	106.5	
Discretionary	73.5	102.8	102.8	

Bill Title	FY2021 Enacted	FY2022 Request	FY2022 House Cmte. (H.R. 4502)	FY2022 Enacted
Mandatory	3.7	3.7	3.7	
Title IV: Related Agencies	71.0	77.8	77.9	
Discretionary	15.4	16.8	16.9	
Mandatory	55.6	61.0	61.0	
Total Current Year BA^a	1,169.9	1,342.4	1,342.7	
Discretionary	198.5	254.0	254.3	
Mandatory	971.4	1,088.4	1,088.4	
<i>Emergency Funding (not included in above totals)</i>				
P.L. 116-260, Division H	1.6	—	—	—
P.L. 116-260, Division M	154.9	—	—	—
P.L. 117-31	0.0 ^b	—	—	—
P.L. 117-43, Divisions A and C	—	—	—	4.2
P.L. 117-58, Division J	—	—	—	-0.3
P.L. 117-70, Division B	—	—	—	1.3
Memoranda:				
Advances for Future Years (provided in current bill) ^c	197.6	210.7	210.8	
Advances from Prior Years (for use in current year) ^c	189.0	197.6	197.6	
Additional Scorekeeping Adjustments ^d	-22.5	-25.4	-14.7	

Sources: Amounts in this table for the FY2021 Enacted, FY2022 Request, and FY2022 House Cmte. columns are generally drawn from or calculated based on data contained in the committee report (H.Rept. 117-96) accompanying the FY2022 House committee bill (H.R. 4502, as reported). The amounts shown for emergency funding at the bottom of the table are based on CRS analysis of the texts of those laws. For consistency with source materials, regular annual appropriations totals generally do not include emergency funds; instead, emergency funds are shown separately and are in addition to the regular annual amounts. 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 current-year budget authority; (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS Subcommittees of the House and the Senate Committees on Appropriations; and (4) do not include appropriations that occur outside of appropriations bills. No amounts are shown for Title V, because this title consists solely of general provisions.

- Totals in this table are based on current-year budget authority, meaning budget authority that is available for obligation in a given fiscal year, regardless of the year in which it was first appropriated (i.e., totals exclude advance appropriations for future years, but include advance appropriations from prior years that became available in the applicable current year).
- 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).
- 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. FY2022 advance appropriations enacted in prior fiscal years are listed in the FY2022 Request and FY2022 House Cmte. columns.

- 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.)

Appendix B. House Floor Amendments Offered to Division A of H.R. 4502

The House began its initial floor consideration of FY2022 LHHS appropriations on July 27, 2021. Those appropriations were initially considered on the floor as part of a consolidated appropriations package and passed the House (219-208), as amended, on July 29, 2021 (Division A of H.R. 4502). This package would have provided appropriations for six other appropriations acts in addition to LHHS: Agriculture and Rural Development, Energy and Water Development, Financial Services and General Government, Interior and Environment, Military Construction and Veterans Affairs, and Transportation and Housing and Urban Development. LHHS amendments were to Division A of what was to be the base text for amendment (Rules Committee Print 117-12, as amended by H.Res. 555).

Floor action on H.R. 4502 was regulated by the terms of a special rule (H.Res. 555) that made in order 56 amendments to the LHHS title of the bill.¹⁰² This rule also provided the authority for the chair of the Appropriations Committee or her designee to offer any of the amendments made in order en bloc (i.e., in groups of amendments to be disposed of together).¹⁰³ All but two LHHS amendments were considered in this manner.¹⁰⁴ When counted as 56 separate amendments, 47 were adopted and 9 were rejected.

All of the amendments that were offered and their dispositions are listed in **Table B-1** below. The summary of each amendment is as published in H.Rept. 117-109, the Rules Committee report accompanying H.Res. 555.

Table B-1. LHHS House Floor Amendments Offered to H.R. 4502

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
1. Scott, David (GA): Increases and decreases funds in the Workforce Innovation and Opportunity Act (WIOA) program by \$1,000,000 with the intent of supporting the Secretary in carrying out activities that expand the national apprenticeship system for recruitment, employment, and on-the-job earn-as-you-learn training of young African Americans. (10 minutes)	2	Adopted, 220-203
2. Spanberger (VA), McKinley (WV): Increases and decreases HRSA's Office of Pharmacy Affairs by \$1,000,000 to highlight the need to protect the integrity of the 340B program by halting pharmaceutical manufacturers' unlawful actions that have resulted in overcharges to 340B covered entities. (10 minutes)	3	Adopted, voice vote
3. Speier (CA), Kuster (NH), Pressley (MA), Moore (WI), Garcia, Sylvia (TX), Maloney, Carolyn (NY), Escobar (TX), Slotkin (MI): Prohibits the use of funds to implement or enforce sections of former Secretary DeVos's Title IX rule. (10 minutes)	2	Adopted, 220-203

¹⁰² For a list of these LHHS amendments (numbered 1-56) and the text of each that was made in order, see pages 8-13 and 30-38 of H.Rept. 117-109.

¹⁰³ For further information about en bloc authority in the context of House floor consideration of appropriations measures, see CRS Report R46841, *Changes in the House of Representatives' Initial Consideration of Regular Appropriations Measures, 113th-116th Congresses*.

¹⁰⁴ For the en bloc amendments proposing changes to the LHHS division of the bill, see consideration of amendments en bloc nos. 1, 2, 3, and 4 in *Congressional Record*, daily edition, Vol. 167, No. 131 (July 27, 2021), pp. H4055-H4073.

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
4. Welch (VT), McKinley (WV), Moore (WI), Garbarino (NY), Dean (PA): Increases funding for the Low Income Housing Energy Assistance Program (LIHEAP) by \$10,000,000 offset by a reduction to Office of the Secretary - General Departmental Management. (10 minutes)	2	Adopted, 220-203
5. Axne (IA), Schrier (WA), Malinowski (NJ): Provides \$5 million for community colleges who provide training programs to dislocated workers, including those who lost work due to COVID-19. (10 minutes)	2	Adopted, 220-203
6. Buchanan (FL): Transfers \$2,000,000 from Office of the Secretary - General Departmental Management to the Substance Abuse and Mental Health Administration to increase available grants to prevent prescription drug/opioid overdoses. (10 minutes)	3	Adopted, voice vote
7. Burgess (TX): Increases and decreases by \$10,000,000 for the Director of the National Institutes of Health Office for Acute Flaccid Myelitis Research. (10 minutes)	3	Adopted, voice vote
8. Burgess (TX), Spanberger (VA): Transfers \$5 million from the Health Resources and Services Administration, Program Support to fund the Rural Health, Project ECHO telehealth mentoring model, to improve health workforce capacity in underserved areas. (10 minutes)	3	Adopted, voice vote
9. Bush, Cori (MO), Pressley (MA), Schakowsky (IL), Jayapal (WA): Increases and decreases funding by \$1 million in the SAMHSA account to highlight the need for a GAO study on alternative and non-punitive behavioral health crisis response programs to determine the effectiveness of such programs in improving public health and public safety. (10 minutes)	2	Adopted, 220-203
10. Bush, Cori (MO): Increases funding by \$5 million for Health Centers account to provide health care services, including COVID-19 testing and vaccine outreach, to the unhoused community. Reduces funding for the Office of the Secretary, General Departmental Management by the same amount. (10 minutes)	2	Adopted, 220-203
11. Castor (FL): Increase and decrease funding in the Innovation and Improvement account by \$1 million to encourage the Department of Education to conduct proper oversight of for-profit charter schools to ensure they are supporting students adhering to federal civil rights laws. (10 minutes)	2	Adopted, 220-203
12. DeSaulnier (CA): Increases funding for Statewide Family Engagement Centers at the Department of Education by \$1 million offset by a reduction to Departmental Management - Program Administration. (10 minutes)	2	Adopted, 220-203
13. Escobar (TX): Increases and decreases funding for the U.S. Mexico Border Health Commission to emphasize the need for a binational COVID-19 vaccination plan for border communities. (10 minutes)	2	Adopted, 220-203
14. Escobar (TX): Increases funding for the Department of Civil Rights at the Department of Education to support economically disadvantaged communities. Decreases funding for Departmental Management - Program Administration. (10 minutes)	2	Adopted, 220-203
15. Escobar (TX): Increases and decreases the Department of Education's Education for the Disadvantaged account by \$1 million to make clear that States must disburse all funds under this division in accordance with Congressional intent and not for purposes not otherwise outlined in the corresponding report and bill text. (10 minutes)	2	Adopted, 220-203
16. Foxx (NC), Fulcher (ID): Prohibits funds from being used to rescind the Department of Labor's December 9, 2020, final rule titled "Implementing Legal Requirements Regarding the Equal Opportunity Clause's Religious Exemption" relating to federal contractors. (10 minutes)	4	Rejected, 192-232

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
17. Gomez (CA): Increases and decreases by \$5 million in order to highlight the need to improve access to life-saving cancer screenings in primary health centers to address disproportionate cancer outcomes in underserved communities, particularly communities of color. (10 minutes)	2	Adopted, 220-203
18. Gomez (CA): Increases and decreases by \$1 million to improve awareness and implementation of language access services consistent with standards set by the Office of Minority Health's Culturally and Linguistically Appropriate Services in Health Care program so that patients with limited English-language proficiency have access to equitable healthcare services. (10 minutes)	2	Adopted, 220-203
19. Gomez (CA), Takano (CA), Lowenthal (CA): Increases and decreases funding in the Strengthening Asian American Native American Pacific Islander Serving-Institutions (AANAPISI) program by \$10,000,000 to highlight this Minority-Serving Institution program that provides competitive grants to eligible colleges and universities that serve a considerable number of Asian American and Pacific Islander students. The AANAPISI program provides equitable access to education, promotes opportunities for success, and aids institutions in being able to understand and respond to the unique challenges faced by Asian American and Pacific Islander students today. (10 minutes)	2	Adopted, 220-203
20. 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. (10 minutes)	3	Adopted, voice vote
21. Gottheimer (NJ): Increases and decreases funds by \$1,000,000 in the National Institutes of Health's Substance Abuse and Mental Health Services Administration account to emphasize the importance of SAMHSA focusing efforts to address COVID-linked substance abuse and mental health issues among children and young adults. (10 minutes)	3	Adopted, voice vote
22. Grothman (WI): Reduces the Higher Education funding by \$122,000,000 to meet the President's budget request. (10 minutes)	4	Rejected, 192-232
23. Hern (OK): Reduces spending in this division by 20 percent. Exempts security funding. (10 minutes)	1	Rejected, 154-264
24. Issa (CA), Harshbarger (TN), Guthrie (KY), Womack (AR), Kim, Young (CA), Steel, Michelle (CA): Strikes the language prohibiting the implementation of the Industry Recognized Apprenticeship Program (IRAP) final rule. (10 minutes)	4	Rejected, 192-232
25. Jackson Lee (TX): Increases and decreases funds by \$10,000,000 to support greater diversity in the pool of diabetes research professionals and patients participating in clinical trials. (10 minutes)	2	Adopted, 220-203
26. 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. (10 minutes)	2	Adopted, 220-203
27. Langevin (RI), Bass (CA): Increases the Children and Families Services Programs account by \$3,900,000 and decrease the HHS General Departmental Management account by \$3,900,000. (10 minutes)	3	Adopted, voice vote
28. Lesko (AZ): Strikes section 241 which prohibits funding to any organization, including under the Child Welfare or Federal Foster Care programs under parts B or E of title IV of the Social Security Act, that does not comply with paragraphs (c) and (d) of section 75.300 of title 45, Code of Federal Regulations prohibiting discrimination on the basis of age, disability, sex, race, color, national origin, religion, gender identity, or sexual orientation. (10 minutes)	4	Rejected, 192-232

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
29. Lesko (AZ): Strikes language that allows federal funding to go to institutions of higher education that are conducting research on marijuana. (10 minutes)	N/A	Rejected, 147-276
30. Levin, Andy (MI): Increases and decreases by \$1 million for BLS funding with the intent that the funds go towards the agency reevaluating its unemployment survey methods, particularly in how it measures unemployment in historically marginalized and discriminated populations. (10 minutes)	2	Adopted, 220-203
31. 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. (10 minutes)	2	Adopted, 220-203
32. Lynch (MA): Provides an increase of \$2 Million to Community Health Centers and decreases funding for Office of the Secretary - General Departmental Management by the same amount. (10 minutes)	3	Adopted, voice vote
33. McKinley (WV), Tonko (NY), Blunt Rochester (DE), Spanberger (VA), Van Drew (NJ): Increases funds in the Substance Abuse Prevention program by \$2,500,000 with the intent of supporting prescription drug monitoring programs pilot program to test the feasibility and outcomes of integrating a substance use disorder and behavioral health treatment locator tool into the prescription drug monitoring programs of 5 eligible States. Offset by spending from the Office of the Secretary. (10 minutes)	3	Adopted, voice vote
34. Miller (WV), Pappas (NH), McKinley (WV): Increases funding for Neonatal Abstinence Syndrome research by \$1,000,000 offset by spending from the Office of the Secretary. (10 minutes)	3	Adopted, voice vote
35. Neguse (CO): Increases funding for the School-Based Mental Health Services Grant Program by \$2 million. Decreases Departmental Management - Program Administration by \$2 million. (10 minutes)	2	Adopted, 220-203
36. Ocasio-Cortez (NY): Allows United States researchers to study and examine the potential impacts of several schedule I drugs, such as MDMA, psilocybin, and or ibogaine, that have been shown to be effective in treating critical diseases. (10 minutes)	N/A	Rejected, 140-285
37. Perry (PA): Strikes funding for electric vehicles and a provision on electric vehicle chargers. (10 minutes)	4	Rejected, 192-232
38. Pressley (MA), Bush, Cori (MO), Watson Coleman (NJ), Bowman (NY), Omar (MN): Increases and decreases \$500,000 from the Safe Schools and Citizenship Education account to direct the GAO to study the impacts of exclusionary discipline practices in K-12 remote education settings over the course of the COVID-19 pandemic including the ways in which these practices contributed to learning loss, negative mental health outcomes, and student involvement in criminal and child welfare systems, among other impacts. (10 minutes)	2	Adopted, 220-203
39. Rice, Kathleen (NY), Fitzpatrick (PA), Schrader (OR), Salazar (FL), Norton (DC), Cooper (TN), Posey (FL), Titus (NV), Upton (MI), Malliotakis (NY), Cohen (TN), Estes (KS), Gooden (TX): Increases and decreases funding for CDC's Emerging Zoonotic and Infectious Disease account with the intent of preventing the reintroduction of canine rabies virus variant into the United States and supporting CDC modernizing and fully operating its dog import program. (10 minutes)	3	Adopted, voice vote
40. Ross (NC): Increases and decreases funding for the Institute of Education Sciences (IES) by \$1 million to instruct IES to conduct a study on obstacles pregnant and parenting students face in the pursuit of education and recommendations for improving educational outcomes, including graduation rates, for these students. (10 minutes)	2	Adopted, 220-203

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
41. Schweikert (AZ): Increases funding for the National Institute of Diabetes and Digestive and Kidney Diseases by \$1 million with the intent these funds be used to fund a multicenter research consortium on Type II diabetes cures. Offsets the increase with a decrease in funding of \$1 million from the General Departmental Management account under the Office of the Secretary of Health and Human Services. (10 minutes)	3	Adopted, voice vote
42. Schweikert (AZ): Increases funding by \$2 million for the CDC's Emerging Zoonotic and Infectious Disease account with the intention that these funds be used for Coccidioidomycosis and other fungal diseases. Offsets the increase with a decrease in funding of \$2 million from the General Departmental Management account under the Office of the Secretary of Health and Human Services. (10 minutes)	3	Adopted, voice vote
43. Schweikert (AZ): Increases and decreases funding in Health Surveillance and Program Support by \$1,000,000 to express the intent that additional funding for the Mental Health Administration be used for research on medication adherence technology. (10 minutes)	3	Adopted, voice vote
44. Schweikert (AZ): Increases and decreases funding for the Department of Health and Human Services Office of Inspector General under the Center for Medicare and Medicaid Services program by \$1,000,000 to express the intent that Medicare focus on using artificial intelligence and other technology to promote clean claims creation and processing to combat improper payments, fraud, waste, and abuse. (10 minutes)	3	Adopted, voice vote
45. 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. (10 minutes)	2	Adopted, 220-203
46. Sherrill (NJ): Increases and decreases the National Institute of Mental health budget by \$5,000,000 with the intent to address youth mental health disparities. (10 minutes)	3	Adopted, voice vote
47. Slotkin (MI): Increase the DOL Registered Apprenticeship budget by \$1 million for the purpose of improving coordination between DOL and VA to ensure that registered apprenticeships are approved by VA for GI Bill benefits. Offsets the amendment with a \$1 million decrease in funds from the Program Administration account. (10 minutes)	3	Adopted, voice vote
48. Slotkin (MI): Increases and decreases the funding for Strategic National Stockpile by \$10 million to emphasize the importance of working with the commercial sector to enhance medical supply chain flexibility and maintain domestic reserves of critical medical supplies. (10 minutes)	3	Adopted, voice vote
49. Slotkin (MI): Increases and decreases by \$10,000,000 the Child Care and Development Block Grant (CCDBG) account to ensure that we still have accessible, quality child care for working families. (10 minutes)	2	Adopted, 220-203
50. Smith, Christopher (NJ), Delgado (NY), Fitzpatrick (PA), Posey (FL), Gottheimer (NJ), Malinowski (NJ): Redirects \$3 million from CDC-Wide Activities and Program Support to CDC's Emerging Zoonotic and Infectious Diseases account for Lyme disease research and surveillance. (10 minutes)	3	Adopted, voice vote
51. Smith, Christopher (NJ), Delgado (NY), Fitzpatrick (PA), Posey (FL), Gottheimer (NJ), Malinowski (NJ): Decreases and then increases funding for the HHS Office of the Secretary by \$5 million to express the intent that HHS use the \$5 million for their recently announced LymeX Innovation Accelerator. (10 minutes)	3	Adopted, voice vote
52. Smith, Christopher (NJ), Doyle (PA): Redirects \$10 million from HHS Office of the Secretary to CDC's Birth Defects, Developmental Disabilities, Disabilities and Health account. This \$10 million increase would allow CDC to expand their Autism Developmental Disability Monitoring (ADDM) Network to nine additional sites, as well as enhance six of the existing sites by following-up with 16 year-olds who were identified as autistic by 8 years-old. (10 minutes)	3	Adopted, voice vote

Amdt. No. and Summary from the Rules Committee	En Bloc No.	Disposition
53. Spanberger (VA), Johnson, Dusty (SD), Meuser (PA): Increases and decreases funds by \$5 million to highlight the need for additional funding for the Telehealth Resource Center program. (10 minutes)	3	Adopted, voice vote
54. Stevens (MI): Increases and decreases funding for injury prevention and control at the Department of Health and Human Services by \$25 million to emphasize the intent that additional funding be used for research on federal firearm injury and mortality prevention research. (10 minutes)	2	Adopted, 220-203
55. Walberg (MI): Brings the Office of Labor-Management Standards funding in line with the President's request. Currently the House Appropriations bill provides level funding for OLMS. The Amendment would increase the funding by \$7,117,000 and decrease funding for Wage and Hour Division by the same amount. (10 minutes)	4	Rejected, 192-232
56. Wild (PA): Invests \$2 million in additional funding for the National Cancer Institute, for the purposes of enhancing pediatric cancer research. Specifically, funds would enable NCI's Childhood Cancer Data Initiative to incorporate molecular tumor board data into its work. Offset by a reduction to Office of the Secretary - General Departmental Management. (10 minutes)	3	Adopted, voice vote

Sources: The amendment numbers and summaries are from pages 8-13 and 30-38 of H.Rept. 117-109. En bloc amendment numbers and the disposition of all amendments is from *Congressional Record*, daily edition, Vol. 167, No. 131 (July 27, 2021).

Author Information

Jessica Tollestrup, Coordinator
Specialist in Social Policy

William R. Morton
Analyst in Income Security

Karen E. Lynch, Coordinator
Specialist in Social Policy

Angela Napili
Senior Research Librarian

David H. Bradley
Specialist in Labor Economics

Kavya Sekar
Analyst in Health Policy

Ada S. Cornell
Senior Research Librarian

Kyle D. Shohfi
Analyst in Education Policy

Disclaimer

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