

Labor, Health and Human Services, and Education: FY2024 Appropriations

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Labor, Health and Human Services, and Education: FY2024 Appropriations

This report offers an overview of actions taken by Congress and the President to provide FY2024 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 FY2024 LHHS discretionary funding enacted during the annual appropriations process. Totals in the report tables do not include emergency-designated funds, except as noted.

FY2024 Appropriations

FY2024 Continuing Resolutions: FY2024 LHHS regular appropriations are currently being provided by a series of continuing resolutions (CRs). The first CR was signed into law on September 30, 2023 (Division A of H.R. 5860; P.L. 118-15), providing continuing appropriations for all 12 annual appropriations acts (including LHHS) through November 17, 2023. In general, the CR funded discretionary programs at the same rate and under the same conditions as in FY2022 (§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 (§§101(8), 133). The LHHS funding in the first CR has been extended on two occasions. A second CR (Division A of H.R. 6363; P.L. 118-22) extended LHHS funds through February 2, 2024, and added one new LHHS-specific provision (§145). A third CR (Division A of H.R. 2872; P.L. 118-35) extended LHHS funding through March 8, 2024, under the same rates and conditions as the previous CRs.

FY2024 LHHS Senate Action: On July 27, 2023, the Senate Appropriations Committee voted to report the FY2024 LHHS bill, 26-2; the measure was reported to the Senate that same day (S. 2624; S.Rept. 118-84). The measure was not formally marked up in subcommittee prior to full committee consideration. As reported by the full committee, the bill would provide \$224.5 billion in non-emergency discretionary LHHS funds, a 0.6% decrease from comparable non-emergency FY2023 enacted levels. This amount would be 11.5% less than the FY2024 President's request. In addition, the Senate committee bill would provide an estimated \$1.217 trillion in mandatory funding, for a combined non-emergency total of \$1.442 trillion for LHHS as a whole. (The Senate committee bill would also provide an additional \$4.1 billion in emergency-designated discretionary appropriations that are not included in the above or below totals; these funds would effectively support regular operations for a selection of LHHS programs and activities.) The distribution of proposed non-emergency discretionary funding would be as follows:

- **DOL:** \$13.8 billion, 0.5% less than FY2023.
- **HHS:** \$113.9 billion, 1.3% less than FY2023.
- **ED:** \$79.6 billion, about the same as FY2023.
- **Related Agencies:** \$17.3 billion, 1.4% more than FY2023.

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FY2024 LHHS House Action: While the House Appropriations Committee did not report its version of the LHHS bill, a draft bill was approved in subcommittee on July 14, 2023, by a voice vote. Subsequently, the House considered an LHHS bill, but did not vote on final passage. This bill (H.R. 5894), the text of which was substantially the same as the subcommittee draft bill, had been introduced on October 6, 2023, by Representative Aderholt, chairman of the House Appropriations LHHS Subcommittee. H.R. 5894 was brought to the House floor for consideration on November 14, under the terms of a special rule (H.Res. 864) that specified the amendments that would be in order and provided that the text of the bill would be Rules Committee Print 118-13, which in effect made numerous alterations to the provisions in H.R. 5894 as introduced. The House considered floor amendments over two days, and then further proceedings were postponed on November 15. *Because the House voted to adopt H.Res. 864, but did not vote on passage of H.R. 5894 as amended on the floor, the “House floor bill” referred to throughout this report is the text of H.R. 5894 as amended by Rules Committee Print 118-13. Thus, the budget numbers for the House floor bill presented in this report do not include the effects of any floor amendments. Appendix B provides a summary of the amendments offered and their disposition.*

The House floor bill would provide \$196.4 billion in discretionary LHHS funds, a 13.1% decrease from FY2023 enacted levels. This amount would be 22.6% less than the FY2024 President’s request. In addition, the House floor bill would provide an estimated \$1.217 trillion in mandatory funding, for a combined total of \$1.414 trillion for LHHS as a whole. The distribution of proposed discretionary funding would be as follows:

- **DOL:** \$9.8 billion, 29.1% less than FY2023.
- **HHS:** \$103.7 billion, 10.2% less than FY2023.
- **ED:** \$67.4 billion, 15.3% less than FY2023.
- **Related Agencies:** \$15.5 billion, 9.1% less than FY2023.

FY2024 President’s Budget Request: The President’s budget request was submitted to Congress on March 9, 2023. The President requested \$253.8 billion in discretionary funding for accounts funded by the LHHS bill, which would be an increase of 12.4% from FY2023 levels. In addition, the President requested \$1.217 trillion in annually appropriated mandatory funding, for a total of \$1.471 trillion for LHHS as a whole. The distribution of requested discretionary funding would be as follows:

- **DOL:** \$15.5 billion, 12.0% more than FY2023.
- **HHS:** \$129.6 billion, 12.3% more than FY2023.
- **ED:** \$90.0 billion, 13.1% more than FY2023.
- **Related Agencies:** \$18.7 billion, 9.8% more than FY2023.

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Introduction

This report provides an overview of FY2024 proposed 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 the “Mandatory vs. Discretionary Budget Authority” section), 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-Designated Discretionary Funding

This report primarily focuses on regular FY2024 LHHS discretionary funding proposed during the annual appropriations process. The emergency discretionary funding that was enacted for FY2023 and proposed in the Senate for FY2024 is generally not included in the budgetary amounts 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. *The exceptions to this general rule, all within the Department of Health and Human Services section of this report, are noted.*

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 FY2024 appropriations and (for context) a review of the conclusion of the FY2023 appropriations process. This is followed by a high-level summary and analysis of proposed appropriations for FY2024 compared to FY2023 funding levels. The body of the report contains overview sections for each of the major titles of the bill: DOL, HHS, ED, and Related Agencies (RA). These sections provide selected highlights from FY2024 proposed funding levels compared to FY2023. (Note that the distribution of funds is sometimes illustrated by figures, which in all cases are based on the FY2024 Senate committee version of the LHHS bill.¹)

¹ The figures reflect the FY2024 Senate committee bill, but the distribution of funds (as measured by the relative share of funds going toward a particular department or agency) is generally illustrative of FY2023 enacted appropriations and those proposed by the FY2024 President’s budget and the House floor bill.

Appendix A provides a summary of budget enforcement activities for FY2024. This includes information on mandatory spending sequestration pursuant to the Budget Control Act of 2011 (BCA; P.L. 112-25), discretionary spending budget enforcement under the Fiscal Responsibility Act spending limits (FRA; P.L. 118-5), the House draft LHHS subcommittee spending allocation, the Senate LHHS subcommittee spending allocation, and current-year spending levels.

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 (sometimes referred to as AmeriCorps), the Corporation for Public Broadcasting, the Institute of Museum and Library Services, the National Labor Relations Board, and the Railroad Retirement Board.

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 “Mandatory vs. Discretionary Budget Authority” 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.

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

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. (Terms of interest may include appropriated entitlement, direct spending, discretionary, entitlement authority, and mandatory.)

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 Examples of appropriated entitlements include Medicaid and the Supplemental Security Income program.

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 FY2024 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 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

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.

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

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 FY2024 LHHS Appropriations

FY2024 Annual LHHS Appropriations

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

Table 1. Status of Full-Year LHHS Appropriations Legislation, FY2023

Subcommittee Approval		Full Committee Approval		Initial Floor Consideration		Resolution of House and Senate Differences			
House	Senate	House	Senate	House	Senate	Conf. Report	House Final Passage	Senate Final Passage	Public Law
5/18/23 voice vote	—	—	S. 2624 (S.Rept. 118-84) 7/27/23 26-2	H.R. 5894 11/15/23 Chair Postponed Proceedings	—	—	—	—	—

Source: CRS Appropriations Status Table.

FY2024 Continuing Appropriations

FY2024 LHHS regular appropriations are currently being provided by a series of CRs. The first CR was signed into law on September 30, 2023 (Division A of H.R. 5860; P.L. 118-15). It provided continuing appropriations for all 12 of the annual appropriations acts (including LHHS) through November 17, 2023. H.R. 5860 was introduced by Representative Granger, the House Appropriations Committee Chair, on September 30, 2023. That same day, the measure was passed by both the House (335-91) and the Senate (88-9), and signed into law. Subsequently, two additional CRs were enacted, which extended the provisions of the first CR with some additional provisions (see Division A of P.L. 118-22, enacted on November 16, 2023; and Division A of P.L. 118-35, enacted on January 29, 2024). The third CR funds LHHS through March 8, 2024.

In general, the FY2024 CRs fund discretionary programs at the same rate and under the same conditions as in FY2023 annual appropriations acts (§101), with specified exceptions, and fund annually appropriated entitlements at their current law levels (§111). The CRs include a few provisions that are specific to LHHS accounts or related activities. Most of these LHHS-specific

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).

provisions were included in the first CR and continued in the subsequent CRs (§§101(8), 133); one new LHHS-specific provision was added in the second CR (§145).⁷

Prior Congressional Action on an LHHS Bill

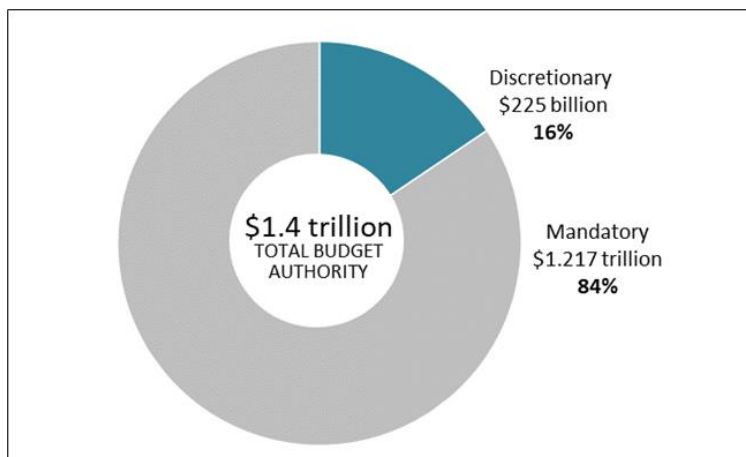
FY2024 LHHS Action in the Senate (S. 2624)

In the Senate, the FY2024 LHHS bill has been reported out of the Senate Appropriations Committee, but has not received floor consideration. On July 27, 2023, the Senate Appropriations Committee voted to report the FY2024 LHHS bill, 26-2; the measure was subsequently reported to the Senate that same day (S. 2624; S.Rept. 118-84). The measure was not formally marked up in subcommittee prior to full committee action.

See **Figure 1** for a breakdown of FY2024 discretionary and mandatory LHHS appropriations proposed in the FY2024 Senate committee bill.⁸ As reported by the full committee, the bill would provide \$224.5 billion in non-emergency discretionary LHHS funds, a 0.6% decrease from comparable non-emergency FY2023 enacted levels. This amount was 11.5% less than the FY2024 President's request. In addition, the Senate committee bill would provide an estimated \$1.217 trillion in mandatory funding, for a combined non-emergency total of \$1.442 trillion for LHHS as a whole.

The Senate committee bill would also provide an additional \$4.1 billion in emergency-designated discretionary appropriations not included in the above totals. These funds would effectively be available to support regular operations for a selection of LHHS programs and activities, as the bill would not explicitly target the funds toward needs arising from specific disasters or other events. These emergency-designated funds would increase the total amount of discretionary funds in the Senate committee bill by roughly 1.8%.

Figure 1. FY2024 Senate Committee-Reported LHHS Appropriations



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts do not include emergency-

⁷ The LHHS-specific provisions in the first CR (§§101(8) and 133) are discussed in CRS Report R47749, *Overview of Continuing Appropriations for FY2024 (Division A of P.L. 118-15)*.

⁸ While the percentages in this figure were calculated based on amounts in the FY2024 Senate committee bill, they are generally also illustrative—within a few percentage points—of the share of mandatory and discretionary funds in FY2023 and under the FY2024 President's budget and the FY2024 House floor bill.

designated 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 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.

FY2024 LHHS Action in the House (H.R. 5894, as amended by Rules Committee Print 118-13)

In the House, the FY2024 LHHS bill was approved in subcommittee on July 14, 2023, by a voice vote.⁹ The bill has not been marked up by the full committee.

In November 2023, the House considered an LHHS bill, but did not vote on final passage. This bill (H.R. 5894), the text of which was substantially the same as the subcommittee draft bill, had been introduced on October 6, 2023, by Representative Aderholt, Chair of the House Appropriations LHHS Subcommittee. H.R. 5894 was brought to the House floor for consideration on November 14, under the terms of a special rule (H.Res. 864), that specified the amendments that would be in order and provided that the text of the bill would be Rules Committee Print 118-13, which in effect made numerous alterations to the provisions in H.R. 5894 as introduced.¹⁰ The House considered floor amendments over two days, and then further proceedings were postponed on November 15. *Because the House voted to adopt H.Res. 864, but did not vote on passage of H.R. 5894 as amended on the floor, the “House floor bill” referred to throughout this report is the text of H.R. 5894 as amended by Rules Committee Print 118-13. Thus, the budget numbers for the House floor bill presented in this report do not include the effects of any floor amendments. Appendix B provides a summary of the amendments offered and their disposition.*

The House floor bill would provide \$196.4 billion in discretionary LHHS funds, a 13.1% decrease from FY2023 enacted levels. This amount would be 22.6% less than the FY2024 President’s request. In addition, the House floor bill would provide an estimated \$1.217 trillion in mandatory funding, for a combined total of \$1.414 trillion for LHHS as a whole.

FY2024 President’s Budget Request

The President’s budget request was submitted to Congress on March 9, 2023. On May 9, the President submitted amendments to the FY2024 budget request that included changes to the

⁹ See draft text linked to House Appropriations Committee, “Committee Releases FY24 Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill,” July 13, 2023, <https://appropriations.house.gov/news/press-releases/committee-releases-fy24-labor-health-and-human-services-education-and-related>.

¹⁰ See the Rules Committee report accompanying H.Res. 864 for the text of the amendments made in order (H.Rept. 118-272). The text of Rules Committee Print 118-13 is posted at https://rules.house.gov/sites/republicans.rules118.house.gov/files/LHHS%20RCP%20FINAL_xml.pdf. A comparative print of H.R. 5894 and the Rules Committee Print 118-13 is posted at https://rules.house.gov/sites/republicans.rules118.house.gov/files/118hr5894ih_to_LHHS%20RCP%20FINAL_xml.pdf. Draft explanatory materials accompanying H.R. 5894 and Rules Committee Print 118-13 (hereafter, “House explanatory materials”) were released by the House Appropriations Committee and posted at <https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>.

amounts requested for specified Department of Education accounts.¹¹ *These changes are reflected in the amounts for the President's budget that are presented in this report.*

The President requested \$253.8 billion in discretionary funding for accounts funded by the LHHS bill, which would be an increase of 12.4% from FY2023 levels. In addition, the President requested \$1.217 trillion in annually appropriated mandatory funding, for a total of \$1.471 trillion for LHHS as a whole.

Conclusion of FY2023 Appropriations Process

Full-year FY2023 appropriations for LHHS were enacted on December 29, 2022, when the Consolidated Appropriations Act, 2023 (FY2023 omnibus; H.R. 2617; P.L. 117-328) was signed into law by the President. The FY2023 omnibus provided full-year appropriations for all 12 annual appropriations acts in Division A-L. (Full-year LHHS appropriations were enacted in Division H.) Prior to its enactment, the final version of the measure was approved by the Senate on December 22, 2022 (68-29). It was approved by the House on December 23, 2022 (225-201).

Annual discretionary LHHS appropriations in the omnibus totaled \$225.9 billion. This amount was 5.6% more than FY2022 enacted and 7.8% less than the FY2023 President's budget request. The omnibus also provided \$1.196 trillion in mandatory funding, for a combined LHHS total of \$1.422 trillion. (Note that these totals are based only on amounts of non-emergency appropriations and do not include emergency-designated or supplemental funds, which were provided *in addition* to the annual appropriations.)

In addition to regular FY2023 appropriations, several HHS accounts and programs received emergency-designated appropriations in Divisions N and M of the FY2023 omnibus, as well as Division A of the first FY2023 CR (P.L. 117-180). All told, these FY2023 LHHS emergency appropriations totaled \$9.4 billion.¹² Some of these funds, totaling \$750 million, were targeted to needs arising from particular disasters or events (e.g., Hurricanes Fiona and Ian). In other cases, the funds were not so targeted, and instead could effectively be used to support regular program operations, including \$4.5 billion for the Low Income Home Energy Assistance Program (LIHEAP) and \$4.2 billion for the Refugee and Entrant Assistance account.

Summary of FY2024 LHHS Appropriations

Dollars and Percentages in this Report

Amounts displayed in this report are typically rounded (e.g., to the nearest million), 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 non-emergency budget authority provided in an appropriations bill (i.e., "total in the bill"), regardless of the year in which the funding becomes available. These totals include, where applicable, full-year non-emergency appropriations provided in continuing resolutions.

The funding amounts for FY2023 Enacted, FY2024 Request, and FY2024 Senate Committee are generally drawn from or calculated based on data contained in S.Rept. 118-84, unless otherwise noted. FY2024 House floor amounts are generally drawn from the explanatory materials accompanying H.R. 5894 and Rules Committee Print 118-13 (hereafter, "House explanatory materials") that were released by the House Appropriations Committee

¹¹ See the budget amendments package at https://www.whitehouse.gov/wp-content/uploads/2023/05/FY_2024_Budget_Amendment_Corrections_5-9-23.pdf.

¹² In addition to these amounts, the FY2023 omnibus (Division H) also provided a contingent emergency appropriation that only became available if certain conditions were met.

and posted at <https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>, unless otherwise noted.

Emergency-designated LHHS appropriations are generally not included in FY2023 and FY2024 totals (“Total BA in the Bill”). (For informational purposes, FY2023 enacted and FY2024 proposed emergency-designated amounts are displayed separately at the bottom of tables throughout the report and not summed in that separate display. Those amounts are based on CRS analysis of the texts of those laws.) There are two notable exceptions to this general rule:

- Funding in the “Selected HHS Highlights by Agency” section includes, as noted, certain emergency-designated funds that were enacted in FY2023 and proposed in the FY2024 Senate committee bill that effectively could be used to support regular program operations (i.e., the appropriations did not limit use of funds to activities associated with a particular disaster or event, such as needs arising from a hurricane). Likewise, **Table 6** and **Table 7** also break out FY2023 enacted and FY2024 Senate committee bill emergency funding for regular program operations for relevant HHS operating divisions, accounts, and budget lines. All FY2023 and FY2024 emergency-designated funding (for both regular program operations and for specified emergencies) also is included at the bottom of these HHS tables.
- Funding in **Appendix A** includes all FY2023 enacted and FY2024 Senate committee bill emergency-designated funds in the “Adjusted Appropriations” totals, as scored by the Congressional Budget Office.

Post-enactment adjustments, such as mandatory spending sequestration (where applicable), or transfers and reprogramming of funds pursuant to executive authorities, are generally not included in this report except as noted.¹³ CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

“Report language,” which Congress may use to further specify funding or to communicate a range of directives to the agency, is frequently referenced in this CRS report. Each regular appropriations bill reported from committee is usually accompanied by a written committee report, and the final explanatory text may be used to reconcile any differences between those reports. For example, earlier report language may address certain issues in ways that are difficult to reconcile harmoniously with the final enacted text. In these instances, the explanatory text normally seeks to clarify how the affected agency is to proceed. On the other hand, if the original committee language is ultimately acceptable to congressional negotiators, the explanatory statement might be silent due to an expectation that the agency will follow the original directive. For further information, see CRS Report R44124, *Appropriations Report Language: Overview of Development and Components*.

Table 2 displays FY2024 proposed discretionary and mandatory LHHS budget authority along with FY2023 enacted levels, by bill title. 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.

¹³ 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-FY2023 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 FY2024, the source materials used for this report continue this most recent approach.

Table 2. LHHS Appropriations Overview by Bill Title, FY2023-FY2024

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

Bill Title	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Title I: Labor	15.1	16.8	15.1	11.1	—
Discretionary	13.8	15.5	13.8	9.8	—
Mandatory	1.3	1.3	1.3	1.3	—
Title II: HHS	1,246.5	1,278.7	1,263.0	1,252.8	—
Discretionary	115.4	129.6	113.9	103.7	—
Mandatory	1,131.1	1,149.1	1,149.1	1,149.1	—
Title III: Education	83.5	94.3	83.8	71.7	—
Discretionary	79.6	90.0	79.6	67.4	—
Mandatory	3.9	4.3	4.3	4.3	—
Title IV: Related Agencies	76.7	81.2	79.7	78.0	—
Discretionary	17.0	18.7	17.3	15.5	—
Mandatory	59.6	62.5	62.5	62.5	—
Total BA in the Bill	1,421.9	1,471.0	1,441.7	1,413.5	—
Discretionary	225.9	253.8	224.5	196.4	—
Mandatory	1,196.0	1,217.1	1,217.1	1,217.1	—
<i>Emergency Funding (not in above totals or memoranda below)^a</i>					
P.L. 117-180, Division A	2.8	—	—	—	—
P.L. 117-328, Division M	2.4	—	—	—	—
P.L. 117-328, Division N	4.3	—	—	—	—
S. 2624, Title II	—	—	4.1	—	—
Memoranda:					
Advances for Future Years (provided in current bill) ^b	242.8	297.0	297.0	296.5	—
Advances from Prior Years (for use in current year) ^b	210.7	242.8	242.8	242.8	—
Additional Scorekeeping Adjustments ^c	-16.1	-30.9	-26.5	-47.0	—

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Totals ("Total BA in the Bill") do not include emergency-designated appropriations. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended. For consistency with source materials, amounts in this figure generally do not reflect mandatory spending sequestration, where applicable, nor do they reflect any transfers or reprogramming of funds pursuant to executive authorities.

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

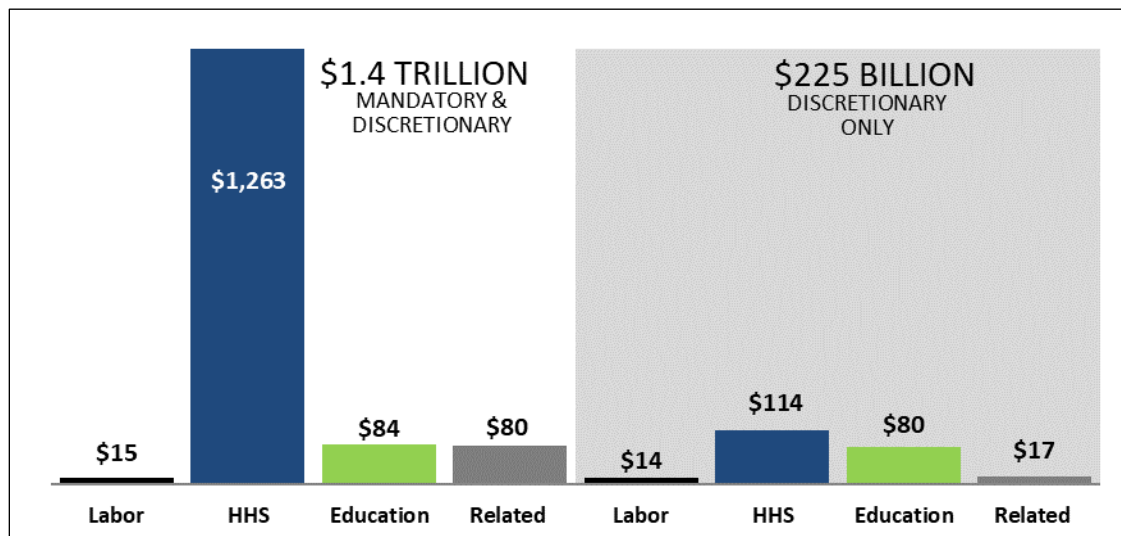
- a. Division H of the FY2023 omnibus included a contingent emergency appropriation for the HHS Refugee and Entrant Assistance account. The contingent funds were to become available only if certain conditions were met. The FY2024 President's request and Senate committee bills would also provide contingent appropriations for this account. Consistent with source materials, the estimated amount of the contingent appropriations is treated as a scorekeeping adjustment and is thus not included in this total. Division A of the Continuing Appropriations Act, 2024 and Other Extensions Act (H.R. 5860; P.L. 118-15, September 30, 2023) provided a rate for operations of \$2.5 billion in emergency-designated appropriations for Low Income Home Energy Assistance Program (§101(8)) at the HHS Administration for Children and Families (ACF). Because this funding is provided at a *rate for operations*, and not a definite amount, it is not included in the tables in this report.
- 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.
- 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 discretionary and mandatory LHHS funding levels proposed by the FY2024 Senate committee bill, by bill title. (While the percentages discussed in this section were calculated based on the Senate proposal, they are generally also illustrative—within several percentage points—of the share of funds directed to each bill title in FY2023, and under the FY2024 President's budget and House floor bill.)

As this figure demonstrates, HHS accounts for the largest share of total FY2024 LHHS appropriations: \$1.263 trillion, or 87.6%. 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 5.8% and 5.5%, 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, 1.0%.

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 (50.7%), while ED accounts for a relatively larger share (35.4%). Together, these two departments represent the majority (86.2%) of discretionary LHHS appropriations. DOL and the Related Agencies account for the remaining discretionary funds, at 6.1% and 7.7% of the total, respectively.

Figure 2. FY2024 Senate Committee Bill LHHS Appropriations by Title
(non-emergency 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 Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Totals do not include emergency-designated 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)

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 (e.g., to the nearest million), 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 DOL

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 Labor-Management Standards (OLMS)

DOL is a federal department comprising 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).¹⁵ The DOL entities fall primarily into two main functional areas—workforce development and worker protection. First, several DOL entities 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, several agencies 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.

Office of Federal Contract Compliance Programs (OFCCP)
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)¹⁴

FY2024 DOL Appropriations Overview

Table 3 generally displays proposed FY2024 DOL budget authority, along with FY2023 enacted levels. Note that the totals in this table do not include emergency-designated appropriations. Those amounts (if applicable) 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. However, no such appropriations were enacted for the DOL in FY2023, or thus far in FY2024.

The FY2024 Senate committee bill would decrease discretionary appropriations for DOL by \$71 million (-0.5%), while the FY2024 House floor bill would decrease appropriations for DOL by \$4.0 billion (-29.1%), and the FY2024 President’s budget request would increase discretionary appropriations by \$1.7 billion (+12.0%) compared to the FY2023 enacted levels.

Table 3. DOL Appropriations Overview

(in billions of dollars)

Funding	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Discretionary	13.8	15.5	13.8	9.8	—

¹⁴ Departmental Management includes the DOL salaries and expenses, Veterans Employment and Training Service (VETS), IT Modernization, and the Office of the Inspector General.

¹⁵ 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)*.

Funding	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Mandatory	1.3	1.3	1.3	1.3	—
Total, DOL BA in the Bill	15.1	16.8	15.1	11.1	—
<i>Emergency Funding (not in above totals)</i>	—	—	—	—	—

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Totals (“Total BA in the Bill”) do not include emergency-designated appropriations.

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 FY2024 Senate committee bill, the FY2024 House floor bill, and the President’s FY2024 budget request compared to the FY2023 LHHS omnibus for selected DOL accounts and programs.¹⁶

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

Employment and Training Administration (ETA)

ETA administers federal workforce development programs, including those authorized under Title I of the Workforce Innovation and Opportunity Act (WIOA; P.L. 113-128, as amended), and provides oversight to state workforce agencies in the implementation and administration of state unemployment insurance programs, federal unemployment compensation programs, and other wage-loss, worker dislocation and adjustment assistance compensation programs. These services are primarily provided through state workforce agencies and local workforce development systems.

The FY2024 Senate committee bill would provide \$10.4 billion in discretionary budget authority for the ETA. This is

- \$3.4 billion more (+48.8%) than the FY2024 House floor bill (\$7.0 billion),
- \$1.1 billion less (-9.2%) than the FY2024 President’s request (\$11.5 billion), and
- \$61 million less (-0.6%) than the FY2023 enacted level (\$10.5 billion).

The Senate committee bill would largely maintain ETA funding at the FY2023 level. Among the largest workforce development programs, the three WIOA formula grant programs (i.e., those serving Adults, Youth, and Dislocated Workers, respectively) and Job Corps would be funded at their FY2023 enacted levels.

¹⁶ DOL budget materials can be found at <https://www.dol.gov/general/aboutdol#budget>.

The House floor bill would reduce discretionary ETA funding by \$3.5 billion, or 33.2%, below the enacted FY2023 levels. The reduction would primarily come from the proposed elimination of several workforce programs, including Job Corps (\$1.8 billion in FY2023), WIOA Youth Activities (\$948 million in FY2023), and Community Service Employment for Older Americans (\$405 million in FY2023).

Occupational Safety and Health Administration (OSHA)

OSHA is the federal government's primary regulator of workplace safety and health. OSHA promulgates occupational safety and health standards and enforces compliance with these standards through workplace inspections, abatement orders, and civil monetary penalties. States may develop their own occupational safety and health systems ("state plans") that must be "at least as effective" as OSHA at providing for safe workplaces, and OSHA provides grants to assist states in funding their state plans. OSHA also provides compliance assistance and education to employers and enforces 25 federal whistleblower protection laws.¹⁷

The FY2024 Senate committee bill would provide \$629 million in discretionary budget authority for OSHA. This is

- \$92 million more (+17.1%) than the FY2024 House floor bill (\$537 million)
- \$110 million less (-14.9%) than the FY2024 President's request (\$739 million), and
- \$4 million less (-0.6%) than the FY2023 enacted level (\$632 million).

Both the House and Senate committee recommendations would provide \$120 million to support state plans and include the longstanding provisions limiting OSHA activities related to small farms and to small businesses in industries with injury rates below national averages.¹⁸ Both recommendations also provide that no less than \$3.5 million of the appropriation be for Voluntary Protection Programs (VPP), part of OSHA's compliance assistance activities.

Wage and Hour Division (WHD)

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. The FY2024 Senate committee bill would provide \$265 million in discretionary budget authority for WHD. This is

- \$80 million more (+43.0%) than the FY2024 House floor bill (\$185 million),
- \$76 million less (-22.4%) than the FY2024 President's request (\$341 million), and
- \$5 million more (+1.7%) than the FY2023 enacted level (\$260 million).

¹⁷ A list of the federal whistleblower statutes enforced by OSHA is at <https://www.whistleblowers.gov/statutes>.

¹⁸ The \$120 million allocations to support state programs are in S.Rept. 118-84, p. 26, and House explanatory materials, p. 16.

Table 4. Detailed DOL Appropriations

(in millions of dollars)

Agency or Selected Program	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
ETA—Mandatory^a	494	31	31	31	—
ETA—Discretionary	10,488	11,479	10,427	7,005	—
<u>Discretionary ETA Programs:</u>					
Training and Employment Services:	4,141	4,421	4,017	2,837	—
<u>State Formula Grants:</u>	2,929	3,019	2,929	1,808	—
Adult Activities Grants to States	886	900	886	712	—
Youth Activities Grants to States	948	964	948	0	—
Dislocated Worker Activities (DWA) Grants to States	1,096	1,155	1,096	1,096	—
<u>National Activities:</u>	1,212	1,402	1,087	1,029	—
DWA National Reserve	326	364	306	361	—
Native Americans	60	64	60	60	—
Migrant and Seasonal Farmworkers	97	97	97	97	—
YouthBuild	105	145	105	105	—
Reintegration of Ex-Offenders	115	170	115	115	—
Workforce Data Quality Initiative	6	11	6	6	—
Apprenticeship Grants	285	335	290	285	—
Community Projects	217	0	108	0	—
Climate Corps	0	15	0	0	—
SECTOR Partnerships	0	200	0	0	—
Job Corps	1,760	1,835	1,760	0	—
Community Service Employment for Older Americans	405	405	405	0	—
<u>State Unemployment Insurance and Employment Service Operations (SUI/ESO):</u>	4,009	4,592	4,072	4,006	—
Unemployment Compensation	3,158	3,680	3,225	3,165	—
Employment Service	705	724	700	705	—
Foreign Labor Certification	84	103	85	73	—
One-Stop Career Centers	63	86	63	63	—
ETA Program Administration	173	225	173	163	—
Employee Benefits Security Administration	191	249	191	153	—

Agency or Selected Program	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
<i>Pension Benefit Guaranty Corp. (PBGC) program level (non-add)^b</i>	(493)	(513)	(513)	(513)	—
Wage and Hour Division	260	341	265	185	—
Office of Labor-Management Standards	49	53	49	49	—
Office of Federal Contract Compliance Programs	111	151	111	83	—
Office of Workers' Compensation Programs—Mandatory^c	756	1,249	1,249	1,249	—
Office of Workers' Compensation Programs—Discretionary	123	152	123	109	—
Occupational Safety & Health Administration	632	739	629	537	—
Mine Safety & Health Administration	388	438	388	325	—
Bureau of Labor Statistics	698	758	698	658	—
Office of Disability Employment Policy	43	61	37	43	—
Departmental Management	859	1,084	854	661	—
Salaries and Expenses	392	546	393	201	—
<i>International Labor Affairs (non-add)^d</i>	(116)	(131)	(116)	(0)	—
Veterans Employment and Training	335	348	335	335	—
IT Modernization	34	79	29	27	—
Office of the Inspector General	97	111	97	97	—
Total, DOL BA in the Bill	15,091	16,785	15,050	11,088	—
Subtotal, Mandatory	1,250	1,280	1,280	1,280	—
Subtotal, Discretionary	13,841	15,505	13,770	9,808	—
<i>Emergency Funding (not in above totals or memoranda below)</i>	—	—	—	—	—
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	15,092	16,788	15,053	11,091	—
Total, BA Advances for Future Years (provided in current bill)	1,782	1,779	1,779	1,779	—
Total, BA Advances from Prior Years (for use in current year)	1,782	1,782	1,782	1,782	—

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted

at <https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Totals ("Total BA in the Bill") do not include emergency-designated appropriations.

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

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

Department of Health and Human Services (HHS)

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). All amounts in this section are rounded (e.g., to the nearest million), 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).¹⁹

The LHHS bill directs funding to multiple Public Health Service (PHS) agencies, including the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the

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)
Administration for Strategic Preparedness & Response (ASPR)
Office of the Secretary (OS)

¹⁹ 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.

Substance Abuse and Mental Health Services Administration (SAMHSA), and the Agency for Healthcare Research and Quality (AHRQ). These public health agencies support diverse missions, ranging from the provision of health care services and supports (e.g., HRSA, SAMHSA), to the advancement of health care quality and medical research (e.g., AHRQ, NIH), to the prevention and control of infectious and chronic diseases (e.g., CDC).

The HHS Administration for Strategic Preparedness and Response (ASPR), is also a component of the PHS. ASPR was previously the Assistant Secretary for Preparedness and Response within the Office of the Secretary. Its reorganization as an HHS operating division was approved by the HHS Secretary on January 27, 2023, and became effective on February 11, 2023.²⁰ For comparability, the source documents used for this report display FY2023 enacted funding within ASPR, and not within the Office of the Secretary, and this report follows that convention.

In addition to funding the above PHS agencies, the LHHS bill provides funding for annually appropriated components of the CMS,²¹ 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, as amended).

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.

Finally, the LHHS bill also provides funding for the HHS Office of the Secretary (OS), which encompasses a broad array of management, research, oversight, and emergency preparedness functions in support of the entire department.

Treatment of Certain HHS Emergency-Designated Funds

The general discussion of total HHS appropriations under the header “FY2024 HHS Appropriations Overview” follows the convention used throughout the report of excluding emergency appropriations. (These emergency funds are listed at the bottom of **Table 5** and are not included in the table totals.) However, the remainder of the discussion and tables in the HHS section offer some analysis that is inclusive of a subset of emergency-designated funds. This analysis draws a distinction between emergency appropriations that effectively could be used to support regular program operations from those that would be limited to supporting activities associated with a particular disaster or event (e.g., needs arising from a hurricane). The analysis in this section includes, where applicable, the former type of emergency appropriations to offer a more robust picture of total budgetary resources provided for *regular program operations* in FY2023 and the FY2024 Senate committee bill. (The FY2024 President’s budget and the FY2024 House floor bill do not include such funds.) As a result, **Table 6** and **Table 7** (and the surrounding discussion) break out FY2023 enacted and FY2024 Senate committee bill emergency funding for regular program operations for relevant HHS operating divisions, accounts, and budget lines. Consistent with the rest of the report, all FY2023 and FY2024 emergency-designated funding (for

²⁰ U.S. Department of Health and Human Services, “Statement of Organization, Functions and Delegations of Authority,” 88 *Federal Register*, 10125-10127, February 16, 2023.

²¹ 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.

both regular program operations and specified emergencies) also is included at the bottom of these HHS tables.

FY2024 HHS Appropriations Overview

Table 5 displays FY2024 proposed funding levels for HHS, along with FY2023 levels. The totals in this table do not include emergency-designated appropriations. Those amounts (if applicable) 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.

In general, discretionary funds account for about 9% of HHS appropriations in the LHHS bill. Compared to the FY2023 funding levels, the FY2024 Senate committee bill would decrease HHS non-emergency discretionary appropriations by 1.3%. The House floor bill would decrease funding to a greater degree, by 10.2%, whereas the President's request would increase HHS discretionary appropriations by 12.3%.

Table 5. HHS Appropriations Overview

(in billions of dollars)

Funding	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Discretionary	115.4	129.6	113.9	103.7	—
Mandatory	1,131.1	1,149.1	1,149.1	1,149.1	—
Total, HHS BA in the Bill	1,246.5	1,278.7	1,263.0	1,252.8	—
<i>Emergency Funding (not in above totals)^a</i>					
P.L. 117-180, Division A	2.8	—	—	—	—
P.L. 117-328, Division M	2.4	—	—	—	—
P.L. 117-328, Division N	4.3	—	—	—	—
S. 2624, Title II	—	—	4.1	—	—

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Totals ("Total BA in the Bill") do not include emergency-designated appropriations. 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.

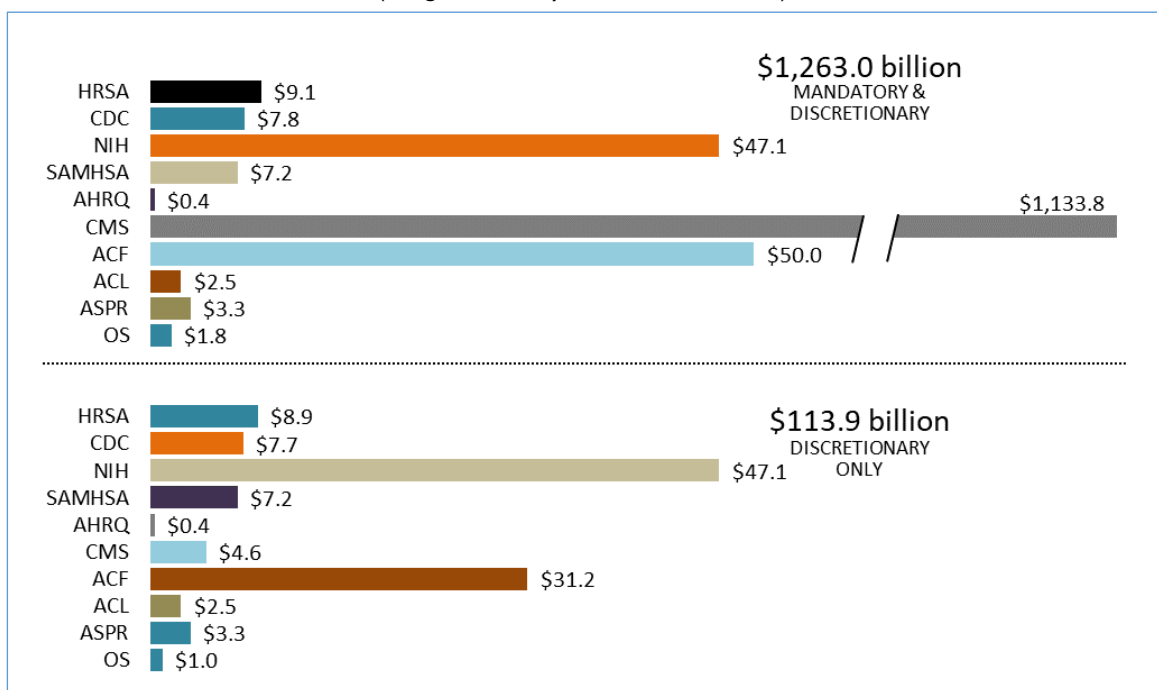
- a. Division H of the FY2023 omnibus included a contingent emergency appropriation for the HHS Refugee and Entrant Assistance account. The contingent funds were to become available only if certain conditions were met. The FY2024 President's request and Senate committee bills would also provide contingent appropriations for this account. Consistent with source materials, the estimated amount of the contingent appropriations is treated as a scorekeeping adjustment and is thus not included in this total. Division A of the Continuing Appropriations Act, 2024 and Other Extensions Act (H.R. 5860; P.L. 118-15, September 30, 2023) provided a rate for operations of \$2.5 billion in emergency-designated appropriations for Low Income

Home Energy Assistance Program (§101(8)) at the HHS Administration for Children and Families (ACF). Because this funding is provided at a rate for operations, and not a definite amount, it is not included in the tables in this report.

Figure 3 provides an HHS agency-level breakdown of the FY2024 Senate committee bill's non-emergency HHS appropriations. As this figure demonstrates, annual HHS appropriations are dominated by mandatory funding, the majority of which goes to CMS to provide Medicaid benefits and payments to health care trust funds. When taking into account both mandatory and discretionary funding, CMS accounts for \$1.139 trillion, which is 89.8% of all enacted appropriations for HHS. ACF and NIH account for the next-largest shares of total HHS appropriations, receiving 4.0% and 3.7% apiece, respectively.

By contrast, when looking exclusively at discretionary appropriations, funding for CMS constitutes about 4.0% of FY2024 HHS appropriations proposed in the Senate committee bill. The bulk of discretionary appropriations would go to the PHS agencies, which combined to account for 65.5% of discretionary appropriations provided for HHS. NIH typically receives the largest share of all discretionary funding among HHS agencies (41.4% in the FY2024 Senate committee bill), with ACF accounting for the second-largest share (27.4%).

Figure 3. FY2024 Enacted HHS Appropriations by Agency
(budget authority in billions of dollars)



Source: Amounts in this figure are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Enacted totals for FY2024 do not include emergency-designated 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 FY2023 LHHS omnibus. Amounts in this table (1) reflect all BA appropriated in the bill, regardless of the year in which funds become available (i.e., totals do not include advances from prior-year appropriations, but

do include advances for subsequent years provided in this bill); (2) have generally not been adjusted to reflect scorekeeping; (3) comprise only those funds provided (or requested) for agencies and accounts subject to the jurisdiction of the LHHS subcommittees of the House and Senate appropriations committees; and (4) do not include appropriations that occur outside of appropriations bills.

Special Public Health Funding Mechanisms

Annual appropriations for HHS Public Health Service agencies are best understood in the context of certain HHS-specific funding mechanisms, including the Public Health Service Evaluation Set-Aside, the Prevention and Public Health Fund (PPHF), and 21st Century Cures Act authorities. In recent years, LHHS appropriations have used these funding mechanisms to direct additional support to certain programs and activities.

Public Health Service Evaluation Tap

The PHS Evaluation Set-Aside, also known as the PHS Evaluation Tap, is a unique feature of HHS appropriations. It is authorized by Section 241 of the Public Health Service Act (PHSA), and allows the Secretary of HHS 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 1.0% of eligible program appropriations.

LHHS appropriations acts commonly establish requirements in addition to those in statute. These include a higher maximum percentage for the set-aside and directing specific

amounts of tap funding to selected HHS programs.²² Since FY2010, and including in FY2023, this higher maximum set-aside level has been 2.5% of eligible appropriations.²³ The Senate committee bill would increase the maximum set-aside level to 2.8%. Both the House floor bill and the President's budget, however, would continue the 2.5% level.

Although annual LHHS appropriations acts typically direct PHS Evaluation tap transfers to selected accounts and activities, they do not specify which account is the source of the transfer. As a result, tables show amounts *transferred in*, without showing amounts *transferred out* (see text box). Before FY2015, LHHS appropriations acts traditionally used the PHS Evaluation Tap to provide more than a dozen HHS programs with funding beyond their annual appropriations; in some cases, this was the sole source of funding for a program or activity. However, since FY2015

Display of PHS Evaluation Tap Transfers

By convention, appropriations acts direct where specified PHS Evaluation Tap transfers are to be allocated, but do not specify the PHS funds that are to be the sources of those transfers. Thus, 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 transfers from donor agencies' appropriations). This also means that 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 the potential *transfer out* of funds under the tap.

²² After the LHHS appropriations act allocates this transfer authority to specified programs, any transfer authority that remains unallocated is available to be used by the HHS Secretary pursuant to the parameters established in law. (Such post-enactment PHS Evaluation Tap transfers are not within this scope of this report.)

²³ See Section 204, Division H, P.L. 117-328, for the FY2023 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 FY2023 omnibus 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. The FY2024 President's budget and the Senate committee bill would retain the recent phrasing ("and"), while the House floor bill would revert to the older construction ("of").

and including in FY2023, LHHS appropriations acts have directed tap funds to a smaller number of programs or activities within three HHS agencies (NIH, SAMHSA, and OS). This change 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.²⁴ Since FY2015, LHHS appropriations laws have directed the largest share of tap transfers to NIH.

Under the FY2024 Senate committee bill, the House floor bill, and the President's budget, the amount of PHS Evaluation Tap transfers to SAMHSA (\$134 million) would be the same as those directed in FY2023. For the OS, the FY2024 Senate committee bill would increase the amount of directed tap transfers, by \$5 million (+3.8%), to \$136 million, whereas the House floor bill would decrease them by \$17 million (-12.8%). The President's budget, however, proposed that these transfers be increased by \$66 million (+50.2%). The proposed increases for OS were largely directed to the Office of the National Coordinator for Health Information Technology, which has been solely funded by tap transfers as of FY2022, and would continue to receive no discretionary funding for FY2024 under the Senate committee, House floor, and President's proposals. Finally, the FY2024 Senate committee bill would keep the amount of NIH tap transfers the same as FY2023 enacted (\$1.4 billion). The House floor bill would decrease these transfers by \$85 million (-6.0%), while the President's budget would increase them by \$536 million (37.9%).

In addition to the transfers to SAMHSA, OS, and NIH, the FY2024 Senate committee bill and the President's budget proposed expanding the agencies funded by the PHS tap. The CDC would receive tap transfers, primarily directed to the Public Health Scientific Services, totaling \$244 million under the Senate committee bill, and \$177 million under the President's budget. (The House floor bill proposed no such transfers for the CDC.) The President's budget also requested that AHRQ receive a tap transfer of \$45 million, for an AHRQ funding total inclusive of transfers of \$448 million. In contrast, the Senate committee bill would fund AHRQ at \$371 million, and direct no tap transfers. (The House floor bill would eliminate AHRQ and transfer its functions to the NIH.)

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.²⁵ 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

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).

²⁴ 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*.

²⁵ For more information, see CRS Report R41301, *Appropriations and Fund Transfers in the Affordable Care Act (ACA)*.

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.²⁶

The ACA had appropriated \$2 billion in mandatory funds to the PPHF for FY2024, but this amount was reduced by subsequent laws that decreased PPHF funding for FY2024 and other fiscal years.²⁷ Under current law, the FY2024 appropriation is \$1.3 billion.²⁸ This appropriation is subject to a 5.7% reduction due to sequestration of nonexempt mandatory spending.²⁹ (For more information on sequestration, see the budget enforcement discussion in the **Appendix A**.) After sequestration, the total PPHF appropriation available for FY2024 is \$1.2 billion, a \$283 million (+30.0%) increase relative to FY2023. The FY2024 Senate committee bill, House floor bill, and President's budget would distribute the entirety of this additional funding to the CDC. In total, the CDC would receive \$1.2 billion, which is 31.3% more than FY2023. These proposals would also allocate \$12 million to SAMHSA and \$28 million to ACL (the same as FY2023).

21st Century Cures Act, NIH Innovation Account

The 21st Century Cures Act (P.L. 114-255; hereinafter referred to as the “Cures Act”) established the NIH Innovation Account. The Cures Act transferred funds to the NIH Innovation Account and authorized specific amounts to be appropriated for each of FY2017 through FY2026. For FY2024, the amount authorized is \$407 million, which is \$678 million (-62.5%) less

than the amount authorized for FY2023. The Cures Act also specifies how the \$407 million for FY2024 is to be distributed: \$325 million for the Precision Medicine Initiative and \$172 million for the BRAIN Initiative. Each of the FY2024 proposals would provide the full \$407 million for the account and would distribute the funds as authorized. The committee report and explanatory materials accompanying the FY2024 Senate committee and House floor bills would direct HHS to transfer a portion of the funds to two specific NIH institutes. As with the PHS tap and PPHF, these directed transfers are noted (where applicable) in the discussion and tables that follow.

Display of Cures Act Transfers

For consistency with source materials, the directed transfers of Cures Act funding shown in **Table 7** are in addition to amounts otherwise appropriated to the accounts.

The Cures Act also specified that amounts appropriated to the NIH Innovation Account (up to the authorized funding level for the year) are effectively to be excluded from certain budgetary estimates. For consistency with source documents, the NIH, HHS, and bill-wide totals in this report generally include funds provided to this account. An exception is that these funds are excluded from totals in **Table A-1**, as this table only includes LHHS funds subject to discretionary spending limits.

Selected HHS Highlights by Agency

This section begins with a limited selection of discretionary funding highlights by HHS agency. The discussion is largely based on the proposed appropriations levels for FY2024 compared to

²⁶ For the provision in the FY2023 LHHS omnibus, see Division H, §222, P.L. 117-328.

²⁷ For a list of these laws and the amounts that were changed, see CRS Report R47895, *Prevention and Public Health Fund: In Brief*.

²⁸ 42 U.S.C. §300u-11.

²⁹ *OMB Report to the Congress on the BBEDCA 251A Sequestration for Fiscal Year 2024*, March 13, 2023, p.6 of 17, https://www.whitehouse.gov/wp-content/uploads/2023/03/BBEDCA_Sequestration_Report_and_Letter_3-13-2024.pdf.

FY2023 enacted levels.³⁰ 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 FY2023 enacted and FY2024 proposed funding levels for HHS.

HRSA

The HRSA mission is focused on delivering health care services to those who are geographically isolated and economically or medically vulnerable.³¹ The FY2024 Senate committee bill would provide \$8.9 billion in non-emergency discretionary budget authority for HRSA. This is

- \$1.6 billion (+22.3%) more than the FY2024 House floor bill (\$7.3 billion)
- \$328 million (-3.6%) less than the FY2024 President's request (\$9.2 billion), and
- \$610 million (-6.4%) less than the FY2023 enacted level (\$9.5 billion).

HRSA administers aspects of the HHS-wide Ending the HIV Epidemic (EHE) initiative within the agency's Health Centers and Ryan White HIV/AIDS programs, providing HIV care and treatment services, including Pre-Exposure Prophylaxis (PrEP) services, outreach, and care coordination. The Senate committee report would maintain HRSA's EHE funding at FY2023 levels (\$157 million for EHE within the Health Centers account and \$165 million for EHE within the Ryan White account).³² The FY2024 House explanatory materials propose eliminating funding for EHE within both accounts due to "a lack of performance data" and having "not met its original objectives."³³ Overall, for the Health Centers program, the Senate committee bill and House floor bill both propose flat funding compared to the FY2023 LHH omnibus (\$1.9 billion). For the Ryan White program, the Senate committee bill proposes flat funding (\$2.6 billion) and the House bill proposes \$2.3 billion (-9.3% compared to FY2023 enacted.)

The Healthy Start program provides funding to review, develop, and evaluate programs that reduce infant mortality in at-risk communities. The Senate committee report proposes \$145 million for this program, which is the same as FY2023 enacted.³⁴ The House explanatory materials propose eliminating funding for this program, noting that similar activities under the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program within HRSA already receive mandatory funding.³⁵

The Family Planning program, authorized in Title X of the PHSA, supports preventive and primary health care services. The Senate committee bill proposes \$286 million for this program, which is the same as FY2023 enacted. The House explanatory materials propose eliminating funding for this program, stating that the committee is "disappointed by the suspension and termination of Title X grants to projects serving rural and low-income individuals based on the project's refusal to refer or counsel for abortion, thereby limiting access to services provided by such projects."³⁶

³⁰ HHS budget materials can be found at <http://www.hhs.gov/budget/>.

³¹ HRSA, *About HRSA*, <https://www.hrsa.gov/about/index.html>.

³² S.Rept. 118-84, p. 37 and *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8875-S8876.

³³ House explanatory materials, pp. 25 and 39.

³⁴ S.Rept. 118-84, p. 47 and *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, p. S8876.

³⁵ House explanatory materials, p. 36.

³⁶ House explanatory materials, p. 43.

Both the Senate committee report and the House explanatory materials highlight the Telehealth program as a priority for FY2024, both noting the importance of rural access to health care. The Senate committee report would allocate \$38 million for telehealth, which is the same at FY2023 enacted.³⁷ The House explanatory materials propose \$45 million for telehealth, an increase of \$7 million (+18.4%) compared to FY2023 enacted.³⁸

CDC

The CDC works to protect public health by providing leadership, information, and scientific expertise in preventing and controlling diseases, including outbreaks of infectious diseases. The CDC also works to promote health and quality of life by preventing and controlling injury, disability, and environmental health threats. The FY2024 Senate committee bill would provide \$7.7 billion in non-emergency discretionary budget authority for the CDC (not counting directed transfers). This amount is

- \$1.4 billion (+21.4%) more than the FY2024 House floor bill (\$6.4 billion),
- \$2.5 billion (-24.5%) less than the FY2024 President's request (\$10.2 billion), and
- \$547 million (-6.6%) less than the FY2023 enacted level (\$8.3 billion).

The FY2024 Senate committee bill would supplement its proposed discretionary budget authority for the CDC with directed transfers of \$244 million from the PHS tap (+\$244 million from FY2023 enacted) and \$1.2 billion from PPHF (+\$283 million from FY2023). Altogether, this combination of funding in the Senate committee bill would come to \$9.1 billion in discretionary funding (inclusive of directed transfers). This combined amount is

- \$1.6 billion (+21.3%) more than comparable levels in the FY2024 House floor bill (\$7.5 billion),
- \$2.4 billion (-21.1%) less than comparable levels in the FY2024 President's request (\$11.6 billion), and
- \$20 million (-2.0%) less than the comparable FY2023 enacted level (\$9.2 billion).

Inclusive of directed transfers, the FY2024 Senate committee bill would sustain or increase total funding directed to most CDC accounts, relative to the FY2023 LHHS omnibus. The FY2024 House floor bill, in contrast, would decrease most CDC accounts and numerous CDC programs within those accounts. For example, the explanatory materials accompanying the House floor bill would eliminate funding for several HIV programs, including the CDC component of the HHS-wide Ending the HIV Epidemic Initiative (\$220 million in FY2023) and the global HIV/AIDS program (\$129 million in FY2023).³⁹ The House explanatory materials also propose to eliminate funding lines for tobacco prevention and control programs (\$246.5 million in FY2023); the climate and health program (\$10 million in FY2023); youth violence prevention (\$18.1 million in FY2023); firearm injury and mortality prevention (\$12.5 million in FY2023); occupational safety and health research (\$115.1 million in FY2023), and all preparedness and response funding aside from the Public Health Emergency Preparedness cooperative agreement program (decrease of

³⁷ S.Rept. 118-84, p. 55 and *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, p. S9140.

³⁸ House explanatory materials, p. 45.

³⁹ House explanatory materials, pp. 48, 62. For FY2023 enacted levels, see *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8877, S8881.

\$148.2 million).⁴⁰ The only account that the House floor bill would increase is the Emerging and Zoonotic Infectious Diseases (EZID) account. According to the explanatory materials, a \$10 million increase (+1.3%, from FY2023 enacted) is directed at mycotic (i.e., fungal) diseases.⁴¹

NIH

NIH is the federal government's lead health and medical research agency. NIH is home to 27 Institutes and Centers, as well as a new agency, the Advanced Research Projects Agency for Health (ARPA-H). ARPA-H was first established in 2022, and is focused on driving health breakthroughs and innovations.⁴² The FY2024 Senate committee bill would provide \$47.1 billion in non-emergency discretionary budget authority for NIH and ARPA-H (not counting directed transfers). This amount is

- \$3.3 billion (+7.6%) more than the FY2024 House floor bill (\$43.8 billion),
- \$1.7 billion (-3.5%) less than the FY2024 President's request (\$48.8 billion), and
- \$413 million (-0.9%) less than the FY2023 enacted level (\$47.6 billion).

The FY2024 Senate committee bill would supplement its proposed discretionary budget authority for the NIH (including ARPA-H) with directed transfers of \$1.4 billion from the PHS tap (the same as FY2023 enacted). In addition, the FY2024 Senate committee bill would also include a total of \$678 million for NIH designated as emergency requirements. Altogether, this combination of funding in the Senate committee bill would total \$49.2 billion in discretionary budget authority for NIH (inclusive of directed transfers and emergency-designated funds). This amount is

- \$4.1 billion (+9.1%) more than comparable levels in the FY2024 House floor bill (\$45.1 billion),
- \$1.6 billion (-3.0%) less than comparable levels in the FY2024 President's request (\$50.8 billion), and
- \$265 million (+0.5%) more than the comparable FY2023 enacted level (\$49.0 billion).

Accounting for the emergency-designated appropriations and transfers, the Senate FY2024 committee bill would sustain or increase the FY2023 enacted funding levels for almost all NIH accounts. In contrast, several NIH accounts would see decreases under the FY2024 House floor proposal. The National Institute of Allergy and Infectious Diseases (NIAID) and the Advanced Research Projects Agency for Health (ARPA-H) would see the largest decreases by dollar amount: a decrease of \$1.5 billion for NIAID (-22.9%) and \$1 billion for ARPA-H (-66.7%) relative to FY2023 enacted levels.

In some cases, the House floor bill would reduce funding where the Senate committee bill would provide increases relative to FY2023 (accounting for transfers and the emergency-designated amounts). For example, relative to FY2023 enacted, the House floor bill proposes a decrease of \$216 million for the National Cancer Institute (NCI; -3.0%), whereas the Senate committee bill would increase NCI by \$60 million (+0.8%; with \$216 million of the Senate NCI total being emergency designated). Relative to FY2023 enacted, the National Institute of Mental Health (NIMH) would see a decrease of \$139 million under the FY2024 House floor proposal (-5.9%),

⁴⁰ House explanatory materials, pp. 50, 58, 59, 60, 61, 63. For FY2023 enacted levels, see *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8878-S8881.

⁴¹ House explanatory materials, p. 50.

⁴² See CRS Report R47568, *Advanced Research Projects Agency for Health (ARPA-H): Overview and Selected Issues*.

whereas NIMH would see an increase of \$100 million under the FY2024 Senate committee bill (+4.3%; with \$139 million of the Senate NIMH total being emergency-designated).

SAMHSA

SAMHSA is the federal agency primarily responsible for supporting community-based mental health and substance abuse treatment and prevention services. The SAMHSA mission is focused on reducing the impacts of substance abuse and mental illness.⁴³ SAMHSA supports activities that include education and training, prevention programs, early intervention activities, treatment services, and technical assistance. The FY2024 Senate committee bill would provide \$7.2 billion in non-emergency discretionary budget authority for SAMHSA (not counting directed transfers). This is

- \$212 million (+3.0%) more than the FY2024 House floor bill (\$7.0 billion)
- \$3.1 billion (-30.0%) less than the FY2024 President's request (\$10.3 billion), and
- \$183 million (-2.5%) less than the FY2023 enacted level (\$7.4 billion).

The FY2024 Senate committee bill, the House floor bill, and the President's request would supplement SAMHSA's proposed discretionary budget authority with directed transfers of \$134 million from the PHS tap (the same as FY2023 enacted) and \$12 million from the PPHF (the same as FY2023 enacted). In addition, the Senate committee bill includes a total of \$217 million for SAMHSA designated as an emergency requirement. Accounting for both the emergency-designated appropriations and the directed transfers, the FY2024 Senate Committee bill would provide \$7.6 billion for SAMHSA. This combined amount is

- \$429 million (+6.0%) more than comparable levels in the FY2024 House floor bill (\$7.1 billion),
- \$2.9 billion (-27.5%) less than comparable levels in the FY2024 President's request (\$10.4 billion), and
- \$34 million (0.5%) more than the comparable FY2023 enacted level (\$7.5 billion).

The State Opioid Response (SOR) grant program, within the Substance Abuse Services account, supports prevention, treatment, and recovery support services for opioids, as well as other substances. The House floor and Senate committee bills both propose increases to the SOR grant program and changes to the tribal set aside. The FY2024 Senate committee proposal would increase SOR funding by \$20 million compared to FY2023 enacted (+1.3%, with \$217 million being emergency-designated). The Senate committee bill would reserve \$60 million for tribes, a \$5 million increase over the FY2023 omnibus. The FY2024 House committee bill would increase funding by \$8 million (+0.5%) compared to FY2023 enacted, and would require that not less than 4% be set aside for tribes (i.e., at least \$63 million). The Senate committee report continues language from the FY2023 explanatory statement directing SAMHSA to avoid funding "cliffs" between states with similar opioid mortality rates; it encourages SAMHSA to apply a weighted formula, and requests a work plan from SAMHSA about the proposed allocation of funds prior to awarding.⁴⁴

⁴³ SAMHSA, *About Us*, <https://www.samhsa.gov/about-us>.

⁴⁴ *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, p. S8888; and S.Rept. 118-84, pp. 149-150.

Within the Mental Health account, the Senate committee bill proposes to increase funding for Certified Community Behavioral Health Clinics (CCHBCs) by \$15 million (+3.9%) relative to FY2023 enacted. The House bill would continue FY2023 funding levels (\$385 million).

AHRQ

AHRQ's mission is "to produce evidence to make healthcare safer, higher quality, more accessible, equitable, and affordable, and to work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used."

⁴⁵ AHRQ conducts research aimed at reducing the costs of health care, promoting patient safety, measuring the quality of health care, and improving health care services, organization, and financing.

The FY2024 House floor bill would provide no discretionary budget authority for AHRQ. The FY2024 Senate committee bill would provide \$371 million in non-emergency discretionary budget authority for AHRQ. This amount is

- \$32 million (-8.0%) less than the FY2024 President's request (\$403 million), and
- \$3 million (-0.8%) less than the FY2023 enacted level (\$374 million).

The FY2024 President's request would supplement its proposed discretionary budget authority for AHRQ with \$45 million in PHS tap transfers. Altogether, this combination of funding in FY2024 President's request would come to \$448 million for AHRQ (inclusive of directed transfers), which is \$77 million (+17.2%) more than the Senate committee bill.

The FY2024 Senate committee report would fund Research on Health Costs, Quality and Outcomes (HCQO) at \$226 million, which would be \$71 million (-24.0%) less than the FY2024 President's request (\$297 million, inclusive of directed transfers), and \$3 million (-1.3%) less than the FY2023 enacted level (\$229 million). Within HCQO, the FY2024 Senate committee report directs \$10 million (the same as in FY2023) to support Long COVID research, specifically health systems research to improve care delivery models, care coordination, and access.⁴⁶ This amount would be \$9 million (-47.4%) less than the amount requested in the FY2024 President's budget (\$19 million)⁴⁷

The FY2024 Senate committee report encourages AHRQ to issue guidance on telehealth, specifically strategies to engage persons with disabilities and persons with limited English proficiency. The FY2024 Senate committee report also encourages AHRQ to publish effectiveness assessments of certain beneficiary telehealth readiness tools, such as digital navigators and the provision of technology.⁴⁸

⁴⁵ AHRQ, *Mission and Budget*, <https://www.ahrq.gov/cpi/about/mission/index.html>. In addition to funds provided through the annual appropriations process, AHRQ is also scheduled in FY2024 to receive a transfer of certain mandatory funds that were authorized and appropriated to the Patient-Centered Outcomes Research Trust Fund (PCORTF) by ACA Section 6301(e), as amended (26 U.S.C. §9511). Transfers to AHRQ from the PCORTF are to be used to disseminate the results of patient-centered outcomes research. (PCORTF funds are generally not displayed in this report, as they are not provided by or modified through annual LHHS appropriations bills.) These PCORTF transfers were set at \$111 million in FY2023 and \$116 million in FY2024. For more information on the PCORTF, see CRS Insight IN11010, *Funding for ACA-Established Patient-Centered Outcomes Research Trust Fund (PCORTF) Extended Through FY2029*.

⁴⁶ S.Rept. 118-84, pp. 154-155, and *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, p. S8889.

⁴⁷ HHS, AHRQ, *FY2024 Congressional Justification*, p. AHRQ-39, <https://www.ahrq.gov/sites/default/files/wysiwyg/cpi/about/mission/budget/2024/fy2024-cj.pdf>.

⁴⁸ S.Rept. 118-84, p.155.

CMS

CMS is the largest single health payer in the United States.⁴⁹ The agency administers Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), and the federal Marketplace. The FY2024 Senate committee bill would provide \$4.6 billion in discretionary budget authority for CMS. This amount is

- \$343 million (+8.1%) more than the FY2024 House floor bill (\$4.2 billion),
- \$902 million (-16.4%) less than the FY2024 President’s request (\$5.5 billion), and
- \$22 million (-0.5%) less than the FY2023 enacted level (\$4.6 billion).

Both the Senate committee and House floor proposals would appropriate \$915 million for the CMS Health Care Fraud and Abuse Control (HCFAC) account, 2.5% more than FY2023. Of this total amount for HCFAC, \$604 million would be effectively exempt from the discretionary budget caps. (See **Appendix A** for an explanation of the LHHS budget cap exemptions.)

The Senate committee bill would provide the CMS Program Management account with \$3.7 billion, which is the same amount that was provided in FY2023.⁵⁰ The FY2024 House floor bill would instead provide a \$343 million reduction relative to FY2023 (-9.3%), whereas the President requested an increase of \$880 million (+24.0%). 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 CHIP, and private health insurance provisions established by the ACA. The Senate committee bill would retain a general provision (§227 in the FY2023 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 would require that such funds be used to support activities specific to the Medicare program, limit the amount of the transfers to \$455 million, and explicitly prohibit such transfers from being used to support or supplant funding for ACA implementation. Both the FY2024 House floor bill and the President’s budget would eliminate this provision.

ACF

The ACF mission is focused on promoting the “economic and social well-being of children, youth, families, and communities.”⁵¹ ACF administers a wide array of human services programs, including Head Start, child care, and various child welfare programs. The FY2024 Senate committee bill would provide \$31.2 billion in non-emergency discretionary budget authority for ACF. This amount is

- \$3.0 billion (+10.6%) more than the FY2024 House floor bill (\$28.3 billion),

⁴⁹ FY2024 HHS Budget in Brief, p. 64, <https://www.hhs.gov/sites/default/files/fy-2024-budget-in-brief.pdf>.

⁵⁰ The amounts for the Program Management account in this report do not include \$455 million in FY2023 transfers authorized by, P.L. 117-328, Division H, §227, and proposed for FY2024 in §227 of the Senate committee bill. (See S.Rept. 118-84, p. 383). The transfers authorized by P.L. 117-328, Division H, §227 are included in how the House calculates the Program Management account total in its explanatory materials. (See U.S. Congress, House Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, *Explanatory Materials for the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, 2024*, committee print, 118th Cong., 1st sess., November 2, 2023, p. 268.) However, for consistency with the primary source materials used by this report (S.Rept. 118-84), the House amounts for this account has been calculated to exclude this \$455 million.

⁵¹ ACF, *What We Do*, <https://www.acf.hhs.gov/about/what-we-do>.

- \$5.4 billion (-14.7%) less than the FY2024 President's request (\$36.6 billion), and
- \$594 million (+1.9%) more than the FY2023 enacted level (\$30.7 billion).

In addition, the FY2024 Senate committee bill also proposes a total of \$2.9 billion in emergency-designated funds for ACF. When accounting for these additional funds, the bill would provide a combined total of about \$34.1 billion in discretionary ACF budget authority (inclusive of emergency-designated funds). This amount is

- \$5.9 billion (+20.6%) more than comparable levels in the FY2024 House floor bill (\$28.3 billion),
- \$2.5 billion (-6.9%) less than comparable levels in the FY2024 President's request (\$36.6 billion), and
- \$5.2 billion (-13.3%) less than the comparable FY2023 enacted level (\$39.3 billion).⁵²

The FY2024 Senate committee bill would provide \$6.4 billion in definite appropriations for the Refugee and Entrant Assistance account (none of which would be emergency-designated). This is 133.1% more than amount proposed in the House floor bill (\$2.8 billion), 11.5% less than the amount requested in the President's budget (\$7.3 billion), and the same as was provided in non-emergency appropriations in the FY2023 omnibus. In FY2023, the account received an additional \$4.2 billion in definite emergency-designated appropriations, for a combined total of \$10.6 billion.⁵³ When accounting for these definite FY2023 emergency funds, the amount proposed by the FY2024 Senate committee bill represents a decrease of about 39.5%.

The Senate committee bill would retain a provision, first enacted in the FY2023 omnibus, that would make additional funds available for the Unaccompanied Alien Children (UAC) program within the Refugee and Entrant Assistance account, contingent on certain conditions being met. These additional funds would be emergency-designated. The UAC program provides for the shelter, care, and placement of unaccompanied alien children who have been apprehended in the United States. The contingency funding is designed to be responsive to fluctuations in the monthly number of children referred to the program, with additional funds made available only when the number of unaccompanied children referred to HHS under specified authorities exceeds 13,000 in a given month. Following conventions of congressional source documents, the estimated budgetary costs of the emergency-designated contingency funds are included in LHHS scorekeeping adjustments (\$380 million in the Senate committee bill), and not the totals shown for the Refugee and Entrant Assistance account.⁵⁴ The President's budget proposed to retain the

⁵² The comparable level for FY2023 includes roughly \$8.7 billion in emergency-designated funds that effectively could be used to support regular program operations (i.e., the appropriations did not limit use of funds to activities associated with a particular disaster or event, such as needs arising from a hurricane). In addition to the \$8.7 billion in emergency funding that could be used for regular program operations, ACF also received \$750 million in FY2023 emergency-designated funds that were targeted to specific disasters. Because these funds were available for more limited purposes, they are not included in the comparable estimate above. FY2023 emergency-designated appropriations for ACF were provided in Section 101(8) and Section 147 of Division A of P.L. 117-180 (Continuing Appropriations Act, 2023), Division M of P.L. 117-328 (Additional Ukraine Supplemental Appropriations Act, 2023), and Division N of P.L. 117-328 (Disaster Relief Supplemental Appropriations Act, 2023).

⁵³ In FY2023, this account received a total of \$4.2 billion in definite emergency designated appropriations in two different measures, including a combined \$2.8 billion spread across Section 101(8) and Section 147 of Division A of P.L. 117-180 (Continuing Appropriations Act, 2023) and an additional \$2.4 billion in Division M of P.L. 117-328 (Additional Ukraine Supplemental Appropriations Act, 2023).

⁵⁴ S.Rept. 118-84, p. 407.

UAC contingency funds (with some revisions), but the House floor bill proposed that this funding be eliminated.

The Senate committee bill would also retain several general provisions for the Refugee and Entrant Assistance account that have been included in annual appropriations acts since at least FY2020. These provisions would

- authorize HHS to accept donations for the care of UAC arrivals (§230),
- limit the use of funds for unlicensed facilities for unaccompanied alien children (§231),
- impose additional congressional notification requirements prior to the use of unlicensed facilities (§232),
- prohibit HHS appropriations from being used to prevent a Member of Congress from visiting a UAC facility for oversight purposes (§233), and
- 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 (§234).

The House floor bill would retain each of these general provisions except the provision limiting use of funds for unlicensed facilities (§231 in the Senate committee bill). The House floor bill would omit a provision, included in the Refugee and Entrant Assistance account's appropriations since FY2015, authorizing HHS to augment the account's appropriations with transfers from other discretionary HHS funds. Such transfers were limited to 15% for FY2023. The Senate committee bill and the President's budget would each retain this provision.⁵⁵

ACL

ACL's mission is focused on maximizing the "independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers."⁵⁶ ACL funds direct services and supports through networks of community-based organizations, as well as training and research. The FY2024 Senate committee bill would provide \$2.5 billion in non-emergency discretionary budget authority for ACL (not counting directed transfers). This amount is

- \$50 million (+2.0%) more than the FY2024 House floor bill (\$2.5 billion),
- \$503 million (-16.6%) less than the FY2024 President's request (\$3.0 billion), and
- \$13 million (-0.5%) less than the FY2023 enacted level (\$2.5 billion).

In addition, the FY2024 Senate committee bill, the FY2024 House floor bill, and the FY2024 President's request would supplement their proposed discretionary budget authority for ACL with directed transfers of \$28 million from PPHF (the same as FY2023 enacted).

With regard to the direct care workforce, the FY2024 Senate committee report would direct ACL, in coordination with DOL and CMS, to report on potential impacts of direct care workforce shortages.⁵⁷ The FY2024 House explanatory materials request a briefing on how ACL is using

⁵⁵ S. 2624, p. 93, and HHS, ACF, FY2024 Congressional Justification, p. 40, <https://www.acf.hhs.gov/sites/default/files/documents/olab/fy-2024-congressional-justification.pdf>.

⁵⁶ ACL, *About ACL*, <https://acl.gov/about-acl>.

⁵⁷ S.Rept. 118-84, pp. 181-182. The direct care workforce includes personal care aides, home health aides, and nursing assistants who provide long-term services and supports to older adults and persons with disabilities.

direct care workforce funding from the FY2023 LHHS omnibus.⁵⁸ Neither of these proposals would provide the President's requested \$11.5 million increase (distributed as \$8.0 million for Aging Network Support Activities, \$3.0 million for Developmental Disabilities Programs, and \$0.5 million for Independent Living) for technical assistance and demonstrations to test recruitment, retention, and training approaches for the direct care workforce.⁵⁹

The FY2024 Senate committee report would fund Nutrition Services Programs at \$1.059 billion. These programs are authorized under the Older Americans Act and provide grants to states and territories to support home-delivered meals (sometimes informally referred to as *meals on wheels*) and congregate meals (which are served in group settings such as senior centers). It also funds the Nutrition Services Incentive Program (NSIP) which provides additional amounts for the purchase of food for these programs.⁶⁰ The Senate committee's proposed funding level for Nutrition Services Programs would be \$8 million (-0.8%) less than FY2023 enacted and the FY2024 House explanatory statement level, and \$226 million (-17.6%) less than the FY2024 President's request. The Senate committee report notes that the Committee's recommended increases to home-delivered and congregate nutrition services as well as state and private funding are expected by ACL to offset some of the proposed reduction to NSIP.⁶¹

The FY2024 Senate committee report would maintain FY2023 funding levels for the Elder Rights Support Activities at \$34 million. This would be \$15 million (+79.5%) more than the FY2024 House explanatory statement level and \$44 million (-56.2%) less than the FY2024 President's request. Within Elder Rights Support Activities, the FY2024 House explanatory statement would provide no funding (-\$15 million from FY2023 enacted) for the State Adult Protective Services formula grant program, which supports states in investigating allegations of adult maltreatment, including the abuse, neglect, and exploitation of older adults and adults with disabilities.⁶² The FY2024 President's request would provide State Adult Protective Services formula grants with a \$43 million increase from FY2023 enacted "to allow states to maintain service levels" as certain prior-year funds from the American Rescue Plan Act of 2021 (ARPA, P.L. 117-2) are exhausted.⁶³

ASPR

New in FY2024, the House floor and Senate committee LHHS appropriations bills include standalone appropriations for the Administration for Strategic Preparedness and Response (ASPR). Previously, ASPR was funded as part of the OS Public Health and Social Services Emergency Fund. ASPR leads the nation's medical and public health preparedness for, response

⁵⁸ House explanatory materials, pp. 148-149. The FY2023 LHHS omnibus explanatory statement included \$2.0 million under Aging Network Support Activities for a direct care workforce demonstration project; see *Congressional Record*, daily edition, December 22, 2022, p. S8891.

⁵⁹ ACL, *FY2024 Congressional Justification*, pp. 12-13, 103, 197, and 205. Note that the President's budget also proposes additional increases for other activities within these programs.

⁶⁰ For details see CRS In Focus IF10633, *Older Americans Act: Nutrition Services Program*.

⁶¹ S.Rept. 118-84, p. 182.

⁶² FY2023 was the first time the State Adult Protective Services formula grant program was funded by the LHHS omnibus. Prior to this, the first time these grants received funding was through the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSA, Division M of P.L. 116-260) and then through the American Rescue Plan Act of 2021 (ARPA, P.L. 117-2). CRRSA appropriated not less than \$50 million in emergency funding for Adult Protective Services (APS) grants to states. ARPA amended Title XX, Subtitle A, of the Social Security Act to add a new Section 2010. Section 2010 appropriated a total of \$276 million for Subtitle B Elder Justice activities in FY2021. Of this total, ARPA made \$88 million available in FY2021 and \$188 million available in FY2022. See CRS Report R46834, *American Rescue Plan Act of 2021 (P.L. 117-2): Public Health, Medical Supply Chain, Health Services, and Related Provisions*.

⁶³ ACL, *FY2024 Congressional Justification*, p. 14.

to, and recovery from disasters and other public health emergencies.⁶⁴ ASPR, formerly the Office of the Assistant Secretary for Preparedness and Response, became an HHS Operating Division effective February 2023.⁶⁵ As part of the FY2024 request, the Biden Administration requested a new separate LHHS appropriations account for ASPR, consistent with other HHS Operating Divisions.⁶⁶

The FY2024 Senate committee bill would provide \$3.3 billion in non-emergency discretionary budget authority for the ASPR. This amount is

- \$322 million (-8.9%) less than the FY2024 House floor bill (\$3.6 billion),
- \$973 million (-22.8%) less than the FY2024 President's request (\$4.3 billion), and
- \$331 million (-9.1%) less than the FY2023 enacted level (\$3.6 billion).

In addition, the FY2024 Senate committee bill would also include a total of \$375 million for ASPR designated as emergency requirements. Accounting for the emergency-designated appropriations, the FY2024 Senate committee bill would provide \$3.7 billion in discretionary budget authority for ASPR. This amount is

- \$53 million (+1.5%) more than comparable levels in the FY2024 House floor bill (\$3.6 billion),
- \$598 million (-14.0%) less than comparable levels in the FY2024 President's request (\$4.3 billion), and
- \$44 million (+1.2%) more than the comparable FY2023 enacted level (\$3.6 billion).

Accounting for the emergency-designated appropriations, the House floor and Senate committee FY2024 bills would provide about the same total funding for ASPR as the FY2023 enacted level. Within ASPR, funding levels in the House floor and Senate committee proposals vary by program. According to the House explanatory materials, the FY2024 House floor bill would increase funding for programs that help develop and make available medical products used for emergencies, including a \$150 million increase for the Biomedical Advanced Research and Development Authority (BARDA) and a \$30 million increase for Project BioShield, and a \$35 million increase for the Strategic National Stockpile compared to FY2023 enacted levels.⁶⁷ The House FY2024 proposal would eliminate funding lines for H-CORE (\$75 million in FY2023), Preparedness and Emergency Operations (\$31 million in FY2023), Policy and Planning (\$15 million in FY2023) and reduce funding for the Hospital Preparedness Program (HPP) to \$155 million, making these funds solely available for formula grants (compared to \$305.1 million total for HPP in FY2023).⁶⁸ According to the House explanatory materials, these eliminated or reduced

⁶⁴ Administration for Strategic Preparedness and Response (ASPR), "ASPR Program Offices," <https://aspr.hhs.gov/AboutASPR/ProgramOffices/Pages/ProgramOffice.aspx>.

⁶⁵ ASPR, HHS., "Statement of Organization, Functions and Delegations of Authority," 88 *Federal Register* 10125, February 11, 2023.

⁶⁶ ASPR, *Congressional Justification FY2024*, <https://aspr.hhs.gov/AboutASPR/BudgetandFunding/Documents/FY2024/ASPR-cj.pdf>.

⁶⁷ House explanatory materials, pp. 155, 158.

⁶⁸ For FY2023 enacted levels, see *Congressional Record*, vol. 168, no. 198, book II, December 20, 2022, pp. S8893, S8894.

funding lines are “outdated legacies of the pandemic response, or which failed to fulfill their purpose when confronted by the last pandemic.”⁶⁹

The Senate FY2024 proposal would provide more modest increases and decreases for ASPR programs. Accounting for the emergency-designated appropriations, the FY2024 Senate committee bill would provide a \$20 million increase for BARDA and \$75 million for a new funding line for Pandemic Preparedness and Biodefense Manufacturing and Production.⁷⁰ This new funding line would provide continued funding for activities that first began with COVID-19 relief appropriations, and would be entirely emergency-designated.⁷¹ The FY2024 Senate committee bill would decrease funding for H-CORE, a coordination unit, by \$25 million, and for Pandemic Influenza Preparedness by \$26 million, relative to FY2023 enacted.⁷²

Restrictions Related to Certain Controversial Issues

Annual LHHS appropriations measures regularly contain broad restrictions related to certain controversial issues. For instance, annual LHHS appropriations acts commonly include provisions limiting the use of federal funds for abortions, the use of human embryos for research, needle exchange programs, and gun control advocacy.

Abortions: Since FY1977, annual LHHS appropriations acts have included provisions limiting the circumstances under which LHHS funds (including Medicaid funds) may be used to pay for abortions. Early versions of these provisions applied only to HHS, but since FY1994 most provisions have applied to the entire LHHS bill. Under current provisions, (1) abortions may be funded only when the life of the mother is endangered or in cases of rape or incest; (2) funds may not be used to buy a managed care package that includes abortion coverage, except in cases of rape, incest, or life endangerment; and (3) federal programs and state and local governments that receive LHHS funding are prohibited from discriminating against health care entities that do not provide or pay for abortions or abortion services. The FY2024 Senate committee bill and the House floor bill all would retain these existing restrictions (§§506 and 507 in the FY2023 LHHS omnibus), whereas the President’s budget would eliminate them.⁷³ The FY2024 House floor bill would additionally amend the Public Health Service Act to establish a right for designated parties to bring civil action for certain violations of §507(d) in the FY2023 LHHS omnibus “or any subsequent substantially similar provision” (§246 of the House floor bill). The House floor bill also proposes two new abortion-related funding restrictions in the HHS title of the bill: prohibiting funds to specified entities that perform or provide funds to another entity that performs abortions other than those involving cases of rape, incest, or life endangerment (§239); and prohibiting funds to support or administer certain abortion-related grants, contracts, or cooperative agreements (§240). In addition, the House floor bill proposes a bill-wide prohibition on funds to hospitals and other entities that provide abortion-related training if the training programs do not satisfy specified requirements (§541).

⁶⁹ House explanatory materials, pp. 3-4.

⁷⁰ S.Rept. 118-84, p. 188.

⁷¹ S.Rept. 118-84, pp. 194-195.

⁷² S.Rept. 118-84, p. 192. The committee report notes that it additionally “expects the \$26,000,000 in unobligated balances from pandemic influenza supplemental appropriations shall be provided to BARDA for pandemic influenza activities.”

⁷³ The current provisions are commonly referred to as the Hyde and Weldon Amendments. For additional information, see CRS Report RL33467, *Abortion: Judicial History and Legislative Response*, *Abortion: Judicial History and Legislative Response*, and CRS In Focus IF12167, *The Hyde Amendment: An Overview*.

Human Embryo Research: Since FY1996, annual LHHS appropriations have included a provision prohibiting any LHHS funds (including NIH funds) from being used to create human embryos for research purposes or for research in which human embryos are destroyed. The FY2024 Senate committee bill, House floor bill, and President’s budget all would retain these existing restrictions (§508 in the FY2023 LHHS omnibus).⁷⁴ The House floor bill would also prohibit the use of funds for human fetal tissue research if such tissue was obtained through an induced abortion (§238).

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).⁷⁵ Starting in FY2016, the provision was modified to allow funds to be used for needle exchange programs under the following conditions: (1) federal funds may not be used to purchase the needles, but may be used for other aspects of such programs; (2) the state or local jurisdiction must demonstrate, in consultation with CDC, that they are experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use; and (3) the program must be operating in accordance with state and local law. The FY2024 President’s budget would omit this provision entirely, but the Senate committee bill and House floor bill would retain it (§526 of the FY2023 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). The FY2024 Senate committee bill, the House floor bill, and the President’s budget all would retain these restrictions (§210 [HHS] and §503(c) [all LHHS, plus PPHF transfers] of the FY2023 LHHS omnibus).⁷⁶

⁷⁴ 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*.

⁷⁵ 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.

⁷⁶ The FY2023 LHHS explanatory statement directed that \$12.5 million apiece (\$25 million total) be allocated by the CDC and NIH for Firearm Injury and Mortality Prevention Research (Congressional Record, vol. 168, no. 198, book II, December 20, 2022, pp. S8880 and S8886). (CDC and NIH funding reservations for Firearm Injury and Mortality Prevention were first included in LHHS explanatory statements in FY2020.) The report accompanying the FY2024 Senate committee bill (S.Rept. 118-84, pp. 80, 124) would maintain these set-asides, whereas the FY2024 House explanatory materials would provide no funding. The FY2024 President’s budget requested \$35 million for the CDC and \$12.5 million for the NIH (\$47.5 million total).

Table 6. HHS Appropriations Totals and Directed Transfers by Agency

(In millions of dollars)

HHS Agency	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
HRSA	9,744	9,466	9,139	7,522	—
Mandatory BA	256	261	261	261	—
Discretionary BA	9,487	9,205	8,877	7,260	—
CDC^a	8,314	10,273	7,767	6,405	—
Mandatory BA	55	55	55	55	—
Discretionary BA	8,259	10,217	7,712	6,350	—
<i>Evaluation Tap Funding^b</i>	0	177	244	0	—
<i>PPHF^c</i>	903	1,186	1,186	1,186	—
<i>Subtotal (Discretionary BA + Transfers)</i>	9,162	11,581	9,142	7,536	—
NIH^a	47,547	48,822	47,134	43,795	—
Mandatory BA	0	0	0	0	—
Discretionary BA	47,547	48,822	47,134	43,795	—
<i>Evaluation Tap Funding^b</i>	1,412	1,948	1,412	1,327	—
<i>Emergency (Regular Operations)^d</i>	0	0	678	0	—
<i>Subtotal (Discretionary BA + Transfers + Emergency)</i>	48,959	50,770	49,224	45,123	—
SAMHSA	7,370	10,275	7,188	6,976	—
Mandatory BA	0	0	0	0	—
Discretionary BA ^e	7,370	10,275	7,188	6,976	—
<i>Evaluation Tap Funding^b</i>	134	134	134	134	—
<i>PPHF^c</i>	12	12	12	12	—
<i>Emergency (Regular Operations)^d</i>	0	0	217	0	—
<i>Subtotal (Discretionary BA + Transfers + Emergency)</i>	7,516	10,420	7,550	7,122	—
AHRQ	374	403	371	0	—
Mandatory BA	0	0	0	0	—
Discretionary BA	374	403	371	0	—
<i>Evaluation Tap Funding^b</i>	0	45	0	0	—
<i>Subtotal (Discretionary BA + Transfers)</i>	374	448	371	0	—
CMS	1,117,630	1,134,749	1,133,847	1,133,504	—
Mandatory BA	1,113,068	1,129,262	1,129,262	1,129,262	—
Discretionary BA	4,563	5,487	4,585	4,242	—
ACF	47,688	55,363	49,995	47,012	—

HHS Agency	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Mandatory BA	17,034	18,748	18,748	18,748	—
Discretionary BA	30,654	36,615	31,247	28,264	—
Emergency (Regular Operations) ^d	8,675 ^f	0	2,850	0	—
Subtotal (Discretionary BA + Emergency)	39,329	36,615	34,097	28,264	—
ACL	2,538	3,028	2,525	2,474	—
Mandatory BA	0	0	0	0	—
Discretionary BA	2,538	3,028	2,525	2,474	—
PPHF ^c	28	28	28	28	—
Subtotal (Discretionary BA + Transfers)	2,565	3,055	2,552	2,502	—
ASPR	3,630	4,272	3,299	3,621	—
Mandatory BA	0	0	0	0	—
Discretionary BA	3,630	4,272	3,299	3,621	—
Emergency (Regular Operations) ^d	0	0	375	0	—
Subtotal (Discretionary BA + Emergency)	3,630	4,272	3,674	3,621	—
Office of the Secretary (OS)	1,708	2,096	1,769	1,503	—
Mandatory BA	710	793	793	793	—
Discretionary BA	998	1,303	976	710	—
Evaluation Tap Funding ^b	131	197	136	114	—
Subtotal (Discretionary BA + Transfers)	1,129	1,500	1,112	825	—
Total, HHS BA in the Bill	1,246,542	1,278,747	1,263,032	1,252,812	—
Mandatory	1,131,124	1,149,120	1,149,120	1,149,120	—
Discretionary	115,418	129,627	113,912	103,692	—
<i>Emergency Funding (not in above totals or memoranda below)^g</i>					
P.L. 117-180, Division A	2,775	—	—	—	—
P.L. 117-328, Division M	2,400	—	—	—	—
P.L. 117-328, Division N	4,250	—	—	—	—
S. 2624, Title II	—	—	4,120	—	—
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	1,214,684	1,230,447	1,214,732	1,204,512	—
Total, BA Advances for Future Years (provided in current bill)	202,080	250,380	250,380	250,380	—
Total, BA Advances from Prior Years (for use in current year)	170,222	202,080	202,080	202,080	—

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Totals (“Total BA in the Bill”) do not include emergency-designated appropriations. 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. These table lines include emergency-designated funds that effectively could be used to support regular program operations (i.e., the appropriations did not limit use of funds to activities associated with a particular disaster or event, such as needs arising from a hurricane) that were enacted in FY2023 and proposed in the FY2024 Senate committee bill. All FY2023 and FY2024 emergency-designated funding (for both regular program operations and specified emergencies) is listed at the bottom of this table.
- e. Of the total FY2023 enacted for Mental Health Programs of Regional and National Significance, \$62 million was enacted as part of the first continuing resolution for FY2023, P.L. 117-180, for the 988 Suicide and Crisis Lifeline.
- f. For FY2023, \$8.7 billion in definite emergency-designated funds were enacted that effectively could be used to support regular program operations (i.e., the appropriations did not limit use of funds to activities associated with a particular disaster or event, such as needs arising from a hurricane). In addition to the \$8.7 billion in emergency funding that could be used for regular program operations, ACF also received \$750 million in FY2023 emergency-designated funds that were targeted to specific disasters. The funds that were available for more limited purposes are not included in this table line. Finally, ACF also received a contingent emergency appropriation for which funds were to become available only if certain conditions were met; consistent with source materials, this contingent appropriation in FY2023 (and as proposed in the FY2024 President’s request and Senate committee bill) is treated as a scorekeeping adjustment and is not included in emergency totals. FY2023 emergency-designated appropriations for ACF were provided in Section 101(8) and Section 147 of Division A of P.L. 117-180 (Continuing Appropriations Act, 2023), as well as Division H of P.L. 117-328 (LHHS Appropriations Act, 2023), Division M of P.L. 117-328 (Additional Ukraine Supplemental Appropriations Act, 2023), and Division N of P.L. 117-328 (Disaster Relief Supplemental Appropriations Act, 2023).
- g. Division H of the FY2023 omnibus included a contingent emergency appropriation for the HHS Refugee and Entrant Assistance account. The contingent funds were to become available only if certain conditions were met. The FY2024 President’s budget and Senate committee bills would also provide contingent appropriations for this account. Consistent with source materials, the estimated amount of the contingent appropriations is treated as a scorekeeping adjustment and is thus not included in this total. Division A of the Continuing Appropriations Act, 2024 and Other Extensions Act (H.R. 5860; P.L. 118-15, September 30, 2023) provided a rate for operations of \$2.5 billion in emergency-designated appropriations for Low Income Home Energy Assistance Program (§101(8)) at the HHS Administration for Children and Families (ACF). Because this funding is provided at a rate for operations, and not a definite amount, it is not included in the tables in this report.

**Table 7. HHS Discretionary Appropriations and Directed Transfers
for Selected Programs or Activities, by Agency**

(in millions of dollars)

Agency or Selected Program	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
HRSA					
Community Health Centers	1,858	1,938	1,858	1,858	—
National Health Service Corps	126	176	129	126	—
Children's Hospitals Graduate Medical Education	385	385	385	400	—
Maternal & Child Health Block Grant	816	937	813	781	—
Healthy Start	145	185	145	0	—
Ryan White AIDS Programs	2,571	2,696	2,571	2,333	—
Rural Communities Opioid Response	145	165	155	145	—
Family Planning (Title X)	286	512	286	0	—
CDC					
HIV/AIDS, Viral Hepatitis, STDs, TB Prevention	1,391	1,545	1,395	1,171	—
Emerging and Zoonotic Infectious Diseases	699	794	699	709	—
PPHF ^a	52	52	52	52	—
Subtotal (Discretionary BA + Transfers)	751	846	751	761	—
Chronic Disease Prevention and Health Promotion	1,175	1,551	1,180	798	—
PPHF ^a	255	262	255	330	—
Subtotal (Discretionary BA + Transfers)	1,430	1,814	1,435	1,128	—
Environmental Health	230	397	230	131	—
PPHF ^a	17	17	17	51	—
Evaluation Tap Funding ^b	0	7	0	0	—
Subtotal (Discretionary BA + Transfers)	247	421	247	182	—
Injury Prevention and Control	761	1,352	762	731	—
National Institute for Occupational Safety and Health	363	363	363	248	—
Global Health	693	765	693	371	—
NIH					
National Cancer Institute	7,104	7,820	7,164	7,104	—
NIH Innovation Account Transfer	216	0	0	0	—
Emergency (Regular Operations) ^c	0	0	216	0	—
Subtotal (Discretionary BA + NIH Innovation + Emergency)	7,320	7,820	7,380	7,104	—

Agency or Selected Program	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
National Institute of Allergy and Infectious Diseases	6,562	6,562	6,562	5,062	—
National Institute of General Medical Sciences	1,827	1,292	1,827	1,827	—
<i>Evaluation Tap Funding^b</i>	1,412	1,948	1,412	1,327	—
<i>Subtotal (Discretionary BA + Transfers)</i>	3,240	3,240	3,240	3,155	—
National Institute on Aging	4,408	4,412	4,510	4,408	—
National Institute of Mental Health	2,113	2,456	2,213	2,113	—
<i>NIH Innovation Account Transfer</i>	225	0	86	86	—
<i>Emergency (Regular Operations)^c</i>	0	0	139	0	—
<i>Subtotal (Discretionary BA + NIH Innovation + Emergency)</i>	2,338	2,456	2,438	2,199	—
Advanced Research Projects Agency for Health (ARPA-H)	1,500	2,500	1,500	500	—
SAMHSA					
Mental Health Programs of Regional & National Significance (PRNS) ^d	1,053	1,788	1,065	1,004	—
<i>PPHF^a</i>	12	12	12	12	—
<i>Subtotal (Discretionary BA + Transfers)</i>	1,065	1,800	1,077	1,016	—
Mental Health Block Grant	987	1,632	1,022	987	—
<i>Evaluation Tap Funding^b</i>	21	21	21	21	—
<i>Subtotal (Discretionary BA + Transfers)</i>	1,008	1,653	1,043	1,008	—
Certified Community Behavioral Health Clinics	385	553	400	385	—
Children's Mental Health	130	225	130	130	—
Substance Abuse Treatment PRNS	572	753	574	468	—
<i>Evaluation Tap Funding^b</i>	2	2	2	2	—
<i>Subtotal (Discretionary BA + Transfers)</i>	574	755	576	470	—
Substance Abuse Block Grant	1,929	2,629	1,969	1,929	—
<i>Evaluation Tap Funding^b</i>	79	79	79	79	—
<i>Subtotal (Discretionary BA + Transfers)</i>	2,008	2,708	2,048	2,008	—
State Opioid Response Grants	1,575	2,000	1,378	1,583	—
<i>Emergency (Regular Operations)^c</i>	0	0	217	0	—
<i>Subtotal (Discretionary BA + Emergency)</i>	1,575	2,000	1,595	1,583	—
Substance Abuse Prevention PRNS	237	246	237	180	—
Health Surveillance and Support	302	151	212	110	—
<i>Evaluation Tap Funding^b</i>	31	31	31	31	—

Agency or Selected Program	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
<i>Subtotal (Discretionary BA + Transfers)</i>	333	182	244	141	—
AHRQ					
Research on Health Costs, Quality, and Outcomes	229	252	226	0	—
<i>Evaluation Tap Funding^b</i>	0	45	0	0	—
<i>Subtotal (Discretionary BA + Transfers)</i>	229	297	226	0	—
Medical Expenditure Surveys	72	72	72	0	—
Program Support	73	79	73	0	—
CMS					
CMS Program Management	3,670	4,550	3,670	3,327	—
Health Care Fraud and Abuse Control	893	937	915	915	—
ACF					
Low Income Home Energy Assistance Program Formula Grants	1,500	4,111	1,500	4,011	—
<i>Emergency (Regular Operations)^c</i>	4,500	0	2,575	0	—
<i>Subtotal (Discretionary BA + Emergency)</i>	6,000	4,111	4,075	4,011	—
Refugee and Entrant Assistance Programs	6,427	7,259	6,427	2,757	—
<i>Emergency (Regular Operations)^c</i>	4,175	0	0	0	—
<i>Subtotal (Discretionary BA + Emergency)</i>	10,602	7,259	6,427	2,757	—
Child Care and Development Block Grant	8,021	9,000	8,721	8,021	—
Head Start	11,997	13,112	11,997	11,247	—
Preschool Development Grants	315	360	310	0	—
ACL					
Home & Community-Based Supportive Services	410	500	410	410	—
Family Caregiver Support Services	205	250	210	205	—
Nutrition Services Programs	1,067	1,284	1,059	1,067	—
Aging Network Support Activities	30	40	30	30	—
Elder Rights Support Activities	34	77	34	19	—
Developmental Disabilities Programs	191	214	191	191	—
WIOA Activities (transferred from ED)	287	324	287	287	—
Administration for Strategic Preparedness and Response					
Biomedical Advanced Research and Development Authority (BARDA)	950	1,015	820	1,100	—
<i>Emergency (Regular Operations)^c</i>	0	0	150	0	—
<i>Subtotal (Discretionary BA + Emergency)</i>	950	1,015	970	1,100	—

Agency or Selected Program	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Project BioShield	820	830	670	850	—
<i>Emergency (Regular Operations)^c</i>	0	0	150	0	—
<i>Subtotal (Discretionary BA + Emergency)</i>	820	830	820	850	—
Strategic National Stockpile	965	995	965	1,000	—
H-CORE	75	83	50	0	—
Pandemic Influenza Preparedness	328	375	302	328	—
Hospital Preparedness Program	305	312	305	155	—
Office of the Secretary					
Office of Nat'l Coord. for Health Information Technology	0	0	0	0	—
<i>Evaluation Tap Funding^b</i>	66	104	71	56	—
<i>Subtotal (Discretionary BA + Transfers)</i>	66	104	71	56	—
Office of the Inspector General	87	117	87	80	—
Public Health and Social Services Emergency Fund	138	278	116	0	—

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Totals ("Total BA in the Bill") do not include emergency-designated appropriations. CRS calculations do, however, include LHHS funding provided to HHS pursuant to the 21st Century Cures Act (P.L. 114-255), as amended.

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

- a. PPHF funds are not appropriated in the LHHS bill, but are shown here for illustrative purposes as they may be used to supplement the funding selected agencies and programs receive through the appropriations process. Amounts shown for PPHF in this table are *in addition to* amounts shown for budget authority.
- b. By convention, this table shows the amount of PHS Evaluation Tap funds received by an agency for a particular program or activity separately from the budget authority appropriated for that program or activity. Tap amounts are *in addition to* amounts shown for budget authority, though the amounts shown for budget authority have not been adjusted to reflect potential "transfer-out" of funds to the tap.
- c. These table lines include emergency-designated funds that effectively could be used to support regular program operations (i.e., the appropriations did not limit use of funds to activities associated with a particular disaster or event, such as needs arising from a hurricane) that were enacted in FY2023 and proposed in the FY2024 Senate committee bill. The FY2023 amounts on these lines exclude emergency funds that were targeted to particular disasters or events. The amounts shown for the Refugee and Entrant Assistance account do not include contingent emergency appropriations provided in FY2023 or proposed in the FY2024 President's request and Senate committee bill. These contingent appropriations are treated as a scorekeeping adjustment.

- d. Of the total FY2023 enacted for Mental Health Programs of Regional and National Significance, \$62 million was enacted as part of the first continuing resolution for FY2023, P.L. 117-180, for the 988 Suicide and Crisis Lifeline.

Department of Education (ED)

Amounts in this section are based on regular LHHS appropriations only. They do not include mandatory funds provided outside of the annual appropriations process (e.g., direct appropriations for the Federal Direct Student Loan program and the mandatory portion of the Federal Pell Grant program). Amounts are rounded (e.g., to the nearest million), as labeled. The dollar and percentage changes discussed are based on unrounded amounts. For consistency with source materials, amounts do not reflect sequestration or re-estimates of mandatory spending programs, where applicable.

About ED

Federal policymakers established the U.S. Department of Education in 1980.⁷⁷ Its mission is to “promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.”⁷⁸ 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 educationally 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 11% of overall funding for elementary and secondary education in the United States.⁷⁹ The majority of school funding—about 89%—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 55% of undergraduate and graduate student aid in academic year (AY) 2022-2023.⁸⁰ (A large share of this aid is provided in the form of student loans that must be repaid.)

FY2024 ED Appropriations Overview

Table 8 displays proposed FY2024 discretionary and mandatory ED budget authority, along with FY2023 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

⁷⁷ ED in its current incarnation became a department in 1980 pursuant to the Department of Education Organization Act (P.L. 96-88; 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>.

⁷⁸ U.S. Department of Education, “About ED,” <https://www2.ed.gov/about/landing.jhtml?src=ft>, accessed on January 12, 2024.

⁷⁹ U.S. Department of Education, National Center for Education Statistics, *Revenues and Expenditures for Public Elementary and Secondary Education: FY21* (NCES 2023-301), May 2023, <https://nces.ed.gov/pubs2023/2023301.pdf>.

⁸⁰ For the purposes of this calculation, the federal contribution included \$133 billion (grants, loans, work-study, and tax benefits) out of a total of \$241 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 2023*, p. 32, <https://research.collegeboard.org/media/pdf/Trends%20Report%202023%20Updated.pdf>.

enacted, at the bottom of the table and are in addition to regular appropriations. However, no such appropriations were enacted for ED in FY2023, or thus far in FY2024.

Discretionary funds represent the majority of ED's annual appropriations, accounting for roughly 95% of ED funding. The FY2024 Senate committee bill would provide about the same discretionary appropriations for ED as FY2023 enacted, with a decrease of \$13 million (-0.0%). The FY2024 House floor bill would decrease discretionary appropriations for ED by \$12.2 billion (-15.3%), while the FY2024 President's budget request would increase discretionary appropriations for ED by \$10.4 billion (+13.1%) compared to the FY2023 enacted levels.

Table 8. ED Appropriations Overview

(in billions of dollars)

Funding	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Discretionary	79.6	90.0	79.6	67.4	—
Mandatory	4.0	4.3	4.3	4.3	—
Total, ED BA in the Bill	83.5	94.3	83.8	71.7	—
<i>Emergency Funding (not in above totals)</i>	—	—	—	—	—

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Totals ("Total BA in the Bill") do not include emergency-designated appropriations.

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

Selected ED Highlights

The following sections highlight FY2024 appropriations proposals for selected ED accounts and programs.⁸¹ **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 for Grants to Local Educational Agencies, authorized under Title I-A of the Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA; P.L. 114-95). Title I-A grants provide supplementary educational and related services to low-achieving and other students attending elementary and secondary schools with relatively

⁸¹ ED budget materials can be found at <https://www2.ed.gov/about/overview/focus/performance.html>.

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.⁸²

The FY2024 Senate committee bill would provide \$18.6 billion in discretionary budget authority for ESEA Title I-A Grants to Local Educational Agencies, which is

- \$6.2 billion more (+50.2%) than the FY2024 House floor bill (\$12.4 billion),
- \$2.0 billion less (-9.6%) than the FY2024 President's request (\$20.5 billion), and
- \$175 million more (+1.0%) than the FY2023 enacted level (\$18.4 billion).

Whereas the FY2024 Senate committee bill would provide a funding level similar to the FY2023 enacted level, the amount in the FY2024 House floor bill would represent a significant decrease. In addition to providing \$6.0 billion less for the Grants to Local Educational Agencies program as compared to the FY2023 LHHS omnibus, which is reflected in the amount above, the FY2024 House floor bill would also rescind approximately \$8.7 billion of the FY2024 advance appropriations provided under the FY2023 LHHS omnibus and made available on October 1, 2023.⁸³ (That rescission would be in addition to the reduction above.) The House explanatory materials argue that, due to various factors (including unspent balances from certain one-time COVID-19-era appropriations), "States do not need additional Federal funding for public schools."⁸⁴

Student Aid Administration

The Student Aid Administration account provides funds to administer the federal student aid programs authorized under Title IV of the Higher Education Act (HEA) and Title VII-A-I of the Public Health Service Act. Activities funded under the Student Aid Administration account include personnel compensation, student loan servicing costs, student aid application processing, and the disbursement of aid dollars.

The FY2024 Senate committee bill would provide \$2.2 billion in discretionary budget authority for the Student Aid Administration account. This is

- \$415 million more (+23.4%) than the FY2024 House floor bill (\$1.8 billion),
- \$470 million less (-17.7%) than the FY2024 President's request (\$2.7 billion), and
- \$150 million more (+7.4%) than the FY2023 enacted level (\$2.0 billion).

Student loan servicing costs account for the largest portion of the spending under the account. ED uses third-party vendors (i.e., loan servicers) to service the portfolio of ED-held non-defaulted federal student loans. Loan servicers are responsible for collecting payments on federal student loans, advising borrowers on resources and benefits to manage their federal student loan obligations, responding to customer service inquiries, administering loan forgiveness and discharge benefits, and performing other associated administrative tasks.

⁸² 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).

⁸³ For further information about the House proposal, see CRS Report R47732, *Estimated ESEA Title I-A FY2023 and FY2024 State Grants Under the House Appropriations Committee Subcommittee-Approved Bill*.

⁸⁴ House explanatory materials, pp. 179-180.

In April 2023, ED announced that it had awarded new contracts to five student loan servicers as part of its Unified Servicing and Data Solution (USDS) solicitation.⁸⁵ ED also extended legacy servicer contracts through 2024. Both the FY2024 Senate committee bill and the House floor bill contain similar language to that which has been included in appropriations bills since FY2020 requiring ED to provide quarterly briefings to the committees on its progress related to solicitations for and implementation of Federal student loan servicing contracts. The President’s budget states that the requested increase in funds reflects the transition from legacy servicing contracts to the USDS loan servicing contracts and the return to repayment for millions of borrowers whose monthly payments had been paused in light of the COVID-19 pandemic.⁸⁶

Table 9. Detailed ED Appropriations
(in millions of dollars)

Account and Selected Program	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Education for the Disadvantaged^a	19,088	21,255	19,263	13,055	—
Grants to Local Educational Agencies	18,387	20,537	18,562	12,354	—
Impact Aid	1,618	1,618	1,628	1,618	—
School Improvement Programs	5,811	5,890	5,821	4,850	—
Supporting Effective Instruction State Grants	2,190	2,190	2,190	1,681	—
21 st Century Community Learning Centers	1,330	1,330	1,330	1,330	—
Student Support and Academic Enrichment Grants	1,380	1,405	1,400	1,380	—
School Readiness	0	500	0	0	—
Indian Education	195	202	195	195	—
Innovation and Improvement	1,453	1,604	1,237	737	—
Safe Schools and Citizenship Education	457	1,075	437	316	—
English Language Acquisition	890	1,195	897	0	—
Special Education	15,453	18,179	15,662	15,453	—
Part B—Assistance for Education of all Children with Disabilities ^b	14,614	16,762	14,789	14,614	—
Part C—Infants and Toddlers with Disabilities	540	932	560	540	—
Rehabilitation Services	4,093	4,406	4,397	4,397	—
Vocational Rehabilitation State Grants (mandatory)	3,950	4,254	4,254	4,254	—

⁸⁵ U.S. Department of Education, “U.S. Department of Education’s Office of Federal Student Aid Awards New Contracts to Five Companies to Serve Borrowers, Reduce Delinquency, and Improve Accountability,” April 24, 2023, <https://www.ed.gov/news/press-releases/us-department-educations-office-federal-student-aid-awards-new-contracts-five-companies-serve-borrowers-reduce-delinquency-and-improve-accountability>.

⁸⁶ U.S. Department of Education, *Student Aid Administration, Fiscal Year 2024 Budget Request*, p. 20, <https://www2.ed.gov/about/overview/budget/budget24/justifications/q-saa.pdf>.

Account and Selected Program	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Special Institutions for Persons with Disabilities	301	301	301	301	—
Career, Technical, and Adult Education	2,191	2,448	2,211	2,191	—
Career and Technical Education	1,462	1,689	1,482	1,462	—
Student Financial Assistance	24,615	26,415	24,595	22,475	—
<i>Pell maximum grant (non-add in dollars, not millions)</i>	<i>(6,335)</i>	<i>(6,835)</i>	<i>(6,585)</i>	<i>(6,335)</i>	—
Federal Pell Grant Program	22,475	24,275	22,475	22,475	—
Student Aid Administration	2,034	2,654	2,184	1,769	—
Free Community College and Tuition Subsidies	0	500	0	0	—
Higher Education	3,526	3,987	3,260	2,767	—
Howard University	354	347	304	302	—
College Housing & Academic Facilities Loans^c	0	0	0	0	—
HBCU Capital Financing Program Account	21	21	21	21	—
Institute of Education Sciences	808	871	793	707	—
Departmental Management	634	793	627	515	—
Total, ED BA in the Bill	83,543	94,260	83,834	71,671	—
Subtotal, Mandatory	3,950	4,254	4,254	4,254	—
Subtotal, Discretionary	79,593	90,007	79,580	67,418	—
<i>Emergency Funding (not in above totals or memoranda below)</i>	—	—	—	—	—
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	83,543	94,260	83,834	71,671	—
Total, BA Advances for Future Years (provided in current bill)	22,597	22,597	22,597	22,597	—
Total, BA Advances from Prior Years (for use in current year)	22,597	22,597	22,597	22,597 ^d	—

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Totals ("Total BA in the Bill") do not include emergency-designated appropriations.

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 amount shown in the FY2024 House floor bill column does not reflect the proposed rescission of advance appropriations for FY2024 provided under the FY2023 LHHS omnibus.
- b. Includes Grants to States Part B and Preschool Grants.
- c. Amounts for College Housing & Academic Facilities Loans are less than \$500,000 for each column, which round to \$0 in millions (the unit of measure used in this table). The FY2023 Enacted amount was \$298,000; the FY2024 Request amount was \$321,000; FY2024 Senate committee bill amount was \$298,000; and the FY2024 House floor bill amount was \$321,000.
- d. This amount does not reflect the proposed rescissions in the House floor bill. Consistent with source materials, these rescissions are treated as scorekeeping adjustments and displayed separately.

Related Agencies

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 (e.g., to the nearest million), 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.

FY2024 Related Agencies Appropriations Overview

Table 10 displays FY2024 proposed funding levels for LHHS Related Agencies, along with FY2023 enacted levels. 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 FY2023, or thus far in FY2024.

In general, discretionary funding constitutes about 22% of total appropriations for LHHS Related Agencies each year. Compared to FY2023, the Senate committee bill would increase discretionary appropriations for Related Agencies by 1.4%, the House floor bill would decrease them by 9.1%, and the President's budget would increase them by 9.8%.

Table 10. Related Agencies Appropriations Overview

(in billions of dollars)

Funding	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Discretionary	17.0	18.7	17.3	15.5	—
Mandatory	59.6	62.5	62.5	62.5	—

Funding	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Total, Related Agencies BA in the Bill	76.7	81.2	79.7	78.0	—
<i>Emergency Funding (not in above totals)</i>	—	—	—	—	—

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Totals (“Total BA in the Bill”) do not include emergency-designated appropriations.

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 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 adults and children with qualifying disabilities 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.⁸⁷ Typically, each of the remaining 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 FY2023 appropriations issues for selected agencies, programs, or accounts within Related Agencies. **Table 11** tracks funding levels for the Related Agencies.

⁸⁷ In 2020, the Corporation for National and Community Service (CNCS) announced that the agency’s operating name would become “AmeriCorps,” but that CNCS would remain the agency’s legal name. For additional information, see “AmeriCorps Unveils New Logo, New Name for Agency,” September 29, 2020, <https://americorps.gov/newsroom/press-release/2020/americorps-unveils-new-logo-new-name-agency>. In keeping with source materials, this report generally uses the legal name, CNCS, when referring to the agency, and uses the term AmeriCorps in reference to specific programs operated by CNCS.

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.⁸⁸ 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 FY2024 Senate committee bill proposes \$14.4 billion in discretionary funding for the LAE account. This is

- \$465 million (+3.3%) more than the FY2024 House floor bill (\$14.0 billion)
- \$1.1 billion (-6.9%) less than the FY2024 President's request (\$15.5 billion), and
- \$292 million (+2.1%) more than the FY2023 enacted level (\$14.1 billion).

Similar to FY2023, the three proposals would dedicate about 13% of total funding for the LAE account to program integrity activities in FY2024. The program integrity portion of the LAE account for FY2024 includes \$273 million in base funding subject to the discretionary spending caps established by the Fiscal Responsibility Act of 2023 (P.L. 118-5), as well as additional funding that is effectively exempt from those caps and subject to an annual limit (*adjustment funding*; see **Appendix A** further information). Both the FY2024 Senate committee bill and the FY2024 House floor bill would provide almost \$1.9 billion in combined program integrity funding for the LAE account: \$273 million in base funding plus \$1.6 billion in adjustment funding, which is the maximum amount of adjustment funding permitted for FY2024 under the Fiscal Responsibility Act of 2023. The FY2024 President's request, which was released prior to the enactment of the Fiscal Responsibility Act of 2023, would provide almost \$1.9 billion in combined program integrity funding for the LAE account: \$287 million in base funding plus \$1.6 billion in adjustment funding.

Corporation for National and Community Service (CNCS)

The CNCS, operating as AmeriCorps, is an independent federal agency that administers a variety of national and community service programs.⁸⁹ The FY2024 Senate committee bill proposes \$1.3 billion in discretionary funding for the CNCS. This is

- \$602 million (+91.1%) more than the FY2024 House floor bill (\$661 million)
- \$216 million (-14.6%) less than the FY2024 President's request (\$1.5 billion), and
- \$50 million (-3.8%) less than the FY2023 enacted level (\$1.3 billion).

The explanatory materials associated with the House floor bill raise concerns with recent CNCS audit findings.⁹⁰ Accordingly, these materials indicate that several CNCS programs would be reduced or eliminated due to “the lack of oversight for Federal funding.”⁹¹

⁸⁸ See CRS Report R47746, *Social Security Administration (SSA): FY2024 Annual Limitation on Administrative Expenses (LAE) Appropriation: In Brief*.

⁸⁹ See CRS Report RL33931, *The Corporation for National and Community Service: Overview of Programs and Funding*, and AmeriCorps, “FAQs: What is CNCS?,” <https://americorps.gov/about/faqs>.

⁹⁰ House explanatory materials, p. 220.

⁹¹ Ibid.

National Labor Relations Board (NLRB)

The NLRB is an independent board that enforces provisions in the National Labor Relations Act (NLRA). The FY2024 Senate committee bill proposes \$299 million in discretionary funding for the NLRB. This is

- \$99 million (+49.6%) more than the FY2024 House floor bill (\$200 million)
- \$77 million (-20.5%) less than the FY2024 President’s request (\$376 million), and
- the same amount as the FY2023 enacted level (\$299 million).

The House floor bill also proposes to add a new provision to the LHHS bill that would prohibit the use of federal funds to change the administration, implementation, or enforcement of the “Joint Employer Status Under the National Labor Relations Act” final rule (\$409).⁹²

Table 11. Detailed Related Agencies Appropriations

(in millions of dollars)

Agency, Program, Project, or Activity	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Committee for Purchase from People Who Are Blind or Severely Disabled (operating as the U.S. AbilityOne Commission)	13	15	13	13	—
Corporation for National and Community Service (CNCS) (operating as AmeriCorps)	1,313	1,479	1,263	661	—
<u>Selected CNCS Programs/Initiatives:</u>					
Volunteers in Service to America (VISTA)	103	142	103	0	—
National Senior Volunteer Corps	237	262	237	162	—
AmeriCorps State and National Grants	557	651	557	425	—
National Civilian Community Corps	38	43	38	0	—
National Service Trust	230	213	180	0	—
Corporation for Public Broadcasting (CPB)	595	635	595	0	—
Federal Mediation and Conciliation Service	54	56	54	54	—
Federal Mine Safety and Health Review Commission	18	19	18	18	—
Institute of Museum and Library Services (IMLS)	295	295	290	295	—
Medicaid and CHIP Payment and Access Commission (MACPAC)	9	10	9	9	—
Medicare Payment Advisory Commission (MedPAC)	14	14	14	14	—
National Council on Disability	4	4	4	4	—
National Labor Relations Board (NLRB)	299	376	299	200	—

⁹² See National Labor Relations Board, “Joint Employer Status Under the National Labor Relations Act,” 85 *Federal Register* 11184, February 26, 2020, <https://www.federalregister.gov/documents/2020/02/26/2020-03373/joint-employer-status-under-the-national-labor-relations-act>.

Agency, Program, Project, or Activity	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
National Mediation Board	15	16	15	15	—
Occupational Safety and Health Review Commission	15	16	15	15	—
Railroad Retirement Board (RRB)	150	160	149	124	—
Dual Benefits (minus tax receipts)	8	7	7	7	—
Federal Payment to RR Retirement Account (mandatory) ^a	0	0	0	0	—
Limitation on Administration	128	139	128	103	—
Inspector General	14	15	14	14	—
Social Security Administration (SSA)	73,887	78,075	76,999	76,534	—
Payments to Social Security Trust Funds (mandatory)	11	10	10	10	—
Supplemental Security Income (SSI) (mandatory)	59,635	62,456	62,456	62,456	—
Limitation on Administrative Expenses (LAE)	14,126	15,488	14,418	13,953	—
<i>Regular LAE (incl. user fees, non-add)</i>	(12,342)	(13,618)	(12,567)	(12,102)	—
<i>Program Integrity (non-add)</i>	(1,784)	(1,870)	(1,851)	(1,851)	—
Office of Inspector General	115	120	115	115	—
Total, Related Agencies BA in the Bill	76,681	81,169	79,737	77,956	—
Subtotal, Mandatory	59,646	62,466	62,466	62,466	—
Subtotal, Discretionary	17,035	18,703	17,271	15,490	—
<i>Emergency Funding (not in above totals or memoranda below)</i>	—	—	—	—	—
Memoranda					
Total, BA Available in Fiscal Year (current year from any bill)	76,421	75,219	73,827	72,581	—
Total, BA Advances for Future Years (provided in current bill)	16,335	22,275	22,235	21,700	—
Total, BA Advances from Prior Years (for use in current year)	16,075	16,325	16,325	16,325	—

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Totals ("Total BA in the Bill") do not include emergency-designated appropriations.

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

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

Appendix A. Budget Enforcement Activities

The framework for budget enforcement under the congressional budget process has both statutory and procedural elements.

The statutory elements relevant to the LHHS bill are primarily the limits on defense and nondefense discretionary spending in the Balanced Budget and Emergency Deficit Control Act of 1985 (BBEDCA; P.L. 99-177), as amended. LHHS appropriations are classified as nondefense spending, and the bill has the largest share of such spending compared to the other annual appropriations bills. In addition, certain funding in the LHHS bill is affected by the mandatory spending sequester derived from the Budget Control Act of 2011 (BCA; P.L. 112-25) and the BBEDCA, as amended (most recently by P.L. 117-328, enacted on December 29, 2022).

The procedural elements of budget enforcement for LHHS are primarily associated with the budget resolution and limit both total discretionary spending and spending under the jurisdiction of each appropriations subcommittee.

After summarizing the status of budget enforcement for the FY2024 appropriations cycle, this appendix presents current-year FY2024 LHHS budgetary amounts in **Table A-1** and **Table A-2**.

Statutory Discretionary Spending Limits

The statutory limits on discretionary spending that are currently in effect were enacted as part of the Fiscal Responsibility Act of 2023 (FRA; P.L. 118-5) on June 3, 2023.⁹³ Prior to the FRA, statutory limits on discretionary spending had been in effect from FY2012 through FY2021.⁹⁴ The FRA amended the BBEDCA to provide limits on defense discretionary (all spending under budget function 050) and nondefense discretionary (all other spending) for FY2024 and FY2025. All funding in the LHHS bill is subject to the nondefense limit. The initial statutory limit on nondefense discretionary spending for FY2024 is \$703.65 billion under the FRA. This represents a \$40.2 billion (-5%) reduction relative to FY2023 enacted nondefense discretionary spending when accounting for Congressional Budget Office (CBO) scorekeeping, and prior to any adjustments to the limits pursuant to BBEDCA authorities.⁹⁵ Under the FRA, the FY2024 spending limits were to be automatically revised in the event a CR is in effect for any budget account on January 1, 2024.⁹⁶ The revision would result in an increase in nondefense

⁹³ For more information, see CRS Insight IN12168, *Discretionary Spending Caps in the Fiscal Responsibility Act of 2023*.

⁹⁴ During this period, 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). 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. The BCA statutory limits on discretionary spending expired at the end of FY2021, which meant that discretionary budget enforcement since that time occurred via procedural means only for FY2022 and FY2023 (CRS Report R46752, *Expiration of the Discretionary Spending Limits: Frequently Asked Questions*).

⁹⁵ These calculations are based on CBO, *Report on the Status of Discretionary Appropriations, Fiscal Year 2023, U.S. Senate, February 10, 2023*, <https://www.cbo.gov/system/files?file=2023-02/FY2023-Senate-2022-12-23.pdf>. Note that CBO tabulates a slightly different amount of funding using House conventions in CBO, *Report on the Status of Discretionary Appropriations, Fiscal Year 2023, U.S. House of Representatives, February 10, 2023*, <https://www.cbo.gov/system/files?file=2023-02/FY2023-House-2022-12-23.pdf>. See CRS Insight IN12183, *The FRA's Discretionary Spending Caps Under a CR: FAQs*.

⁹⁶ Under such a scenario, a sequester order would be issued on April 30, 2024, or fifteen days after enactment of full-year appropriations. The FRA states that the revised limits would revert to the original FRA limits if full-year appropriations were enacted before April 30. The FRA includes a similar provision for FY2025 spending. These (continued...)

discretionary spending levels and a decrease for defense discretionary spending levels when compared with the original limits. The revised nondefense discretionary limit would be \$736.45 billion, which is roughly \$32.8 billion (+5%) more than the original FRA limit for nondefense discretionary spending.⁹⁷ The FRA states that the revised limits would revert to the original FRA limits if full-year appropriations were enacted before April 30.

For LHHS programs and activities, the FRA provides for adjustments to the nondefense spending limit for health care fraud and abuse control, continuing disability reviews and redeterminations, and reemployment services and eligibility assessments, up to a specified amount of funding for each of FY2024 and FY2025.⁹⁸ The maximum amount of funding allowed for these LHHS adjustments is \$2.447 billion total in FY2024 and \$2.531 billion in FY2025. See the report section, “Exceptions to Budget Enforcement,” for more information about these adjustments.

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 (and through FY2032 for Medicare only).⁹⁹

On March 13, 2023, concurrent with the release of the President’s budget submission, President Biden issued the required FY2024 sequestration order, calling for nonexempt mandatory spending to be reduced on October 1, 2023.¹⁰⁰ At that time, the Office of Management and Budget (OMB) announced that the FY2024 sequestration percentages would equal 2% of nonexempt Medicare spending and 5.7% of other nonexempt nondefense mandatory spending, for a total reduction of \$26 billion in FY2024.¹⁰¹ (OMB also announced an 8.3% reduction, totaling \$2.0 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

provisions have been described as incentivizing Congress to enact regular full-year appropriations legislation instead of relying on CRs.

⁹⁷ These calculations are based on P.L. 118-5 and the Congressional Budget Office cost estimate referenced in P.L. 118-5 as “table 1–S of H.R. 2617, published on December 21, 2022.” For more information, see CRS Insight IN12183, *The FRA’s Discretionary Spending Caps Under a CR: FAQs*.

⁹⁸ The FRA also provided for a designation for emergency requirements, which would generally be available for funding under the purview of any appropriations act (not just LHHS).

⁹⁹ As originally enacted, mandatory sequestration was scheduled to run through FY2021, but this period has subsequently been incrementally extended to FY2031 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, and P.L. 117-58. In addition, P.L. 117-328 extended the sequester through FY2032 for Medicare only.

¹⁰⁰ Sequestration Order for Fiscal Year 2024 Pursuant to Section 251A of the Balanced Budget and Emergency Deficit Control Act, As Amended, Federal Register Volume 88, No. 51, March 16, 2023, p. 16171, <https://www.govinfo.gov/content/pkg/FR-2023-03-16/pdf/2023-05511.pdf>.

¹⁰¹ *OMB Report to the Congress on the BBEDCA 251A Sequestration for Fiscal Year 2024*, March 13, 2023, https://www.whitehouse.gov/wp-content/uploads/2023/03/BBEDCA_Sequestration_Report_and_Letter_3-13-2024.pdf. The BBEDCA, as amended, calls for the sequestration percentages for FY2022-FY2031 to be the same percentages as in FY2021, so these percentages no longer change year to year. See the report’s appendix for an itemized list of budget accounts that include mandatory spending subject to sequestration in FY2024, 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.

to health care trust funds, Supplemental Security Income, Special Benefits for Disabled Coal Miners, retirement pay and medical benefits for commissioned Public Health Service officers, foster care and adoption assistance, and certain family support payments. The LHHS bill also contains several programs that are subject to special rules under sequestration, such as health centers and portions of Medicare.¹⁰²

Budget Resolution, 302(b) Suballocations

The procedural elements of budget enforcement generally stem from requirements under the Congressional Budget Act of 1974 (P.L. 93-44) that are associated with the adoption of an annual budget resolution. Through this process, the Appropriations Committee in each chamber receives a procedural limit on the total amount of discretionary budget authority for the upcoming fiscal year, referred to as a 302(a) allocation. The Appropriations Committee subsequently divides this allocation among its 12 subcommittees. These subcommittee-level spending limits are referred to as 302(b) suballocations. The 302(b) suballocations restrict the amount of budget authority available to each subcommittee for the agencies, projects, and activities under its jurisdiction, effectively acting as a cap on each of the 12 regular appropriations bills. Enforcement of the 302(a) allocation and 302(b) suballocations occurs through points of order.¹⁰³

As of the cover date of this report, there has been no House or Senate action on a FY2024 budget resolution.¹⁰⁴ For the purposes of providing 302(a) allocations and budgetary aggregates for the consideration of FY2024 appropriations, as well as other matters that would have been traditionally associated with the budget resolution, the FRA directed the Chairs of the House Budget Committee and the Senate Budget Committee to enter those amounts into the *Congressional Record* as soon as practicable. These were published in the Senate on June 21, 2023, but have not been published in the House.¹⁰⁵

Generally, the next step in the appropriations process is for each of the appropriations committees to adopt suballocations from the total amount allocated to them. These 302(b) suballocations provide a limit on current-year (i.e., FY2024) appropriations within each subcommittee's jurisdiction and incorporate any applicable scorekeeping adjustments made by CBO.¹⁰⁶ On June 15, 2023, the House Appropriations Committee voted to approve draft suballocations for all 12 subcommittees, including LHHS (33-27).¹⁰⁷ The Senate Appropriations Committee reported its formal suballocations on June 22, 2023 (15-13).¹⁰⁸ These suballocations are displayed in **Table A-1**.

¹⁰² For more information, see CRS Report R42050, *Budget "Sequestration" and Selected Program Exemptions and Special Rules*.

¹⁰³ For further information, see CRS Report 98-815, *Budget Resolution Enforcement*.

¹⁰⁴ The House Budget Committee voted to report a FY2024 budget resolution on September 20, 2023, but the measure has not yet been reported.

¹⁰⁵ "Budget Enforcement Levels," *Congressional Record*, daily edition, vol. 169, no. 108 (June 21, 2023), pp. S2180-S2181.

¹⁰⁶ Such suballocations are commonly revised throughout the appropriations process to reflect changing budgetary priorities.

¹⁰⁷ The House Appropriations Committee suballocations have not been formally reported, but they have been published by the committee at https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/documents/FY24%20House%20Subcommittee%20Allocations%206.13.23_0.pdf.

¹⁰⁸ S.Rept. 118-45. These suballocations were subsequently revised in S.Rept. 118-57, S.Rept. 118-69, S.Rept. 118-78, S.Rept. 118-98, and S.Rept. 118-108.

Exceptions to Budget Enforcement

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 the statutory spending limits, these adjustments can be made under Section 251(b) of the BBEDCA.¹⁰⁹ The adjustments that apply to LHHS discretionary funding for the FY2024 budget cycle are summarized below:

- **Emergency requirement.** Funding for this adjustment is designated as being provided for an emergency requirement.¹¹⁰ There are no criteria that would restrict the use of this adjustment to particular accounts or activities, and no dollar limit on the amount of appropriations each fiscal year that can be designated in this manner.
- **Continuing disability reviews and redeterminations.** Funding for this adjustment is for the costs associated with conducting continuing disability reviews, SSI nonmedical redeterminations of eligibility, 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 FY2024, the amount of this adjustment is limited to \$1.6 billion in additional new budget authority. However, at least \$273 million must have first been appropriated for these purposes (sometimes referred to as *base funding*), subject to the budget resolution limits, in order for the additional \$1.6 billion adjustment to be available.
- **Health care fraud and abuse control.** Funding for this adjustment is for the health care fraud abuse control program at CMS (in HHS). For FY2024, the amount of this adjustment is limited to \$604 million in additional new budget authority. However, at least \$311 million must have first been appropriated for these purposes (sometimes referred to as *base funding*), subject to the budget resolution limits, in order for the additional \$604 million adjustment to be available.
- **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 certain claimants of regular Unemployment Compensation, as defined in such section. For FY2024, the amount of this adjustment is limited to \$265 million in additional new budget authority. However, at least \$117 million must first have been appropriated for these purposes (sometimes referred to as *base funding*), subject to the budget resolution limits, in order for the additional \$265 million adjustment to be available.¹¹¹

¹⁰⁹ For further information, see CRS Report R45778, *Exceptions to the Budget Control Act's Discretionary Spending Limits*.

¹¹⁰ In addition to the emergency adjustment that applies to the House in H.Res. 1151, the emergency adjustment that was established in the FY2022 budget resolution (S.Con.Res. 14, §4001) continues to apply in the Senate during the consideration of FY2024 appropriations.

¹¹¹ 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 FY2023 limit on that (continued...)

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.¹¹² For the purposes of FY2024 LHHS appropriations, these procedures apply only to the NIH Innovation Account that was created by the act.¹¹³ The Cures Act provides that discretionary appropriations from this account (up to the amount authorized) are to be subtracted from any cost estimates provided for purposes of budget controls. Thus, the Cures Act ensures that appropriations from this account will not count against any spending limits, such as those associated with the budget resolution for an applicable fiscal year. For FY2024, these Cures Act funds allowed in the LHHS bill total \$407 million.

FY2024 LHHS Spending Subject to Spending Limits

Table A-1 displays LHHS funding subject to budget enforcement for FY2023 (as enacted), along with the House FY2024 initial suballocations (H.Res. 1151) and the FY2024 Senate committee-reported bill (S. 2624). 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.)

The amounts shown in the table also take into account any applicable CBO scorekeeping adjustments. Under this method of estimating the bill, the House proposal would reduce regular discretionary appropriations for LHHS by 29% (-\$60.3 billion) relative to FY2023. The Senate proposal would reduce discretionary appropriations for LHHS by 6% (-\$12.1 billion) relative to FY2023.

The table also displays funding for which adjustments may be made to discretionary spending limits, including funding for certain LHHS program integrity activities and emergency requirements, where applicable. The “Adjusted Appropriations” total includes this funding.

Table A-1. LHHS Discretionary Appropriations: Comparison of FY2023 Enacted, and FY2024 House and Senate Appropriations Committee Initial 302(b) Suballocations
(current-year budget authority in billions of dollars)

	FY2023 Enacted	FY2024 Draft House Committee Suballocation^a	FY2024 Senate Committee- Reported Bill (S. 2624)	FY2024 Enacted
Regular Discretionary Appropriations	207.367	147.096	195.231	—

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).

¹¹² 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.

¹¹³ 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)*.

	FY2023 Enacted	FY2024 Draft House Committee Suballocation ^a	FY2024 Senate Committee- Reported Bill (S. 2624)	FY2024 Enacted
Adjustments: ^b				—
Program Integrity	2.345	2.447	2.447	
Health care fraud and abuse control	0.576	0.604	0.604	—
Continuing disability reviews and redeterminations	1.511	1.578	1.578	—
Reemployment services and eligibility assessments	0.258	0.265	0.265	—
Emergency Requirements ^c	9.920	—	4.500	— ^d
Adjusted Appropriations	219.632	149.543	202.178	—

Source: The FY2023 Enacted amounts are from CBO, *CBO Estimate for Divisions A through N of H.R. 2617 (as modified by S.A. 6552), the Consolidated Appropriations Act, 2023*, December 21, 2022, <https://www.cbo.gov/publication/58872>; and CRS analysis of P.L. 117-180 and P.L. 117-328. The FY2024 House Appropriations Committee initial suballocations are as published at https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/documents/FY24%20House%20Subcommittee%20Allocations%206.13.23_0.pdf. The program integrity adjustments for the House are from a CRS analysis of the text of the House floor bill. The FY2024 Senate Committee-reported bill (S. 2624) amounts are from S.Rept. 118-84, p. 1, and CRS analysis of the text of the Senate committee bill. “Regular discretionary appropriations” exclude funds for which special rules apply under the spending limits (e.g., funds for certain program integrity activities and emergency requirements), as well as funds provided under authorities in the 21st Century Cures Act (P.L. 114-255) that are effectively exempt from the spending limits. Amounts shown in this table generally reflect scorekeeping adjustments, where applicable.

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. Amounts include advance appropriations enacted in prior fiscal years that first become available in those fiscal years. Regular appropriations reflect current-year discretionary budget authority subject to the spending limits and exclude funds that are effectively exempt from these limits. Adjusted appropriations include, where applicable, discretionary funds for which special rules apply with regard to the spending limits, including certain funds for program integrity activities and funds provided under certain authorities in the 21st Century Cures Act (P.L. 114-255) that are effectively exempt from discretionary spending limits. (For FY2023, the Cures Act funds totaled \$1.085 billion; for FY2024, these funds totaled \$407 million.)

- According to page 2 of the draft explanatory materials released by the House Appropriations Committee, the LHHS appropriations in H.R. 5894 (and presumably as proposed in Rules Committee Print 118-13) align with the draft subcommittee suballocation (House Appropriations Committee, draft explanatory materials timestamped 03:26 on November 2, 2023, p. 2, <https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>).
- The FY2023 enacted amounts for these activities are identified via CRS analysis of Division H of P.L. 117-328. Note that CBO tabulates these adjustments differently based on relevant procedures in CBO, *Discretionary Spending in Fiscal Year 2023 Under Divisions A Through L of H.R. 2617 (as modified by Senate Amendment 6552), the Consolidated Appropriations Act, 2023*, December 21, 2022, https://www.cbo.gov/system/files/2022-12/HR-2617_div-A%E2%80%9393N.pdf. See also CBO, *Report on the Status of Discretionary Appropriations, Fiscal Year 2023, House of Representatives*, February 10, 2023, <https://www.cbo.gov/system/files?file=2023-02/FY2023-House-2022-12-23.pdf>; and CBO, *Report on the Status of Discretionary Appropriations, Fiscal Year 2023, Senate*, February 10, 2023, <https://www.cbo.gov/system/files?file=2023-02/FY2023-Senate-2022-12-23.pdf>.
- Unlike other tables in this report, emergency amounts in this table include estimated costs of contingent emergency appropriations for the HHS Refugee and Entrant Assistance account, where applicable.

- d. Division A of the Continuing Appropriations Act, 2024 and Other Extensions Act (H.R. 5860; P.L. 118-15, September 30, 2023) provided a rate for operations of \$2.5 billion in emergency-designated appropriations for Low Income Home Energy Assistance Program (§101(8)) at the HHS Administration for Children and Families (ACF). Because this funding is provided at a rate for operations, and not a definite amount, it is not included in the tables in this report.

Current-Year Budget Authority

Table A-2 displays the total LHHS current-year budget authority, by title. Unlike the prior table, the amounts shown here have not been adjusted for congressional scorekeeping. The totals in this table exclude funds designated as an emergency requirement. The amounts shown 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 FY2023 enacted column include FY2023 advance appropriations budget authority provided by the FY2021 LHHS omnibus (P.L. 116-260) and the FY2022 LHHS omnibus (P.L. 117-103). Similarly, the FY2024 President’s budget request, FY2024 Senate Cmte., and FY2024 House Floor columns include FY2024 advance appropriations provided by the FY2022 and FY2023 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: FY2023-FY2024

(current-year budget authority in billions of dollars)

Bill Title	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
Title I: Labor	15.1	16.8	15.1	11.1	—
Discretionary	13.8	15.5	13.8	9.8	—
Mandatory	1.3	1.3	1.3	1.3	—
Title II: HHS	1,214.7	1,230.4	1,214.7	1,204.5	—
Discretionary	115.4	129.6	113.9	103.7	—
Mandatory	1,099.3	1,100.8	1,100.8	1,100.8	—
Title III: Education	83.5	94.3	83.8	71.7	—
Discretionary	79.6	90.0	79.6	67.4	—
Mandatory	3.9	4.3	4.3	4.3	—
Title IV: Related Agencies	76.4	75.2	73.8	72.6	—
Discretionary	17.0	18.7	17.3	16.0	—
Mandatory	59.4	56.6	56.6	56.6	—
Total Current Year BA^a	1,389.7	1,416.7	1,387.4	1,359.9	—
Discretionary	225.8	253.8	224.5	196.9	—
Mandatory	1,163.9	1,162.9	1,162.9	1,162.9	—

Emergency Funding (not in above totals or memoranda below)^b

Bill Title	FY2023 Enacted	FY2024 Request	FY2024 Senate Cmte. (S. 2624)	FY2024 House Floor (H.R. 5894)	FY2024 Enacted
P.L. 117-180, Division A	2.8	—	—	—	—
P.L. 117-328, Division M	2.4	—	—	—	—
P.L. 117-328, Division N	4.3	—	—	—	—
S. 2624, Title II	—	—	4.1	—	—
Memoranda					
Advances for Future Years (provided in current bill) ^c	242.8	297.0	297.0	296.5	—
Advances from Prior Years (for use in current year) ^c	210.7	242.8	242.8	242.8	—
Additional Scorekeeping Adjustments ^d	-16.1	-30.9	-26.5	-47.0	—

Source: Amounts in this table for the FY2023 Enacted, FY2024 Request, and FY2024 Senate Cmte. columns are generally drawn from or calculated based on data contained in the Senate Appropriations Committee report accompanying S. 2624 (S.Rept. 118-84). Amounts in this table for the FY2024 House Floor column are generally drawn from or calculated based on data contained in the explanatory materials accompanying H.R. 5894 posted at <https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>. Enacted totals ("Total BA in the Bill") for FY2023 do not include emergency-designated appropriations. 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 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).
- Division H of the FY2023 omnibus included a contingent emergency appropriation for the HHS Refugee and Entrant Assistance account. The contingent funds were to become available only if certain conditions were met. The FY2024 President's request and Senate committee bills would also provide contingent appropriations for this account. Consistent with source materials, the estimated amount of the contingent appropriations is treated as a scorekeeping adjustment and is thus not included in this total. Division A of the Continuing Appropriations Act, 2024 and Other Extensions Act (H.R. 5860; P.L. 118-15, September 30, 2023) provided a rate for operations of \$2.5 billion in emergency-designated appropriations for Low Income Home Energy Assistance Program (§101(8)) at the HHS Administration for Children and Families (ACF). Because this funding is provided at a rate for operations, and not a definite amount, it is not included in the tables in this report. In addition, pursuant to instructions in section 103 of the FRA, this table does not include emergency-designated advance appropriations enacted prior to FY2024 (e.g., those in P.L. 117-58, Division J and P.L. 117-159, Division B).
- The calculation for total budget authority in the bill (rather than total budget authority available for obligation in the current fiscal year) is as follows: Total Current Year BA minus Advances from Prior Years plus Advances for Future Years. The amount for both Advances from Prior Years and Advances for Future Years is the combined total of mandatory and discretionary spending.
- Totals in this table have generally not been adjusted for further scorekeeping. (To adjust for scorekeeping, add this line to the total budget authority.)

Appendix B. House Floor Amendments Offered to H.R. 5894, as amended by Rules Committee Print 118-13

Although the House Appropriations Committee LHHS Subcommittee had approved a draft bill on July 14, 2023, that bill was not marked up by the full committee. Subsequently, the House considered an LHHS bill, but did not vote on final passage. This bill (H.R. 5894), the text of which was substantially the same as the subcommittee draft bill, had been introduced on October 6, 2023, by Representative Aderholt, Chair of the House Appropriations LHHS Subcommittee.

H.R. 5894 was brought to the House floor for consideration on November 14, under the terms of a special rule (H.Res. 864), that specified the amendments that would be in order and provided that the text of the bill would be Rules Committee Print 118-13, which in effect made numerous alterations to the provisions in H.R. 5894 as introduced.¹¹⁴ 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);¹¹⁵ a total of 49 amendments were considered in this manner. When counting amendments considered en bloc as separate amendments, 109 amendments were adopted, 23 were rejected, and 2 were offered and withdrawn.

A summary of each amendment that was offered and its disposition is listed in **Table B-1** below. The summary of each amendment is as published in H.Rept. 118-272, the Rules Committee report accompanying H.Res. 864. (Note that not all amendments that were made in order were offered.) Some amendments proposed to increase and decrease funding for the same appropriations account by identical amounts, thereby having no net budgetary effect. These are commonly called “plus-minus” amendments.¹¹⁶ While this type of amendment generally would not produce a budgetary effect, offering the amendment would allow the Member time to speak on the amendment when the House is considering legislation. This may allow the Member to communicate preferences related to that specific program or account.

Table B-1. LHHS House Floor Amendments Offered to H.R. 5894

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
I. Miller (IL): Reduces the funds provided to the Occupational Safety and Health Administration to \$0.	No	Failed, recorded vote: 131 - 300

¹¹⁴ See the Rules Committee report accompanying H.Res. 864 for the text of the amendments made in order (H.Rept. 118-272). The text of Rules Committee Print 118-13 is posted at https://rules.house.gov/sites/republicans.rules118.house.gov/files/LHHS%20RCP%20FINAL_xml.pdf. A comparative print of H.R. 5894 and the Rules Committee Print 118-13 is posted at https://rules.house.gov/sites/republicans.rules118.house.gov/files/118hr5894ih_to_LHHS%20RCP%20FINAL_xml.pdf. Draft explanatory materials accompanying H.R. 5894 and Rules Committee Print 118-13 also were released by the House Appropriations Committee and posted at <https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf>.

¹¹⁵ 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*.

¹¹⁶ For more information, see CRS In Focus IF11973, *“Plus-Minus” Amendments to Regular Appropriations Measures*.

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
2. Higgins (LA): Reduces the Mine Safety and Health Administration's Salary and Expenses account by \$1,000,000, attributed to the salary and benefits cuts of William O'Dell and Christopher Williamson and redirects these funds to the Department of Labor's Office of Inspector General's account.	No	Adopted, voice vote
3. Sherrill (NJ): Increases funding for the Department of Education's Office of Elementary and Secondary Education—Education for the Disadvantaged account by \$5 million to allow K–12 schools to implement and administer high-impact tutoring programs that will help students recover from COVID-related academic challenges. Reduces funding for the Department of Labor's Departmental Management—Salaries and Expenses account by \$5 million.	Yes	Adopted, voice vote
4. Cloud (TX): Strikes a reference to a job corps center on Treasure Island in Sec. 114 and replaces it with the job corps center located in San Marcos, Texas.	No	Adopted, voice vote
5. Harris (MD), Murphy (NC), Burgess (TX), Wenstrup (OH): Decreases the Office of the Secretary of HHS by \$10,000,000. Increases the HRSA Health Workforce topline by \$9,500,000.	Yes	Adopted, voice vote
6. Meuser (PA): Provides the Health Workforce Account with an additional \$10 million for the Nurse Corps programs which is offset with a \$19 million deduction to the National Institute of Nursing Research.	No	Adopted, voice vote
7. Caraveo (CO): Increases and decreases the Maternal and Child Health Block Grant by \$35 million for the purpose of providing support for maternal and child health care services; prenatal, delivery, and postnatal care; and screenings, diagnostic and treatment services to improve the health and well-being of mothers, children, and families.	Yes	Adopted, voice vote
8. Boebert (CO): Transfers funds from HHS General Department Management to the Small Rural Hospital Improvement Grant Program.	No	Adopted, voice vote
9. Boebert (CO): Transfers funds from HHS General Department Management for the purchase and implementation of telehealth services to improve health care coordination for rural veterans between rural providers and the Department of Veterans Affairs.	No	Adopted, voice vote
10. Boebert (CO): Transfers funds from HHS General Department Management to the Rural Emergency Hospital Technical Assistance Program.	No	Adopted, voice vote
11. Boebert (CO): Transfers funds from HHS General Department Management to the Rural Residency Planning and Development Program to support physician workforce expansion in rural areas.	No	Adopted, voice vote
12. Boebert (CO): Transfers funds from HHS General Department Management to suicide prevention research and techniques to combat the mental health epidemic.	Yes	Adopted, voice vote
13. Boebert (CO): Transfers funds from HHS General Department Management to the Inspector General to combat waste, fraud, and abuse.	No	Adopted, voice vote
14. Castor (FL): Increases and decreases funding for the Centers for Disease Control and Prevention in support of the President's request to prevent HPV-related cancers through the Cancer Moonshot Initiative.	Yes	Adopted, voice vote
15. Miller (WV): Directs \$5,000,000 of funding to the CDC's TGS program to promote early detection of emerging pathogens and infectious diseases through airport wastewater study. Reduces funding for the Office of the Secretary of the HHS by the same amount.	Yes	Adopted, voice vote

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
16. Pfluger (TX): Decreases and increases funds by \$1,500,000 within the CDC's National Center for Emerging and Zoonotic Infectious Diseases for the purpose of funding grants for research and surveillance activities on the prevalence of Valley Fever and the health impacts on the population affected.	Yes	Adopted, voice vote
17. Murphy (NC): Increases and decreases funding for the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion to support the Presidential Physical Fitness Test.	Yes	Adopted, voice vote
18. Sherrill (NJ): Increases funding by \$5 million for the CDC Chronic Disease Prevention and Health Promotion Account to award grants for the creation of programs to improve prevention, identification, and treatment of cardiovascular disease in women. The offset of \$5 million is from the Office the Secretary General Departmental Management Account.	Yes	Adopted, voice vote
19. Mills (FL): Reduces the appropriated amount for the Public Health Scientific Services to the FY19 appropriated amount.	No	Adopted, voice vote
20. Gallagher (WI), Crow (CO): Increases funding for the Centers for Disease Control and Prevention ALS Registry by \$5,000,000 to support research to prevent ALS among active military personnel and veterans, and reduces funding for the Office of the Secretary of General Departmental Management by \$5,000,000.	Yes	Adopted, voice vote
21. Gottheimer (NJ): Increases and decreases funds by \$1,000,000 in the Centers for Disease Control and Prevention's 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.	Yes	Adopted, voice vote
22. Grothman (WI): Increases and decreases funding in CDC Wide Activities and Program Support by \$1,000,000 to express the intent for the CDC to conduct a study on the connection between vitamin D deficiencies and COVID-19 mortality rates in the United States; and the role of vitamin D in suppressing severe COVID-19 symptoms; and determine whether or not a recommendation should be made on the supplemental intake of vitamin D to boost immune health and protect against complications associated with respiratory illness and infections.	No	Adopted, voice vote
23. Gottheimer (NJ): Increases and decreases funding by \$5 million for the National Cancer Institute to support improved access to lifesaving screening, diagnostic, and treatment services in an effort to reduce disparities and advance health equity in breast and cervical cancer.	Yes	Adopted, voice vote
24. Jackson Lee (TX): Increases funding for the National Cancer Institute by \$2,000,000 to research triple negative breast cancer.	Yes	Adopted, voice vote
25. Murphy (NC), Costa (CA): Transfers \$1,000,000 from the Department of Health and Human Services Office of the Secretary to the National Institute of Neurological Disorders and Stroke to fund a Pediatric-Onset Epilepsies Consortium to enable cooperative research studies, accelerate the development of knowledge about the epilepsies, and rapidly advance therapeutic options and their implementation to improve treatments and healthcare outcomes. (10 minutes)	Yes	Adopted, voice vote
27. Gluesenkamp Perez (WA): Increases and decreases funding for the National Institute of Allergy and Infectious Disease to recognize the economic burden of Hand, Foot, and Mouth Disease and highlight the importance of developing a vaccine for its prevention.	Yes	Adopted, voice vote
28. Good (VA): Transfers \$10 million allocated for the Office of Diversity in Biomedical Research to the Spending Reduction Account.	No	Failed, recorded vote: 190 - 241

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
29. Caraveo (CO): Increases and decreases the Eunice Kennedy Shriver National Institute of Child Health and Human Development by \$10 million, for the purpose of continued research and training to understand human development across the lifespan to improve health outcomes and reduce costs associated with illness and disability.	Yes	Adopted, voice vote
30. Gottheimer (NJ): Increases funding by \$10 million for the National Institute on Aging to strengthen the Alzheimer's Disease Education and Referral (ADEAR) Center's research on Alzheimer's disease including causes, diagnostic tools, treatments, and cures. The offset of \$10 million is from the Office of the Secretary General Departmental Management Account.	Yes	Adopted, voice vote
31. Barragan (CA): Increases and decreases funds for the National Institute on Minority Health and Health Disparities (NIMHD) by \$1,000,000 to express the intent that increased funding be included for the NIMHD Research Endowment Program to provide continued support to existing grantees, and to expand the number of statutorily eligible institutions receiving grants through a competitive process.	Yes	Adopted, voice vote
32. Good (VA): Transfers \$524.4 million from the National Institute of Minority Health and Health Disparities to the Spending Reduction Account.	No	Failed, recorded vote: 140 - 294
33. Rosendale (MT): Prohibits funding for the John E. Fogarty International Center saving approximately \$95 million.	No	Failed, recorded vote: 183 - 251
34. Pfluger (TX): Decreases the amount appropriated to the NIH's Office of the Director by \$3,748,715 to redress the amount of federal funds the NIH awarded EcoHealth Alliance, Inc. to conduct gain-of-function research at the Wuhan Institute of Virology.	No	Adopted, voice vote
35. Mills (FL): Reduces the appropriated amount for the Office of the Director, NIH to the FY19 appropriated amount.	No	Failed, recorded vote: 186 - 247
36. Clyde (GA): Reduces funds for the NIH.	No	Adopted, voice vote
37. Steil (WI): Increases the Substance Abuse Mental Health Budget by \$18 million for the 9–8–8 National Suicide Prevention Lifeline. The offset is decreasing funding from the NIH Office of the Director.	Yes	Adopted, voice vote
38. Harris (MD), Burgess (TX): Decreases the appropriation for NIH buildings and facilities by \$59,000,000. Increases the appropriation for Project BioShield by \$50,000,000.	No	Adopted, voice vote
39. Harris (MD), Dunn (FL): Decreases the appropriation for NIH buildings and facilities by \$119,000,000. Increases the appropriation for the Strategic National Stockpile by \$100,000,000.	No	Adopted, voice vote
40. Balint (VT): Increases and decreases funding for the SAMHSA Disaster Response Program to highlight the importance of supporting disaster survivors' mental health.	Yes	Adopted, voice vote
41. Molinaro (NY): Subtracts and adds \$10,000,000 to highlight the importance of bolstering 988 infrastructure and care coordination.	Yes	Adopted, voice vote
42. Murphy (NC): Transfers \$2 million from the Office of the Secretary General Departmental Management to the Substance Abuse and Mental Health Administration to increase available grants to prevent prescription drug and illicit opioid overdoses.	Yes	Adopted, voice vote

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
43. Caraveo (CO): Increases and decreases the National Child Traumatic Stress Initiative by \$7 million for the purpose of raising awareness of the impact of traumatic stress on children and adolescents and to increase availability and accessibility of trauma-informed care, services, and treatments.	Yes	Adopted, voice vote
44. Barr (KY): Increases funding for the Treatment, Recovery, and Workforce Support Program.	Yes	Adopted, voice vote
45. Gottheimer (NJ): Increases funding by \$10 million for the Assistant Secretary for Mental Health and Substance Use to award grants, contracts, and cooperative agreements for planning, establishing, or administering programs to prevent and address the misuse of opioids, related drugs, and other drugs commonly used in pain management or injury recovery, as well as the co-use of one or more such drugs with other substances, by students and student athletes. The offset of \$10 million is from the Office of the Secretary General Departmental Management Account.	Yes	Adopted, voice vote
46. Pettersen (CO): Transfers \$2 million from the Office of Secretary General Departmental Management Account to the Substance Abuse and Mental Health Administration for the purpose of expanding mobile Medication Assisted Treatment (MAT) units in rural communities.	Yes	Adopted, voice vote
47. Molinaro (NY): Subtracts and adds \$2,000,000 to specify that SAMHSA should explore using its funds for crisis stabilization centers that provide walk-in care services for individuals with serious mental health conditions and/or substance use disorders as an effective approach to reducing emergency department visits, hospitalizations, or incarceration.	Yes	Adopted, voice vote
48. Steube (FL): Increases and decreases funding to the Administration for Children and Families by \$2,000,000 to highlight the need for innovative foster care programming that recognizes the adversities, challenges, and traumas that children and families involved in the foster care system often confront in such vulnerable periods.	Yes	Adopted, voice vote
49. Ramirez (IL): Increases and decreases funding for the Services for Survivors of Torture Program.	Yes	Adopted, voice vote
50. Ciscomani (AZ): Increases and decreases funding for Head Start.	Yes	Adopted, voice vote
51. Jackson Lee (TX): Increases funds by \$2,000,000 for the Head Start Act, including Head Start partnerships.	Yes	Adopted, voice vote
52. Molinaro (NY): Increases and decreases funding for the Administration of Community Living by \$5,000,000 to build up telephone reassurance services to support the mental health and overall well-being of socially vulnerable older adults.	Yes	Adopted, voice vote
53. Dunn (FL), Miller (WV): Increases and decreases the funding by \$400 million for the Administration for Strategic Preparedness and Response's (ASPR) Project Bioshield to highlight the importance of HHS funding oral antiviral therapeutics as part of Project NextGen.	Yes	Adopted, voice vote
54. Carter (GA), Burgess (TX): Directs \$15 million to carry out section 2409 of Public Law 117–328 to allow states to build or maintain their own medical stockpile for their specific and unique needs, while coordinating with the SNS and ensuring it is robust.	No	Adopted, voice vote
55. Good (VA): Transfers \$28 million allocated for Minority AIDS prevention to the Spending Reduction Account.	No	Failed, recorded vote: 109 - 324 (Roll no 653)

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
56. Hudson (NC): Transfers \$2,000,000 from HHS office of the Secretary and transfer it to the Office of Inspector General to support investigation and oversight functions of HHS in disrupting counterfeit medicine.	Yes	Adopted, voice vote
57. Kiggans (VA): Increases and decreases Medicare Hearings and Appeals funding by \$196,000,000 to direct CMS to transmit information, either on the CMS website or on the claim denial notification, to those whose Medicare/Medicaid claims are denied about how to effectively appeal their denied claims.	Yes	Adopted, voice vote
59. Houchin (IN): Increases and decreases the ESEA account by \$1 million dollars to highlight the importance of the Literacy Education for All, Results for the Nation program under ESEA.	Yes	Adopted, voice vote
60. Houchin (IN): Increases and decreases the HEA account by \$1 million dollars to highlight the importance of our future educators teaching the science of reading through a phonics-based curriculum.	Yes	Adopted, voice vote
61. Boebert (CO): Transfers funds from the Department of Education bureaucracy to Charter School Grants.	No	Adopted, voice vote
62. Boebert (CO): Transfers funds from the Department of Education bureaucracy to Rural School Programs.	No	Adopted, voice vote
63. Boebert (CO): Transfers funds from the Department of Education bureaucracy to the Office of Indian Education.	No	Adopted, voice vote
64. Scott, David (GA): Increases and decreases funding for the Assistance for Arts Education to highlight the need for professional development for arts educators to better include and accommodate students with disabilities.	Yes	Adopted, voice vote
65. Molinaro (NY): Increases and decreases IDEA funding to emphasize the importance of supporting students with intellectual and developmental disabilities.	Yes	Adopted, voice vote
66. Molinaro (NY), Houchin (IN): Increases and decreases IDEA funding to highlight the importance for school districts to inform parents of their right to have a third-party advocate in IEP meetings.	Yes	Adopted, voice vote
67. Steil (WI), Grothman (WI): Transfers \$5,000,000 from the Department of Education's Departmental Management Program Administration account to the Department of Education's Special Education account for the purpose of carrying out Part B of the Individuals with Disabilities Education Act (IDEA).	Yes	Adopted, voice vote
68. McGarvey (KY): Increases and decreases funding by \$2 million to highlight the importance of continued funding for the American Printing House for the Blind and their mission providing accessible and innovative reading materials to people who are blind or low vision.	Yes	Adopted, voice vote
69. Biggs (AZ): Cuts funding for the Student Financial Assistance Program.	No	Failed, recorded vote: 85 - 350
70. Biggs (AZ): Strikes funding to the Student Aid Administration.	No	Failed, recorded vote: 81 - 353
71. Biggs (AZ): Strikes funding to the Higher Education Program.	No	Failed, recorded vote: 81 - 354
72. Molinaro (NY): Increases and decreases Department of Education funding to ensure that students are protected against antisemitic activity and those students who are affected have access to adequate counseling services.	Yes	Adopted, voice vote

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
73. Moore (WI): Demonstrates the importance of the TRIO program by increase/decrease by \$1 million.	Yes	Adopted, voice vote
74. Ramirez (IL): Increases and decreases funding for Augustus F. Hawkins Centers of Excellence grants.	Yes	Adopted, voice vote
75. Ramirez (IL): Increases and decreases funding for Development Hispanic-Serving Institutions Program.	Yes	Adopted, voice vote
76. Biggs (AZ): Strikes funding to the Institute of Education Sciences.	No	Failed, recorded vote: 118 - 316
77. Lawler (NY): Increases/decreases funding at the Department of Education's Office of Civil Rights to prioritize the investigation of antisemitic incidents on college campuses.	Yes	Adopted, voice vote
78. Perry (PA): Reduces funding for the National Labor Relations Board by \$100 million.	No	Failed, recorded vote: 169 - 257
79. Gottheimer (NJ): Increases and decreases funds by \$10 million to hire more Social Security Administration employees in the Office of Hearing Operations to reduce hearings backlog and processing times for disability claims.	Yes	Adopted, voice vote
80. Kiley (CA): Prohibits funds made available under this Act from being used by the Department of Health and Human Services or any grantee to implement a mask mandate for children at Head Start programs	No	Adopted, voice vote
81. Boebert (CO): Transfers funds from the Department of Education bureaucracy to the Office of the Inspector General to combat Waste, Fraud, and abuse.	No	Adopted, voice vote
82. Allen (GA): Restricts any funds made available by this Act to be used to finalize, implement, or enforce the proposed rule entitled "Retirement Security Rule: Definition of an Investment Advice Fiduciary" or any substantially similar rule.	No	Adopted, voice vote
83. Wagner (MO): Prohibits the Department of Labor from using funds to finalize, implement, or enforce proposed amendments to class prohibited transaction exemptions (PTEs) available to investment advice fiduciaries.	No	Adopted, voice vote
84. Norman (SC): Prohibits funding to carry out the actions described in the fact sheet released by the White House related to cracking down on junk fees in retirement investment advice.	No	Adopted, voice vote
85. Biggs (AZ): Prohibits the Department of Health and Human Services from making any voluntary contributions to the World Health Organization.	No	Adopted, voice vote
86. Biggs (AZ), Roy (TX): Prohibits the use of funds to pay for the salary and expenses of ORR Director Robin Dunn Marcos.	No	Failed, recorded vote: 173 - 254
87. Brecheen (OK): Prohibits funds to finalize, implement, administer, or enforce the proposed rule entitled "Safe and Appropriate Foster Care Placement Requirements for Titles IV-E and IV-B," which requires foster families to affirm a foster child's LGBTQI+ identity.	No	Adopted, voice vote
90. Cammack (FL): Prohibits funds from being used to finalize any rule or regulation that has resulted in or is likely to result in an annual effect on the economy of \$100 million or more.	No	Adopted, voice vote
92. Crane (AZ): Reduces federal education funding by \$37,735,000.	No	Failed, recorded vote: 151 - 273

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
96. Good (VA): Prohibits funds from being used to require universities to enforce COVID-19 vaccine requirements for students and faculty.	No	Adopted, voice vote
99. Gosar (AZ): Prohibits funding for NIH grant R01AI110964 “Understanding the Risk of Bat Coronavirus Emergence” and Cooperative Agreement U01AI151797 “Understanding Risk of Zoonotic Virus Emergence in EID Hotspots of Southeast Asia.”	No	Adopted, voice vote
100. Graves (LA): Prohibits the use of funds to promulgate new major rules if OMB determines that the regulation is likely to result in a significant impact on the economy, a major increase in prices for consumers, or adverse effects on American global competition.	No	Adopted, voice vote
101. Greene (GA): Prohibits funding for the implementation of the CDC’s recommendation to add the Covid vaccine to the child and adolescent immunization schedule.	No	Adopted, voice vote
102. Greene (GA): Prohibits funding for vaccine mandates.	No	Adopted, voice vote
103. Greene (GA), Miller (IL): Reduces the salary of Rachel Levine, Assistant Secretary for Health, to \$1.	No	Failed, recorded vote: 170 - 254, 1 Present
104. Greene (GA), Miller (IL): Reduces the salary of Miguel Cardona, Secretary of Education, to \$1.	No	Failed, recorded vote: 165 - 260, 1 Present
105. Hageman (WY): Prohibits the Department of Labor from providing climate literacy training.	No	Adopted, voice vote
106. Hageman (WY): Prohibits the Department of Labor from administering environmental justice grant programs.	No	Adopted, voice vote
107. Hageman (WY): Prohibits funds made available by this Act from being used to implement or carry out the strategies provided by the Department of Education’s September 2023 report titled “Strategies for Increasing Diversity and Opportunity in Higher Education.”	No	Adopted, voice vote
108. Hageman (WY): Prohibits funds made available by this Act from being used to carry out educational priorities, including invitational priorities, concerning the American History and Civics Education programs, and referenced in 86 FR 20348 relating to “Proposed Priorities—American History and Civics Education.”	No	Adopted, voice vote
109. Harris (MD), Burgess (TX), McCormick (GA), Wenstrup (OH): Limits the amount that the National Institutes of Health provides grantees for facilities and administrative costs to 30% of the total grant.	No	Withdrawn
110. Hern (OK): Prohibits funds from being used for a Confucius Classroom.	No	Adopted, voice vote
111. Hern (OK): Ensures the Department of Health and Human Services implements consumer protections passed in the surprise billing law that provides patients with an advanced cost estimate for their healthcare services.	No	Adopted, recorded vote: 411 - 14
112. Higgins (LA): Reduces the salary of Christopher Williamson, Assistant Secretary of the Mine Safety and Health Administration, to \$1.	No	Failed, recorded vote: 148 - 280, 1 Present
113. Higgins (LA): Reduces the salary of William O’Dell, District Manager in Dallas, Texas, of the Mine Safety and Health Administration, to \$1.	No	Failed, recorded vote: 144 - 279, 1 Present

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
114. Lawler (NY): Prohibits funding under this Act from going toward colleges and universities that authorize, facilitate, provide funding for, or otherwise support any event promoting antisemitism on campus.	No	Adopted, recorded vote: 373 - 54
115. Massie (KY): Prohibits funds from being used to fund any grant related to any transgenic edible vaccine.	No	Adopted, voice vote
116. Massie (KY), Miller-Meeks (IA): Prohibits funds from being made available to conduct or support gain of function research.	No	Adopted, voice vote
117. McCormick (GA): Reduces the salary of Xavier Becerra, Secretary of the Department of Health and Human Services, to \$1.	No	Failed, recorded vote: 162 - 262, 1 Present
118. Miller (IL): Reduces the salary of Catherine E. Lhamon, Assistant Secretary for Civil Rights at the U.S. Department of Education, to \$1.	No	Failed, recorded vote: 157 - 268, 1 Present
119. Miller (IL): Reduces the salary of Douglas L. Parker, Assistant Secretary of Labor for Occupational Safety and Health, to \$1.	No	Failed, recorded vote: 155 - 270, 1 Present
120. Miller (IL): Prohibits funds to the World Health Organization.	No	Adopted, voice vote
121. Miller (IL): Prohibits funds to Office of Population Affairs.	No	Failed, recorded vote: 204 - 224
122. Miller (WV), Pfluger (TX), Fleischmann (TN): Prevents funds from being used to finalize, implement, or enforce the proposed rule published by the Department of Health and Human Services entitled "Medicaid Program; Misclassification of Drugs, Program Administration and Program Integrity Updates Under the Medicaid Drug Rebate Program" (88 Fed. Reg. 34238 (May, 26, 2023)).	No	Adopted, voice vote
123. Miller-Meeks (IA): Prohibits funding for CDC's firearm injury and mortality prevention research.	No	Adopted, recorded vote: 216 - 211
124. Moore (UT), Schneider (IL): Increases and decreases funding for the U.S. Department of Health and Human Services HRSA Wide Activities and Programs Support account to urge HRSA to provide Congress an accounting of unpaid and partially paid claims by HRSA's COVID-19 Uninsured Program, an accounting of funding to pay these claims since its initiation, including instances in which funding intended for this program was diverted to other activities, and a plan for payment of legitimate claims still outstanding for services provided under this program.	No	Adopted, voice vote
126. Murphy (NC), Hern (OK), Wenstrup (OH), Hageman (WY), Barr (KY), Houchin (IN), Rosendale (MT), Burgess (TX), Fischbach (MN): Prohibits funds from being used to finalize, implement, or enforce the proposed rule entitled: "Medicare and Medicaid Programs: Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting (CMS 3442-P)".	No	Adopted, voice vote
127. Ogles (TN): Prohibits funds from use to impose a COVID-19 mask mandate.	No	Adopted, voice vote
128. Ogles (TN): Prohibits funds for Guidance issued by Secretary Becerra regarding mandated use of preferred pronouns.	No	Adopted, voice vote
129. Perry (PA): Prohibits the use of funds for the Mine Safety and Health Administration to finalize, implement, or enforce the proposed rule entitled, "Lowering Miners' Exposure to Respirable Crystalline Silica and Improving Respiratory Protection."	No	Adopted, voice vote

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
130. Perry (PA): Prohibits the use of funds for the NLRB to implement, administer, or enforce the “Representation-Case Procedures” rule, which imposes “ambush” elections.	No	Adopted, voice vote
131. Perry (PA), Good (VA), Allen (GA): Prohibits the use of funds to implement or enforce the “Cemex” decision which imposes a back-door card check system for union elections.	No	Adopted, voice vote
132. Pfluger (TX), Burgess (TX), Crenshaw (TX), Weber (TX), Gooden (TX), Moran (TX), De La Cruz (TX), Babin (TX): Prohibits funding to finalize, implement or enforce policies in CMS’s policies included in the informational bulletin promulgated by the Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services on February 17, 2023, and proposed limitation for state directed payments as stated in the May 3, 2023, proposed rule titled “Medicaid Program; Medicaid and Children’s Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality.”	No	Adopted, voice vote
133. Rosendale (MT): Prohibits funds made available by this Act from conducting or supporting any gain-of-function research involving a potential pandemic pathogen by Rocky Mountain Laboratories.	No	Adopted, voice vote
134. Rosendale (MT): Reduces the salary of Vincent Munster, Chief, Virus Ecology Section, National Institute of Allergy and Infectious Diseases to \$1.	No	Failed, recorded vote: 155 - 268, I Present
135. Rosendale (MT), Brecheen (OK): Prohibits funds from being used to implement the proposed rule entitled “Unaccompanied Children Program Foundational Rule” issued by the Administration for Children and Families.	No	Withdrawn
136. Roy (TX), Cammack (FL): Prohibits funds appropriated by this Act to implement certain executive orders regarding climate change.	No	Adopted, voice vote
137. Santos (NY): Prohibits funds from being used to establish, implement, or enforce any vaccine mandate.	No	Adopted, voice vote
138. Schweikert (AZ): Increases funding for the National Eye Institute by \$5 million for the development of autonomous eye screening for diabetic retinopathy. Offsets the increase with a decrease in funding of \$5 million from the General Departmental Management account under the Office of the Secretary of Health and Human Services.	No	Adopted, voice vote
139. Schweikert (AZ): Increases funding by \$2 million for the CDC “Emerging Zoonotic and Infectious Disease account with the intention that these funds be used for Coccidioidomycosis otherwise known as “Valley Fever.” 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.	No	Adopted, voice vote
140. Schweikert (AZ): Reduces each amount appropriated or otherwise made available by this Act that is not required to be appropriated or made available by a provision of law by 26.2 percent, equal to the amount that entities with taxing authority receive in the bill.	No	Failed by voice vote
141. Schweikert (AZ), Miller (WV): Increases and decreases funding of \$5 million for the National Institute on Drug Abuse to support research on cures for synthetic opioids and fentanyl. Offsets the increase with a decrease in funding of \$5 million from the General Departmental Management account under the Office of the Secretary of Health and Human Services.	Yes	Adopted, voice vote

Amdt. No. and Summary from the Rules Committee	En Bloc	Disposition
142. Smucker (PA), Van Orden (WI): Prohibits ED from using funds to implement, administer, or enforce a provision of their Oct. 31 final rule that would prohibit education and training programs from exceeding their state's minimum hours requirements.	No	Adopted, voice vote
143. Tenney (NY): Prohibits funding for Executive Order 14019.	No	Adopted, voice vote
144. Van Duyne (TX): Prohibits funds from being used to enforce ASC-20 of the Ambulatory Surgical Center Quality Reporting Program (ASCQR) which requires ASCs to report their COVID-19 Vaccination Coverage Among Health Care Personnel data.	No	Adopted, voice vote
146. Lawler (NY), Ciscomani (AZ): Increases funding for Head Start.	No	Adopted, voice vote

Sources: The amendment numbers and summaries are from pages 3-14 of H.Rept. 118-272. En bloc consideration and the disposition of all amendments is from *Congressional Record*, daily edition, Vol. 169, Nos. 188 and 189 (November 14, 2023), and *Congressional Record*, daily edition, Vol. 169, No. 190 (November 15, 2023).

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