

FY 2019 Appropriations Update: Senate Appropriations Committee Approves Labor, Health and Human Services, Education Bill

Lewis-Burke Associates LLC – July 2, 2018

On June 28, the Senate Committee on Appropriations approved its fiscal year (FY) 2019 Labor, Health and Human Services, and Education Appropriations bill, which is the final of the 12 FY 2019 appropriations bills approved by the Committee. Action now moves to the Senate floor, although timing for when the bill will be considered is unclear, particularly with a potential Supreme Court confirmation looming over the upper chamber.

The bill would provide a total of \$39.1 billion for the National Institutes of Health (NIH), an increase of \$2 billion (5.4 percent) above the FY 2018 enacted level and \$4.1 billion above the president's FY 2018 budget request. The total includes \$711 million for specific initiatives in the NIH Innovation Account authorized in the *21st Century Cures Act*. The Senate total for NIH is \$800 million (2 percent) more than provided in the House subcommittee's version approved on June 15.

The bill would continue to invest in agency-wide activities at the Department of Health and Human Services (HHS) which have garnered bipartisan support; such as programs to combat the opioid epidemic, efforts to strengthen rural health, and activities to address childhood trauma. In addition, the bill would again reject many of the Administration's proposals to consolidate or eliminate funding for health programs, including moving several agencies to NIH.

For FY 2019, the Senate Committee bill would fund the Department of Education (ED) at \$74.9 billion, a \$610 million increase over the FY 2018 enacted level. This proposal represents a nearly \$500 million increase over the House appropriations bill and an approximately \$8 billion increase over the President's Budget request, a clear rejection of the cuts proposed by the Administration.

National Institutes of Health

The bill would provide a total of \$39.1 billion for the NIH, an increase of \$2 billion (5.4 percent) above the FY 2018 enacted level and \$4.1 billion above the president's FY 2018 budget request. The total includes \$711 million for specific initiatives in the NIH Innovation Account authorized in the *21st Century Cures Act*. The Senate total for NIH is \$800 million (2 percent) more than provided in the House subcommittee's version approved on June 15.

The bill would also retain the salary cap at Executive Level II (\$189,600), rejecting the FY 2019 budget request proposal to decrease it to Level V (\$153,800). In addition, the Senate bill rejects the Administration's proposal to cap the percentage of an investigator's salary that can be paid with grant funds at 90 percent and does not call for any changes to NIH salary support. Additionally, the bill includes a provision identical to last year that bars the Department of Health and Human Services (HHS) from deviating from negotiated facilities and administrative (F&A) cost rates.

As authorized in the *21st Century Cures Act*, the bill would provide funding for several research initiatives supported by the NIH Innovation Account, including \$400 million for the Cancer Moonshot, which is

transferred to the National Cancer Institute (NCI) from the Office of the Director (OD). The Innovation Account also would provide \$10 million for regenerative medicine and \$186 million for the Precision Medicine Initiative (PMI), both of which are administered by OD.

The Committee directs NIH to split the \$500 million Congress included in the FY 2018 omnibus appropriations bill between the National Institute on Drug Abuse (NIDA) and the National Institute of Neurological Disorders and Stroke (NINDS) to use before the end of FY 2019. In the report accompanying the bill, the Committee urges NIH to expand research on medications used to treat and reduce chronic pain and supports the creation of opioid research centers, preferably in states with high levels of prescription opioid use, overdose deaths, and racial and ethnic diversity.

The Committee would direct a total of \$429.4 million to the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative. The bill also would provide \$2.34 billion for Alzheimer's Disease research, an increase of \$425 million above FY 2018. The bill includes an increase of \$37 million for combating antibiotic-resistant bacteria for a total of \$550 million for that research within the National Institute of Allergy and Infectious Diseases (NIAID). The bill also would increase funding for research to develop a universal flu vaccine by \$20 million.

Within the National Institute of General Medical Sciences (NIGMS), the bill would direct \$361.8 million to the Institutional Development Awards (IDeA) program for a \$11.2 million (3.2 percent) increase above FY 2018. For the National Center for Advancing Translational Sciences (NCATS), the bill would provide \$560 million to the Clinical and Translational Science Awards (CTSA) program, which would be \$17.2 million (3.2 percent) above last year.

Of note, the report accompanying the bill includes a section acknowledging the Committee's strong concerns around the Chinese government's attempts to influence academic institutions and directs the NIH director to develop a publicly available list of Confucius Institutes that have received NIH funding since 2013 and the amount each institution received. Additionally, on big data, the Committee directs NIH to finalize a set of metrics and milestones in its strategic plan that were dropped from the final version released on June 4. The report also notes that successful implementation will require cooperation from all 27 institutes and centers and, "entail relinquishing some, perhaps much, of the autonomy they now have over data management, technology and tools, and training." To ensure this happens, the report directs the to-be-hired NIH Chief Data Strategist to provide quarterly briefings to the Committee on efforts to implement the big data strategic plan.

Other Department of Health and Human Services

Overall, the Committee would continue to invest in opioid-related activities through HHS, including continuing funding for the newly established Rural Opioids Response program at the Health Resources Administration (HRSA), which currently has its first [open solicitation for planning grants](#). The Committee would increase funding for several rural health activities, which is a priority of both the Administration and the Senate Labor, Health and Human Services, Education, and Related Agencies Subcommittee Chairman, Roy Blunt (R-MO). The bill would also emphasize an agency wide focus on children exposed to trauma and encourages coordination on activities to address childhood trauma and, "promote through grant awards, best practices for identifying, referring, and supporting children exposed to trauma."

The Committee's bill would also reject proposals outlined in the President's FY 2019 budget request to move the Agency for Healthcare Research and Quality (AHRQ), the National Institute for Occupational Safety and Health (NIOSH), and the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) to NIH.

Of note to universities engaging in opioid research and response activities, the Committee's bill would provide funding to support opioid-related initiatives at the National Institutes of Health (NIH) and other agencies at the Department of Health and Human Services (HHS). The bill would provide a total of \$3.7 billion to support efforts combatting opioid abuse, which is a \$145 million increase above the FY 2018 enacted level. The Committee outlines several initiatives to fight prescription opioid and heroin abuse, including \$1.5 billion to support State Response Grants administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). This funding amount would replace the program amount of \$500 million which was authorized in the *21st Century Cures Act* and is set to expire. The bill would also continue set-aside funding for states with the highest age-adjusted opioid use related mortality rate and \$50 million in grants to Indian tribes or organizations. As mentioned previously, the Committee would continue to provide NIH with \$500 million to support research related to, "opioid addiction, development of opioid alternatives, pain management and addiction treatment." Additionally, the Centers for Disease Control and Prevention (CDC) would maintain funding at \$475 million to support all 50 states with opioid prevention and surveillance efforts. The bill would also create a new \$5 million initiative to address infectious diseases associated with the opioid epidemic, given a recent uptick of HIV and Hepatitis C infections across the country. With respect to rural communities and the opioid epidemic, the Committee would also provide \$20 million to support the establishment of three rural centers of excellence on substance use disorders in order "to support the dissemination of best practices related to the treatment for and prevention of substance use disorders within rural communities."

HRSA would receive \$1.072 billion in the bill, which is a \$12 million increase above the enacted FY 2018 level. Most Title VII health professions programs would receive level funding in FY 2019, after receiving increases in the FY 2018 omnibus. However, the Area Health Education Centers (AHEC) would receive a \$2 million increase in FY 2019. Title VIII Nursing Workforce Development Programs would receive \$249 million in FY 2019, the same as the FY 2018 enacted level. Within Title VIII Nursing Workforce Development programs, the Committee would continue to provide funding for the, "clinical training of sexual assault nurse examiners to administer medical forensic examinations and treatments to victims of sexual assault." HRSA currently has an [open funding opportunity](#) for this program with FY 2018 funding. Within HRSA's workforce programs, the bill would also increase funding for Children's Graduate Medical Education (GME) to \$350 Million, which is \$10 million above the FY 2018 enacted level.

Overall, the bill would include almost \$319 million for rural health programs at HRSA, which is \$28 million above the FY 2018 enacted level. This would include an increase of \$2 million to support the Office for the Advancement of Telehealth at HRSA. Within telehealth, \$2 million would support an evidence-based tele behavioral health system focused on opioids.

Within the CDC, the Senate Committee discards the Administration's repeated proposal to block grant chronic disease prevention funding to the states. Similar to language in the pending FY 2019 House L-HHS-ED bill, the Senate recognizes the importance of addressing antibiotic-resistant bacteria through a "One Health" approach, and encourages CDC to support collaborations in this area.

Within the Administration on Community Living (ACL), NIDILRR would receive \$109 million, a \$4 million increase above the FY 2018 enacted level. The increase of \$4 million would be used to “fund competitive research grants that helps individuals with disabilities, with a particular emphasis on seniors, maintain or improve independence.”

Department of Education

For FY 2019, the Senate Committee bill would fund the Department of Education (ED) at \$74.9 billion, a \$610 million increase over the FY 2018 enacted level. This proposal represents a nearly \$500 million increase over the House appropriations bill and an approximately \$8 billion increase over the President’s Budget request, a clear rejection of the cuts proposed by the Administration.

The bill would provide \$6,195 for the maximum individual Pell Grant award for the 2019-2020 award year, a \$100 increase over both the House proposed level and the current maximum award of \$6,095. In recent years, the maximum Pell Grant award was automatically increased with an inflation adjustment, but that authority expired in FY 2017. The bill would also reduce by \$1.2 billion the current Pell Grant surplus to fund the increase to the maximum grant and other items in the bill.

Other student aid programs of interest to the higher education community would be unchanged from current funding levels, including the Supplemental Education Opportunity Grants (SEOG) Program at \$840 million and the Federal Work-Study (FWS) program at \$1.13 billion. The President’s budget request for FY 2019 proposed eliminating the SEOG program and cutting FWS significantly. The Committee also reaffirms the FY 2018 omnibus language that would directly allow FAFSA information sharing with relevant third parties, under the explicit consent of an applicant, and clarifies this would include organizations that assist students in applying for Federal, State, local, or tribal funds.

The bill would provide flat funding of \$1.01 billion for the TRIO programs and \$350 million for the GEAR UP program. While the Senate Committee bill rejects the cuts to these programs proposed by President Trump for FY 2019, the Committee’s recommendation falls short of the House proposed levels for TRIO and GEAR UP, of \$1.06 billion and \$360 million respectively.

Similar to the House Committee bill, the Senate Appropriations bill proposes level funding of \$72 million for the Title VI International Education and Foreign Language Studies programs. Further, like the House bill, the Senate Appropriations bill would maintain the Graduate Assistance in Areas of National Need (GAANN) program at \$23 million, a recent low for the program, which for many years had been funded at approximately \$30 million.

The Title V Developing Hispanic Serving Institutions (HSI) program would be increased by \$2.7 million, to \$125.9 million, and the Promoting Post-Baccalaureate Opportunities for Hispanic Americans (PPOHA) program would receive \$11.3 million, a \$244,000 increase over FY 2018 enacted funding levels. The Senate Appropriations bill rejects the President’s budget request proposal to consolidate several minority-serving institution programs.

The Senate Committee bill would provide a \$2 million increase for the Institute of Education Sciences (IES), up to \$615 million overall, with the increase slated for national assessment funding. The education and special education research programs would be flat funded at FY 2018 levels.

The bill would also continue to support, at \$5 million, a pilot program to support competitive grants to fund open textbook projects at institutions, which was created under the FY 2018 omnibus bill. The

Committee bill would provide an additional \$350 million toward the Public Service Loan Forgiveness (PSLF) program and notes the Committee's continued concern with how ED is managing the PSLF program. It calls for ED to report to Congress on the Department's progress to addressing the temporary expansion of the PSLF program to certain applicants who were initially deemed ineligible for loan forgiveness. Report language also directs the Secretary of Education to share data with Congress on the prevalence of Confucius Institutes under foreign gift reporting requirements.

National Institutes of Health

(in thousands of \$)

	FY 2018 Enacted	FY 2019 House	FY 2019 Senate	Senate vs. FY 2018 Enacted	Senate vs. House
NIH, Total	37,084,000	38,334,000	39,084,000	2,000,000 (5.4%)	750,000 (2.0%)
National Cancer Institute (NCI)	5,957,015	6,136,037	6,147,125	190,110 (3.2%)	11,088 (0.2%)
National Heart, Lung, and Blood Institute (NHLBI)	3,382,232	3,423,604	3,490,171	107,939 (3.2%)	66,567 (2.0%)
National Institute of Dental and Craniofacial Research (NIDCR)	447,735	453,082	462,024	14,289 (3.2%)	8,942 (2.0%)
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	1,968,083	1,994,333	2,030,892	62,809 (3.2%)	36,559 (1.8%)
National Institute of Neurological Disorders and Stroke (NINDS)	2,149,482	2,228,780	2,275,580	126,098 (5.9%)	46,800 (2.1%)
National Institute of Allergy and Infectious Diseases (NIAID)	5,280,665	5,368,029	5,506,190	225,525 (4.3%)	138,161 (2.6%)
National Institute of General Medical Sciences (NIGMS)	2,785,400	2,818,667	2,874,292	88,892 (3.2%)	55,625 (2.0%)
Institutional Development Award (IDeA)	350,575	365,575	361,763	11,188 (3.2%)	-3,821 (1.0%)
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)	1,460,637	1,469,346	1,507,251	46,614 (3.2%)	37,905 (2.6%)
National Eye Institute (NEI)	772,308	781,540	796,955	24,647 (3.2%)	15,415 (2.0%)

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National Institute of Environmental Health Sciences (NIEHS)	751,143	760,113	775,115	23,972 (3.2%)	15,002 (2.0%)
National Institute on Aging (NIA)	2,577,550	3,005,831	3,084,809	507,259 (19.7%)	78,978 (2.6%)
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)	586,661	593,663	605,383	18,722 (3.2%)	11,720 (2.0%)
National Institute on Deafness and Other Communications Disorders (NIDCD)	459,974	465,467	474,653	14,679 (3.2%)	9,186 (2.0%)
National Institute of Mental Health (NIMH)	1,757,657	1,790,231	1,871,250	113,593 (6.5%)	81,019 (4.5%)
National Institute on Drug Abuse (NIDA)	1,376,657	1,400,126	1,420,591	43,934 (3.2%)	20,465 (1.5%)
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	509,604	515,658	525,867	16,263 (3.2%)	10,209 (2.0%)
National Institute on Nursing Research (NINR)	158,033	159,920	163,076	5,043 (3.2%)	3,156 (2.0%)
National Human Genome Research Institute (NHGRI)	558,072	563,531	575,882	17,810 (3.2%)	12,351 (2.2%)
National Institute of Biomedical Imaging and Bioengineering (NIBIB)	377,618	382,384	389,672	12,054 (3.2%)	7,288 (2.0%)
National Institute on Minority Health and Health Disparities (NIMHD)	305,108	306,821	314,845	9,737 (3.2%)	8,024 (2.6%)
National Center for Complementary and Integrative Health (NCCIH)	142,018	143,882	146,550	4,532 (3.2%)	2,668 (1.9%)
National Center for Advancing Translational Sciences (NCATS)	762,454	751,219	806,787	44,333 (5.8%)	55,528 (7.4%)
John E. Fogarty International Center (FIC)	75,733	76,637	78,150	2,417 (3.2%)	1,513 (2.0%)
National Library of Medicine (NLM)	428,553	433,671	442,230	13,677 (3.2%)	8,559 (2.0%)
Office of the Director (OD)	1,814,745	1,902,828	1,922,660	107,915 (5.9%)	19,832 (1.0%)
Common Fund	588,116	595,139	606,885	18,769	11,746

				(3.2%)	(2.0%)
NIH Innovation Account¹	110,000	711,000²	711,000	601,000 (546.4%)	--
Building Facilities	128,863	200,000	200,000	71,137 (55.2%)	--

Department of Health and Human Services (Other)

(In millions of \$)

	FY 2018 Enacted	FY 2019 House	FY 2019 Senate	Senate vs. FY 2018 Enacted	Senate vs. FY 2019 House
Health Resources and Services Administration (HRSA)	7,014	6,858	7,134	120 (1.7%)	276 (4.0%)
Title VII	396	371*	398	2 (0.5%)	27 (7.3%)
Title VIII	249	241	249	--	8 (3.3%)
Substance Abuse and Mental Health Services Administration (SAMHSA)	5,159	5,607	5,738	579 (11.2%)	131 (2.3%)
Mental Health Services	1,487	1,344	1,566	79 (5.3%)	222 (16.5%)
Substance Abuse Treatment	3,264	3,850	3,812	548 (16.8%)	-38 (1.0%)
Substance Abuse Prevention	248	249	200	-48 (19.4%)	-49 (19.7%)
Agency for Healthcare Research and Quality (AHRQ)	334	334	334	--	--
Centers for Disease Control and Prevention (CDC)	8,301	7,638	7,868	-433 (5.2%)	230 (3.0%)
Chronic Disease Prevention and Health Promotion	1,163	1,197	1,167	4 (0.3%)	-30 (2.5%)
National Institute for Occupational Safety and Health (NIOSH)	335	335	335	--	--
Environmental Health	206	196	206	--	10 (5.1%)
Administration on Community Living (ACL)	2,172	2,182	2,177	5 (0.2%)	-5 (0.2%)

¹ The NIH Innovation Account, authorized in the Cures Act, is derived from mandatory funding, rather than discretionary funding that supports most NIH activities. Per statute, the Account supports four specific NIH initiatives and will end in FY 2026, hence, it is not considered part of the NIH base budget.

² The funds in the NIH Innovation Account are distributed among several institutes, including \$400 million to NCI for the Cancer Moonshot and \$57.5 million each to NINDS and NIMH for the BRAIN Initiative. The totals for these agencies reflects the transfer of these funds. The Innovation Account total in this chart of \$711 million includes the Moonshot and BRAIN funding transferred to the ICs.

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National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)	105	105	109	4 (3.8%)	4 (3.8%)
Administration for Children and Families (ACF)	38,219	38,115	38,412	193 (0.5%)	297 (0.8%)
Office of the National Coordinator for Health IT (ONC)	60	43	60	--	17 (39.5%)

*Does not include funding for Screening and Treatment for Maternal Depression.

Department of Education

(In thousands of \$)

	FY 2018 Enacted	FY 2019 House	FY 2019 Senate	Senate vs. FY 2018 Enacted	Senate vs. FY 2019 House
ED, Total	74,320,337	74,433,012	74,929,896	609,559 (0.8%)	496,884 (0.7%)
Promise Neighborhoods	78,254	78,254	78,254	--	--
Innovation and Improvement*					
Education Innovation and Research	120,000	145,000	135,000	15,000 (12.5%)	10,000 (6.9%)
Student Financial Assistance*					
Pell Grant [†]	6,095	6,095	6,195	100 (1.6%)	100 (1.6%)
SEOG	840,000	840,000	840,000	--	--
Federal Work-Study	1,130,000	1,130,000	1,130,000	--	--
Higher Education*					
Title V Aid for Developing HSIs	123,183	123,183	125,898	2,715 (2.2%)	2,715 (2.2%)
Promoting Post-Baccalaureate Opportunities for Hispanic Americans	11,052	11,052	11,296	244 (2.2%)	244 (2.2%)
Title VI International Education and Foreign Language Studies (Domestic and Overseas)	72,164	72,164	72,164	--	--
TRIO Programs	1,010,000	1,060,000	1,010,000	--	50,000 (4.7%)
GEAR UP	350,000	360,000	350,000	--	10,000 (2.8%)
GAANN	23,047	23,047	23,047	--	--
Institute of Education Sciences	613,462	613,462	615,462	2,000 (0.3%)	2,000 (0.3%)

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Research, Development and Dissemination	192,695	192,695	192,695	--	--
Research in Special Education	56,000	56,000	56,000	--	--
Regional Education Laboratories	55,423	55,423	55,423	--	--
Statewide Longitudinal Data Systems	32,281	32,281	32,281	--	--

* Categories included for ease of reading the chart.

† The Pell Grant is listed as the total maximum grant award an individual could receive, including mandatory and discretionary funding. It is *not* listed in thousands of dollars.

Sources and Additional Information:

- The bill is available at <https://www.congress.gov/115/bills/s3158/BILLS-115s3158pcs.pdf>.
- The report accompanying the bill is available at <https://www.congress.gov/115/crpt/srpt289/CRPT-115srpt289.pdf>.