

FY 2020 Appropriations Update: House Appropriations Committee Approves Labor, Health and Human Services, and Education Funding Bill

Lewis-Burke Associates LLC – May 10, 2019

On May 8, the House Appropriations Committee amended and approved its fiscal year (FY) 2020 Labor, Health and Human Services, and Education (Labor-HHS-ED) Appropriations bill. This action followed the Labor-HHS-ED Subcommittee's advancement of the bill on April 30. The bill approved by the full Committee would provide \$189.9 billion in discretionary funding for programs at the Departments of Labor, Health and Human Services, and Education, and other related agencies. This is an \$11.8 billion increase above the FY 2019 enacted level.

The bill would provide a total of \$41.1 billion for the National Institutes of Health (NIH), an increase of \$2.0 billion above the FY 2019 enacted level and \$6.9 billion above the President's FY 2020 budget request. The overall funding is intended to raise the amount of support for peer-reviewed research at all NIH institutes by at least 5 percent. The House Committee bill would also fund the Department of Education (ED) at \$75.9 billion in discretionary funding, which is \$4.4 billion above the FY 2019 enacted level and \$11.9 billion above the President's budget request for the agency. The bill fully rejected the President's proposed cuts to student aid and higher education programs at ED and largely affirms the higher education community requests for FY 2020. Increased funding for the Department of Labor (DOL) to engage institutions of higher education in workforce development would also be provided. Additionally, the bill would increase funding levels for several Department of Health and Human Services (HHS) programs and initiatives important to academic institutions, including health workforce education and training programs as well as Prevention and Education Research Centers.

During the six-hour mark-up of the bill, the Committee adopted 6 of 17 amendments considered, including Labor-HHS-ED Subcommittee Chairwoman Rosa DeLauro's (D-CT) amendment to increase funding for several programs including Alzheimer's Disease research, global tuberculosis activities, and mental health access initiatives on college campuses. An amendment to prohibit a new Trump Administration rule that would allow health professionals to refuse care based on personal beliefs was also adopted. Following a highly partisan debate, Committee members ultimately rejected an amendment that would eliminate federal support for fetal tissue research.

This is the first spending bill to be approved by the full House Appropriations Committee. Action now moves to the House floor for consideration, which is expected to occur in June.

National Institutes of Health

The bill would provide a total of \$41.1 billion for the NIH, an increase of \$2.0 billion above the FY 2019 enacted level and \$6.9 billion above the President's FY 2020 budget request. The overall funding is intended to raise the amount of support for peer-reviewed research at all NIH institutes by at least 5 percent, as can be seen in the chart below. The report language also notes that "The Committee is concerned that Congress has moved too far in the direction of targeted funding for specific initiatives, which has resulted in less funding being available for foundational research that may lead to unforeseeable scientific breakthroughs."

To that end, the House Committee bill includes \$492 million for specific initiatives in the NIH Innovation Account authorized in the *21st Century Cures Act (Cures)*, a decrease of \$282 million over FY 2019 enacted levels that is consistent with the long-term plans. Regarding the specific Cures priorities, the language recommends all \$195 million in support for the Cancer Moonshot Initiative come out of the Innovation Account. For the Brain Research through Application of Innovative Neurotechnologies (BRAIN) Initiative, the Committee recommends a total of \$411 million, \$140 million of which would come from the Innovation Account. The Committee recommends \$149 million of the Innovation Account support the “All of Us” precision medicine initiative for a total investment of \$500 million. Lastly, the Committee recommends \$8 million to support regenerative medicine.

Regarding efforts to respond to the opioid and addiction epidemic, the Committee articulates their continued support for the Helping End Addiction Long-Term (HEAL) Initiative, and includes recommended support of at least that of the FY 2019 enacted level, \$250 million apiece for the National Institute on Drug Abuse (NIDA) and the National Institute of Neurological Disorders and Stroke (NINDS). Additionally, the Committee expresses concern that gender-based differences in opioid prescribing exist, as well as differences in the effectiveness of drugs to treat addiction and overdose for women. This topic came up several times in the appropriations hearings, and NIH is urged to support more research focused on women and opioid use disorder. The Committee also addresses a concern that the Schedule I classification of marijuana as a controlled substance is creating a barrier to the types of research which can be conducted and directs NIDA to provide a short report on existing challenges to research in this space.

Other public health priorities addressed in the report language include directing NIH to use at least \$25 million for research on preventing firearm injury and mortality, including suicide prevention, complementing other language in the Centers for Disease Control and Prevention (CDC) portion of the appropriations bill. The bill would also provide \$2.4 billion for Alzheimer’s Disease and encourages the National Institute on Aging (NIA) to continue to improve diverse representation in studies, particularly those focused on understanding disease burden and biomarkers. The text also encourages NIH to make an investment in Acute Flaccid Myelitis (AFM), a rare inflammatory disease. It bears similarities to polio, most frequently affecting healthy children and young adults but very little is known about it, including the means of transmission. Though it does not specify an amount, the Committee notes that at present there is no dedicated funding for this disease which is appearing with increasing incidence and which is also referenced in other HHS agency report language.

Regarding concerns of a more administrative nature, the Committee recommends another \$25 million for renovations to existing facilities or construction of new ones. The language also states that the NIH must use at least 25 percent of those funds to support infrastructure at those institutions eligible for Institutional Development Awards (IDeA). Additionally, the report language did not contain any reference to the 90 percent salary cap proposed in the President’s FY 2020 budget request. Relatedly, the report language states that the salary cap remains at Executive Level II, not the Level V cap proposed in the President’s FY 2020 budget request.

Language in the report also addresses concerns regarding harassment policies at NIH and draws a direct comparison regarding the threat to the biomedical research enterprise posed by harassment as being comparable to other types of scientific misconduct, and thus requiring the implementation and enforcement of more significant policies. The Committee states that not only must an institution report to NIH if a faculty member that is a grantee is removed from employment, but also if an NIH grantee is

placed on administrative leave due to concerns regarding their actions or behavior. Additionally, the Committee directs NIH to invest more support into research regarding the psychology behind harassment and the outcomes among those subjected to such behavior, to collaborate with the National Academies to develop best practices on equitable and inclusive biomedical culture, and to submit a report to the Committee on those plans.

The Committee notes that while all NIH advisory councils are legally required to have a minimum of two individuals representing the social and behavioral sciences disciplines and public health, a review of current membership indicates not all councils are adhering to that requirement. The Committee requests a report on the current representation of these fields on each of these councils and recommends improved compliance.

Regarding collaboration with other entities, the Committee expresses their support for ongoing collaborations with the Department of Energy (DOE) and encourages increased strategizing regarding ways DOE assets in data science, modeling and simulation, materials, and instrumentation can be leveraged to accelerate biomedical research. Furthermore, the Committee requests a report on existing NIH-DOE collaborations to date within 180 days of enactment of the budget. The language also encourages NIH to engage in more collaborations with the National Endowment of the Humanities (NEH) with a particular lens towards how integrating humanists' perspectives with those of scientists and health professionals could improve health care delivery as well as new research approaches.

Other Department of Health and Human Services

The CDC would receive \$8.3 billion in the bill for FY 2020, which is an increase of \$291 million above the FY 2019 enacted level. This would include funding to support the Administration's new initiative to reduce HIV transmission rates. In addition, the bill includes \$10 million in new funding for AFM, a growing area of federal concern and a priority for the Director of the CDC. Funding would support activities focused on identifying the cause, prevention and treatment of AFM. The Committee would provide \$32.5 million for Prevention Research Centers at academic institutions, an increase of \$7 million above the FY 2020 enacted level. CDC recently held a competition and announced 25 centers this year; new funding would be used to support additional centers. The bill would also include a \$2 million increase above the FY 2019 enacted level for Education Research Centers through the National Institute for Occupational Safety and Health (NIOSH) at the CDC.

The bill would also provide \$25 million for firearm and mortality prevention research at the CDC. Previous funding bills have reiterated that the CDC has the authority to conduct gun violence research, but Congress has not yet allocated money for these activities. According to the Committee's accompanying report language, funding should be used to support activities that will have the greatest potential public health impact and identifies a focus for funding to support projects that address gaps in knowledge. The Committee report specifically outlines these gaps to include "characteristics of firearm violence, risk and protective factors for self-directed and interpersonal firearm violence, and effectiveness of interventions to prevent firearm injury such as safe storage practices."

The Committee would increase antibiotic resistance funding by \$2.5 million within CDC's Emerging and Zoonotic Infectious Diseases. Throughout the report, the Committee recognizes the importance of a "One Health" approach to combating and surveilling antibiotic resistant bacteria and would encourage CDC to "competitively award research activities that address aspects of antibiotic resistance related to "One Health," including global surveillance, and research and development for new tools to counter antibiotic resistance among entities, including public academic medical centers, veterinary schools with

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agriculture extension services, and public health departments.” The Committee would also provide a \$1 million increase for Lyme Disease diagnostics and prevention and \$5 million for vector-borne diseases to advance innovation and discovery, as well as support for at-risk states and territories.

The Health Resources and Services Administration (HRSA) would receive a funding of \$7.6 billion for FY 2020, an increase of \$475 million above the FY 2019 level. The Committee would provide \$455 million for Title VII health professions programs at HRSA, which is an increase of \$63.2 million above the FY 2019 enacted level. This would include \$25 million for the new Loan Repayment Program for Substance Use Disorder Treatment Workforce, which was authorized in the opioid package that passed Congress last year. In addition, the Committee would provide funding for the first time for the Mental and Substance Use Disorder Workforce Training Demonstration, which was authorized in Cures, to provide grants supporting training for health professions in underserved, community-based settings that integrate primary care with mental and substance use disorders prevention and treatment services.

For existing Title VII programs, there appears to be a shift in workforce priorities in the Committee bill, with proposed increases for programs like the Scholarships for Disadvantaged Students (SDS) program, which would receive an increase of \$4.5 million above the FY 2019 enacted level and \$2.5 million to educate midwives, as well as the Health Careers Opportunity Program (HCOP), which would receive an increase of \$5.8 million above the FY 2019 enacted level. Both these programs focus on supporting individuals from disadvantaged backgrounds to become health professionals. The previous two fiscal years’ House Labor-HHS-ED appropriations bills proposed eliminating the HCOP program, although funding was maintained in the final spending bills that became law. The Centers of Excellence (COE) Program would receive an increase of \$1.28 million above the FY 2019 enacted levels. The Committee would also provide a \$2 million increase above the FY 2019 enacted level for the Area Health Education Centers (AHEC) program and a \$2.6 million increase for the Geriatrics Workforce Enhancement Program (GWEP). The GWEP was recompeted this year, and announcements for the new round of grantees is expected this summer. The Committee would also provide an additional \$10 million above the FY 2019 enacted level for the Behavioral Health Workforce Education and Training Grant Program (BHWET).

The bill would provide \$279 million for Title VIII Nursing Development Workforce Programs, which is an increase of \$30 million above the FY 2019 enacted level. This includes an additional \$20 million to establish or expand a nurse practitioner optional fellowship program, with a preference for Federally Qualified Health Centers. The Committee would also provide an increase of \$1.67 million above the FY 2019 enacted level for the Nursing Education, Practice, Quality, and Retention program, a \$1.1 million increase for the Nursing Faculty Loan Program, a \$694,000 increase for Nursing Workforce Diversity, and a \$3 million increase for the Advanced Education Nursing Workforce Program.

The Committee would provide \$5.85 billion for the Substance Abuse and Mental Health Services Administration (SAMHSA), which is a \$115 million increase above the FY 2019 enacted level. This includes an increase of \$35 million for the Mental Health Block grant, with a 10 percent set aside for evidence-based programs focused on early serious mental illness. The Committee also provides a \$10 million increase for suicide prevention, including \$5 million “to expand the implementation of the Zero Suicide model” and a \$5 million increase for the Suicide Lifeline. In addition, the Committee would include a \$3 million increase for the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program “for a new effort focused on reducing underage drinking.”

Regarding opioid-related activities, SAMHSA would receive just over \$100 million for Targeted Capacity Expansion activities; \$89 million would be included for the Medication Assisted Treatment for

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Prescription Drug and Opioid Addiction program. SAMHSA would also receive \$12 million for Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths, as well as an additional \$36 million for First Responder Training for Opioid Overdose Reversal Drugs; \$18 million of that funding would be mandated for rural populations. Additionally, the Committee “encourages SAMHSA to support approaches that consider the needs of infants and mothers impacted by substance use as a dyad, to enhance treatment effectiveness, improve treatment outcomes, and reduce relapse and the number of subsequent substance-impacted pregnancies.”

The Committee would provide \$65 million for the Office of Minority Health (OMH) at HHS, a \$8.3 million increase above the FY 2019 enacted level. The Committee report includes language “to support research at Historically Black Colleges and University medical colleges and Hispanic Serving Institution medical schools to explore the disproportionate impact these diseases have on minority populations.” In addition, the Committee urges OMH “to enter into cooperative agreements with Hispanic Serving Institution medical schools in addition to their work with Historically Black Colleges and Universities medical schools.”

The Agency for Healthcare Research and Quality (AHRQ) would receive a total funding level of \$358.2 million, which is \$20.2 million over the FY 2019 enacted level. Of note, Patient Safety activities would be funded at \$80.9 million, \$8.6 million above the FY 2019 level, and Health Services Research, Data, and Dissemination would receive \$105.2 million, an increase of \$8.9 million over the FY 2019 level. The committee report language focuses on reducing the amount and impact of diagnostic errors which has been a focus of AHRQ in recent years, and the Committee includes \$4 million in funding “to support improving diagnosis in medicine, including a multiyear competitive grant program to address diagnostic errors.” In addition, the Committee notes that this funding may be used for establishing “Research Centers of Diagnostic Excellence to develop systems, measures, and new technology solutions to improve diagnostic and quality.” In states with large underserved or minority populations, the Committee “encourages AHRQ efforts to include additional health extension program sites connected to public academic health centers.” In addition, the Committee recommends AHRQ to focus research on natural pain medications other than opiates, and specifically encourages AHRQ to look at kratom and cannabidiol. To further address the opioid crisis, the report language states that “the Committee recommends an additional \$3,000,000 for this research and directs AHRQ to make center-based grants to address research which will lead to clinical trials in geographic regions which are among the hardest hit by the opioid crisis.” The Committee would also allocate \$500,000 for research into how the prior authorization process may have affected patient outcomes.

The Office of the National Coordinator for Health IT (ONC) would be funded at \$60.4 billion, the same level as FY 2019 enacted. Of note, the report language specifically draws attention to patient data matching. While the Committee notes that HHS cannot adopt a final standard for assigning a patient a unique health identifier, the committee “continues to encourage the Secretary, acting through the ONC and Centers for Medicare and Medicaid Services (CMS), to provide technical assistance to private-sector-led initiatives to develop a coordinated national strategy that will promote patient safety by accurately identifying patients to their health information.”

Of note to teaching hospitals, the Committee also expresses concerns about the effect of Disproportionate Share Hospitals (DSH) funding cuts on providers, patients, and communities. The amended bill directs CMS to “study the effects of the DSH cuts, under current law, on hospitals ability to furnish care for those uninsured and underserved, and to train and retain quality staff.”

Department of Education

The House Committee bill would fund ED at \$75.9 billion in discretionary funding, which is \$4.4 billion above the FY 2019 enacted level and \$11.9 billion above the President's budget request for the agency. The House Committee's bill fully rejected the President's proposed cuts to student aid and higher education programs at ED and largely affirms the higher education community requests for FY 2020.

The bill would provide \$6,345 for the maximum individual Pell Grant award for the 2020-2021 school year, a \$150 increase over the current maximum award level. The bill would also provide significant increases for the Supplemental Education Opportunity Grants (SEOG) program and Federal Work-Study (FWS) program, which would be provided \$1.028 billion and of \$1.434 billion, respectively. The President's budget request for FY 2020 proposed eliminating the SEOG program and funding FWS at \$500 million.

The TRIO program would be provided a \$100 million increase over current levels, up to \$1.16 billion, while the GEAR UP program would be provided an increase of \$35 million over current funding levels, up to \$395 million.

The bill proposes increasing funding for the Title VI International Education and Foreign Language Studies programs, including a nearly \$17 million increase, for a total of \$89.13 million for those programs. The bill would also increase by \$1 million funding for the Graduate Assistance in Areas of National Need (GAANN) program, for a level of \$24 million, a rejection of the President's proposal to eliminate the program.

The Title V Developing Hispanic Serving Institutions (HSI) program and the Promoting Post-Baccalaureate Opportunities for Hispanic Americans (PPOHA) program would also be increased. The bill would provide a total of \$150 million for Developing HSIs, an increase of \$26 million above the 2019 enacted level, and \$30 million for PPHOA, a \$18 million increase. The bill ignores the President's budget request proposal to consolidate several minority-serving institution programs.

The bill would also increase funding for the Institute of Education Sciences (IES), the Department's education research arm, providing \$650 million for the Institute, a \$35 million increase above the FY 2019 enacted levels. Also included is \$10 million for Centers of Excellence for Veterans Student Success Program, as authorized by section 873 of the *Higher Education Act*. The Committee report would direct "the Secretary to issue grants to institutions of higher education or consortia of institutions of higher education seeking to establish, maintain, or improve Veteran Student Centers..."

In terms of policy proposals, the report accompanying the bill notes concern with ED's oversight of loan servicers, requires ED to report on both for-profit institutions receiving federal funding and borrower defense regulations, and criticizes ED for its failure to engage stakeholders and estimate the impact of ED's proposed rulemaking on Title IX compliance. The report further notes, "The Committee is deeply concerned about high recidivism rates and a shortage of postsecondary education opportunities for low-income, incarcerated individuals in the U.S." This matches with interest by several policymakers to reinstate Pell eligibility for individuals who are incarcerated.

Because of known problems with ED's management of the Public Service Loan Forgiveness program, the bill would provide \$350 million for the Temporary Extended Public Service Loan Forgiveness (TEPSLF) program aimed at helping borrowers who were denied forgiveness and building on similar appropriations in previous years. The report would also direct ED to report on efforts aimed at

“improving the effectiveness of current federal policy in supporting first generation students.” The report also encourages ED to explore strategies for expanding Physician Assistant (PA) programs at Minority Serving Institutions (MSI) and expresses congressional support for engineering education efforts.

Department of Labor

The House Committee bill would fund the Department of Labor (DOL) at \$13.3 billion in discretionary funding, which is \$1.2 billion above the FY 2019 enacted level and \$2.4 billion above the President’s budget request for the agency. The bill would provide \$250 million for the Registered Apprenticeship program, a \$90 million increase over the FY 2019 enacted level and the President’s budget request. The bill also creates a new \$150,000,000 initiative to support community colleges. In the report accompanying the bill the Committee notes that the SCCTG will provide “training to workers in in-demand industries, such as manufacturing, information technology, health care, and energy among others... [and] will help community colleges and other four-year colleges and universities through consortia build capacity and leverage their expertise and resources, so that more individuals are acquiring industry-recognized skills.”

The Committee also emphasized the importance of higher education in workforce development and requests DOL to develop a report “outlining how registered apprenticeships may be used to connect secondary and postsecondary systems with workforce development, providing examples, best practices for replication in the field, and an examination of postsecondary degree-apprenticeship and dual enrollment strategies...” The accompanying report language also states that “While the Committee recognizes the important role of registered apprenticeship programs in developing our nation’s workforce, more could be done to leverage registered apprenticeships in aligning our nation’s workforce development and traditional educational systems.”

The Committee would fund the Veterans Employment and Training (VETS) program at \$316.3 million for FY 2020, an increase of \$16.3 million over the FY 2019 enacted level. The Transition Assistance Program (TAP) would receive roughly \$29.4 million, which is a \$6 million increase over the FY 2019 level and is the same amount as the President’s FY 2020 budget request. The Committee states that this funding would go to “employment support services for transitioning service members and allow VETS to develop and implement a course curriculum to help military spouses overcome the challenges they face related to employment and career development.”

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National Institutes of Health

(in thousands of \$)

	FY 2019 Enacted	FY 2020 Request	FY 2020 House	House vs. FY 2019 Enacted	House vs. FY 2020 Request
NIH, Total	39,084,000	34,151,068	41,084,000	2,000,000 (5.1%)	6,932,932 (20.3%)
National Cancer Institute (NCI)	6,143,892	5,246,737	6,444,165	300,273 (4.9%)	1,197,428 (22.8%)
National Heart, Lung, and Blood Institute (NHLBI)	3,488,335	3,002,696	3,658,822	170,487 (4.9%)	656,126 (21.9%)
National Institute of Dental and Craniofacial Research (NIDCR)	461,781	397,493	484,350	22,569 (4.9%)	86,857 (21.9%)
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	2,029,823	1,746,493	2,129,027	99,204 (4.9%)	382,534 (21.9%)
National Institute of Neurological Disorders and Stroke (NINDS)	2,274,413	2,026,031	2,385,571	111,158 (4.9%)	359,540 (17.7%)
National Institute of Allergy and Infectious Diseases (NIAID)	5,523,324	4,754,379	5,808,268	284,944 (5.2%)	1,053,889 (22.2%)
National Institute of General Medical Sciences (NIGMS)	2,872,780	2,472,838	3,033,183	160,403 (5.6%)	560,345 (22.7%)
Institutional Development Award (IDeA)	361,573	N/A	381,573	20,000 (5.5%)	N/A
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)	1,506,458	1,296,732	1,580,084	73,626 (4.9%)	283,352 (21.9%)
National Eye Institute	796,536	685,644	835,465	38,929 (4.9%)	149,821 (21.9%)
National Institute of Environmental Health Sciences (NIEHS)	774,707	666,854	812,570	37,863 (4.9%)	145,716 (21.9%)
National Institute on Aging (NIA)	3,083,410	2,654,144	3,286,107	202,697 (6.6%)	631,963 (23.8%)
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)	605,065	520,829	634,637	29,572 (4.9%)	113,808 (21.9%)
National Institute on Deafness and Other	474,404	408,358	497,590	23,186 (4.9%)	89,232 (21.9%)

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Communications Disorders (NIDCD)					
National Institute of Mental Health (NIMH)	1,870,296	1,630,442	1,961,704	91,408 (4.9%)	331,262 (20.3%)
National Institute on Drug Abuse (NIDA)	1,419,844	1,296,379	1,489,237	69,393 (4.9%)	192,858 (14.9%)
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	525,591	452,419	551,278	25,687 (4.9%)	98,859 (21.9%)
National Institute on Nursing Research (NINR)	162,992	140,301	170,958	7,966 (4.9%)	30,657 (21.9%)
National Human Genome Research Institute (NHGRI)	575,579	495,448	603,710	28,131 (4.9%)	108,262 (21.9%)
National Institute of Biomedical Imaging and Bioengineering (NIBIB)	389,464	335,986	408,498	19,034 (4.9%)	72,512 (21.6%)
National Institute on Minority Health and Health Disparities (NIMHD)	314,679	270,870	341,244	26,565 (8.4%)	70,374 (26.0%)
National Center for Complementary and Integrative Health (NCCIH)	146,473	126,081	153,632	7,159 (4.9%)	27,551 (21.9%)
National Center for Advancing Translational Sciences (NCATS)	806,373	694,112	845,783	39,410 (4.9%)	151,671 (21.9%)
John E. Fogarty International Center (FIC)	78,109	67,235	84,926	6,817 (8.7%)	17,691 (26.3%)
National Library of Medicine (NLM)	441,997	380,463	463,599	21,602 (4.9%)	83,136 (21.9%)
Office of the Director (OD)	1,909,075	1,756,544	2,049,992	140,917 (7.4%)	293,448 (16.7%)
Common Fund	606,566	N/A	617,761	11,195 (1.8%)	N/A
NIH Innovation Account ¹	711,000	N/A	492,000 ²	-282,000 (39.7%)	N/A
Building Facilities	200,000	200,000	200,000	--	--

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 \$195 million to NCI for the Cancer Moonshot, \$149 million for the All of Us Initiative, \$8 million for regenerative medicine, and \$70 million each to NINDS and NIMH for the BRAIN Initiative. The totals for these agencies reflect the transfer of these funds.

Source: https://appropriations.house.gov/sites/democrats.appropriations.house.gov/files/FY2020%20LHHS_Report.pdf

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Department of Health and Human Services (Other)

(In millions of \$)

	FY 2019 Enacted	FY 2020 Request	FY 2020 House	House vs. FY 2019 Enacted	House vs. FY 2020 Request
Health Resources and Services Administration (HRSA)	7,161	6,161	7,635	474 (6.6%)	1,474 (23.9%)
Title VII	392	117	455	63 (16.1%)	338 (288.9%)
Title VIII	249	83	279	30 (12.0%)	196 (236.1%)
Substance Abuse and Mental Health Services Administration (SAMHSA)	5,742	5,678	5,857	115 (2.0%)	179 (3.2%)
Mental Health Services	1,558	1,506	1,652	94 (6.0%)	146 (9.7%)
Substance Abuse Treatment	3,819	3,788	3,832	13 (0.3%)	44 (1.2%)
Substance Abuse Prevention	366	384	373	7 (1.9%)	-11 (2.9%)
Agency for Healthcare Research and Quality (AHRQ)	338	0	358	20 (5.9%)	358 (N/A)
Centers for Disease Control and Prevention (CDC)	7,338	6,587	8,258	920 (12.5%)	1,671 (25.4%)
Chronic Disease Prevention and Health Promotion	933	374	1,073	140 (15.0%)	699 (186.9)
National Institute for Occupational Safety and Health (NIOSH)	336	190	346	10 (3.0%)	156 (82.1%)
Environmental Health	192	157	226	34 (17.7%)	69 (43.9%)
Administration on Community Living (ACL)	2,197	2,033	2,377	180 (8.2%)	344 (16.9%)
National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)	109	90	109	--	19 (21.1%)
Administration for Children and Families (ACF)	38,413	31,506	42,834	4,421 (11.5%)	11,328 (36.0%)
Office of the National Coordinator for Health IT (ONC)	60	43	60	--	17 (39.5%)

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Department of Education

(In thousands of \$)

	FY 2019 Enacted	FY 2020 Request	FY 2020 House	House vs. FY 2019 Enacted	House vs. FY 2020 Request
Department of Education					
Promise Neighborhoods	78,254	0	80,000	1,746 (2.2%)	80,000 (N/A)
Innovation and Improvement*					
Education Innovation and Research	130,000	300,000	300,000	170,000 (130.8%)	--
Student Financial Assistance*					
Pell Grant [†]	6,195	6,195	6,345	150 (2.4%)	150 (2.4%)
SEOG	840,000	0	1,028,000	188,000 (22.4%)	1,028,000 (N/A)
Federal Work-Study	1,130,000	500,000	1,434,000	304,000 (26.9%)	934,000 (186.8%)
Higher Education*					
Title V Aid for Developing HSIs [‡]	124,415	0	150,000	25,585 (20.6%)	150,000 (N/A)
Promoting Post-Baccalaureate Opportunities for Hispanic Americans [‡]	11,163	0	30,000	18,837 (168.7%)	30,000 (N/A)
Title VI International Education and Foreign Language Studies (Domestic and Overseas)	72,164	0	89,130	16,966 (23.5%)	89,130 (N/A)
TRIO Programs	1,060,000	950,000	1,160,000	100,000 (9.4%)	210,000 (22.1%)
GEAR UP	360,000	0	395,000	35,000 (9.7%)	395,000 (N/A)
GAANN	23,047	0	24,047	1,000 (4.3%)	24,047 (N/A)
Institute of Education Sciences					
Research, Development and Dissemination	192,695	187,500	205,400	12,705 (6.6%)	17,900 9.5%
Research in Special Education	56,000	54,000	61,000	5,000 8.9%	7,000 13.0%
Regional Education Laboratories	55,423	0	60,400	4,977 (9.0%)	60,400 (N/A)
Statewide Longitudinal Data Systems	32,281	0	35,281	3,000 (9.3%)	35,281 (N/A)

* Categories included for ease of reading the chart.

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† 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.

‡ Under the President’s Budget Request, six existing Title III and Title V programs, including Strengthening Alaska Native and Native Hawaiian serving Institutions, Strengthening Predominantly Black Institutions, Strengthening Asian American and Native American Pacific Islander-serving Institutions, Strengthening Native American Nontribal-serving Institutions, Developing Hispanic-Serving Institutions, and Promoting Postbaccalaureate Opportunities for Hispanic Americans would be eliminated, and a new Title III/V Institutional Formula Grant would be established.

Department of Labor

(In thousands of \$)

	FY 2019 Enacted	FY 2020 Request	FY 2020 House	House vs. FY 2019 Enacted	House vs. FY 2020 Request
Apprenticeship Program	160,000	160,000	250,000	90,000 (56.3%)	90,000 (56.3%)
Veterans’ Employment and Training	300,041	306,041	316,341	16,300 (5.4%)	10,300 (3.4%)

Sources and Additional Information:

- The text of the bill is available at:
https://appropriations.house.gov/sites/democrats.appropriations.house.gov/files/Base_xml.pdf.
- The report accompanying the bill is available at:
https://appropriations.house.gov/sites/democrats.appropriations.house.gov/files/FY2020%20LHHS_Report.pdf.