



CONSORTIUM *of* SOCIAL SCIENCE ASSOCIATIONS

## **Analysis of the FY 2017 House Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill | July 14, 2016**

On July 14, the House Appropriations Committee approved its fiscal year (FY) 2017 Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) Appropriations Bill, the last of the 12 annual appropriations bills for committee consideration. This [bill](#) contains annual funding for the National Institutes of Health (NIH), Department of Education (ED), Centers for Disease Control and Prevention (CDC), Agency for Healthcare Research and Quality (AHRQ), and Bureau of Labor Statistics (BLS), among other federal departments and agencies. The Senate Appropriations Committee approved its version of the legislation in June (see [COSSA's analysis](#)).

### **At a Glance...**

- **The House bill would provide \$33.3 billion for the NIH, \$1.25 billion above the FY 2016 enacted level.** This sum is less than the \$2 billion increase provided by the Senate but \$2.25 billion above the President's discretionary budget request.
- **The House bill includes \$6.9 billion in discretionary funding for the CDC (+9.6%).** The National Center for Health Statistics would receive flat funding (\$160.4 million).
- **AHRQ would receive \$280.2 million, a significant cut of \$53.8 million.** The Senate had proposed \$324 million.
- **The bill would provide BLS with \$609 million, flat with FY 2016 and with the Senate's bill.**

With Congress about to leave for a seven-week recess, the approval of the House Labor-HHS bill essentially marks the end of the "regular" appropriations process for FY 2017. Congress will return in September and attempt to pass a continuing resolution (CR) to fund the government—possibly until the lame duck session in November, or even until March after the new Administration takes over.

Summarized below are the House Appropriations Committee's proposals for the National Institutes of Health, Centers for Disease Control and Prevention, Agency for Healthcare Research and Quality, Department of Education, and Bureau of Labor Statistics.

The Committee's full report can be found [here](#), and video of the markup is posted on the Committee [website](#).

### **National Institutes of Health**

The House bill includes \$33.3 billion for the NIH, \$1.25 billion above the FY 2016 enacted level. This sum is less than the \$2 billion increase provided by the Senate but \$2.25 billion above the President's discretionary budget request. It includes \$791.6 million in Public Health Service (PHS) Act section 241 evaluation set-asides, also known as evaluation tap transfers, which are allocated to the National Institute of General Medical Sciences (NIGMS).

At the bill's markup, Labor-HHS Subcommittee Ranking Member Rosa DeLauro (D-CT) offered an amendment that would have aligned the House's allocation with the \$2 billion included in the Senate bill. The amendment provided an additional \$750 million for NIH of which \$550 million would have been directed to the National Cancer Institute (NCI) for the Cancer Moonshot initiative. The remaining sum would be split proportionally between the other institutes and centers (ICs). DeLauro's amendment failed on a party-line vote. However, Subcommittee Chairman Tom Cole (R-OK) expressed support for such a scenario, stating, "Frankly, I don't have much doubt over the course of the bill that we will be able to raise the number that's already in the base bill substantially, working together across the aisle, because our friends in the Senate have the same goal." While obviously supportive of a higher budget for NIH, DeLauro expressed concern that Congress will find the additional funds to increase the NIH appropriation by steering funding away from other important programs within the bill.

In addition to the report language accompanying the bill, the bill language continues the recent trend of providing specific allocations for several programs and initiatives, including:

- \$165 million to support activities for the **National Children's Study (NCS)** follow on
- \$511.5 million for **Clinical and Translational Sciences Awards (CTSAs)**
- \$333.3 million for **Institutional Development Awards (IDeA)**
- \$1.26 billion, a \$350 million increase, for the **Alzheimer's disease research** initiative
- \$195 million, a \$45 million increase, for the **Brain Research through Application of Innovative Neuro-technologies (BRAIN) initiative**
- \$300 million for the **Precision Medicine Initiative (PMI)**
- \$12.6 million for the **Gabriella Miller "Kids First"** initiative, dedicated to pediatric cancer research

Below is a summary of report language that could impact social and behavioral science research.

### **Success Rates, New Investigators & Award Management**

The Committee directs that 3.9 percent of the NIH increase be used to increase the NIH success rate to no less than 20 percent by funding at least 11,175 new Research Project Grants (RPGs). NIH is further urged to restore support for extramural research to "at least 90 percent of all NIH funding."

The agency is directed to continue its focus on emerging investigators and first-time renewals in an effort to "significantly reduce the average age of an NIH-supported new investigator." Expressing appreciation for the NIH-wide portfolio analysis and strategic planning process, the Committee notes its expectation that the agency will use the tools to "ensure grants are connected to the core mission and priorities prior to grant award." NIH is further directed to "ensure funded projects adhere to the scope of the original award."

The NIH Director is directed to ensure that all of the ICs continue to support the **Pathway to Independence program**. The program provides mentored grants that convert into independent research project grants to new investigators. The Committee expresses its support for an increase in **New Innovator Awards**, **Director's Pioneer Awards**, and the transformative R01 program through the Common Fund (CF).

### **Common Fund**

For the Common Fund, the House would provide \$775.6 million, including the \$12.6 million to support the **Gabriella Miller Kids First Research Act**, and a \$100 million increase for **PMI** for a total of \$230 million in the CF for precision medicine (the additional \$70 million is included in the National Cancer Institute's budget). Citing a recommendation from the NIH Advisory Committee to Director (ACD) that the PMI

cohort program consider how to “best incorporate necessary safeguards to ensure appropriate enrollment, retention, and protections for children,” the Committee requests an update from NIH on the specific steps taken in the PMI to “ensure the research cohort includes children in sufficient numbers of appropriate diversity to make meaningful studies possible.”

NIH is expected to continue to pursue the establishment of the **Capstone Awards** designed to promote “partnerships between senior and junior investigators, provide opportunities to acquire skills to transition to a new role, and other purposes.” Ominously, regarding the Common Fund, the report notes that the “Committee expects NIH to support only biomedical research.”

### **ECHO/National Children’s Study Follow-on**

Noting that it is encouraged by NIH’s progress to develop a research program to succeed the National Children’s Study (NCS), the Committee recognizes the launch of the Environmental Influences on Child Health Outcomes (ECHO) program as a “component of the NCS follow-on study with the potential to coordinate multiple longitudinal studies.” The Committee urges NIH to “ensure ECHO’s plan collects data and provide analysis for at least a 15-year period as envisioned by the NCS.” The Committee also expresses concern about ECHO’s “reliance on existing cohort studies that may limit research findings on the impact of maternal prenatal exposures on children’s health.” NIH is further urged to “ensure ECHO grantees or other NCS follow-on activities collect a wide variety of chemical, biological, and other related maternal prenatal data.”

### **Institutional Development Award (IDeA)**

Echoing the Senate’s support for the Institutional Development Award (IDeA) program, as noted above, the Committee provides \$33.3 for the IDeA program, “or a floor of one percent of the NIH budget.” In recognition that the IDeA program funds nearly half of the States but received less than one percent of the budget until last year, the Committee stresses that it expects “one percent to be the minimum threshold for this program.” Similarly, the report addresses the level of funding provided to the NIH Centers of Biomedical Research Excellence (COBRE) and notes that it expects NIH and NIGMS Directors “to jointly review this policy toward developing a plan to expand the number of competitively awarded COBREs.” A summary of the outcome of the review is expected in the FY 2018 budget request. The NIH director is further expected to ensure that the Clinical and Translational Sciences Awards (CTSA) grantees “actively solicit interaction with IDeA designated States.” All of the NIH ICs are requested to co-fund research and report in their budget requests how much each IC’s funds are supporting IDeA State grants.

### **New Initiatives**

NIH is again urged by the Committee to expand the initiatives table included in the FY 2017 budget request and future budget requests “to display the current year plus five-year planned funding levels for each initiative already listed and proposed in the current budget.” The Committee requests that the table “identify the planned budget level provided; a list of participating ICs; the linkages in the NIH-wide strategic plan; and percentage of the funds focused on basic science, as a minimum, for each initiative.”

### **Minority Researchers**

The Committee report includes a request for an update in the FY 2018 budget request “identifying the metrics, impact of Building Infrastructure Leading to Diversity [BUILD] initiative, and other programs designed to encourage minority researchers.”

### **Reports to Congress**

The Committee requests reports and updates on a variety of activities of NIH, including the Administrative Burden Workgroup; community based health research; demographic research; evaluation

of the Basic Behavioral and Social Science Opportunity Network; evidence-based programs to prevent obesity; grant review; NIH Workforce Study; New Innovative Awards; and STEM.

### **SPECIFIC INSTITUTE & CENTER LANGUAGE**

#### **National Cancer Institute**

In the accompanying report, the Committee expresses its strong support for the goals of the **Cancer Moonshot** initiative. Specifically, it maintains the \$195 million provided in FY 2016 for the initiative.

#### **National Institute on Drug Abuse**

The Committee applaud NIDA's collaborative **Adolescent Behavioral and Cognitive Development (ABCD)** study and commends the initiative's study design.

#### **National Institute on Minority Health and Health Disparities**

Unlike the Senate, the House does not include report language limiting the National Institute on Minority Health and Health Disparities' (NIMHD) ability to overhaul its Research Centers in Minority Institutions (RCMI) program. Conversely, the House states that it expects that the RCMI program will receive no less than \$58.2 million, the FY 2016 funding level plus the general increase provided to NIMHD.

<i>(in millions)</i>	Enacted FY 2016	Proposed FY 2017	FY 2017 House	House vs. FY 2016	House vs. Request	House vs. Senate
<b>National Institutes of Health</b>	<b>32311.3</b>	<b>33136.35</b>	<b>33334.0</b>	<b>3.16%</b>	<b>0.60%</b>	<b>-2.2%</b>
John E. Fogarty International Center for Advanced Study in the Health Sciences	70.1	69.1	72.1	2.9%	4.3%	-1.2%
National Cancer Institute	5213.5	5097.3	5338.4	2.4%	4.7%	-1.7%
National Center for Advancing Translational Sciences	685.4	660.1	712.8	4.0%	8.0%	-0.1%
National Center for Complementary and Integrative Health	129.9	126.7	134.5	3.5%	6.2%	-1.2%
National Eye Institute	708.0	687.2	737.6	4.2%	7.3%	-0.4%
National Heart, Lung, and Blood Institute	3113.5	3069.9	3190.5	2.5%	3.9%	-1.6%
National Human Genome Research Institute	513.2	509.8	531.4	3.5%	4.2%	-0.6%
National Institute on Aging	1598.2	1265.1	1982.1	24.0%	56.7%	-4.1%
National Institute on Alcohol Abuse and Alcoholism	467.4	459.6	480.3	2.8%	4.5%	n/a
National Institute of Allergy and Infectious Diseases	4715.7	4700.5	4738.9	0.5%	0.8%	-4.5%
National Institute of Arthritis and Musculoskeletal and Skin Diseases	541.7	532.7	555.2	2.5%	4.2%	-1.6%
National Institute of Biomedical Imaging and Bioengineering	343.5	334.0	357.0	3.9%	6.9%	-1.1%
<i>Eunice Kennedy Shriver</i> National Institute of Child Health and Human Development	1338.3	1316.6	1373.4	2.6%	4.3%	-1.6%
National Institute on Deafness and Other Communication Disorders	422.9	416.1	434.1	2.6%	4.3%	-1.7%
National Institute of Dental and Craniofacial Research	413.4	404.6	425.6	3.0%	5.2%	-1.1%
National Institute of Diabetes and Digestive and Kidney Diseases	1816.3	1936.1	1862.1	2.5%	-3.8%	-1.6%
National Institute on Drug Abuse	1050.6	1020.5	1107.7	5.4%	8.5%	0.4%
National Institute of Environmental Health Sciences	693.5	681.6	710.4	2.4%	4.2%	-1.6%
National Institute of General Medical Sciences	2512.4	2434.1	2583.8	2.8%	6.2%	-1.9%
National Institute of Mental Health	1518.7	1459.7	1599.7	5.3%	9.6%	-1.2%
National Institute on Minority Health and Health Disparities	280.7	279.7	286.4	2.0%	2.4%	-2.0%
National Institute of Neurological Disorders and Stroke	1695.2	1659.4	1751.0	3.3%	5.5%	-2.9%
National Institute of Nursing Research	145.9	143.9	150.0	2.8%	4.2%	-1.3%
National Library of Medicine	395.7	395.1	403.1	1.9%	2.0%	-2.2%

## Centers for Disease Control and Prevention

The House bill proposes \$6.9 billion for the CDC in discretionary funding. This amount is \$604.4 million, nearly 10 percent, above the FY 2016 level and \$721.7 million above the amount proposed by the Senate. The Committee would use \$300 million of the increase to establish an Infectious Disease Rapid Response Reserve Fund, which would be used to fight emerging epidemics like the Zika virus.

Despite the sizable increase to the CDC's discretionary budget, overall, the Centers relevant to the social and behavioral sciences would see relatively stable budgets compared to FY 2016. Exceptions include the Center for Injury Prevention and Control, which would receive an additional \$25 million to help respond to the opioid epidemic, and the Center for Global Health, which would receive an additional \$129.6 million, most of which would be used to combat Zika. Centers not faring as well in the House bill include the Center for Environmental Health (down \$79.3 million compared to FY 2016) and the Center for Chronic Disease Prevention and Health Promotion (down \$21.5 million). The **National Center for Health Statistics** (NCHS), would receive flat funding of \$160.4 million, in line with the Administration's request.

The bill continues to include the "Dickey amendment," the rider that has been interpreted as preventing the CDC from conducting research on gun violence since the 1990s. In line with prior years' practice, the Committee Report also includes language making clear that no funding is intended for such research:

*"Gun Research. —The Committee continues the general provision to prevent any funds from being used to advocate or promote gun control. The Committee does not include funding for the proposed Gun Violence Prevention Research."*

However, as gun control efforts have gained steam, Democrats have targeted the Dickey amendment for repeal. The first two amendments offered during the markup were attempts to lift or work around the ban. Appropriations Committee Ranking Member Nita Lowey (D-NY) offered an amendment that would strike the language, and Labor-HHS Ranking Member Rosa DeLauro (D-CT) and Rep. Mike Honda (D-CA) jointly offered an amendment that would direct the CDC to use existing funds to conduct research on preventing gun violence. Both amendments failed 18-31.

Report language similar to that included in the Senate report instructs the **Center for Chronic Disease Prevention and Health Promotion** to work with NCHS and NIH to identify data gaps related to atopic dermatitis. The Center is also directed to work with NIH to identify "evidence-based physical activity and wellness programs" for cancer survivors and to support research aimed at reducing the prevalence of prostate cancer in African American men.

The report contains the following language directing the CDC's **Center for Environmental Health** to charter a National Academies study related to Vitamin D:

*"The Committee directs CDC to charter a National Academies of Sciences comprehensive study on the link between vitamin D and other health benefits of sun exposure; vitamin D supplements' efficacy compared to non-burning sunshine; and the issue of sunburns as the trigger for melanoma as opposed to non-burning sunshine. The report shall include recommendations for follow-on research where a lack of evidence is available and public health recommendations, if based on sound high quality peer-reviewed scientific evidence."*

The **Center for Injury Prevention and Control** is directed to ensure that the National Vital Statistics System (NVSS) is interoperable with state vital statistics systems.

<i>(in millions)</i>	Enacted FY 2016	Proposed FY 2017	FY 2017 House	House vs. FY 2016	House vs. Request	House vs. Senate
<b>Centers for Disease Control and Prevention</b>	<b>6270.7</b>	<b>5967.4</b>	<b>6875.1</b>	<b>9.6%</b>	<b>15.2%</b>	<b>11.7%</b>
HIV, Viral Hepatitis, STI, and TB Prevention	1122.3	1127.3	1122.3	0.0%	-0.4%	0.9%
Chronic Disease Prevention, Health Promotion	1177.1	1117.1	1097.8	-6.7%	-1.7%	3.1%
Health Statistics	160.4	160.4	160.4	0.0%	0.0%	2.8%
Environmental Health	182.3	182.3	160.8	-11.8%	-11.8%	-11.8%
Injury Prevention and Control	236.1	268.6	261.1	10.6%	-2.8%	-1.1%
Occupational Safety and Health	339.1	285.6	329.1	-3.0%	15.2%	-1.5%
Global Health	427.1	442.1	556.7	30.3%	25.9%	28.8%
Public Health Preparedness and Response	1405.0	1402.2	1485.8	5.8%	6.0%	6.4%
Preventive Health & Health Services Block Grant	160.0	0.0	160.0	0.0%	+\$160.0m	0.0%

### Agency for Healthcare Research and Quality

The House bill includes a substantial cut of \$53.8 million or 16 percent for the Agency for Healthcare Research and Quality (AHRQ), compared to FY 2016. While this cut is not exactly good news for the agency, the House had proposed completely eliminating the agency in its FY 2016 bill. The Senate had proposed a smaller (3 percent) cut for AHRQ.

The cut in the House bill would result in major cuts to all of AHRQ’s research portfolios, with Health Services Research, Data, and Dissemination and AHRQ’s support for the U.S. Preventive Services Task Force taking the biggest proportional hits respective to their FY 2016 allocations.

The report includes language expressing concern about supposed duplicative activities:

*“Duplicative Activity.—The Committee notes that over time other HHS agencies have expanded into AHRQ’s mission area. Therefore, AHRQ’s mission and areas of research are duplicated in other HHS agencies. For example, NIH estimates that in fiscal year 2017 it will spend almost \$1,500,000,000 on health services research, about five times AHRQs [sic] total budget request. CDC, like AHRQ, conducts Prevention Research and Care Management activities. The Office of National Coordinator for Health Information Technology (ONC) and CMS are both supporting Health IT activity. The Committee directs the Secretary to work with all other HHS OpDivs to determine where they have activities that overlap with AHRQ in an effort to consolidate, reduce duplication, and reduce overlap of mission areas across the OpDivs. The review should include a plan to streamline all OpDiv mission focus areas to improve the effectiveness, consolidate operations, and reduce duplicative and related overhead costs to taxpayers.”*

It should be noted that NIH funds basic research, while AHRQ generally supports applied projects, often scaling up concepts first proven by NIH funding.

The report also repeats language from prior years prohibiting AHRQ from targeting its investigator-initiated research toward particular topics or disciplines. This is generally understood to be a response to AHRQ’s proposal of several years ago to target some funding toward health economics research.

*“Investigator-Initiated Research.—The Committee provides support for investigator-initiated research. Investigator-initiated research should not be targeted to any specific area of health services research and should be merit based from the best unsolicited ideas from the research community within the AHRQ patient safety and medical error mission.”*

Sec. 529 of the House bill rescinds \$150 million from the Patient-Centered Outcomes Research Trust Fund. AHRQ receives transfers each year from the fund to support its dissemination of research produced by the Patient Centered Outcomes Research Institute (PCORI), so a cut to the Trust Fund would place additional pressure on AHRQ’s already-limited budget.

<i>(in millions)</i>	Enacted FY 2016	Proposed FY 2017	FY 2017 House	House vs. FY 2016	House vs. Request	House vs. Senate
<b>Agency for Healthcare Research and Quality</b>	<b>334.0</b>	<b>363.7</b>	<b>280.2</b>	<b>-16.1%</b>	<b>-22.9%</b>	<b>-13.5%</b>
Patient Safety	74.3	76.0	64.6	-13.0%	-15.0%	-13.0%
Health Services Research, Data, and Dissemination*	89.4	113.5	58.5	-34.6%	-48.4%	-28.6%
Health Information Technology	21.5	22.9	15.7	-26.8%	-31.2%	-4.6%
U.S. Preventive Services Task Force†	11.6	11.6	7.4	-36.5%	-36.5%	-36.5%
Medical Expenditure Panel Surveys	66.0	69.0	65.0	-1.5%	-5.8%	-5.6%

\* Called “Crosscutting Activities Related to Quality, Effectiveness and Efficiency Research” in the report.

† Called “Prevention/Care Management” in the report.

## Department of Education

Within the Department of Education, the House bill would provide \$536 million for the **Institute of Education Sciences** (IES), a reduction of \$82 million below the FY 2016 funding level and \$157.8 million below the FY 2017 funding request. Within IES, the House bill proposes flat and decreasing budgets for the Institute’s various centers and functions. The Regional Education Laboratories and Special Education Evaluation activities would be held flat with FY 2016, while the National Center for Education Research (NCER), National Center for Education Statistics, National Center for Special Education Research, Statewide Data Systems, and Assessment activities would all see cuts, as noted in the chart below.

For the **International Education and Foreign Language Studies** programs, the House bill includes a total of \$72.1 million, \$65.1 million for funding for Domestic Programs (also known as Title VI) and \$7 million for Overseas Programs (also known as Fulbright-Hays), essentially flat with FY 2016. The House’s allocation for these programs is good news, especially for the Fulbright-Hays program, which both the President’s FY 2017 budget request and the Senate bill seek to substantially cut.

Lastly, the House bill zeros out funding for the **Graduate Assistance in Areas of National Needs** program, eliminating its \$29.3 million FY 2016 appropriation (the same amount proposed the FY 2017 budget



request). The Committee states that the program “duplicates the efforts of other Federally-funded programs that support fellowships in these disciplines within the Department and other agencies.”

<i>(in millions)</i>	Enacted FY 2016	Proposed FY 2017	FY 2017 House	House vs. FY 2016	House vs. Request	House vs. Senate
<b>Institute of Education Sciences</b>	<b>618.0</b>	<b>693.8</b>	<b>536.0</b>	<b>-13.3%</b>	<b>-22.7%</b>	<b>-12.5%</b>
Research, Development, and Dissemination	195.0	209.3	154.5	-20.8%	-26.2%	-18.7%
Statistics (National Center for Education Statistics)	112.0	125.4	103.1	-7.9%	-17.8%	-7.9%
Regional Education Laboratories	54.4	54.4	54.4	0.0%	0.0%	0.0%
Research in Special Education	54.0	54.0	49.3	-8.7%	-8.7%	-8.7%
Special Education Studies and Evaluations	10.8	13.0	10.8	-0.2%	-16.9%	-0.2%
Assessment	157.2	156.7	136.7	-13.1%	-12.8%	-12.8%
StateWide Data Systems	34.5	81.0	27.2	-21.2%	-66.4%	-21.2%
<b>International Education and Foreign Language Studies</b>	<b>72.2</b>	<b>67.3</b>	<b>72.2</b>	<b>0.0%</b>	<b>7.3%</b>	<b>7.3%</b>
Domestic Programs (Title VI)	65.1	65.1	65.1	0.0%	0.0%	0.0%
Overseas Programs (Fulbright- Hays)	7.1	2.2	7.1	0.6%	222.7%	227.5%
<b>Graduate Assistance in Areas of National Need</b>	<b>29.3</b>	<b>29.3</b>	<b>0.0</b>	<b>-100.0%</b>	<b>-100.0%</b>	<b>-100.0%</b>

### **Bureau of Labor Statistics**

The House bill, like the Senate proposal, would maintain flat funding for the Bureau of Labor Statistics at \$609 million. The Administration had proposed a \$31.9 million increase.

During the full committee markup of the bill, two amendments were proposed that would have affected BLS had they passed. Rep. Tim Ryan (D-OH) offered an amendment that would require the Bureau to produce a report detailing the impact of international trade agreements (such as the Trans-Pacific Partnership) on various sectors of the labor market. Rep. Mike Quigley (D-IL) proposed an amendment to have BLS reinstate its [Green Goods and Services Survey](#), which was eliminated in 2013 during the across-the-board spending cuts of sequestration. Both amendments failed via voice vote, but Chairman Cole expressed willingness to work with Quigley to find a way to address the data gaps in the green energy sector.

<i>(in millions)</i>	Enacted FY 2016	Proposed FY 2017	FY 2017 House	House vs. FY 2016	House vs. Request	House vs. Senate
<b>Bureau of Labor Statistics</b>	<b>609.0</b>	<b>640.9</b>	<b>609.0</b>	<b>0.0%</b>	<b>-5.0%</b>	<b>0.0%</b>
Labor Force Statistics	273.0	286.3	263.9	-3.3%	-7.8%	-3.35%
Prices and Cost of Living	207.0	219.7	213.5	3.2%	-2.8%	3.2%
Compensation and Working Conditions	83.5	87.5	85.8	2.7%	-2.0%	2.7%
Productivity and Technology	10.5	11.0	10.8	2.8%	-1.8%	2.8%
Executive Direction and Staff Services	35.0	36.5	35.0	0.0%	-4.1%	0.0%

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