



CONSORTIUM *of* SOCIAL SCIENCE ASSOCIATIONS

Analysis of the Senate FY 2018 Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill | September 11, 2017

On September 7, the Senate Appropriations Committee approved its fiscal year (FY) 2018 Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) Appropriations Bill; the Labor-HHS Subcommittee advanced the bill on September 5. 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 [House Appropriations Committee passed its version](#) of the bill on July 19; the bill is currently being debated on the House floor as part of a [multi-bill minibus](#).

At a Glance...

- **The Senate bill includes a total of \$36.1 billion for NIH in FY 2018**, which is \$2 billion above the FY 2017 enacted level and \$9.5 billion over the President's request.
- **The Senate bill would provide CDC with a total of \$7.1 billion for FY 2018**, a cut of 0.9 percent compared to FY 2017, but 19.2 percent above the amount requested by the Administration and 1.7 percent above the House proposal.
- **AHRQ would receive flat funding at \$324 million in FY 2018**, \$24 million more than the amount proposed by the House. Both the House and Senate bills would reject the Administration's proposed consolidation of AHRQ as a new institute within the NIH.
- Within the Department of Education, **the Senate bill would provide \$600.3 million to IES**, which would be a 0.8 percent decrease in funding compared to its FY 2017 appropriation and 2.7 percent below the FY 2018 funding request from the Administration.
- **The bill would provide BLS with \$609 million**, keeping its budget flat over the last few years and in line with the amount proposed by the House bill.

The next step for the bill is consideration by the full Senate. However, Congress recently struck a deal with the White House on a continuing resolution (CR) to keep the government funded into next fiscal year (which begins October 1) through December 8. This is intended to provide additional time for lawmakers to come to agreement on overall budget levels, including the spending caps that are currently casting a major shadow on the FY 2018 appropriations bills; the bills have been written to exceed the caps currently set in law, signaling that a budget deal could be negotiated in the weeks ahead.

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

The Committee's full report, bill language, and archive of the markup are posted on the Committee [website](#).

COSSA's full coverage of the FY 2018 appropriations process is available [here](#).

National Institutes of Health

The Senate bill includes a total of \$36.08 billion for NIH in FY 2018, which if enacted would be the third year in a row of \$2 billion increases for the agency. The recommendation is 2.5 percent over the [House level](#) and 35.6 percent over the [Administration's request](#). Under the Senate bill, each institute and center would see increases above the FY 2017 level (see chart below for details).

In addition to rejecting the Trump Administration's proposed 22 percent cut to the agency, the Senate bill also rejects the Administration's proposal to drastically reduce and cap reimbursement of facilities and administration (F&A) costs at 10 percent, stating, "F&A costs are not optional; they are a fundamental part of doing research." The Senate bill also rejects the Administration's proposals to eliminate the John E. Fogarty International Center and to move the Agency for Healthcare Research and Quality (AHRQ) to NIH as a new institute.

Bill language and the Committee report accompanying the bill provide specific funding allocations for several of NIH's major programs and initiatives, including:

- \$344 million, an \$11 million increase, for **Institutional Development Awards (IDeA)**, which support research in States that have historically low success rates in competing for NIH grants.
- \$1.83 billion, a \$414 million increase, to the National Institute on Aging for **Alzheimer's disease research**.
- \$400 million, a \$140 million increase, for the **Brain Research through Application of Innovative Neuro-technologies (BRAIN) initiative** within the National Institute of Neurological Disorders and Stroke.
- \$290 million, an increase of \$60 million, for the **All of Us research program**, formerly known as the Precision Medicine Initiative Cohort Program (PMI).

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

Common Fund

For the **NIH Common Fund**, housed within the Office of the Director (OD), the Senate bill would provide \$575.3 million, a 15.7 percent cut. However, this is not a real reduction; it reflects a transfer of the **All of Us Research Program** out of the Common Fund to the OD, as requested by the Administration. *All of Us* would be funded at \$290 million, an increase of \$60 million.

Next Generation Researchers Initiative

The Senate bill also expresses support for the recently announced [Next Generation Researchers Initiative](#), which seeks to increase the number of early career PIs with NIH grant support. The initiative does not receive its own appropriation; instead, individual ICs are directed to identify places where funds can be reprioritized to support additional early career researchers.

Population Health Training

The Senate report states that, "The Office of Behavioral and Social Sciences Research [within OD] should continue to work with NIH Institute and Centers to encourage interdisciplinary population health science training to enhance our understanding of how social, cultural, genetic, biological, and environmental factors combine to influence outcomes in health and human development."

SPECIFIC INSTITUTE & CENTER LANGUAGE

National Cancer Institute

The accompanying report includes language about psycho-social distress complications that sometimes accompany cancer diagnoses and treatment. The report states that, “the Committee is concerned that the unaddressed psycho-social needs of patients are adversely impacting the effectiveness and cost of [cancer] care, as well as the individuals’ overall well-being. The Committee encourages NCI to continue to implement distress screenings in the NIH Clinical Centers and in NCI-funded clinical trials...”

The NCI section also calls on NIH, “through the [National Institute of Minority Health and Health Disparities] and NCI, to continue to support research on the cause, prevention, and treatment of cancer in populations with diverse cultural, racial, and ethnic composition.”

National Heart, Lung, and Blood Institute

The Senate report expressed its support for the National Heart, Lung, and Blood Institute’s (NHLBI) Longitudinal Study of Cardiovascular Health in African Americans. It further encourages NHLBI to “continue to follow-up with all current study participants, conduct broader examinations for these participants, and explore enrollment of a new group of participants, including children and grandchildren of current study participants.”

Eunice Kennedy Shriver National Institute of Child Health and Human Development

The Senate report calls on the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) to “sustain its investment in the full spectrum of population research activities to advance our understanding of how the demography and health of the Nation are fundamentally intertwined.” It specifically cites the Population Dynamics Centers Research Infrastructure Program, the Fragile Families and Child Well Being study, and the National Survey of Family Growth.

National Institute on Aging

In addition to the increase in funding for Alzheimer’s disease research, the Senate report directs the National Institute on Aging (NIA) to “diversify its cohort studies, with the specific goal of capturing a diverse sample of Americans whose inclusion would promote a better understanding of the factors underlying variation and disparities in dementia risk and ultimately lead to improved diagnostic, treatment, and prevention strategies in high risk populations.”

The NIA section also expresses the Senate’s support for NIA’s longitudinal studies, including the Health and Retirement Study (HRS). It states that, “In fiscal year 2018, the Committee urges NIA and [the Social Security Administration] to continue working jointly to support the HRS... The Committee also urges NIA to pursue data collection and dissemination and research activities via its support of the prestigious Centers of Demography and Economics of Aging.”

<i>(in millions)</i>	FY 2017 Enacted	FY 2018 Request	FY 2018 House	FY 2018 Senate	Senate vs. FY 2017	Senate vs. Request	House vs. Senate
National Institutes of Health	34084.0	26603.557	35184.0	36084.0	5.9%	35.6%	-2.5%
John E. Fogarty International Center for Advanced Study in the Health Sciences	72.2	0.0	73.4	74.4	3.0%	+\$74.4m	-1.3%
National Cancer Institute	5389.2	4174.2	5471.2	5558.3	3.1%	33.2%	-1.6%
National Center for Advancing Translational Sciences	705.9	557.4	718.9	729.1	3.3%	30.8%	-1.4%
National Center for Complementary and Integrative Health	134.7	101.8	136.7	139.7	3.7%	37.2%	-2.1%
National Eye Institute	732.6	549.8	743.9	758.5	3.5%	38.0%	-1.9%
National Heart, Lung, and Blood Institute	3206.6	2534.8	3256.5	3322.8	3.6%	31.1%	-2.0%
National Human Genome Research Institute	528.6	399.6	536.8	546.9	3.5%	36.9%	-1.8%
National Institute on Aging	2048.6	1303.5	2458.7	2535.5	23.8%	94.5%	-3.0%
National Institute on Alcohol Abuse and Alcoholism	483.4	361.4	490.8	500.5	3.5%	38.5%	-1.9%
National Institute of Allergy and Infectious Diseases	4906.6	3782.7	5005.8	5127.9	4.5%	35.6%	-2.4%
National Institute of Arthritis and Musculoskeletal and Skin Diseases	557.9	417.9	566.5	576.2	3.3%	37.9%	-1.7%
National Institute of Biomedical Imaging and Bioengineering	357.1	282.6	362.5	371.2	3.9%	31.4%	-2.3%
<i>Eunice Kennedy Shriver</i> National Institute of Child Health and Human Development	1380.3	1032.0	1401.7	1426.1	3.3%	38.2%	-1.7%
National Institute on Deafness and Other Communication Disorders	436.9	325.8	443.6	451.8	3.4%	38.7%	-1.8%
National Institute of Dental and Craniofacial Research	425.8	320.7	432.4	439.7	3.3%	37.1%	-1.7%
National Institute of Diabetes and Digestive and Kidney Diseases	1870.6	1449.5	1899.7	1935.6	3.5%	33.5%	-1.9%
National Institute on Drug Abuse	1090.9	865.0	1107.5	1113.4	2.1%	28.7%	-0.5%
National Institute of Environmental Health Sciences	714.3	533.5	725.4	737.7	3.3%	38.3%	-1.7%
National Institute of General Medical Sciences	2650.8	2185.5	2713.8	2887.2	8.9%	32.1%	-6.0%
National Institute of Mental Health	1601.9	1201.9	1625.5	1681.6	5.0%	39.9%	-3.3%
National Institute on Minority Health and Health Disparities	289.1	214.7	293.6	297.9	3.0%	38.8%	-1.4%
National Institute of Neurological Disorders and Stroke	1783.7	1313.0	1810.0	1861.7	4.4%	41.8%	-2.8%
National Institute of Nursing Research	150.3	113.7	152.6	155.2	3.3%	36.5%	-1.7%
National Institute for Research on Safety and Quality*	0.0	272.0	0.0	0.0	0.0%	-100.0%	0.0%
National Library of Medicine	407.5	373.3	413.8	420.9	3.3%	12.8%	-1.7%

*Administration's proposed reorganization of the Agency for Healthcare Research and Quality

Centers for Disease Control and Prevention

The Senate bill would provide the Centers for Disease Control and Prevention (CDC) with a total of \$7.1 billion for FY 2018, a cut of 0.9 percent compared to FY 2017, but 19.2 percent above the amount requested by the Administration and 1.7 percent above the House proposal. This amount includes \$6.3 billion in discretionary funding and \$800.9 million in transfers from the Prevention and Public Health Fund. The National Center for Health Statistics (NCHS), the federal statistical agency housed within CDC, would receive flat funding of \$160.4 million.

Like the House bill, the Senate bill rejects the Administration’s proposed creation of the America’s Health Block Grant program, which would have eliminated funding for a number of disease-specific programs under the Chronic Disease Prevention and Health Promotion portfolio in favor of flexible block grants to states.

Language in the Committee report encourages the CDC to explore further research opportunities surrounding electronic cigarettes. Several sections within the report direct the CDC to continue or enhance its public health surveillance efforts related to various behaviors or conditions, including sleep disorders and sleep health, pain, opioid-related deaths, childhood trauma, concussions, and sexually transmitted infections.

In addition, NCHS is directed to develop more complete measures of the mortality burden of Alzheimer’s disease and dementia and to support states as they upgrade their vital statistics reporting infrastructure.

<i>(in millions)</i>	FY 2017 Enacted	FY 2018 Request	FY 2018 House	FY 2018 Senate	Senate vs. FY 2017	Senate vs. Request	House vs. Senate
Centers for Disease Control and Prevention	7184.8	5975.2	7001.5	7119.9	-0.9%	19.2%	-1.7%
HIV, Viral Hepatitis, STI, and TB Prevention	1117.3	934.0	1117.3	1117.3	0.0%	19.6%	0.0%
Chronic Disease Prevention, Health Promotion	1115.6	952.3	1041.6	1065.1	-4.5%	11.9%	-2.2%
Health Statistics	160.4	155.0	155.4	160.4	0.0%	3.5%	-3.1%
Environmental Health	215.8	157.0	159.8	180.8	-16.2%	15.1%	-11.6%
Injury Prevention and Control	286.1	216.2	286.1	291.1	1.7%	34.6%	-1.7%
Occupational Safety and Health	335.2	200.0	325.2	335.2	0.0%	67.6%	-3.0%
Global Health	435.1	350.0	435.1	433.6	-0.3%	23.9%	0.3%
Public Health Preparedness and Response	1405.0	1266.0	1450.0	1405.0	0.0%	11.0%	3.2%
Preventive Health & Health Services Block Grant	160.0	0.0	160.0	160.0	0.0%	+\$160.0m	0.0%

Agency for Healthcare Research and Quality

The Senate bill would maintain flat funding for the Agency for Healthcare Research and Quality (AHRQ), \$24 million more than the amount proposed by the House. Like the House bill, the Senate rejects the Administration’s proposed consolidation of AHRQ as a new institute within the NIH, which would have required separate legislation to enact. However, the Committee report expresses concern that there may be insufficient coordination among federal agencies conducting health services research and therefore

includes \$1 million for a study of federally-supported health services research, which would identify research gaps and areas for consolidation, as well as proposing strategies for better coordination.

The Committee report also directs AHRQ to convene a cross-agency working group to develop a research strategy to improve diagnosis in healthcare. Other report language instructs the agency to adjust its outlook on evidence-based practice by recognizing that “the absence of randomized controlled trials does not equate to the absence of evidence” and that “the inability to draw conclusions about the comparative effectiveness of a treatment does not mean that the treatment is ineffective.”

<i>(in millions)</i>	FY 2017 Enacted	FY 2018 Request*	FY 2018 House	FY 2018 Senate	Senate vs. FY 2017	Senate vs. Request	House vs. Senate
Agency for Healthcare Research and Quality	324.0	272.0	300.0	324.0	0.0%	19.1%	-7.4%
Research on Health Costs, Quality, and Outcomes	187.2	145.5	167.2	187.2	0.0%	28.6%	-10.7%
Patient Safety	70.3	74.1	70.3	70.3	0.0%	-5.2%	0.0%
Health Services Research, Data, and Dissemination†	88.7	[Not specified]	68.7	88.7	0.0%	n/a	-22.5%
Health Information Technology	16.5	0.0	16.5	16.5	0.0%	+\$16.5m	0.0%
U.S. Preventive Services Task Force‡	11.6	7.4	11.6	11.6	0.0%	57.4%	0.0%
Medical Expenditure Panel Surveys	66.0	70.0	66.0	66.0	0.0%	-5.7%	0.0%

* Figures reflect the amounts specified for the proposed National Institute for Research on Safety and Quality within NIH.

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

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

Bureau of Labor Statistics

The Senate bill would maintain flat funding of \$609 million for the Bureau of Labor Statistics (BLS) in FY 2018, slightly above the amount requested by the Administration and the same amount as proposed by the House. Unlike the House bill, the Senate bill would not shift money around within BLS’ funding accounts. The Committee report urges BLS to improve its collection of information related to education occupations in career and technical fields and report back to the Committee on cost and design options for a new survey on employer-provided training.

<i>(in millions)</i>	FY 2017 Enacted	FY 2018 Request	FY 2018 House	FY 2018 Senate	Senate vs. FY 2017	Senate vs. Request	House vs. Senate
Bureau of Labor Statistics	609.0	607.8	609.0	609.0	0.0%	0.2%	0.0%
Labor Force Statistics	273.0	268.8	268.9	273.0	0.0%	1.6%	-1.50%
Prices and Cost of Living	207.0	209.9	211.4	207.0	0.0%	-1.4%	2.1%
Compensation and Working Conditions	83.5	82.9	82.9	83.5	0.0%	0.7%	-0.7%
Productivity and Technology	10.5	10.8	10.8	10.5	0.0%	-2.8%	2.8%
Executive Direction and Staff Services	35.0	35.5	35.0	35.0	0.0%	-1.5%	0.0%

Department of Education

Within the Department of Education, the Senate bill would provide \$605.3 million for the **Institute of Education Sciences (IES)**, which would represent a 0.8 percent decrease in funding for IES compared to its FY 2017 level and be 2.7 percent below the FY 2018 funding request from the Administration. Reflecting the Institute’s proposed decrease in funding for FY 2018, the National Center for Education Statistics (NCES) would see the largest decrease at 2.3 percent, while the other centers and functions would be nearly level-funded with their FY 2017 appropriation. These include the Regional Education Laboratories, Statewide Data Systems, and more (as seen in the table below).

For the **International Education and Foreign Language Studies programs**, the Senate bill includes a total of \$65.1 million in funding for Domestic Programs (also known as Title VI) and \$7.1 million for Overseas Programs (also known as Fulbright-Hays). The Senate’s allocation for Title VI and Fulbright-Hays is good news, as both programs were eliminated in the President’s FY 2018 budget request.

Lastly, the Senate bill includes \$23 million for the **Graduate Assistance in Areas of National Need program** for FY 2018, which is an 18 percent decrease from the FY 2017 funding level, but is substantially less than the 80 percent cut proposed in the President’s FY 2018 budget request.

<i>(in millions)</i>	FY 2017 Enacted	FY 2018 Request	FY 2018 House	FY 2018 Senate	Senate vs. FY 2017	Senate vs. Request	House vs. Senate
Institute of Education Sciences	605.3	616.8	605.3	600.3	-0.8%	-2.7%	0.8%
Research, Development, and Dissemination	187.5	194.6	187.5	185.0	-1.3%	-4.9%	1.4%
Statistics (National Center for Education Statistics)	109.5	111.8	109.5	107.0	-2.3%	-4.3%	2.3%
Regional Educational Laboratories	54.4	54.3	54.4	54.4	0.0%	0.2%	0.0%
Research in Special Education	54.0	53.9	54.0	54.0	0.0%	0.2%	0.0%
Special Education Studies and Evaluations	10.8	10.8	10.8	10.8	0.0%	0.0%	0.0%
Assessment	156.8	156.9	156.7	156.7	0.0%	-0.1%	0.0%
Statewide Data Systems	32.3	34.5	32.3	32.3	0.0%	-6.4%	0.0%
International Education and Foreign Language Studies	72.2	0.0	65.1	72.2	0.0%	+\$72.2m	-9.8%
Domestic Programs (Title VI)	65.1	0.0	65.1	65.1	0.0%	+\$65.1m	0.0%
Overseas Programs (Fulbright-Hays)	7.1	0.0	0.0	7.1	0.0%	+\$7.1m	-100.0%
Graduate Assistance in Areas of National Need	28.1	5.8	5.8	23.0	-18.1%	296.6%	-74.8%

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