



CONSORTIUM *of* SOCIAL SCIENCE ASSOCIATIONS

Analysis of the Senate FY 2019 Labor, Health Human Services, Education, and Related Agencies Appropriations Bill | July 3, 2018

On June 28, the full Senate Appropriations Committee approved its [fiscal year \(FY\) 2019 Labor, Health and Human Services, Education, and Related Agencies \(Labor-HHS\) Appropriations Bill](#); the Labor-HHS Subcommittee advanced the bill on June 26. This bill contains annual funding proposals 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 Labor-HHS Subcommittee marked up its version of the bill](#) on June 15 and released the bill text and accompanying report soon after; however, the full House Appropriations Committee has postponed its markup of the bill indefinitely due to reported disagreements on a number of policy issues in the bill. Therefore, this report simply summarizes the Senate's Labor-HHS proposals and does not make comparisons to the House levels.

At a Glance...

- **The Senate bill includes a total of \$39.084 billion for NIH in FY 2019**, a \$2 billion increase over the FY 2018 level. If enacted, NIH will have received a total of \$9 billion in increases over the last four years, a 30 percent increase over that period.
- **The bill would allocate \$7.8 billion to the CDC**, a cut of about \$193 million compared to FY 2018, but more than \$2 billion above the amount proposed by the Administration.
- **The Senate bill includes \$334 million for AHRQ**, flat with the FY 2018 enacted level. The bill "does not support" the Administration's proposed consolidation of AHRQ as a new institute within the NIH.
- **Within the Department of Education, the Senate bill would provide \$615.5 million to IES**, which would be a 0.3 percent increase in funding compared to its FY 2018 appropriation and 18 percent above the FY 2019 funding request from the Administration.

The next step for the bill is consideration by the full Senate. It remains to be seen whether or how Senate leadership will proceed with the individual appropriations bills this year. Given the fast-approaching November midterm elections and other legislative priorities, not to mention the need to confirm a new Supreme Court Justice, it is increasingly likely that FY 2019 will begin under a continuing resolution (CR) on October 1, 2018. Stay tuned to [COSSA's coverage](#) for new developments.

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

The bill, Committee's full report, and audiocast of the markup can be found [here](#).

National Institutes of Health

The Senate continues to prioritize NIH funding, including in its bill a total of \$39.084 billion for NIH in FY 2019, a \$2 billion increase over the FY 2018 level. If enacted, NIH will have received a total of \$9 billion in increases over the last four years, a 30 percent increase (for reference, the total budget of the National Science Foundation is about \$7.7 billion). Each of NIH's institutes and centers would see increases above the FY 2018 levels (see chart below for details).

Once again, the Senate bill rejects attempts by the Trump Administration to create new institutes by transferring offices and agencies from elsewhere in the U.S. Department of Health and Human Services (HHS) to NIH. In particular, the Senate bill does not endorse the movement of the Agency for Healthcare Research and Quality (AHRQ) into NIH (see the AHRQ section for details).

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

- \$2.34 billion, a \$425 million increase, to the National Institute on Aging for **Alzheimer's disease research**.
- \$429 million, a \$29 million increase, for the **Brain Research through Application of Innovative Neuro-technologies (BRAIN) initiative** within the National Institute of Neurological Disorders and Stroke.
- \$376 million, an increase of \$86 million, for the **All of Us research program**, which is part of the Precision Medicine Initiative.

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

Administrative Burden

While acknowledging steps the NIH has already taken to reduce burden on grant preparation, the Senate report calls on NIH to "identify additional ways to enable researchers to spend more productive time working on science, rather than applying for and reporting on grants."

Directors Advisory Committees

The Senate bill requests a report from NIH containing each advisory council's "behavioral, social sciences and public health members." The report language notes that law requires NIH advisory councils to include at least two representatives from the fields of public health and the behavioral and social sciences, but that some councils may not be adhering to that requirement.

Research Transparency

The Senate report states that "Members of this Committee [Senate Appropriations Committee] have raised concerns and provided examples of questionable research." In response, the report includes language directing NIH "to justify, in writing made available on a publicly accessible website, that each grant or agreement promotes efforts to seek fundamental knowledge about the nature and behavior of living systems and/or the application of that knowledge to enhance health, lengthen life, and reduce illness and disability." The language continues, "The Committee continues to urge a focus on research that will yield further advancement in life-saving treatments and cures."

INSTITUTE & CENTER-SPECIFIC LANGUAGE

National Cancer Institute

The accompanying report again includes language about psycho-social distress complications that sometimes accompany cancer diagnoses and treatment. The report states, “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...”

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 “continue its commitment to [the Population Dynamics Centers Research Infrastructure Program] as well as other population research activities, including support for longitudinal studies and efforts to advance data sharing, all of which promote an understanding of how the demography and health of our Nation are fundamentally intertwined.”

National Institute on Aging

Citing data on the prevalence of stress, depression, and declining physical health among those providing care to older adults with dementia, the Senate report encourages the National Institute on Aging (NIA) to “fund a pilot community-based peer support program designed to develop an accessible, feasible, and sustainable program that capitalizes on the expertise of persons who best know the demands of dementia caregiving – former caregivers themselves.”

National Institute on Drug Abuse

Not surprisingly, the Senate report includes significant language addressing the opioid crisis. The bill includes \$250 million “for targeted research related to opioid misuse and addiction, development of opioid alternatives, pain management, and addiction treatment.” In addition, the report calls on NIH to:

- (1) “Continue funding research on medication development to alleviate pain and to treat addiction, especially the development of medications with reduced misuse liability;
- (2) As appropriate, work with private companies to fund innovative research into such medications;
- (3) Report on what we know regarding the transition from opioid analgesics to heroin and synthetic opioid use and addiction within affected populations;
- (4) Conduct pilot studies to create a comprehensive care model in communities nationwide to prevent opioid misuse, expand treatment capacity, enhance access to overdose reversal medications, and enhance prescriber practice;
- (5) Test interventions in justice system settings to expand the uptake of medication assisted treatment and methods to scale up these interventions for population-based impact; and
- (6) Develop evidence-based strategies to integrate screening and treatment for opioid use disorders in emergency department and primary care settings.”

Lastly, the report calls for the creation of at least one research center “to study the effectiveness of policies related to combatting prescription opioid use,” urging preference for research in states with the highest levels of use, overdose, and racial and ethnic diversity.

	Enacted FY 2018	Request FY 2019	Senate FY 2019	Senate vs. FY 2018	Senate vs. Request
National Institutes of Health	37084.0	35517.0	39084.0	5.4%	10.0%
John E. Fogarty International Center for Advanced Study in the Health Sciences	75.7	70.1	78.2	3.3%	11.6%
National Cancer Institute	5664.8	5626.3	6147.1	8.5%	9.3%
National Center for Advancing Translational Sciences	742.4	685.1	806.8	8.7%	17.8%
National Center for Complementary and Integrative Health	142.2	130.7	146.6	3.1%	12.2%
National Eye Institute	772.3	711.0	797.0	3.2%	12.1%
National Heart, Lung, and Blood Institute	3383.2	3112.0	3490.2	3.2%	12.2%
National Human Genome Research Institute	556.9	513.0	575.9	3.4%	12.3%
National Institute on Aging	2574.1	1988.2	3084.8	19.8%	55.2%
National Institute on Alcohol Abuse and Alcoholism	509.6	469.1	525.9	3.2%	12.1%
National Institute of Allergy and Infectious Diseases	5260.2	4761.9	5506.2	4.7%	15.6%
National Institute of Arthritis and Musculoskeletal and Skin Diseases	586.7	545.5	605.4	3.2%	11.0%
National Institute of Biomedical Imaging and Bioengineering	377.9	346.6	389.7	3.1%	12.4%
<i>Eunice Kennedy Shriver</i> National Institute of Child Health and Human Development	1452.0	1339.6	1507.3	3.8%	12.5%
National Institute on Deafness and Other Communication Disorders	460.0	424.0	474.7	3.2%	12.0%
National Institute of Dental and Craniofacial Research	447.7	413.2	462.0	3.2%	11.8%
National Institute of Diabetes and Digestive and Kidney Diseases	1970.8	1965.4	2030.9	3.0%	3.3%
National Institute on Drug Abuse	1383.6	1137.4	1420.6	2.7%	24.9%
National Institute of Environmental Health Sciences	751.1	693.2	775.1	3.2%	11.8%
National Institute of General Medical Sciences	1862.5	1831.7	1856.0	-0.4%	1.3%
National Institute of Mental Health	1711.8	1612.2	1871.3	9.3%	16.1%
National Institute on Minority Health and Health Disparities	303.2	280.5	314.8	3.8%	12.2%
National Institute of Neurological Disorders and Stroke	2145.1	1838.6	2275.6	6.1%	23.8%
National Institute of Nursing Research	158.0	145.8	163.1	3.2%	11.8%
National Institute for Research on Safety and Quality*	0.0	256.0	0.0	0.0%	-100.0%
National Institute for Occupational Safety and Health*	0.0	200.0	0.0	0.0%	-100.0%
National Institute on Disability, Independent Living, and Rehabilitation Research*	0.0	95.1	0.0	0.0%	-100.0%
National Library of Medicine	428.6	395.5	442.2	3.2%	11.8%

* Administration's proposed reorganization of other HHS agencies

Centers for Disease Control and Prevention

The Senate bill would allocate \$7.8 billion to the Centers for Disease Control and Prevention (CDC), a cut of about \$193 million compared to FY 2018, but more than \$2 billion above the amount proposed by the Administration. This total includes \$7.0 billion in discretionary funds and \$808.3 million in transfers from the Prevention and Public Health Fund. The National Center for Health Statistics (NCHS), the principal statistical agency within the CDC, would receive a \$1 million increase, bringing its FY 2019 budget to \$161.4 million.

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. In addition, it does not accept the Administration’s request to consolidate the National Institute for Occupational Safety and Health (NIOSH) as an institute within the National Institutes of Health (NIH).

The Committee report directs increased funding to enhance surveillance and data collection related to a number of public health topics: the relationship between opioids and HIV and hepatitis B and C infections (+\$5 million); Alzheimer’s disease, cognitive decline, and caregiving (+\$1 million); cancer in children and young adults (+\$2 million); and maternal mortality (+\$12 million).

Language in the Committee report also instructs the CDC to develop and evaluate interventions to prevent child sexual abuse. CDC is instructed to “identify gaps in research that can be filled to promote child sexual abuse primary prevention, as well as what resources would be needed to conduct such research.”

	Enacted FY 2018	Request FY 2019	Senate FY 2019	Senate vs. FY 2018	Senate vs. Request
Centers for Disease Control and Prevention	8005.8	5660.8	7812.8	-2.4%	38.0%
HIV, Viral Hepatitis, STI, and TB Prevention	1127.3	1117.3	1132.3	0.4%	1.3%
Chronic Disease Prevention, Health Promotion	1162.9	939.3	1166.8	0.3%	24.2%
National Center for Health Statistics	160.4	155.0	161.4	0.6%	4.1%
Environmental Health	205.8	157.0	205.8	0.0%	31.1%
Injury Prevention and Control	648.6	266.3	648.6	0.0%	143.5%
Occupational Safety and Health	335.2	0.0	335.3	0.0%	+\$335.3m
Global Health	488.6	408.8	488.6	0.0%	19.5%
Public Health Preparedness and Response	1450.0	800.0	1470.0	1.4%	83.8%

Agency for Healthcare Research and Quality

The Senate bill includes \$334 million for the Agency for Healthcare Research and Quality (AHRQ), flat with the FY 2018 enacted level. The bill “does not support” the Administration’s proposed consolidation of AHRQ as a new institute within the NIH, which likely would have required separate legislation to enact.

Language in the accompanying Committee report instructs AHRQ to support the creation of Centers of Diagnostic Excellence to act as hubs for research on improving how medical conditions are diagnosed. In addition, AHRQ is directed to consider creating a pilot or demonstration program to support safety net clinics in increasing health literacy and preventing diabetes, to convene a technical expert panel to assess

the evidence for quality measures to assess malnutrition in hospitals, and to develop and disseminate materials and resources related to palliative care.

	Enacted FY 2018	Request FY 2019*	Senate FY 2019	Senate vs. FY 2018	Senate vs. Request
Agency for Healthcare Research and Quality	334.0	256.0	334.0	0.0%	30.5%
Patient Safety	70.3	69.8	70.3	0.0%	0.7%
Health Services Research, Data, and Dissemination	94.3	50.1	94.3	0.0%	88.1%
Health Information Technology	16.5	0.0	16.5	0.0%	+\$16.5m
U.S. Preventive Services Task Force	11.6	7.4	11.6	0.0%	57.4%
Medical Expenditure Panel Surveys	70.0	72.2	70.0	0.0%	-3.0%

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

Bureau of Labor Statistics

The Senate bill would provide the Bureau of Labor Statistics (BLS) within the U.S. Department of Labor with \$615 million for FY 2019, a \$3 million increase from the FY 2018 enacted level and \$5.6 million above the Administration’s request. The additional funding would go to the Bureau’s Employment and Unemployment Statistics activities within the Labor Force Statistics program; BLS’ remaining accounts would be held flat.

The Committee report expresses concern about a release of inaccurate preliminary employment data in December 2017 and instructs BLS to “review the practice of releasing preliminary economic data; take steps to improve the reliability, accuracy, and timeliness of economic statistical data; and provide an update on the actions taken in the fiscal year 2020 CJ [congressional justification].”

The report commends BLS on its [release of contingent and alternative workforce data](#) and instructs the Bureau to continue to collect this data on a biennial basis. In addition, BLS is instructed to develop a strategy to better understand the impact of technologies such as automation, digitization, and artificial intelligence on the U.S. workforce and to explore ways to improve reporting on career and technical occupations.

	Enacted FY 2018	Request FY 2019	Senate FY 2019	Senate vs. FY 2018	Senate vs. Request
Bureau of Labor Statistics	612.0	609.4	615.0	0.5%	0.9%
Labor Force Statistics	274.0	274.0	277.0	1.1%	1.1%
Prices and Cost of Living	209.0	207.2	209.0	0.0%	0.9%
Compensation and Working Conditions	83.5	80.9	83.5	0.0%	3.2%
Productivity and Technology	10.5	10.6	10.5	0.0%	-1.1%
Executive Direction and Staff Services	35.0	36.6	35.0	0.0%	-4.4%

Department of Education

Within the Department of Education, the Senate bill would provide \$615.5 million for the **Institute of Education Sciences** (IES), which would represent a 0.3 percent increase in funding for IES compared to its FY 2018 level and 18 percent above the FY 2019 funding request from the Administration. Nearly every account within IES would be held flat with their FY 2018 funding levels, including Research, Development, and Dissemination; Regional Education Laboratories; the National Center for Education Statistics (NCES); Research in Special Education; Statewide Data Systems; and Special Education Studies and Evaluations. The Assessment account within IES, which is responsible for the National Assessment of Educational Progress, would receive a modest 1.3 percent increase in the Senate bill. Notably, the Senate Committee’s proposal for NCES is nearly 3 percent below the amount requested by the Administration.

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 2019 budget request.

Lastly, the Senate bill includes flat funding of \$23 million for the **Graduate Assistance in Areas of National Need program** for FY 2019, another program slated for elimination in the Administration’s budget request.

	Enacted FY 2018	Request FY 2019	Senate FY 2019	Senate vs. FY 2018	Senate vs. Request
Institute of Education Sciences	613.5	521.6	615.5	0.3%	18.0%
Research, Development, and Dissemination	192.7	187.5	192.7	0.0%	2.8%
National Center for Education Statistics	109.5	112.5	109.5	0.0%	-2.7%
Regional Educational Laboratories	55.4	55.4	55.4	0.0%	0.0%
Research in Special Education	56.0	54.0	56.0	0.0%	3.7%
Special Education Studies and Evaluations	10.8	10.8	10.8	0.0%	0.2%
Assessment	156.7	156.7	158.7	1.3%	1.3%
Statewide Data Systems	32.3	0.0	32.3	0.0%	+\$32.3m
International Education and Foreign Language Studies	72.2	0.0	72.2	0.0%	+\$72.2m
Domestic Programs (Title VI)	65.1	0.0	65.1	0.0%	+\$65.1m
Overseas Programs (Fulbright-Hays)	7.1	0.0	7.1	-0.5%	+\$7.1m
Graduate Assistance in Areas of National Need	23.0	0.0	23.0	0.0%	+\$23.0m

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