



CONSORTIUM *of* SOCIAL SCIENCE ASSOCIATIONS

## **Analysis of the FY 2017 Senate Labor, Health and Human Services, Education and Related Agencies Appropriations Bill | June 10, 2016**

On June 9, the Senate Appropriations Committee [approved](#) the fiscal year (FY) 2017 Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) Appropriations Bill. This bill serves as the vehicle for annual appropriations 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), as well as many other federal departments and agencies. Committee members noted that this bill represents the first bipartisan Senate Labor-HHS bill in seven years; this tends to be one of the more controversial and divisive of the 12 appropriations bills given that it provides funding for the Department of Health and Human Services and sections of the *Affordable Care Act*. The House has yet to release its version of the bill, but is rumored to have something ready by the end of the month.

NIH is the big winner in the Senate bill, with a \$2 billion increase proposed again this year. Given that the top-line allocation for the Labor-HHS bill is \$270 million less than in FY 2016, other agencies and programs within the bill are either held flat or reduced to enable the boost to NIH.

The next step for the Labor-HHS bill is consideration on the Senate floor, which has not yet been scheduled, but could happen before recess begins mid-July.

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

- **The Senate bill would provide NIH with a \$2 billion increase (6.2 percent) above last year's level, bringing the total to \$34.1 billion.** This would continue the momentum created in FY 2016 with a similar \$2 billion increase. Increases would be realized across each of the NIH's 27 institutes and centers.
- **The Senate bill would provide CDC with \$114 million more than was requested by the Administration (\$6.2 billion).** The National Center for Health Statistics (NCHS) would be cut by \$4 million (-2.7%).
- **AHRQ would receive \$324 million, a cut of \$10 million (-3%).** Though it would bring the agency's budget down by a total \$40 million since FY 2015, given that the Senate proposed far more severe cuts last year and the House had proposed the agency's termination, the outlook could certainly have been worse.
- **The bill includes \$612.5 million for the Institute of Education Sciences (IES), which is a decrease of about one percent below the FY 2016 enacted level.** The largest percentage cut would be to the National Center for Education Research.
- **The Senate bill would provide \$67.3 million (-7%) for International Education and Foreign Language Studies programs,** including flat funding for Title VI programs and a \$5 million cut (from a \$7 million total program) to Fulbright-Hays.
- **The Bureau of Labor Statistics would receive \$609 million,** which is flat with FY 2016.

Summarized below are the Senate’s proposals for the NIH, CDC, AHRQ, Department of Education, and BLS.

A copy of the bill text and Committee report, as well as audio of the mark up, can be found on the Committee [website](#).

## **National Institutes of Health**

The Senate Labor-HHS bill includes a total budget of \$34.1 billion for NIH, an increase of \$2 billion and 6.2 percent above the FY 2016 funding level. Within this amount are increases for NIH priority initiatives, including:

- \$300 million (\$100 million increase) for the **Precision Medicine Initiative (PMI) cohort program**;
- \$1.39 billion (\$400 million increase) for **Alzheimer’s disease research**;
- \$250 million (\$100 million increase) for the **BRAIN Initiative**;
- \$333.4 million (\$12.5 million increase) for the **Institutional Development Award (IDeA)**; and
- \$261 million (\$126 million increase) for programs targeted at fighting **opioid abuse**, including \$52.5 million to the National Institute on Drug Abuse.

As usual, the report accompanying the Labor-HHS bill includes a significant amount of language expressing the will of the Committee for NIH’s various institutes and centers. Highlights are described below.

### **Burden of Disease**

The report directs NIH “to consider the burden of disease when setting priorities and developing strategic plans across its Institutes and Centers.” The Committee further notes that prioritizing diseases such as Alzheimer’s disease, diabetes, heart disease, and cancer “is an important strategy to finding better treatments and cures.” NIH is commended for its inclusion of burden of disease as part of its [NIH-Wide Strategic Plan for Fiscal Years 2016-2020](#).

### **Precision Medicine Initiative**

The Committee expressed strong support for the Administration’s Precision Medicine Initiative. The report encourages NIH to “ensure that through the process of awarding funds for the PMI-Cohort Program that pediatric populations are appropriately included in the study,” while also noting the need to “incorporate necessary safeguards to ensure appropriate enrollment, retention, and protection for children.” NIH is directed to provide a report to the Committee addressing plans to protect participant data.

### **Big Data Infrastructure Plan**

The Committee noted efforts beginning in 2012 to initiate a program “to provide a framework of pilot programs, centers of excellence, and grant opportunities to advance thinking of how to organize, share, and use big data.” The report directs NIH to develop a strategic plan to build on the progress initiated on big data. In particular, the plan should address how the agency “intends to make big data sustainable, interoperable, accessible and usable, and include a roadmap to achieve these objectives.”

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

The Senate bill includes the same funding level as last year for the Environmental Influences on Child Health Outcomes Program/National Children’s Study Alternative (ECHO). The Committee is pleased with

the development of an IDeA States Pediatric Clinical Trials Network within ECHO, which will “help address access gaps for rural and medically underserved children.”

### **Building Infrastructure Leading to Diversity (BUILD)**

The Committee expressed its support for “the NIH Director’s efforts to reverse the trend of underrepresentation of researchers from ethnically diverse backgrounds and continues to be pleased with the commitment to increase the number of minority investigators.” NIH is encouraged to ensure that graduate institutions with “a historic mission of educating minorities in the health professions and biomedical sciences can participate in the program.”

### **Academic Research Enhancement Awards**

The Committee encourages NIH to enhance support for its Academic Research Enhancement Award (AREA) program “by holding workshops to provide guidance on writing and submitting R15/AREA applications and on developing institutional capacities for undergraduate research.” The agency is also urged to develop ways “to improve the ties between institutions that receive significant NIH funding and AREA-eligible institutions.”

## **SPECIFIC INSTITUTE & CENTER LANGUAGE**

### **National Cancer Institute**

The Committee expressed concern that the “unaddressed psycho-social needs of patients are adversely impacting the effectiveness and cost of care, as well as the individuals’ overall well-being.” NCI is encouraged to “implement distress screenings in the NIH Clinical Center and in NCI-funded clinical trials as appropriate.”

### **National Heart, Lung and Blood Institute**

Noting that there are high incidences of cardiovascular disease (CVD) in rural states, the Committee urges NIH to “consider convening a cross disciplinary, multi-institute effort to identify ways to include rural populations in research and to work with institutions located in heavily rural States.” Such an effort would also address the roles that high rates of obesity, diabetes, and smoking among rural populations have on CVD.

### **National Institute of Diabetes and Digestive and Kidney Diseases**

Noting that individuals with chronic diseases “have an elevated risk of psychosocial issues such as depression, anxiety, and eating disorders,” the Committee urged NIDDK “to devote resources toward investigating psychosocial burdens related to chronic diseases, particularly as it relates type 1 diabetes, and identify steps that can be taken to help improve disease management.”

### **National Institute of General Medical Sciences**

The Committee continues to support the **Institutional Development Award (IDeA) program**, “particularly its focus on serving rural and medically underserved communities in IDeA States.” The report raises concerns about institutions that are eligible for funding under the National Science Foundation’s Experimental Program to Stimulate Competitive Research (EPSCoR) but are ineligible to participate in the IDeA program; NIGMS is directed to update the IDeA eligibility criteria to align with EPSCoR.

NIH is also directed to continue its support of the **Science Education Partnership Awards (SEPA)** at no less than the FY 2016 funding level of \$17.1 million. Given the “central role NIGMS plays in managing programs that support the development of the biomedical research workforce,” the Senate will would transfer the program from the NIH Office of the Director to NIGMS.

### ***Eunice Kennedy Shriver* National Institute of Child Health and Human Development**

The Senate report urges NICHD to sustain its support of demography research and research training by “making a strong investment in its **Population Dynamics Centers Research Infrastructure Program**.” The Committee also expressed its support of NICHD’s “efforts to make wise investments in large-scale longitudinal scientific surveys and priorities data sharing as a condition of award,” citing the efficiency of making survey data available. NICHD is also encouraged to continue to support the **Intellectual and Developmental Disabilities Research Centers (IDDRC)** to “conduct basic and translational research to develop effective prevention, treatment, and intervention strategies for children and adults with developmental disabilities.”

### **National Institute on Aging**

As noted above, the Senate bill includes \$1.39 billion for **Alzheimer’s disease research**, an increase of \$400 million over FY 2016. NIA is instructed to continue following the research goals set out in the [National Plan to Address Alzheimer’s Disease](#) and related research summits. The report further states “the importance of well-characterized, longitudinal, population-based cohort studies in providing new insights into risk factors related to dementia, with special focus on minority populations where disease burden is greatest.” NIH is directed to support research involving the subsequent generations of cohorts, “as studying the adult children of these extensively characterized cohort members may provide new insights into risk identification and accelerated prevention efforts.” In addition, NIA is also encouraged to fund a pilot program “to test community-based clinical trials for the prevention of cognitive decline,” which should “include an ethnically representative sample, incorporate genomic and environmental Alzheimer’s disease risk factors and monitor cognitive and motor function, disability, and morbidity over time.”

Expressing its concern regarding the health and financial threats associated with dementia-related disorders, the Committee urged NIA to “respond by investing in the full spectrum of scientific research, including population research, to address the complex nature of dementia-related disorders and its devastating effects on patients, families, and caregivers.” The report adds that this effort “should include sustained investment in large-scale longitudinal studies such as the Health and Retirement Study.”

Lastly, NIA is encouraged to “support research and data collection on the causes of widening disparities in health and longevity at older ages, and the role of social factors, such as education and income, in the health and well-being of older people.”

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

The Committee report expresses support for NIDA’s **Adolescent Brain and Cognitive Development (ABCD) Study** and the **Juvenile Justice Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS) program**. It requests updates on both programs in the FY 2018 congressional justification.

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

The Senate report “applauds NIH’s efforts to partner with HRSA [Health Resources and Services Administration] to begin partnerships with several Federally Qualified Health Centers to develop, pilot, and refine approaches for bringing underserved individuals, families, and communities” into the **Precision Medicine Initiative Cohort Program**.

The Committee expressed concern that NIMHD “may be considering changing [its] Research Centers in Minority Institutions’ (RCMI) configuration and funding structure without adequate congressional or stakeholder input.” The Senate report instructs NIH to maintain the existing infrastructure for FY 2017 and provide funding at no less than the FY 2016 level; future changes to the program are to be presented to the Committee prior to implementation.

<i>(in millions)</i>	Enacted FY 2016	Proposed FY 2017	FY 2017 Senate	Senate vs. FY 2016	Senate vs. Request
<b>National Institutes Health</b>	<b>32084.0</b>	<b>31084</b>	<b>34084.0</b>	<b>6.2%</b>	<b>9.7%</b>
John E. Fogarty International Center for Advanced Study in the Health Sciences	70.1	69.2	73.0	4.1%	5.5%
National Cancer Institute	5213.5	5097.3	5429.8	4.1%	6.5%
National Center for Advancing Translational Sciences	685.4	660.1	713.8	4.1%	8.1%
National Center for Complementary and Integrative Health	129.9	126.8	136.2	4.8%	7.4%
National Eye Institute	708.0	687.2	740.8	4.6%	7.8%
National Heart, Lung, and Blood Institute	3113.5	3069.9	3242.7	4.1%	5.6%
National Human Genome Research Institute	513.2	509.8	534.5	4.2%	4.8%
National Institute on Aging	1598.2	1265.1	2067.1	29.3%	63.4%
National Institute on Alcohol Abuse and Alcoholism	467.4	459.6	488.8	4.6%	6.4%
National Institute of Allergy and Infectious Diseases	4715.7	4700.5	4961.3	5.2%	5.5%
National Institute of Arthritis and Musculoskeletal and Skin Diseases	541.7	532.8	564.1	4.1%	5.9%
National Institute of Biomedical Imaging and Bioengineering	343.5	334.0	361.1	5.1%	8.1%
<i>Eunice Kennedy Shriver</i> National Institute of Child Health and Human Development	1338.3	1316.7	1395.8	4.3%	6.0%
National Institute on Deafness and Other Communication Disorders	422.9	416.1	441.8	4.5%	6.2%
National Institute of Dental and Craniofacial Research	413.4	404.6	430.5	4.1%	6.4%
National Institute of Diabetes and Digestive and Kidney Diseases	1816.3	1786.1	1891.7	4.1%	5.9%
National Institute on Drug Abuse	1050.6	1020.5	1103.0	5.0%	8.1%
National Institute of Environmental Health Sciences	693.5	681.6	722.3	4.2%	6.0%
National Institute of General Medical Sciences	2512.4	2434.1	2633.8	4.8%	8.2%
National Institute of Mental Health	1518.7	1459.7	1619.5	6.6%	10.9%
National Institute on Minority Health and Health Disparities	280.7	279.7	292.3	4.1%	4.5%
National Institute of Neurological Disorders and Stroke	1695.2	1659.4	1803.3	6.4%	8.7%
National Institute of Nursing Research	145.9	143.9	152.0	4.2%	5.6%
National Library of Medicine	395.7	395.1	412.1	4.1%	4.3%

## Centers for Disease Control and Prevention

The Senate proposes \$6.2 billion in discretionary funding for the Centers for Disease Control and Prevention (CDC), \$117.3 million less than in FY 2016, and \$114 million above the Administration's request. Most of the Centers within CDC would see relatively small increases or decreases (1 to 2 percent). Notable exceptions include the National Center for Chronic Disease Prevention and Health Promotion, which would see a 9.6 percent cut reflecting the elimination of the Racial and Ethnic Approaches to Health (REACH) program, and the National Center for Injury Prevention and Control, which would receive a \$28 million increase to respond to the opioid crisis.

The bill would provide the **National Center for Health Statistics** (NCHS) with a total of \$156 million, a \$4 million cut compared to FY 2016 and the Administration's request. Report language instructs NCHS to enhance its efforts related to tracking the prevalence of Alzheimer's disease:

*“Alzheimer's Disease and Dementia. — The Committee is aware of recent peer-reviewed studies suggesting that more than 500,000 U.S. deaths each year are attributable to Alzheimer's disease and dementia, far in excess of the deaths reported by the Center each year. Such statistics would elevate Alzheimer's disease from the sixth leading cause of death to the third leading cause of death. The Committee directs the CDC to make recommendations on ways to ensure the accuracy and completeness of measurements of the Alzheimer's disease and dementia death rate and to develop a consensus on the mortality burden of the disease.”*

NCHS is also directed to support states in upgrading systems for reporting vital statistics.

The Committee report directs the **Center on Chronic Disease Prevention and Health Promotion** to work with NCHS to fill existing gaps in data on adult eczema and atopic dermatitis, particularly their prevalence and comorbidity with asthma and food allergies. The Chronic Disease Center is also encouraged to continue efforts to make information and current statistics available on chronic pain through the [CDC Vital Signs](#) report.

Within the **National Center for Injury Prevention and Control**, report language directs that some of the \$28 million increase to prescription drug overdose activities “support activities such as implementing guidelines to improve prescribing behaviors and collecting real-time and more accurate data for heroin-related opioid deaths.”

Amendment language offered by Sens. Tom Udall (D-NM) and Bill Cassidy (R-LA), which passed as part of the [manager's package](#), encourages CDC's efforts to collect data on sports-related concussions, especially in youth:

*“The Committee is aware of the promising progress CDC has made in creating a comprehensive survey instrument which the agency will be piloting in the coming months to prepare for a national survey in the future. The Committee supports CDC's work in this area and urges the agency to increase its efforts.”*

However, the bill does not include the additional \$5 million requested by the Administration for concussion surveillance. The bill also does not include funding for **research on gun violence** (\$10 million had been requested by the Administration), prolonging the ban on research in this area.

The Report also encourages the **Center for Global Health** to consider creating an international partnership to better understand the growth in antimicrobial resistance:

*“The Committee urges CDC to consider partnering with a coalition of hospitals, State public health departments, global health non-governmental organizations, and biotech companies, among others, with the goal of linking global patterns of emerging resistance to their impact in U.S. hospitals and clinical settings. Such a coalition would attempt to identify the most important factors that contribute to the emergence and spread of AMR [antimicrobial resistant] infections worldwide, and how they are spread the United States.”*

<i>(in millions)</i>	Enacted FY 2016	Proposed FY 2017	FY 2017 Senate	Senate vs. FY 2016	Senate vs. Request
<b>Centers for Disease Control and Prevention</b>	<b>6270.7</b>	<b>6039.4</b>	<b>6153.4</b>	<b>-1.9%</b>	<b>1.9%</b>
HIV, Viral Hepatitis, STI, and TB Prevention	1122.3	1127.3	1112.3	-0.9%	-1.3%
Chronic Disease Prevention, Health Promotion	1177.1	1117.1	1064.6	-9.6%	-4.7%
Health Statistics	160.4	160.4	156.0	-2.7%	-2.7%
Environmental Health	182.3	182.3	182.3	0.0%	0.0%
Injury Prevention and Control	236.1	268.6	264.1	11.9%	-1.7%
Occupational Safety and Health	339.1	285.6	334.1	-1.5%	17.0%
Global Health	427.1	442.1	432.1	1.2%	-2.3%
Public Health Preparedness and Response	1405.0	1402.2	1396.8	-0.6%	-0.4%
Preventive Health & Health Services Block Grant	160.0	0.0	0.0	n/a	n/a

### Agency for Healthcare Research and Quality

The Senate bill would provide the Agency for Healthcare Research and Quality (AHRQ) with a total of \$324 million in FY 2017, amounting to a \$10 million cut from FY 2016 and nearly \$40 million below the Administration's request. The cut would come from AHRQ's Health Information Technology (IT) and Health Services Research, Data, and Dissemination portfolios.

Language in the Committee report directs AHRQ to expand its set of Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, including developing a CAHPS survey for maternity care.

The bill would provide flat funding (\$37.3 million) to AHRQ's activities related to healthcare-associated infections (HAIs). Of that amount, \$10 million is directed to support AHRQ's work as part of Combatting Antibiotic Resistant Bacteria (CARB) initiative:

*“These funds will support the development and expansion of antibiotic stewardship programs specifically focused on ambulatory and long-term care settings. In addition, the Committee directs AHRQ to collaborate with NIH, BARDA, CDC, FDA, VA, DOD, and USDA to leverage existing resources to increase capacities for research aimed at developing therapeutic treatments, reducing antibiotic use and resistance in animals and humans, and implementing effective infection control policies.”*

The Medical Expenditure Panel Surveys (MEPS), which collect data on how Americans use and pay for health care, would see a \$2.9 million increase in FY 2017.

<i>(in millions)</i>	Enacted FY 2016	Proposed FY 2017	FY 2017 Senate	Senate vs. FY 2016	Senate vs. Request
<b>Agency for Healthcare Research and Quality</b>	<b>334.0</b>	<b>363.7</b>	<b>324.0</b>	<b>-3.0%</b>	<b>-10.9%</b>
Patient Safety	74.3	76.0	74.3	0.0%	-2.3%
Health Services Research, Data, and Dissemination	89.4	113.5	81.9	-8.4%	-27.8%
Health Information Technology	21.5	22.9	16.5	-23.3%	-27.9%
Prevention/Care Management (U.S. Preventive Services Task Force)	11.6	11.6	11.6	0.0%	0.0%
Medical Expenditure Panel Surveys	66.0	69.0	68.9	4.4%	-0.2%

## Department of Education

Within the Department of Education, the Senate bill would provide \$612.5 million for the **Institute of Education Sciences** (IES), which is a decrease of about one percent below the FY 2016 enacted level and nearly 12 percent below the President’s request. Within IES, the Senate bill proposes flat and decreasing amounts for the Institute’s various centers and functions. The National Center for Education Statistics, Regional Education Laboratories, National Center for Special Education Research, special education evaluations, and Statewide Data Systems would all be held flat with FY 2016. The National Center for Education Research (NCER) and assessment activities (including the National Assessment of Educational Progress) would see slight decreases, as noted in the chart below. With respect to NCER, the Senate report encourages IES to fund research addressing the needs of “diverse rural schools.” Regarding assessment, and similar to language in last year’s Senate Labor-HHS bill, the report commends the National Assessment Governing Board (NAGB) for reinstating 8<sup>th</sup> and 12<sup>th</sup> grade assessments in history, civics, and geography, and directs the NAGB to continue assessments in these areas “at least every four years,” the next in 2018.

The Senate bill includes \$67.3 million for **International Education and Foreign Language Studies** programs, a decrease of nearly 7 percent from last year, though flat with the President’s request. This includes flat funding for Domestic Programs (also known as Title VI) at \$65.1 million, and a substantial cut to Overseas Programs (also known as Fulbright-Hays) from \$7.1 million in FY 2016 to \$2.2 million in FY 2017 under the Senate’s proposal. Still, this year’s proposal, while disappointing, represents an improvement from the steep cuts to both programs proposed in last year’s Senate bill.

<i>(in millions)</i>	Enacted FY 2016	Proposed FY 2017	FY 2017 Senate	Senate vs. FY 2016	Senate vs. Request
<b>Institute of Education Sciences</b>	<b>618.0</b>	<b>693.8</b>	<b>612.5</b>	<b>-0.9%</b>	<b>-11.7%</b>
Research, Development, and Dissemination	195.0	209.3	190.0	-2.6%	-9.2%
Statistics (National Center for Education Statistics)	112.0	125.4	112.0	0.0%	-10.7%
Regional Education Laboratories	54.4	54.4	54.4	0.0%	0.0%
Research in Special Education	54.0	54.0	54.0	0.0%	0.0%



Special Education Studies and Evaluations	10.8	13.0	10.8	0.0%	-16.8%
Assessment	157.2	156.7	156.7	-0.3%	0.0%
Statewide Data Systems	34.5	81.0	34.5	0.0%	-57.4%
<b>International Education and Foreign Language Studies</b>	<b>72.2</b>	<b>67.3</b>	<b>67.3</b>	<b>-6.8%</b>	<b>0.0%</b>
Domestic Programs (Title VI)	65.1	65.1	65.1	0.0%	0.0%
Overseas Programs (Fulbright-Hays)	7.1	2.2	2.2	-69.3%	-1.5%

### Bureau of Labor Statistics

Under the Senate bill, the Bureau of Labor Statistics within the U.S. Department of Labor would receive \$609 million, including \$65 million from the Unemployment Trust Fund. This amount is flat with the FY 2016 level and \$31.9 million below the President’s Budget Request.

<i>(in millions)</i>	Enacted FY 2016	Proposed FY 2017	FY 2017 Senate	Senate vs. FY 2016	Senate vs. Request
<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>
Labor Force Statistics	273.0	286.3	273.0	0.0%	-4.6%
Prices and Cost of Living	207.0	219.7	207.0	0.0%	-5.8%
Compensation and Working Conditions	83.5	87.5	83.5	0.0%	-4.6%
Productivity and Technology	10.5	11.0	10.5	0.0%	-4.5%
Executive Direction and Staff Services	35.0	36.5	35.0	0.0%	-4.1%

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