

## Government Relations Summary: FY 2018 Consolidated Appropriations Act

On March 23, the Congress completed the Consolidated Appropriations Act of 2018 ([HR 1625](#)) funding the government through September 30, 2018. The final FY 2018 spending bill was bipartisan, passing the House 256-167 and the Senate 65-32. The bill includes many important provisions supported by the AAFP. The CDC's role in gun violence research was clarified in the omnibus spending bill, and \$4.6 billion was appropriated to combat the opioid crisis (a \$3 billion increase over the FY 2017 level) for CDC, HRSA and SAMHSA.

### Insurance Market Stabilization

Despite a Congressional Budget Office [estimate](#) that average premiums for nongroup insurance would be about 10 percent lower in 2019 under the *Bipartisan Health Care Stabilization Act of 2018*, Congress failed to include it in the final FY 2018 agreement. The AAFP had advocated for the inclusion of legislative language aimed at stabilizing the *Affordable Care Act's* individual health insurance markets.

**Department of Health and Human Services (HHS)** The bill provides \$88.1 billion in discretionary funding for the U.S. Department of Health and Human Services, a \$10.1 billion increase above the FY 2017 level.

**Centers for Medicare & Medicaid Services (CMS)** The bill level funded program management at \$3.7 billion.

**Centers for Disease Control and Prevention (CDC)** The bill provides \$8.3 billion, an increase of \$1.046 billion for the CDC which includes \$800 million from the Prevention and Public Health Fund and a \$240 million transfer from the nonrecurring expense fund. It increases funding for several CDC activities which were highlighted in the AAFP's appropriations request for FY 2018 including the following:

- **Immunization and Respiratory Diseases** The bill increases the appropriation for Immunization and Respiratory Diseases over FY 2017 by more than \$19 million to \$474 million.
- **Chronic Disease Prevention and Health Promotion** The bill increased by \$138 million to \$915 million spending at the CDC for Chronic Disease Prevention and Health Promotion.
- **Gun Violence Research** The bill clarifies the "Dickey amendment," which has had a chilling effect on federal gun violence research and barred the CDC from advocating for firearms control by adding the following language: "*While appropriations language prohibits the CDC and other agencies from using appropriated funding to advocate or promote gun control, the Secretary of Health and Human Services has stated the CDC has the authority to conduct research on the causes of gun violence.*" The bill strengthens the National Instant Criminal Background Check System used to screen gun buyers by reauthorizing the *NICS Improvement Act*, increasing records submissions assistance for states, and requiring federal agencies to submit annual reports and certifications of compliance.
- **Tobacco Control** The bill provides CDC's Office on Smoking and Health with \$210 million, a \$5 million increase. The bill does not include policy riders to exempt cigars, e-cigarettes, and other tobacco products from FDA review.
- **Opioid Prescription Drug Overdose Prevention** The bill provides \$475.6 million, an increase of \$350 million, and includes language calling on the CDC to advance the understanding of the opioid overdose epidemic and scale up prevention. The agreement directs CDC to promote the use of Prescription Drug Monitoring Programs and to enhance their utility making them more interconnected, real-time, and usable for clinical decision making. CDC is encouraged to work with the Office of the National Coordinator for Health Information Technology to integrate PDMPs and electronic health records.

#### AAFP Headquarters

11400 Tomahawk Creek Pkwy.  
Leawood, KS 66211-2680  
800.274.2237 • 913.906.6000  
fp@aaafp.org

#### AAFP Washington Office

1133 Connecticut Avenue, NW, Ste. 1100  
Washington, DC 20036-1011  
202.232.9033 • Fax: 202.232.9044  
capitol@aaafp.org

**Agency for Healthcare Research and Quality (AHRQ)** The bill provides \$334 million for AHRQ which is \$10 million more or a 3 percent increase over FY 2017. It includes \$1 million to study health services and primary care research focusing on research gaps and areas for consolidation as well as proposed strategies for better coordination of the Federal health services research enterprise.

**United States Preventive Services Task Forces (USPSTF)** The bill provided \$16.6 million for the USPSTF portfolio, an increase of \$0.1 million. The agreement includes a provision to delay the implementation of USPSTF recommendations on breast cancer screening, mammography, and prevention.

**Substance Abuse & Mental Health Services Administration (SAMHSA)** The bill provides \$5 billion, an increase of \$1.3 billion above FY 2017. It provides \$84 million for the Medication-Assisted Treatment for Prescription Drug and Opioid Addiction program. It maintains a prohibition on federal funds for the purchase of syringes or sterile needles but allows communities with rapid increases in cases of HIV and hepatitis to access federal funds for other activities, including substance use counseling and treatment referrals. The measure [includes](#) provisions of “Jessie’s Law”, which directs HHS to establish best practices for hospitals and physicians for sharing information about a patient’s past opioid addiction when that information is shared by the patient with the healthcare provider.

**Health Resources and Services Administration (HRSA)** The bill increased discretionary budget authority for HRSA by nearly 8 percent over the FY 2017 level to \$6.737 billion. Within HRSA’s Bureau of Primary Health Care, Community Health Centers received a \$135 million increase. The agreement calls for not less than \$200 million of the Bureau’s funding of \$1.6 billion to be awarded to expand and improve access to quality mental health and substance use disorder prevention and treatment services nationwide.

- **Title VII** The bill provides an increase for Title VII spending from \$309.2 million to \$396.2 million including a \$10 million increase for Title VII, §747 Primary Care Training & Enhancement for training in primary care medicine, long a priority of the AAFP. The bill provides a \$5 million increase for Title VII Training for Diversity, an \$8 million increase for Area Health Education Centers, and a \$4 million increase for Oral Health Training. Most of the increase is directed to Mental and Behavioral Health Education Training to expand the mental health and substance abuse workforce.
- **Rural Health** Rural Health programs at HRSA received a substantial increase of \$135 million to \$291 million in FY 2018. Both Rural Outreach Grants and Rural Hospital Flexibility Grants were increased by \$6 million to \$71.5 million and \$49.6 million respectively. Telehealth was increased by \$5 million to \$23.5 million. A new Rural Community Opioids Response program will be funded at \$100 million.
- **Rural Residency Program** The bill provides \$15 million for a new program designed to expand the number of rural residency training. The funds will support planning and development costs accrued while achieving program accreditation through the Accreditation Council for Graduate Medical Education. The agreement encourages HRSA to support rural hospitals, medical schools, and community-based ambulatory settings with rural designation along with urban and rural partnerships.
- **National Health Service Corps (NHSC)** The bill includes \$105 million for the NHSC and expands eligibility for loan repayment awards to include substance use disorder counselors. However, the agreement directs that \$30,000,000 of this funding be used for the new Rural Communities Opioid Response initiative within the Office of Rural Health.
- **Title X Family Planning** The bill level-funds Family Planning spending at \$268 million in FY 2018.
- **Children’s Hospital Graduate Medical Education** The bill provides a \$15 million increase for CHGME to \$315 million in FY 2018.

**National Institutes of Health (NIH)** The bill provides \$3 billion increase to \$37.1 billion for the NIH.

**U.S. Department of Education’s Public Service Loan Forgiveness (PSLF)** The bill includes \$350 million and modifies eligibility for the PSLF program. The modification allows student borrowers to remain eligible for PSLF if they were enrolled in an ineligible repayment plan but only if they could have been in an eligible plan.