

[COMMITTEE PRINT]

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Calendar No. 000

115TH CONGRESS } 2d Session }	SENATE	{ REPORT 115-000
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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2019

JUNE 00, 2018.—Ordered to be printed

Mr. BLUNT, from the Committee on Appropriations, submitted the following

REPORT

[To accompany S. 0000]

The Committee on Appropriations reports the bill (S. 0000) making appropriations for Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2019, and for other purposes, reports favorably thereon without amendment and recommends that the bill do pass.

Amounts to new budget authority

Total of bill as reported to the Senate
Amount of 2018 appropriations
Amount of 2019 budget estimate
Bill as recommended to Senate compared to:
2018 appropriations
2019 budget estimate

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LIST OF ABBREVIATIONS

ACA—Patient Protection and Affordable Care Act
ACL—Administration for Community Living
ADAP—AIDS Drug Assistance Program
AHEC—Area Health Education Center
AHRQ—Agency for Healthcare Research and Quality
AP—Advanced Placement
APH—American Printing House for the Blind
ASH—Assistant Secretary for Health
ASPR—Assistant Secretary for Preparedness and Response
BARDA—Biomedical Advanced Research and Development Au-
thority
BCA—Budget Control Act of 2011
BLS—Bureau of Labor Statistics
CAN—Cures Acceleration Network
CCAMPIS—Child Care Access Means Parents in School
CCDBG—Child Care and Development Block Grant
CDC—Centers for Disease Control and Prevention
CHAFL—College Housing and Academic Facilities Loans
CHC—Community Health Center
CHGME—Children’s Hospitals Graduate Medical Education
CJ—Congressional Justification of Estimates for Appropriations
Committees
CMS—Centers for Medicare and Medicaid Services
CNCS—Corporation for National and Community Service
CPB—Corporation for Public Broadcasting
CSAP—Center for Substance Abuse Prevention
CSAT—Center for Substance Abuse Treatment
CSBG—Community Services Block Grant
CSEOA—Community Service Employment for Older Americans
DOD—Department of Defense
DOL—Department of Labor
DRA—Delta Regional Authority
EBSA—Employee Benefits Security Administration
EEOICPA—Energy Employees Occupational Illness Compensa-
tion Program Act
ERISA—Employee Retirement Income Security Act of 1974
ESEA—Elementary and Secondary Education Act
ETA—Employment and Training Administration
FDA—Food and Drug Administration
FEMA—Federal Emergency Management Agency
FIC—Fogarty International Center
FIE—Fund for the Improvement of Education
FIPSE—Fund for the Improvement of Postsecondary Education
FMCS—Federal Mediation and Coalition Service
FMSHRC—Federal Mine Safety and Health Review Commission
FTE—full-time equivalent
FWS—Federal Work Study
GAANN—Graduate Assistance in Areas of National Need
GAO—Government Accountability Office
GEAR UP—Gaining Early Awareness and Readiness for Under-
graduate Programs

HBCUs—Historically Black Colleges and Universities
HCFAC—Health Care Fraud and Abuse Control
HEA—Higher Education Act
HELP—Health, Education, Labor, and Pensions
HHS—Health and Human Services
HRSA—Health Resources and Services Administration
IC—Institute and Center
IDeA—Institutional Development Award
IDEA—Individuals with Disabilities Education Act
IES—Institute of Education Sciences
IMLS—Institute of Museum and Library Services
IOM—Institute of Medicine
LEA—local educational agency
LIHEAP—Low Income Home Energy Assistance Program
MACPAC—Medicaid and CHIP Payment and Access Commission
MCH—Maternal and Child Health
MedPAC—Medicare Payment Advisory Commission
MSHA—Mine Safety and Health Administration
NAEP—National Assessment of Educational Progress
NAGB—National Assessment Governing Board
NCATS—National Center for Advancing Translational Sciences
NCBDDD—National Center on Birth Defects and Developmental
Disabilities
NCES—National Center for Education Statistics
NCHS—National Center for Health Statistics
NCI—National Cancer Institute
NEI—National Eye Institute
NHGRI—National Human Genome Research Institute
NHLBI—National Heart, Lung, and Blood Institute
NIA—National Institute on Aging
NIAAA—National Institute on Alcohol Abuse and Alcoholism
NIAID—National Institute of Allergy and Infectious Disease
NIAMS—National Institute of Arthritis and Musculoskeletal and
Skin Diseases
NIBIB—National Institute of Biomedical Imaging and Bio-
engineering
NICHD—Eunice Kennedy Shriver National Institute of Child
Health and Human Development
NIDA—National Institute on Drug Abuse
NIDCD—National Institute on Deafness and Other Communica-
tion Disorders
NIDCR—National Institute of Dental and Craniofacial Research
NIDDK—National Institute of Diabetes and Digestive and Kid-
ney Disease
NIDRR—National Institute on Disability and Rehabilitation Re-
search
NIEHS—National Institute of Environmental Health Sciences
NIGMS—National Institute of General Medical Sciences
NIH—National Institutes of Health
NIMH—National Institute of Mental Health
NIMHD—National Institute on Minority Health and Health Dis-
parities
NINDS—National Institute of Neurological Disorders and Stroke
NINR—National Institute of Nursing Research

NLM—National Library of Medicine
NLRB—National Labor Relations Board
NSF—National Science Foundation
NSIP—Nutrition Services Incentives Program
NTID—National Technical Institute for the Deaf
NFP—Not-for-Profit
OAR—Office of AIDS Research
OCR—Office for Civil Rights
ODEP—Office of Disability Employment Policy
OFCCP—Office of Federal Contract Compliance Programs
OIG—Office of the Inspector General
OLMS—Office of Labor-Management Standards
OMB—Office of Management and Budget
OMH—Office of Minority Health
OMHA—Office of Medicare Hearings and Appeals
ONC—Office of the National Coordinator for Health Information
Technology
ORR—Office of Refugee Resettlement
ORWH—Office of Research on Women’s Health
OSEP—Office of Special Education Programs
OSHA—Occupational Safety and Health Administration
OWCP—Office of Workers’ Compensation Programs
OWH—Office of Women’s Health
PAIMI—protection and advocacy for individuals with mental illness
PATH—Projects for Assistance in Transition From Homelessness
PBG—Pension Benefit Guaranty Corporation
PHS—Public Health Service
PPH Fund—Prevention and Public Health Fund
PRNS—Programs of Regional and National Significance
PROMISE—Promoting School Readiness of Minors in SSI
RSA—Rehabilitation Services Administration
SAMHSA—Substance Abuse and Mental Health Services Administration
SAPF—Substance Abuse Prevention and Treatment
SEA—State educational agency
SEOG—Supplemental Educational Opportunity Grant
SIG—School Improvement Grants
SPRANS—Special Projects of Regional and National Significance
SSA—Social Security Administration
SSBG—Social Services Block Grant
SSI—Supplemental Security Income
STEM—science, technology, engineering, and mathematics
TB—tuberculosis
TBI—traumatic brain injury
TIF—Teacher Incentive Fund
TIVAS—Title IV Additional Servicers
UAC—unaccompanied alien children
UCEDD—University Center for Excellence in Developmental Disabilities
UI—unemployment insurance
USAID—U.S. Agency for International Development
VETS—Veterans’ Employment and Training Services
VISTA—Volunteers in Service to America

VR—Vocational Rehabilitation
WANTO—Women in Apprenticeship and Non-Traditional Occupations
WHD—Wage and Hour Division
WIA—Workforce Investment Act
WIOA—Workforce Innovation and Opportunity Act
WIF—Workforce Innovation Fund
WISEWOMAN—Well-Integrated Screening and Evaluation for Women Across the Nation

SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 2019, the Committee recommends total budget authority of \$_____ for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. This amount includes \$179,289,000,000 in current year discretionary funding subject to discretionary spending caps and \$1,897,000,000 in cap adjustments for healthcare fraud and abuse control, Unemployment Insurance Trust Fund program integrity, and for program integrity at the Social Security Administration, in accordance with the allocation for this bill.

Fiscal year 2018 levels cited in this report reflect the enacted amounts in Public Law 115–141, the Consolidated Appropriations Act, 2018, adjusted for comparability where noted.

OVERVIEW

The Labor, Health and Human Services, and Education, and Related Agencies [Labor-HHS–Education] appropriations bill constitutes the largest share of non-defense discretionary spending, 30 percent of the total in fiscal year 2019. Total spending in this bill subject to discretionary spending caps is \$2,189,000,000 above the comparable fiscal year 2018 level. In addition, the bill includes \$6,743,000,000 in spending offset by savings from changes in mandatory programs, \$28,613,000 less than the fiscal year 2018 level. This funding level has required the Committee to make difficult funding decisions and consider the appropriate role and jurisdiction of Federal programs. The priorities and considerations of the Committee in developing this bill are summarized in the section below:

NATIONAL INSTITUTES OF HEALTH

The Committee recommendation includes \$39,084,000,000 for the NIH, an increase of \$2,000,000,000 or 5.4 percent. The Committee continues to prioritize funding for medical research because it has provided millions of Americans and their families with hope. NIH-funded research has raised life expectancy and improved the quality of life for all Americans. In addition, it has lowered healthcare costs and spurred economic growth by supporting jobs in research and generating biomedical innovations.

Over the past 4 years, funding for NIH has increased \$9,000,000,000 or 30 percent. This investment has nearly quadrupled funding for Alzheimer’s research, started the *All of Us* precision medicine initiative, and targeted resources to such revolutionary projects as the BRAIN Initiative, a universal flu vaccine, and efforts to combat antibiotic resistance. The National Academy of Sciences published a report this year that showed that NIH funding contributed to every one of the 210 new drugs approved by the Food and Drug Administration [FDA] from 2010–2016. The Committee’s commitment to an increased investment in medical research has allowed the best researchers in the country to have their research funded to discover the next breakthrough.

Finally, in addition to supporting specific research priorities, the Committee continues to place a high value on support for all Insti-

tutes and Centers and allowing NIH to maintain flexibility to pursue unplanned scientific opportunities and address unforeseen public health needs. The Committee recommendation is estimated to support over 11,400 new and competing grants in fiscal year 2019.

COMBATING OPIOID ABUSE

Opioid abuse and misuse continues to be a nationwide epidemic. More than 11.0 million Americans abused prescription opioids in 2016, the latest year recorded, and more than 42,000 individuals died that same year of an opioid overdose, more than any year on record. Even more troubling, prescription opioid abuse is a risk factor for heroin use, another form of opioids. The Department of Health and Human Services reported that nearly 80 percent of heroin users reported abusing prescription opioids prior to heroin. To stop the spread of further opioid abuse, the bill provides \$3,722,000,000, an increase of \$3,452,000,000, or 1,275 percent, over the past 4 years, in discretionary funding to fight both prescription opioid and heroin abuse:

State Opioid Response Grants.—The Committee provides \$1,500,000,000 for flexible grants dedicated to State responses to opioid abuse, for a total of \$3,000,000,000 over the past two fiscal years. The bill continues the 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid use disorders as well as the \$50,000,000 for grants to Indian tribes or tribal organizations.

Centers for Disease Control and Prevention.—The Committee includes \$475,579,000 for improved prevention and surveillance efforts in all 50 states. In addition, the Committee includes \$5,000,000 for a new initiative to address the alarming trend of increased infectious diseases associated with the opioid epidemic.

National Institutes of Health.—The Committee includes \$500,000,000 for research related to opioid addiction, development of opioid alternatives, pain management, and addiction treatment.

Community Health Centers.—The Committee provides \$200,000,000 for grants to expand services for the treatment, prevention, and awareness of opioid abuse. This funding will help health centers support 220,000 patients with accessing substance abuse services.

Rural Opioid Workforce Initiative.—The Committee includes \$5,000,000 of the funds available for career and workforce training services for the Appalachian Regional Commission [ARC] and Delta Regional Authority [DRA] regions to assist individuals affected by an opioid abuse disorder.

Certified Community Behavioral Health Clinics.—The bill includes \$150,000,000, an increase of \$50,000,000, to provide grants to clinics certified by their State to provide treatment for those with mental health illness. The Committee expects SAMHSA will continue to provide competitive grants to those areas also impacted by the opioid crisis.

Plans of Infant Safe Care.—The Committee includes \$60,000,000 to States under the Child Abuse Prevention and Treatment Act to help States develop and implement plans of safe care and improve services for infants affected by substance use disorder, and their families.

Preventive Services for Children At-Risk of Entering Foster Care.—The Committee provides \$20,000,000 in continued funding for Kinship Navigator Programs. This program improves services available to grandparents and other relatives taking primary responsibility for children because the child's parent is struggling with opioid addiction or substance use disorder. The recommendation also includes \$20,000,000 for Regional Partnership Grants and family-focused residential treatment programs, to improve the coordination of services for children and families affected by opioid and other substance use disorders and help families remain together during treatment. Funding for both of these programs will help build the evidence-base of what works for children and families to prevent children from entering the foster care system, consistent with changes made in the Family First Prevention Services Act.

In addition, States have access to the Substance Abuse Prevention and Treatment Block Grant, funded at \$1,858,079,000 in fiscal year 2019.

PROMOTING COLLEGE AFFORDABILITY AND COMPLETION

The Committee continues and builds on the significant investments included last year to promote college affordability and completion. These investments help students of all backgrounds enter and complete college, further their post-secondary education, develop the skills needed for the in-demand jobs of today and the future, and graduate with less debt.

Pell Grants.—The Committee increases the maximum Pell grant award to \$6,195 for the 2019–20 school year, an increase of 1.6 percent, or \$100. This is the second consecutive increase in the discretionary maximum award, building on the 3 percent, \$175, increase provided in fiscal year 2018. The Committee recommendation also includes more than sufficient funding to continue Year Round Pell, which will help approximately one million students annually stay continuously enrolled, complete their program faster, graduate with less debt, and enter or re-enter the workforce sooner.

Campus-Based Student Aid Programs.—The Committee maintains the significant increases in fiscal year 2018 by including \$1,130,000,000 for Federal Work Study and \$840,000,000 for Supplemental Educational Opportunity Grants. These programs allow individual colleges and universities to allocate need-based financial aid to students and design financial aid packages that work best for them.

Federal TRIO Program.—The Committee includes \$1,010,000,000 for TRIO, which helps low-income and first-generation students prepare for and complete college. This maintains the significant investments in TRIO in recent years, which has been increased by more than 20 percent since fiscal year 2015.

Child Care Access Means Parents in School.—The Committee recommendation includes \$50,000,000 to help colleges and universities meet the child care needs of students. This maintains the almost tripling of funding for the program in fiscal year 2018.

Public Service Loan Forgiveness [PSLF].—The Committee recommendation includes \$350,000,000, continuing the level of funding and authority from fiscal year 2018, to address eligibility issues

in the PSLF program related to students being enrolled in ineligible repayment plans. The additional funding provided this year will ensure that even more students can qualify for loan forgiveness under this program and reduces concerns that funding availability would limit eligibility in the immediate future.

STRENGTHENING THE WORKFORCE FOR A STRONGER ECONOMY

The U.S. economy continues to grow following the recession. The national unemployment rate fell below 4 percent in April 2018 for the first time in 18 years, and the number of underemployed and long-term unemployed workers has also decreased. For its part, the Committee has recognized the changing needs of employers and the evolving nature of the workforce. In particular, the disparity between the skills job seekers have and the skills employers need to fill available positions, also known as the “skills gap,” can hinder employers from expanding, innovating, and improving productivity and limit workers’ ability to obtain well-paying jobs in in-demand industries. The Committee has provided critical funding for workforce training and employment services and has encouraged the Department of Labor to reduce occupational barriers and prepare workers for in-demand occupations.

Apprenticeship Grants.—The Committee recommendation includes \$160,000,000 for continued support for the apprenticeship program created in fiscal year 2016. The Committee continues to support the funding and development of industry or sector partnerships as a means of closing the skills gap and expanding apprenticeships in in-demand industries.

WIOA State Grants.—The bill includes \$2,789,832,000 for employment training grants distributed by formula to States under the Workforce Innovation and Opportunity Act. These grants, which provide flexibility to State and local governments to meet their own unique job training needs, form the bedrock of the Federal workforce development effort.

Veterans Employment and Training Service.—The Committee recommendation includes \$300,041,000, for programs targeted towards employment needs of recently separating service members and veterans. Within this amount, the Committee includes \$50,000,000 to support the Homeless Veteran’s Reintegration Program [HVRP]. HVRP provides an array of specialized services to help homeless veterans, such as job training, social services, clothing, substance abuse treatment, transportation, and housing referrals.

Occupational Licensing.—The Committee started an initiative in 2016 to reduce barriers created by a lack of interstate reciprocity for occupational licenses, for which the Department of Labor is encouraged to continue to work with the consortia of States, with technical and other types of assistance, to evaluate and pursue cooperative approaches to enhance reciprocity or portability of occupational licenses across State lines. Such agreements would significantly ease barriers to opportunity and reemployment for thousands of Americans, especially for military spouses, dislocated workers from various industries, and transitioning service members.

Governor's Statewide Reserve.—The bill continues to allow the full 15 percent State training grant funding reserve for governors to address a variety of statewide or regional training needs, projects, expanded partnerships, emergency response, and other services as needed throughout their State.

Targeted Youth Training.—The Committee maintains funding from fiscal year 2018 for both the Job Corps and Youthbuild programs to provide at-risk youth with the opportunity to gain educational and occupational skills.

Career and Technical Education [CTE].—The Committee recommendation includes \$1,200,019,000 for CTE, the same as the fiscal year 2018 level. This maintains the \$75,000,000 increase for CTE in fiscal year 2018 to help States develop, expand, and improve their career and technical education programs in high school and post-secondary settings, and create pathways beginning in high-school to in-demand jobs and careers.

STEM Education.—The Committee recommendation includes \$65,000,000, an increase of \$15,000,000, in dedicated funding for STEM education, including computer science education, through the Education Innovation and Research program. This funding will expand access to high-quality STEM education for students, including students in rural schools, and build on the evidence-base of what works to improve student outcomes. In addition to this dedicated funding, several other programs, including formula grants to school districts through the Student Support and Academic Enrichment program, which is increased by \$125,000,000, can also be used for STEM education activities.

INCREASING ACCESS TO HIGH-QUALITY EARLY CHILDHOOD CARE AND EDUCATION

The Committee recommendation continues and expands record increases in funding included in fiscal year 2018 to increase access to high-quality early childhood care and education, and help provide safe, affordable, stable, and quality child care options for working families.

Child Care and Development Block Grant [CCDBG].—The fiscal year 2018 Consolidated Appropriations Act included a \$2,370,000,000 increase for CCDBG, the largest 1 year increase in the history of the program. The Committee recommendation continues this funding in fiscal year 2019 which will help States meet the requirements and goals of the CCDBG Act to improve the health, safety, and quality of child care programs, including increasing provider reimbursement rates, and expand working families' access to child care.

Head Start.—The Committee recommendation includes an increase of \$250,000,000 including \$215,000,000 to help all Head Start programs keep up with rising costs, recruit and retain high-qualified staff, and otherwise ensure the quality of their programs, and \$35,000,000 in additional funding to extend the duration of Head Start services by increasing the number of full day/full-year slots. This builds off of the \$610,000,000 increase provided for Head Start in fiscal year 2018, which also included funding to expand Early Head Start, including through Early Head Start-Child Care Partnerships which will be awarded early in calendar year 2019.

Overall since fiscal year 2015 funding for Head Start has increased \$1,515,000,000 or 18 percent.

RURAL AMERICA

Approximately 60.0 million people, or one in five Americans, live in rural America. Rural communities face obstacles, including access to healthcare and job opportunities, unique and often significantly different than those faced by urban and suburban communities. The Committee continues its investments in programs throughout the bill that target funding towards rural America and their specific needs.

Rural Health.—The Committee recommendation continues its commitment to funding HRSA’s rural health programs and includes \$318,794,000 for Rural Health programs, an increase of \$28,000,000 above fiscal year 2018. Included in that amount is \$20,000,000 to support underserved rural communities in the DRA region identify and better address their healthcare needs and to help small rural hospitals improve their financial and operational performance.

Rural Communities Opioid Response.—While the opioid epidemic has affected both urban and rural counties, the burden in rural areas is significantly higher. Rural communities face a number of challenges in gaining access to healthcare in general, and substance abuse treatment in particular. CDC has found that drug-related deaths are 45 percent higher in rural communities, and that rural states are more likely to have higher rates of overdose deaths. The Committee provides \$120,000,000 to address substance abuse, including opioid abuse, and the overdose crisis in rural communities. Within the funding provided, the Committee includes \$20,000,000 for the establishment of 3 rural centers of excellence on substance use disorders to support the dissemination of best practices related to the treatment for and prevention of substance use disorders within rural communities. The centers will focus on the current opioid crisis and developing methods to address future substance use disorder epidemics. This funding, in addition to the \$100,000,000 provided last year, will continue efforts to allow communities to develop plans to address local needs. In addition, the Committee recommendation allows the Department of Labor to use a portion of career and training funding focused on the ARC and DRA regions to assist individuals who are returning, entering, or seeking to maintain participation in the workforce after being affected by an opioid abuse disorder.

Telehealth.—The Committee continues to prioritize funding for telehealth and the impact it has on access to care for medically underserved and rural populations. The Committee provides \$25,500,000, an increase of \$2,000,000, for the Office for the Advancement of Telehealth [OAT]. Telehealth has become an increasingly important program for patients in rural communities to access specialty care.

Training Assistance to Appalachian Regional Commission [ARC] and Delta Regional Authority [DRA] Regions.—The Committee continues support for an initiative within the Dislocated Worker National Reserve for reemployment and training assistance to workers dislocated in rural areas of the country hardest hit by the re-

cession. The bill devotes \$30,000,000 to assist unemployed workers from any industry within the ARC and DRA regions to adapt existing skills and learn new ones demanded by growing industries.

Rural Education.—The Committee recommendation includes a combined \$250,000,000 increase for Title I Grants to LEAs and Student Support and Academic Enrichment Grants, flexible formula grants that allow school districts, including rural districts, to decide how to best use limited resources to meet the needs of their students. Further, the Committee recommendation includes \$180,840,000, the same as the fiscal year 2018 level for the Rural Education program to specifically address the need of small rural school districts and schools. Finally, the Committee recommendation continues language requiring the Department to prioritize rural communities as part of all competitive grant programs, including funding for STEM education and charter schools.

Rural Community Development Technical Assistance.—The Committee recommendation includes \$8,000,000, level with fiscal year 2018, for training and technical assistance in developing and maintaining safe drinking and waste water facilities to very small rural communities that otherwise would not have access to such assistance.

ALZHEIMER'S DISEASE

In 2018, Medicare and Medicaid will spend an estimated \$186,000,000,000 caring for those with Alzheimer's and other dementias, 67 percent of total costs. It is the most expensive disease in America. Without a medical breakthrough to prevent, slow, or stop the disease, by 2050 the combined Medicare and Medicaid spending on people with Alzheimer's disease will more than quadruple.

Alzheimer's Research.—The Committee recommendation includes an increase of \$425,000,000 for Alzheimer's disease research, bringing the total available in fiscal year 2019 to approximately \$2,340,000,000, a 22 percent increase above fiscal year 2018. Over the last 4 years, funding for Alzheimer's disease has increased \$1,709,000,000, a 271 percent increase.

Brain Research through Advancing Innovative Neurotechnologies [BRAIN].—The Committee continues to strongly support the BRAIN Initiative and provides \$429,389,000 in fiscal year 2019. This is an increase of \$29,000,000 above fiscal year 2018. The BRAIN Initiative is developing a more complete understanding of brain function and has the possibility of helping millions of people who suffer from a wide variety of neurological and psychiatric disorders such as Parkinson's disease, schizophrenia, Alzheimer's disease and dementia, depression, and traumatic brain injury.

Alzheimer's Disease Program.—The Committee continues to provide \$23,500,000 in the Administration for Community Living for the Alzheimer's Disease Program and maintains a streamlined flexible program that will allow States, communities, nonprofits, and Indian tribes greater access to funding opportunities authorized under Title IV of the Older Americans Act.

Alzheimer's and Healthy Aging.—The Committee provides a \$1,000,000 increase to continue supporting CDC activities through the Healthy Brain road map for State and national partnerships to

monitor, evaluate, educate, and empower those fighting Alzheimer's.

Caregivers.—At any given time, more than 15.0 million Americans are providing informal care to an older relative with dementia. However, dementia caregivers experience considerable stress and depression; impaired subjective well-being, self-efficacy, and physical health, and perhaps even increased mortality. Studies have shown that coordinated support services can reduce caregiver depression, anxiety, and stress, and enable them to provide care longer, which avoids or delays the need for costly institutional care. This bill provides funding to a variety of programs to support caregivers, including research at the National Institute on Aging, the Lifespan Respite Care program, the National Family Caregiver Support program, and new funding to begin the Family Caregiver Council at the Administration for Community Living.

INVESTING IN PUBLIC HEALTH PREPAREDNESS

The Committee continues to invest in HHS programs that help America's communities prepare for, respond to, and recover from public health and medical disasters and emergencies. These events include natural disasters, pandemic diseases, and man made threats. Americans just experienced one of the deadliest flu seasons on record, and with outbreaks in Ebola, Zika, and recent natural disasters, the Committee believes it critical to continue investments in this area. The Committee provides \$3,516,458,000 for HHS preparedness activities, a nearly 20 percent increase over the past 2 years. In fiscal year 2019, the Committee provides:

Biomedical Advanced Research and Development Authority [BARDA].—The Committee provides \$561,700,000, an increase of \$25,000,000, to continue investments in developing late stage medical countermeasures and leading efforts to develop strategies to combat antibiotic resistant bacteria.

Project BioShield.—The Committee includes \$735,000,000 for Project BioShield, an increase of \$25,000,000, to purchase critical medical countermeasures, such as vaccines, therapeutics, and diagnostics.

Public Health Emergency and Hospital Preparedness.—The Committee provides \$680,000,000 for CDC's Public Health Emergency Preparedness program, an increase of \$10,000,000, to continue preparing communities and hospitals to respond to public health emergencies.

Pandemic Influenza.—The Committee provides \$285,000,000 for Pandemic Influenza within the Office of the Secretary, an increase of \$35,000,000, to improve the effectiveness of the flu vaccine and better respond to late changes to flu strains.

IMPROVING FISCAL ACCOUNTABILITY

The Committee has an obligation to promote fiscal accountability and the effective use of U.S. taxpayer funds. The annual appropriations process affords Congress the opportunity to continuously improve and refine how Government works. Appropriations bills provide oversight of every discretionary program, every year, which gives these bills the unique ability to react to changing needs and

unintended consequences in the intervening years of an authorization bill.

Taxpayer Transparency.—U.S. taxpayers have a right to know how the Federal Government is spending their hard-earned taxpayer dollars—especially when that money is being spent on advertising Federal programs. The Committee recommendation continues a provision to promote Government transparency and accountability by requiring Federal agencies funded in this act to include disclaimers when advertising materials are paid for with Federal funds. The Committee expects each agency to include in their fiscal year 2020 CJ information detailing how much funding was spent on advertising in fiscal year 2019.

Open Access to Federal Research.—The Committee has received reports from the Office of Science and Technology Policy [OSTP] on the progress of all Federal agencies in developing and implementing policies to increase public access to federally funded scientific research. The Committee commends the agencies funded in this bill who have issued plans in response to OSTP's policy directive issued in 2013. The Committee urges the continued efforts towards full implementation of the plan, and directs agencies to provide an update on progress made in the fiscal year 2020 CJ. This will ensure that the Committee remains apprised of the remaining progress needed to make federally funded research accessible to the public as expeditiously as possible.

Public Health Services Act [PHS] Evaluation Transfer.—The Committee recommendation continues to ensure that in fiscal year 2019, no funds will leave NIH via the transfer required by section 241 of the PHS Act.

INCREASING THE EFFICIENCY AND COST EFFECTIVENESS OF GOVERNMENT

The Committee provides funding for a variety of activities aimed at reducing fraud, waste, and abuse of taxpayer dollars. These program integrity initiatives have proven to be a wise Federal investment, resulting in billions of dollars of savings each year. In addition, the Committee recommendation provides direction to the Departments on opportunities to take action where Federal programs are fragmented or duplicative. The bill advocates that longstanding priority by reforming and transforming government in many small ways, and several initiatives to increase the efficiency and cost effectiveness of Government, including:

Fighting Healthcare Fraud and Abuse.—The Committee includes \$765,000,000 for the Health Care Fraud and Abuse Control program at CMS. The Committee notes that the latest data demonstrates for every new \$1.00 spent on fraud and abuse, \$2.00 is recovered by the U.S. Treasury.

Inspectors General.—The Committee recommendation provides \$440,284,000 for the Inspectors General funded in this act to conduct additional audits and investigations of possible waste and fraud in Government programs. The Committee appreciates the strong working relationships between the Inspectors General and the agencies they work with under this Committee's jurisdiction. The Committee reiterates the strong expectation that Inspectors General have timely and independent access to all records, reports,

audits, reviews, documents, papers, recommendations, data and data systems, or other materials related to their responsibilities under this act and under the Inspector General Act of 1978. Further, the Committee also expects that all agencies funded by this act treat electronic data, records, and systems no differently than paper-based records and files with respect to access by OIGs unless particular electronic systems are clearly and explicitly protected from Inspectors General access by statute.

Preventing Improper Social Security Payments.—The Committee recommendation includes \$1,683,000,000 for the Social Security Administration to conduct continuing disability reviews and SSI program redeterminations of non-medical eligibility, and other program integrity efforts. Combined, these activities are estimated to save over \$9,000,000,000 over 10 years in taxpayer dollars by reducing waste, fraud, abuse, and improper payments in the Social Security, Medicare, and Medicaid programs.

Taxpayer Accountability.—Given the current fiscal environment, it is imperative for Government agencies to increase efficiencies, while fulfilling statutory requirements, to maximize the effectiveness of agency programs. Since 2011, GAO has published reports showing as many as 272 areas of potential duplication and overlap. GAO has identified 792 actions to reduce, eliminate, or better manage fragmentation, overlap, or duplication; achieve costs savings; or enhance revenue. While GAO has noted that the Nation has achieved \$178,000,000,000 in savings based on these reports, many more efficiencies may be realized. The Committee directed each agency funded in the fiscal year 2018 bill to report to the Committee, within 1 year of enactment, on all efforts made to address the duplication identified by the annual GAO reports along with identifying substantive challenges and legal barriers to implementing GAO's recommendations, as well as suggested legislative recommendations that could help the agency to further reduce duplication. The Committee looks forward to receiving the reports.

Tribal Coordination.—The Committee directs all Departments with American Indian and Alaskan Native specific programs or grants to coordinate with the Department of the Interior when possible to ensure there is no overlap or duplication of funding or services and to enhance the programs' effectiveness.

Unemployment Insurance Trust Fund Integrity.—The Committee provides \$150,000,000 for Reemployment Services and Eligibility Assessments [RESEA] for fiscal year 2019. The RESEA program provides for intensive, in-person attention from specialists in the One-Stop career center system for individuals most likely to exhaust unemployment compensation benefits, those with particular barriers to reemployment, and others who have been difficult to place. RESEA has significantly reduced the time participating individuals must rely on unemployment compensation payments and reduced the total amount of benefits paid from the Unemployment Insurance Trust Fund. The program has also shown the benefit of reducing improper payments to ineligible claimants, thus helping protect the fiscal solvency of the trust fund. The RESEA program is based on a service-delivery model that has demonstrated a return of \$2.60 in savings for every \$1.00 spent on the program.

BILL-WIDE DIRECTIVES

Children Exposed to Trauma.—The Committee notes that childhood exposure to trauma, such as witnessing violence or substance abuse, can result in negative health, education, and employment outcomes, for which agencies funded in this bill seek to address. The Committee encourages the Departments and agencies funded in this bill to enhance coordination on activities that address child trauma, and to disseminate and promote through grant awards best practices for identifying, referring, and supporting children exposed to trauma.

Congressional Budget Justifications.—Congressional justifications are the primary tool used for the Committee to evaluate budget requests, agency performance, and resource requirements. The Committee expects the fiscal year 2020 congressional justifications to include sufficient detail to justify all programs, projects, and activities contained in each department, agency, board, corporation, or commission's budget request. The justifications shall include a sufficient level of detailed data, exhibits, and explanatory statements to support the appropriations requests, including tables that outline each agency's programs, projects, and activities for fiscal years 2019 and 2020. Specifically, every bill and report number included in either the House of Representatives or Senate Appropriations bill or report or the final appropriations bill or explanatory statement of the fiscal year should be reflected within these justifications.

The Committee directs the chief financial officer of each department, agency, board, corporation, or commission funded in this Act's jurisdiction to ensure that adequate justification is given to support each increase, decrease, and staffing change proposed in the fiscal year 2020 budget. When requesting additional resources, reduced funding, or eliminations of programs, changes should be outlined with an adequate justification. Should the final fiscal year 2019 appropriations bill be enacted within a timeframe that does not allow it to be reflected within the congressional justifications for fiscal year 2020, the Committee directs each department, agency, board, corporation, or commission funded in this act to submit within 30 days of enactment updated information to the Committee on funding comparisons to fiscal year 2019.

OTHER HIGHLIGHTS OF THE BILL

Children's Hospitals Graduate Medical Education [CHGME].—The Committee recommendation includes \$325,000,000 for CHGME, an increase of \$10,000,000 above fiscal year 2018. This funding supports 58 freestanding children's teaching hospitals to provide Graduate Medical Education for physicians.

Community Health Centers [CHC].—The Committee recommendation includes \$1,625,222,000 for CHC's, level with fiscal year 2018. The Committee's recommendation is projected to support 26.0 million patients and continues quality improvement activities for more than 1,400 health centers operating over 11,000 primary sites.

Corporation for National and Community Service.—The Committee recommendation includes \$415,010,000 for AmeriCorps

State and National Grants, an increase of \$3,000,000, and \$32,000,000 for NCCC, \$92,364,000 for VISTA, and \$202,117,000 for Senior Corps, all the same as the fiscal year 2018 funding levels.

Corporation for Public Broadcasting.—The bill continues advance funding in the amount of \$445,000,000 for the Corporation for Public Broadcasting and an additional \$20,000,000 to continue investments in system-wide infrastructure and services, including the interconnection project.

Domestic Violence Programs.—The Committee recommendation includes \$165,000,000, an increase of \$5,000,000 for Family Violence Prevention and Services programs, and \$10,250,000, an increase of \$1,000,000, for the National Domestic Violence Hotline.

Institute for Museum and Library Services [IMLS].—The Committee recommendation includes \$242,000,000 for IMLS, an increase of \$2,000,000 above fiscal year 2018. This funding supports 123,000 libraries and 35,000 museums, ensuring that all Americans have access to essential museum, library, and information services.

Low Income Home Energy Assistance Program [LIHEAP].—The Committee recommendation includes \$3,690,304,000, an increase of \$50,000,000.

Medicare Appeals Backlog.—The Committee continues to be concerned that the Office of Medicare Hearing and Appeals has a current case backlog of approximately 500,000 cases. The bill continues the investment provided in fiscal year 2018 and expects that the Department will make significant progress in addressing the backlog in the next few years.

Social Security Administration.—The Committee recommendation includes \$12,945,945,000 for SSAs administrative expenses, an increase of \$77,000,000. Accounting for one-time funding provided for IT modernization efforts in fiscal year 2018, this increase will help SSA continue to improve service to the public and work down backlogs in critical workloads.

Supporting Local Control and Investments in Elementary and Secondary Education.—The Committee continues to prioritize funding for elementary and secondary education programs that provide the most flexibility for states, school districts, schools, and parents to make education decisions impacting students and families.

- \$15,884,802,000, an increase of \$125,000,000 for title I grants to LEAs
- \$1,225,000,000, an increase of \$125,000,000 for title IV Student Support and Academic Enrichment Grants
- \$12,402,848,000, an increase of \$125,000,000 for IDEA Grants to States (Part B, Section 611)
- \$1,439,112,000, an increase of \$25,000,000 for Impact Aid
- \$445,000,000, an increase of \$45,000,000 for the Charter Schools Program

TITLE I

DEPARTMENT OF LABOR

Any references in this title of the report to the “Secretary” or the “Department” shall be interpreted to mean the Secretary of Labor or the Department of Labor, respectively, unless otherwise noted.

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

Appropriations, 2018	\$3,486,200,000
Budget estimate, 2019	3,220,549,000
Committee recommendation	3,501,200,000

The Training and Employment Services account provides funding primarily for activities under the Workforce Innovation and Opportunity Act, and is a decentralized, integrated system of skill training and related services designed to enhance the employment and earnings of economically disadvantaged and dislocated workers. Funds provided for many training programs for fiscal year 2019 will support the program from July 1, 2019, through June 30, 2020. A portion of this account’s funding, \$1,772,000,000, is available on October 1, 2019, for the 2019 program year.

The Committee strongly encourages the Department to continue to work with other Federal agencies to align and streamline employment and training services. In cases where legislation would be required to achieve these goals, the President’s budget request should include recommendations and specific proposals for consolidation of programs.

Building a skilled workforce pipeline is critical to the success of the American economy in the 21st Century. The Committee encourages DOL to identify and invest in national workforce development partnerships that target youth and teens for soft-skills development, career exploration and exposure, and on-the-job work experiences including internships, first jobs, and pre-apprenticeships, to prepare youth for the jobs of today and tomorrow. In building these partnerships, the Committee encourages the Department to support organizations with a national reach that serve both youth and teens, to provide the maximum number of young people the opportunity to build the skills necessary to be prepared for their future and to be full participants in our economy. The Committee also encourages DOL to support partnerships between workforce investment boards and youth-serving organizations to further address the skills gap.

The Committee encourages the Employment and Training Administration to expand its collaborative work with the Institute of Museum and Library Services to assist in the implementation of WIOA to help States and local boards integrate the education, employment, and training services provided by public libraries into the workforce investment system. The Committee also encourages ETA to continue to invest in building and strengthening partnerships between the one-stop system and public libraries by encour-

aging applicants for competitive grant opportunities to collaborate with public libraries.

Grants to States

The Committee recommends \$2,789,832,000 for Training and Employment Services Grants to States.

Under WIOA, a local board is given up to 100 percent transfer authority between Adult and Dislocated Worker activities upon approval of the Governor.

The Committee recommendation is consistent with the WIOA authorization regarding the amount of WIOA State grant funding that may be reserved by Governors.

Although the national unemployment rate hit an 18-year low in May 2018, the Committee is concerned that unemployment remains high in some States and regions around the Nation. WIOA State grant funding continues to serve critical functions, including to assist States that continue to experience high unemployment and to address the disparity between the skills job seekers have and the skills employers need to fill available positions.

Adult Employment and Training.—For adult employment and training activities, the Committee recommends \$845,556,000.

Formula funding is provided to States and further distributed to local workforce investment areas through one-stop centers. The program provides employment and training services to disadvantaged, low-skilled, unemployed, and underemployed adults, including veterans.

Funds are made available in this bill for adult employment and training activities in program year 2019, which occurs from July 1, 2019, through June 30, 2020. The bill provides that \$133,556,000 is available for obligation on July 1, 2019, and that \$712,000,000 is available on October 1, 2019. Both categories of funding are available for obligation through June 30, 2020.

Youth Training.—For youth training activities, the Committee recommends \$903,416,000. The purpose of this program is to provide low-income youth facing barriers to employment with services that prepare them to succeed in the knowledge-based economy. Funds are made available for youth training activities in program year 2019, which occurs from April 1, 2019, through June 30, 2020.

The Committee recognizes that employment between ages 14 and 24 can significantly improve adult employment outcomes, including higher earnings, lower poverty rates, and better overall health. Youth workforce development programs can also decrease violent crime arrests among youth living in areas with high rates of community violence. The Committee supports the dedicated funding stream for these activities as authorized under WIOA to ensure Federal job training support for out-of-school and low-income, in-school youth.

Dislocated Worker Assistance.—For dislocated worker assistance, the Committee recommends \$1,040,860,000. This program is a State-operated effort that provides training services and support to help permanently separated workers return to productive unsubsidized employment. In addition, States must use State-wide reserve funds for rapid response assistance to help workers affected by mass layoffs and plant closures. States must also use these

funds to carry out additional State-wide employment and training activities such as providing technical assistance to certain low-performing local areas, evaluating State programs, and assisting with the operation of one-stop delivery systems. States may also use funds for implementing innovative training programs.

Funds made available in this bill support activities in program year 2019, which occurs from July 1, 2019, through June 30, 2020. The bill provides that \$180,860,000 is available for obligation on July 1, 2019, and that \$860,000,000 is available on October 1, 2019. Both categories of funding are available for obligation through June 30, 2020.

The Committee is aware of allegations that federally-funded local workforce development boards in Florida were improperly reporting inflated job placement numbers. The Committee understands the Department is investigating the allegations and requests a briefing upon conclusion of the investigation. The Committee also encourages the Department to take action to ensure that there are sufficient practices in place to deter fraud and abuse in workforce development boards receiving Federal funding through WIOA.

Federally Administered Programs

Dislocated Worker Assistance National Reserve.—The Committee recommends \$220,859,000 for the Dislocated Worker Assistance National Reserve, which is available to the Secretary for activities such as responding to mass layoffs, plant and/or military base closings, and natural disasters that cannot be otherwise anticipated, as well as for technical assistance, training, and demonstration projects.

Funds made available for the National Reserve in this bill support activities in program year 2019. The bill provides that \$20,859,000 is available for obligation on July 1, 2019, and that \$200,000,000 is available on October 1, 2019. Both categories of funding are available for obligation through September 30, 2020.

The Committee bill makes \$30,000,000 available for obligation on October 1, 2018, through September 30, 2020, to provide enhanced dislocated worker training to promote economic recovery in the Appalachian and Delta regions. The initiative will include projects for dislocated workers within the Delta Regional Authority [DRA] and Appalachian Regional Commission [ARC] areas. These regions have been particularly hard hit by industrial downsizing and closures, and funding is provided to target these underserved areas. The Department is strongly urged to engage proactively with Workforce Development Boards and other appropriate entities at the State and local levels, including those typically involved in applying for and administering National Dislocated Worker Grants or Dislocated Worker demonstration projects to ensure that they are aware of the availability of the targeted funds so they will be sought and utilized promptly and effectively to assist workers in areas hardest hit by job loss. The Department, DRA, and ARC are directed to jointly continue to update the Committee quarterly on the community engagement and progress made on this program until all funds are expended.

In addition, the Committee directs the Department to use at least \$5,000,000 of the funds made available for the DRA and ARC

areas for projects to provide career and training services to assist individuals who have been affected by an opioid or other substance use disorder and who are returning, entering, or seeking to maintain participation in the workforce. The career and training services supported by these funds should be reflective of allowable services described in the Training and Employment Guidance Letter No. 19-16. In awarding the funds, the Committee encourages the Department to give priority to States with the highest age-adjusted mortality rate related to opioid overdose deaths.

The Committee encourages the Department to use funds provided to carry out sections 168(b) and 169(c) of WIOA, which may be used for technical assistance and demonstration projects, to support demonstration programs that allow at-risk youth who are out-of-school and have limited work experience to participate in the workforce.

Advances in automation and artificial intelligence have the potential to alter the workplace. These changes in the nature of work will require new approaches to job training. The Committee encourages DOL to support demonstration projects on workforce development activities that will assist workers in sectors, particularly in transportation, most at risk of job dislocation due to automation and artificial intelligence. The Committee requests a briefing not later than 120 days after enactment of this act regarding how DOL is assessing and addressing the needs of the workforce most at risk of dislocation.

Indian and Native American Programs.—The Committee recommends \$54,000,000 for Indian and Native American Programs. These programs are designed to improve the academic, occupational, and literacy skills of Native Americans, Alaskan Natives, and Native Hawaiians to aid the participants in securing permanent, unsubsidized employment. Allowable training services include adult basic education, GED attainment, literacy training, English language training, as well as the establishment of linkages with remedial education.

The Committee directs the Department to obligate funding at the authorized levels for activities pursuant to section 166(k) of subtitle D of title I of the WIOA.

Migrant and Seasonal Farmworker Programs.—The Committee recommends \$87,896,000 for migrant and seasonal farmworkers programs, which serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farm work, fishing, or logging activities. Enrollees and their families are provided with employment, training, and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry.

The Committee recommendation provides that \$81,447,000 be used for State service area grants. The Committee recommendation also includes bill language directing that \$5,922,000 be used for migrant and seasonal farmworker housing grants, of which not less than 70 percent shall be for permanent housing. The principal purpose of these funds is to continue the network of local farmworker housing organizations working on permanent housing solutions for migrant and seasonal farmworkers. The Committee recommendation also includes \$527,000 to be used for section 167 training,

technical assistance, and related activities, including funds for migrant rest center activities.

YouthBuild.—The Committee supports the YouthBuild program and recommends \$89,534,000 to support its work to target at-risk high school dropouts and prepare them with the skills and knowledge they need to succeed in a knowledge-based economy.

The Committee is aware of the OIG findings (Report 04-18-002-03-001) that YouthBuild grantees did not adequately comply with standards set by the Department when reporting program outcomes. Given the enactment of WIOA, the Committee encourages the Department to clarify the program criteria for YouthBuild grantees.

National Activities

Reintegration of Ex-Offenders.—The Committee recommends \$93,079,000 for the Reintegration of Ex-Offenders program. The Reintegration of Ex-Offenders program helps prepare and assist adult ex-offenders return to their communities through pre-release services, mentoring, and case management. The program also provides support, opportunities, education, and training to youth who are involved in court and on probation, in aftercare, on parole, or who would benefit from alternatives to incarceration or diversion from formal judicial proceedings. Programs are carried out directly through State and local governmental entities and community based organizations, as well as indirectly through intermediary organizations. States are encouraged to continue to support reintegration efforts for ex-offenders with resources available through the comprehensive workforce development investment system. The Committee directs the Department to use funding to support efforts in high-crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of civil unrest and high levels of community violence.

Evaluation.—The bill continues to use a set-aside funding mechanism to support the evaluation of employment and training programs. Instead of directly providing funds for evaluation, the Committee recommendation supports evaluation activities through a 0.75 percent set-aside on all training and employment programs, including the WIOA formula programs, Job Corps, Community Service Employment for Older Americans, the Employment Service, and others. The set-aside approach ensures that sufficient funding is available to carry out comprehensive evaluation and applied research activities.

ETA will continue to conduct evaluation and applied research activities in consultation with the Department's chief evaluation officer, who oversees the evaluation program. Results will inform policy, advance the Department's mission, and improve its performance-based management initiatives.

Workforce Data Quality Initiative.—The Committee recommends \$6,000,000 for the Workforce Data Quality Initiative. Funds are used to assist States with incorporating comprehensive workforce information into longitudinal data systems being developed in part with the support of funding provided by the Department of Education. The initiative is also intended to help improve the quality

and accessibility of performance data being produced by training providers.

Apprenticeship Grants.—The recommendation includes \$160,000,000, an increase of \$15,000,000, for continued support for the apprenticeship program that the Committee created in fiscal year 2016. This funding shall be for making competitive contracts and to continue funding grants to States and industry partnerships. The Department is directed to ensure approval of apprenticeship opportunities that engage, recruit, and serve women and other under-represented populations and local communities that have high rates of unemployment and high levels of community violence. The Committee also directs the Department to use funding to support economic development strategies that generate new or leverage existing employer demand for apprenticeships. The Committee also directs the Department to collaborate with the DRA to develop a targeted apprenticeship and job training program to meet the unique needs of underserved rural communities in this region. The Committee recognizes the role that sector partnerships play in organizing key stakeholders in an industry cluster to address the shared goals and human resources needs of the industry cluster. The Committee supports the funding and development of industry or sector partnerships as a means of closing the skills gap and expanding apprenticeships in in-demand industries. The Committee is aware that Apprenticeship State Expansion grants have been used to positive effect in States with high unemployment. The Department is encouraged to prioritize the provision of grants to States with high unemployment and long-standing and effective partnerships between job training programs and employers who seek well-qualified employees in the healthcare, maritime, construction, and oil & gas industries. The Committee directs the Office of Apprenticeship to work with Congress to take steps to broaden the availability of apprenticeship opportunities by including non-traditional programs, such as craft-training programs and programs certified by the National Center for Construction Education and Research.

JOB CORPS

Appropriations, 2018	\$1,718,655,000
Budget estimate, 2019	1,296,938,000
Committee recommendation	1,718,655,000

The recommendation for operations of Job Corps centers is \$1,603,325,000.

The Committee remains concerned about the issue of student safety on Job Corps campuses across the country and recognizes the Department has taken important steps toward addressing these issues. The Committee strongly urges the Department to continue corrective actions to ensure the safety of students and staff.

Job Corps Enrollment.—The Committee recognizes Job Corps plays a critical role in providing tens of thousands of underserved youth the skills they need to secure employment in high-growth industries. The Committee understands that in recent years student enrollments in Job Corps have decreased resulting in unused capacity. This decrease has occurred even while it is estimated that nearly 5,000,000 young Americans are neither employed nor en-

rolled in school and likely eligible for Job Corps. The Committee directs the Department to provide quarterly accountability reports regarding the number of calls to Job Corps' national enrollment hotline, the on-board strength of each Job Corps center, and the investments and steps Job Corps has made to improve both enrollment and on-board strength.

The Committee recommendation for administrative costs is \$32,330,000.

The Committee also recommends a total of \$83,000,000 in construction, renovation, and acquisition [CRA] funds. This amount is available from July 1, 2019, to June 30, 2020. The Committee continues bill language allowing the Secretary to transfer up to 15 percent of CRA funds, if necessary, to meet the operational needs of Job Corps centers or to achieve administrative efficiencies. The bill continues to require the Secretary to notify the Committees on Appropriations of the House of Representatives and the Senate at least 15 days in advance of any transfer. The Committee expects any notification to include a justification.

The Committee reminds the Department of the directive included in the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2018, to support and incentivize center operators to build and enhance partnerships between centers and other training sites to enhance opportunity and work experiences for students in underserved rural or remote communities as well as urban settings, with a priority for communities that have experienced Job Corps center closures.

Gulfport Job Corps Center.—The Committee continues to be encouraged by the progress made toward rebuilding the Gulfport Job Corps Center, including the completion of the “Scope of Work” for the design phase of the project and the issuance of a Request for Proposal for architecture and engineering services. The Committee expects this proposal will be expeditiously awarded. The Committee expects the Department to remain diligently committed to ensuring that the Center is fully rebuilt and able to return to serving the number of young people that it once served while, in the meantime, reserving sufficient funds for the restoration of the facility consistent with the expectations of the Committee. The Committee continues to direct the Department to prioritize the Gulfport Job Corps Center among pending construction cases in the CRA Account. The Committee requests to be updated every 30 days regarding progress on this project.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2018	\$400,000,000
Budget estimate, 2019	
Committee recommendation	400,000,000

Community Service Employment for Older Americans [CSEOA] provides part-time employment in community service activities for unemployed, low-income persons aged 55 and older. The Committee recommendation includes \$400,000,000 for CSEOA.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 2018	\$790,000,000
Budget estimate, 2019	790,000,000
Committee recommendation	790,000,000

The Committee recommendation includes mandatory funds for the Federal unemployment benefits and allowances program that assists trade-impacted workers with benefits and services to upgrade skills and retrain in new careers. These benefits and services are designed to help participants find a path back into middle-class jobs, improve earnings, and increase credential and education rates. The Committee recommendation provides for the full operation of the Trade Adjustment Act program in fiscal year 2019 consistent with current law.

The Trade Adjustment Assistance [TAA] program provides assistance to workers who have been adversely affected by international trade. TAA provides benefits and services to those who qualify, to include: job training, job search and relocation allowances, and wage supplements for workers age 50 and older.

The Committee recognizes that the statutes governing the worker certification process are written to address jobs lost due to free trade agreements. This Administration has taken or considered action under Sections 201 and 301 of the Trade Act of 1974, and Section 232 of the Trade Expansion Act of 1962 to enforce trade agreements and international trading norms. In other cases, our trading partners have instituted discriminatory trade policies that have led to sudden job losses in the U.S. due to input price spikes.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 2018	\$3,464,691,000
Budget estimate, 2019	3,325,298,000
Committee recommendation	3,339,010,000

The Committee recommendation includes \$3,254,944,000 authorized to be drawn from the Employment Security Administration account of the Unemployment Trust Fund and \$84,066,000 to be provided from the general fund of the Treasury.

The funds in this account are used to provide administrative grants and assistance to State agencies that administer Federal and State unemployment compensation laws and operate the public employment service. The account is workload based, and due to the improving economy, fewer unemployment applications are being processed. Therefore less funding is required for this purpose as reflected in the bill.

The Committee recommends a total of \$2,527,816,000 for UI activities. For UI State operations, the Committee recommends \$2,515,816,000. Of these funds, the Committee includes \$150,000,000 to expand intensive, individualized reemployment assistance and to help address and prevent long-term unemployment and reduce improper payments through the Reemployment Services and Eligibility Assessments [RESEA] initiative. This includes \$117,000,000 in base funding and \$33,000,000 in cap adjustment funding allowed under the Bipartisan Budget Act of 2018.

As State consortia continue work to modernize their UI information technology systems, the Committee expects the Department will continue to closely support and oversee the consortia's efforts and to keep the Committee informed on how funds are utilized and progress on system development.

The Committee recommendation includes \$9,000,000 for the UI Integrity Center of Excellence, including supporting an integrated data hub, training modules, and data analytics capacity to help States reduce fraud.

The Committee recommendation provides for a contingency reserve amount should the unemployment workload exceed an average weekly insured claims volume of 2,030,000.

The Committee recommends \$12,000,000 for UI national activities, which will support activities that benefit the entire Federal-State UI system, including supporting the continuation of IT upgrades and technical assistance.

For the Employment Service allotments to States, the Committee recommends \$666,413,000. This amount includes \$21,413,000 in general funds together with an authorization to spend \$645,000,000 from the Employment Security Administration account of the Unemployment Trust Fund.

The Committee also recommends \$19,818,000 for Employment Service national activities. The administration of the work opportunity tax credit program accounts for \$18,485,000 of the recommended amount; the remainder is for technical assistance and training to States.

For carrying out the Department's responsibilities related to foreign labor certification activities, the Committee recommends \$48,028,000. In addition, 5 percent of the revenue from H-1B fees is available to the Department for costs associated with processing H-1B alien labor certification applications, and \$14,282,000, the same as the fiscal year 2018 enacted level, is available for related State grants.

The Committee remains concerned about efficient, effective management of the H-2B and H-2A programs. Processing delays in the past 2 years have degraded the effectiveness of the programs for those who depend on them for meeting short-term, seasonal surges in demand. Authority was included in fiscal year 2018 to utilize H-1B fee receipts through fiscal year 2019 to augment processing capacity. This short-term authority was intended to prevent excessive labor certification and wage determination delays while the Department develops improved administrative procedures for the longer term. The Committee expects the Department to provide timely updates about the use of the fee authority and Department's longer-term plans to improve the efficiency of these programs.

In fiscal year 2017, the Committee urged the Department to engage with all stakeholders to assess the impacts of the H-2B mobile housing policy in industries requiring a mobile workforce found in the 2015 Interim Final Rule [IFR]. The Committee is aware that the Department has not fully assessed the impacts of the housing policy outlined in the IFR in industries requiring a mobile workforce. The Department is directed to provide the Committee with a detailed report within 120 days of enactment with an assessment of the impacts of the housing policy in industries requiring a mo-

bile workforce, a justification for the housing policy, and details regarding any consultation with industries requiring a mobile workforce.

In the determination of prevailing wage for the purposes of the H-2B program, the Secretary shall accept private wage surveys even in instances where Occupational Employment Statistics [OES] survey data are available unless the Secretary determines that the methodology and data in the provided survey are not statistically supported. The bill continues general provisions related to enforcement of H-2B regulations.

For one-stop career centers and labor market information, the Committee recommends \$62,653,000.

Occupational Licensing.—The Committee has provided \$17,500,000 since fiscal year 2016 to establish occupational licensing grants for State consortia to identify, explore, and address areas where licensing requirements create an unnecessary barrier to labor market entry or labor mobility across State lines. The Committee appreciates the Secretary’s support of pursuing cooperative approaches to reduce barriers to employment for thousands of Americans, especially for military spouses, dislocated workers, and transitioning service members. The Committee appreciates the Department’s recent report and looks forward to additional updates on the progress and outcomes of the occupational licensing initiative.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

The Committee bill continues language providing such sums as necessary in mandatory funds for this account. The appropriation is available to provide advances to several accounts for purposes authorized under various Federal and State unemployment compensation laws and the Black Lung Disability Trust Fund, whenever balances in such accounts prove insufficient.

PROGRAM ADMINISTRATION

Appropriations, 2018	\$158,656,000
Budget estimate, 2019	154,265,000
Committee recommendation	158,656,000

The Committee recommendation of \$158,656,000 for program administration includes \$108,674,000 in general funds and \$49,982,000 from the Employment Security Administration account of the Unemployment Trust Fund.

General funds in this account pay for the Federal staff needed to administer employment and training programs under WIOA, Older Americans Act [OAA], the Trade Act of 1974, and the National Apprenticeship Act. Trust funds provide for the Federal administration of employment security, training and employment, and executive direction functions.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2018	\$103,476,000
Budget estimate, 2019	91,100,000
Committee recommendation	103,476,000

The Committee recommends \$103,476,000 for the Office of Federal Contract Compliance Programs.

This Office protects workers and potential employees of Federal contractors from employment discrimination prohibited under Executive Order 11246, section 503 of the Rehabilitation Act of 1973, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974.

OFFICE OF WORKERS' COMPENSATION PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2018	\$117,601,000
Budget estimate, 2019	115,282,000
Committee recommendation	117,601,000

The Committee recommends \$117,601,000 for the Office of Workers' Compensation. The bill provides authority to expend \$2,177,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act.

OWCP administers four distinct compensation programs: the Federal Employees' Compensation Act [FECA], the Longshore and Harbor Workers' Compensation Act, the Black Lung Benefits programs, and the Energy Employees Occupational Illness Compensation Program. In addition, OWCP houses the Division of Information Technology Management and Services.

SPECIAL BENEFITS

Appropriations, 2018	\$220,000,000
Budget estimate, 2019	230,000,000
Committee recommendation	230,000,000

The Committee recommends \$230,000,000 for this account. This mandatory appropriation, which is administered by OWCP, primarily provides benefits under FECA.

The Committee continues to provide authority to require disclosure of Social Security numbers by individuals filing claims under FECA or the Longshore and Harbor Workers' Compensation Act and its extensions.

The Committee continues language that provides authority to use FECA funds to reimburse a new employer for a portion of the salary of a newly reemployed injured Federal worker. FECA funds will be used to reimburse new employers during the first 3 years of employment, not to exceed 75 percent of salary in the worker's first year, and declining thereafter.

The Committee continues language that allows carryover of unobligated balances to be used in the following year and that provides authority to draw such sums as are needed after August 15 to pay current beneficiaries. Such funds are charged to the subsequent year appropriation.

The Committee continues language to provide authority to deposit into the special benefits account of the employees' compensation fund those funds that the Postal Service, the Tennessee Valley Authority, and other entities are required to pay to cover their fair share of the costs of administering the claims filed by their employees under FECA.

Finally, the Committee maintains language consistent with long-standing interpretations and implementation of this appropriation stating that, along with the other compensation statutes already specifically enumerated, the appropriation is used to pay obligations that arise under the War Hazards Compensation Act, and the appropriation is deposited in the Employees' Compensation Fund and assumes its attributes, namely availability without time limit as provided by 5 U.S.C. section 8147.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 2018	\$54,319,000
Budget estimate, 2019	10,319,000
Committee recommendation	10,319,000

The Committee recommends a mandatory appropriation of \$10,319,000 in fiscal year 2019 for special benefits for disabled coal miners. This is in addition to the \$15,000,000 appropriated last year as an advance for the first quarter of fiscal year 2019, for a total program level of \$25,319,000 in fiscal year 2019. The decrease in this account below the fiscal year 2018 level reflects a declining beneficiary population.

These mandatory funds are used to provide monthly benefits to coal miners disabled by black lung disease and their widows and certain other dependents, as well as to pay related administrative costs.

The Committee also recommends an advance appropriation of \$14,000,000 for the first quarter of fiscal year 2020. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

DIVISION OF ENERGY EMPLOYEES OCCUPATIONAL ILLNESS
COMPENSATION

SALARIES AND EXPENSES

Appropriations, 2018	\$59,846,000
Budget estimate, 2019	59,098,000
Committee recommendation	59,098,000

The Committee recommends \$59,098,000 for the Division of Energy Employees Occupational Illness Compensation. This is a mandatory appropriation.

The Division administers the Energy Employees Occupational Illness Compensation Program Act, which provides benefits to eligible employees and former employees of the Department of Energy [DOE], its contractors and subcontractors, or to certain survivors of such individuals. The mission also includes delivering benefits to certain beneficiaries of the Radiation Exposure Compensation Act. The Division is part of OWCP.

In fiscal year 2019, the volume of incoming claims under part B of EEOICPA is estimated at about 5,207 from DOE employees or

survivors and private companies under contract with DOE, who suffer from a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work in producing or testing nuclear weapons.

Under part E, approximately 4,738 new claims will be received during fiscal year 2019. Under this authority, the Department provides benefits to eligible DOE contractor employees who were found to have work-related occupational illnesses due to exposure to a toxic substance at a DOE facility, or to the employees' survivors.

The Committee is concerned that positions remain vacant on the Advisory Board on Toxic Substances and Worker Health. The Committee directs the Department to ensure the Board has sufficient funding and staffing to meet its obligations as defined by the EEOICPA.

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 2018	\$416,561,000
Budget estimate, 2019	328,182,000
Committee recommendation	328,182,000

The Committee bill provides an estimated \$328,182,000 as requested for this mandatory appropriations account. This estimate is comprised of \$70,926,000 for administrative expenses and an estimated \$257,256,000 for benefit payment and interest costs.

The Committee bill continues to provide indefinite authority for the Black Lung Disability Trust Fund to provide for benefit payments. In addition, the bill provides for transfers from the trust fund for administrative expenses for the following Department agencies as requested: up to \$38,246,000 for the part C costs of the Division of Coal Mine Workers' Compensation Programs; up to \$31,994,000 for Departmental Management, Salaries and Expenses; and up to \$330,000 for Departmental Management, Inspector General. The bill also allows a transfer of up to \$356,000 for the Department of the Treasury.

The Trust Fund pays all black lung compensation/medical and survivor benefit expenses when no responsible mine operation can be assigned liability for such benefits or when coal mine employment ceased prior to 1970, as well as all administrative costs that are incurred in administering the benefits program and operating the trust fund.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2018	\$552,787,000
Budget estimate, 2019	549,033,000
Committee recommendation	556,787,000

The Committee recommends \$556,787,000 for the Occupational Safety and Health Administration, which is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

The Committee continues bill language to allow OSHA to retain course tuition and fees for training institute courses used for occupational safety and health training and education activities in the

private sector. The cap established by the bill is \$499,000, the same as current law.

The Committee continues bill language to exempt farms employing 10 or fewer people from the provisions of the act with the exception of those farms having a temporary labor camp. The Committee also continues language exempting small firms in industry classifications having a lost workday injury rate less than the national average from general schedule safety inspections.

The exemption of small farming operations from OSHA regulation has been in place since 1976. OSHA clarified the limits of its authority to conduct enforcement on small farms in July 2014, particularly regarding post-harvest activities of a farming operation. The continued exemption for small farms and recognition of limits of the OSHA regulatory authority are critical for family farms. It is also important the Department of Agriculture be consulted in any future attempts by OSHA to redefine or modify any aspect of the small farm exemption.

The Committee recommends \$102,850,000 for grants to States under section 23(g) of the Occupational Safety and Health Act. These funds primarily are provided to States that have taken responsibility for administering their own occupational safety and health programs for the private sector and/or the public sector. State plans must be at least as effective as the Federal program and are monitored by OSHA. The Committee bill continues language that allows OSHA to provide grants of up to 50 percent for the costs of State plans approved by the agency.

The Committee recommendation provides \$10,537,000 for the OSHA Susan Harwood Training Grant Program, including not less than \$4,500,000 to continue the set aside for capacity building development grants required by this act. The Committee also directs OSHA to dedicate no less than \$3,500,000 per year for the purpose of administering the Voluntary Protection Program [VPP] in its Federal Compliance Assistance budget. OSHA shall not reduce funding levels or the number of employees administering the VPP, the Safety and Health Achievement Recognition Program, or Federal Compliance Assistance, and shall not collect any monies from participants for the purpose of administering these programs.

The Committee recognizes the importance of disclosing workplace injury, illness, and fatality data to the public. Accordingly, the Committee instructs OSHA to resume timely and public reporting on its website of fatalities that occur at workplaces, regardless if a citation is issued. Making this information and data publicly available furthers OSHA's mission by ensuring businesses, workers, and the public know about and have access to timely and complete information on workplace safety, including enforcement actions, injuries, illnesses, and deaths.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2018	\$373,816,000
Budget estimate, 2019	375,906,000
Committee recommendation	373,816,000

The Committee recommendation includes \$373,816,000 for the Mine Safety and Health Administration.

MSHA enforces the Federal Mine Safety and Health Act by conducting inspections and special investigations of mine operations, promulgating mandatory safety and health standards, cooperating with the States in developing effective State programs, and improving training in conjunction with States and the mining industry.

The Committee continues language authorizing MSHA to use up to \$2,000,000 for mine rescue and recovery activities. It also retains the provision allowing the Secretary to use any funds available to the Department to provide for the costs of mine rescue and survival operations in the event of a major disaster. To prepare properly for an actual emergency, the Committee also directs MSHA to continue to devote sufficient resources toward a competitive grant activity for effective emergency response and recovery training in various types of mine conditions.

In addition, bill language is included to allow the National Mine Health and Safety Academy to collect not more than \$750,000 for room, board, tuition, and the sale of training materials to be available for mine safety and health education and training activities. Bill language also allows MSHA to retain up to \$2,499,000 from fees collected for the approval and certification of equipment, materials, and explosives for use in mines, and to utilize such sums for these activities.

The Committee supports the significant advances MSHA has achieved in mine rescue and communications capabilities. To prepare properly for a mine rescue emergency, the Committee directs MSHA to continue to devote sufficient resources towards mine rescue technology by fully equipping and maintaining the existing MSHA mine rescue stations. In addition, the Committee directs MSHA to continue to provide all necessary technical assistance regarding mine rescue communications to State and private mine rescue teams and to ensure that all relevant MSHA grant programs prioritize mine rescue communications technology.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriations, 2018	\$612,000,000
Budget estimate, 2019	609,386,000
Committee recommendation	615,000,000

The Committee recommends \$615,000,000 for the Bureau of Labor Statistics, an increase of \$3,000,000, to support the improvement of the quality and accuracy of labor force statistics. This amount includes \$65,000,000 from the Employment Security Administration account of the Unemployment Trust Fund and \$550,000,000 in Federal funds.

BLS is the principal fact finding agency in the Federal Government in the broad field of labor economics. The Committee recognizes that the Nation requires current, accurate, detailed workforce statistics for Federal and non-Federal data users as provided by BLS. The Committee is concerned by inaccurate, preliminary data released in December 2017 that showed the largest over-the-year percentage decrease in employment occurred in Cape Girardeau,

Missouri. Inaccurate economic data can have damaging effects on local employers and communities, such as Cape Girardeau. The Department and BLS are directed 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.

The Committee is pleased BLS is reporting on the contingent workforce during the current fiscal year. The Committee directs BLS to continue capturing data on contingent work and alternative work arrangements by conducting the Contingent Worker Supplement to the Current Population Survey on a biennial basis.

The Committee is concerned that there continues to be insufficient data on the impact technology is having on the American workforce. The Committee encourages BLS to develop a strategy to better understand how automation, digitization, and artificial intelligence are changing the employment landscape. BLS is directed to submit a report to the Committees on Appropriations of the House of Representatives and the Senate no later than 90 days after enactment of this act detailing the steps taken to develop the data strategy as directed.

The Committee believes that the Current Population Survey lacks critical occupational data on career and technical occupations that would be beneficial to Congress as it develops policies related to workforce and higher education. The Committee requests BLS prepare a report on improvements to the Current Population Survey that would allow greater reporting on career and technical occupations. This report should be submitted to the Committees on Appropriations of the House of Representatives and Senate and the Committees on Education and the Workforce and Health, Education, Labor and Pensions of the House of Representatives and Senate not later than 90 days of enactment of this act.

OFFICE OF DISABILITY EMPLOYMENT POLICY

Appropriations, 2018	\$38,203,000
Budget estimate, 2019	27,000,000
Committee recommendation	38,203,000

The Committee recommends \$38,203,000, the same as fiscal year 2018, for the Office of Disability Employment Policy to provide leadership, develop policy and initiatives, and award grants furthering the objective of eliminating physical and programmatic barriers to the training and employment of people with disabilities and to design and implement research and technical assistance grants and contracts to develop policy that reduces barriers to competitive, integrated employment for youth and adults with disabilities.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 2018	\$337,844,000
Budget estimate, 2019	261,035,000
Committee recommendation	337,844,000

The Committee recommendation includes \$337,844,000 for the Departmental Management account. Of this amount, \$337,536,000 is available from general funds and \$308,000 is available by trans-

fer from the Employment Security account of the Unemployment Trust Fund. In addition, \$31,994,000 is available by transfer from the Black Lung Disability Trust Fund.

The Departmental Management appropriation pays the salaries and related expenses of staff responsible for formulating and overseeing the implementation of departmental policy and management activities in support of that goal. In addition, this appropriation includes a variety of operating programs and activities that are not involved in departmental management functions, but for which other appropriations for salaries and expenses are not suitable.

The Committee recommendation includes \$86,125,000 for the Bureau of International Labor Affairs [ILAB], of which \$59,825,000 is available for obligation through December 31, 2019. ILAB's appropriation is available to help improve working conditions and labor standards for workers around the world by carrying out ILAB's statutory mandates and international responsibilities including in promoting the elimination of child labor and forced labor. ILAB will continue to oversee 66 active grant projects totaling over \$332,000,000 in 54 countries around the world in fiscal year 2019 in addition to new grants in fiscal year 2018 which have not yet been awarded.

The Committee directs the Department to report to the Committees on Appropriations of the House of Representatives and the Senate no later than 180 days following the enactment of this act, on the obligation of all funds expended by the Department to combat human trafficking, child labor, workers' rights, and forced labor for fiscal year 2018 and fiscal year 2019. The report shall include a breakdown of funds by project, country, and purpose.

The Committee recommendation provides \$8,040,000 for program evaluation and allows these funds to be available for obligation through September 30, 2020. The Committee bill also continues the authority of the Secretary to transfer these funds to any other account in the Department for evaluation purposes. The Committee bill continues authority to use up to 0.75 percent of certain Department appropriations for evaluation activities identified by the chief evaluation officer. The Committee expects to be notified of the planned uses of funds derived from this authority.

The Committee also notes that, in addition to this appropriation, the Department has reserved under its evaluation set-aside authority an average of \$17,000,000 for each of the past 5 years for implementing the Department's annual evaluation plan and making important contributions to building and using evidence. While each of the Department's agencies develops a learning agenda and many benefit from evaluation set-aside resources, the set-aside has largely been funded in these years from ETA programs. The Committee requests that the Department evaluation plan required by this act include a discussion of options for developing greater agency contributions to the set-aside, such as a mechanism that would require agencies to contribute to the set-aside unless such action would cause it to be unable to meet its statutory obligations.

The recommendation includes \$23,534,000 for the Office of the Assistant Secretary for Administration and Management. The Committee directs the Department to provide quarterly reports identifying the number of full time equivalent employees and attri-

tion by principal office, and appropriation account not later than 30 days after the end of each quarter.

The recommendation includes \$35,000,000 for the Adjudication activity.

The Committee recommendation provides \$13,530,000 for the Women’s Bureau. The Committee continues bill language allowing the Bureau to award grants. The Committee disapproves of the Department’s reprogramming of funds from the Women’s Bureau in fiscal year 2017 and fiscal year 2018. The Committees on Appropriations of the House of Representatives and the Senate provided funding increases for the purpose of supporting the programs and activities administered by the Women’s Bureau and is disappointed that the Department has taken a sizable portion of those funds to support unrelated activities within the Department. The Committee expects \$13,530,000 to be used by the Women’s Bureau for important issues facing women in the labor force.

VETERANS EMPLOYMENT AND TRAINING

Appropriations, 2018	\$295,041,000
Budget estimate, 2019	281,595,000
Committee recommendation	300,041,000

The Committee recommendation of \$300,041,000 for the Veterans Employment and Training Service [VETS] includes \$50,000,000 in general revenue funding and \$250,041,000 to be expended from the Employment Security Administration account of the Unemployment Trust Fund.

This account provides resources for VETS to maximize employment opportunities for veterans and transitioning service members, including protecting their employment rights. VETS carries out its mission through a combination of grants to States, competitive grants, and Federal enforcement and oversight.

The Committee provides \$180,000,000 for the Jobs for Veterans State Grants [JVSG] program. This funding will enable Disabled Veterans’ Outreach Program specialists and Local Veterans’ Employment Representatives to continue providing intensive employment services to veterans and eligible spouses; transitioning service members early in their separation from military service; wounded warriors recuperating in military treatment facilities or transition units; and spouses and family caregivers to help ensure the family has income to provide sufficient support. The Committee maintains language providing authority for JVSG funding to be used for data systems and contract support to allow for the tracking of participant and performance information.

The Committee provides \$24,500,000 for the Transition Assistance Program [TAP], an increase of \$5,000,000 over fiscal year 2018, to support employment workshops at military installations and in virtual classrooms worldwide for exiting servicemembers and spouses.

The Committee recommendation includes \$42,127,000 for Federal administration costs. This funding level will support oversight and administration of the VETS grant programs, TAP employment workshops, and compliance and enforcement activities.

The Committee recommends \$50,000,000 for the Homeless Veterans’ Reintegration Program [HVRP], level with fiscal year 2018,

to help homeless veterans attain the skills they need to gain meaningful employment. This funding will allow DOL to provide HVRP services to over 18,000 homeless veterans nationwide, including homeless women veterans. The bill allows Incarcerated Veterans' Transition funds to be awarded through September 30, 2019, and to serve veterans who have recently been released from incarceration but are at-risk of homelessness.

The Committee recognizes the role of HVRP in decreasing veterans' homelessness by helping homeless veterans or veterans who are at risk of homelessness through job training, counseling, and placement services. The Committee directs the Secretary to conduct a pilot to demonstrate the use of regional, multi-community awards to national organizations to test service delivery efficiencies, improve outcomes, and target underserved subpopulations.

The Committee recommendation includes \$3,414,000 for the National Veterans' Training Institute, which provides training to Federal staff and veteran service providers. The Committee includes funding to facilitate the Department's implementation of the Honoring Investments in Recruiting and Employing American Military Veterans Act of 2018 [HIRE Vets Act].

INFORMATION TECHNOLOGY MODERNIZATION

Appropriations, 2018	\$20,769,000
Budget estimate, 2019	
Committee recommendation	20,769,000

The Committee recommends \$20,769,000 for the Information Technology [IT] Modernization account. Funds available in this account have been used for two primary activities. The first is departmental support systems, for which \$4,889,000 is provided. The second activity, IT Infrastructure Modernization, supports necessary activities associated with the Federal Data Center Consolidation Initiative.

The Committee includes new bill language making the appropriation for IT Modernization available until expended. The Committee requests the Department submit a report to the Committees on Appropriations of the House of Representatives and the Senate not later than 90 days after enactment of this act that includes a description of each project to be funded, planned activities and associated timeline, expected benefits, and planned expenditures. Future reports should provide an update on each project, including completed activities, remaining activities and associated timeline, actual and remaining expenditures, explanation of any cost overruns and delays, and corrective actions, as necessary, to keep the project on track and within budget. While the bill does not include requested authorities modifying the Working Capital Fund, the Committee looks forward to the progress the Department will make with greater certainty provided with this extended availability and its expressed support for maintaining the current level of investments in the Department's IT Modernization efforts. New language proposed in the budget that would have allowed IT modernization funding to be generated through changes to the Working Capital Fund at the Department is not included in the bill.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2018	\$89,147,000
Budget estimate, 2019	87,721,000
Committee recommendation	89,147,000

The Committee recommends \$89,147,000 for the DOL OIG. The bill includes \$83,487,000 in general funds and authority to transfer \$5,660,000 from the Employment Security Administration account of the Unemployment Trust Fund. In addition, an amount of \$330,000 is available by transfer from the Black Lung Disability Trust Fund.

Through a comprehensive program of audits, investigations, inspections, and program evaluations, OIG attempts to reduce the incidence of fraud, waste, abuse, and mismanagement, and to promote economy, efficiency, and effectiveness.

The Department has reported improper payments, including fraud, in the UI and Employee Compensation programs totaling approximately \$4,100,000,000 and \$57,200,000 respectively for fiscal year 2017. The Committee strongly supports and commends the efforts of the OIG to identify and prosecute those who defraud the Department's worker benefit programs and to help protect the solvency of these important programs.

GENERAL PROVISIONS

Section 101. The bill continues a provision limiting the use of Job Corps funding for compensation of an individual that is not a Federal employee at a rate not to exceed Executive Level II.

Section 102. The bill continues a provision providing for general transfer authority.

Section 103. The bill continues a provision prohibiting funding for the procurement of goods and services utilizing forced or indentured child labor in industries and host countries already identified by the Department in accordance with Executive Order 13126.

Section 104. The bill continues a provision requiring that funds available under section 414(c) of the American Competitiveness and Workforce Innovation and Opportunity Act may only be used for competitive grants that train individuals over the age of 16 who are not enrolled in school, in occupations and industries for which employers are using H-1B visas to hire foreign workers.

Section 105. The bill continues a provision limiting the use of ETA funds by a recipient or subrecipient for compensation of an individual at a rate not to exceed Executive Level II.

Section 106. The bill continues a provision providing the ETA with authority to transfer funds provided for technical assistance services to grantees to "Program Administration" when it is determined that those services will be more efficiently performed by Federal employees. The provision does not apply to section 171 of the WIOA. In addition, authority is provided for program integrity-related activities as requested by the administration.

Section 107. The bill continues a provision allowing up to 0.75 percent of discretionary appropriations provided in this act for all Department agencies to be used by the Office of the Chief Evaluation Officer for evaluation purposes consistent with the terms and conditions in this act applicable to such office.

Section 108. The bill continues a provision related to section 147 of WIOA authorizing the competitive procurement of certain Job Corps Centers.

Section 109. The bill continues a longstanding provision regarding the application of the Fair Labor Standards Act after the occurrence of a major disaster.

Section 110. The bill continues a provision rescinding advance appropriations in the Dislocated Workers' National Reserve account.

Section 111. The bill continues a provision that provides flexibility with respect to the crossing of H-2B nonimmigrants.

Section 112. The bill continues a provision related to the wage methodology under the H-2B program.

Section 113. The bill continues a provision regarding the three-fourths guarantee and definitions of corresponding employment and temporary need for purposes of the H-2B program.

Section 114. The bill continues a provision providing authority related to the disposition of excess property related to the training of apprentices.

Section 115. The bill continues a provision related to funds available to State Unemployment Insurance information technology consortia.

Section 116. The bill continues a provision related to the Secretary's security detail.

Section 117. The bill continues a provision related to Job Corps property.

TITLE II

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Any references in this title of the report to the "Secretary" or the "Department" shall be interpreted to mean the Secretary of HHS or the Department of HHS, respectively, unless otherwise noted.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HRSA activities support programs to provide healthcare services for mothers and infants; the underserved, elderly, and homeless; rural residents; and disadvantaged minorities. This agency supports cooperative programs in maternal and child health, AIDS care, healthcare provider training, and healthcare delivery systems and facilities.

BUREAU OF PRIMARY HEALTH CARE

Appropriations, 2018	\$1,626,522,000
Budget estimate, 2019	5,091,522,000
Committee recommendation	1,626,522,000

The Committee recommendation for the activities of the Bureau of Primary Health Care is \$1,626,522,000.

Community Health Centers

The Committee provides \$1,625,522,000 in this bill for Community Health Centers, equal to the amount provided last year.

Programs supported by this funding include community health centers, migrant health centers, healthcare for the homeless, school-based, and public housing health service grants. The Committee continues to support the ongoing effort to increase the number of people who have access to medical services at health centers. Health centers play a vital role in ensuring access to primary care in underserved areas of the country, including urban, rural, and frontier areas. The Committee includes \$200,000,000 to support, enhance, and expand behavioral health, mental health, or substance use disorder services.

In addition, within the amount provided, the Committee provides up to \$99,893,000 under the Federal Tort Claims Act [FTCA], available until expended. These funds are used to pay judgments and settlements, occasional witness fees and expenses, and related administrative costs. The Committee intends FTCA coverage funded through this bill to be inclusive of all providers, activities, and services included within the health centers' federally approved scope of project.

Home Visiting.—Enhanced integration between healthcare providers and community programs helps transform the lives of vulnerable infants and first-time mothers. Research has shown that partnering first-time mothers with registered nurses or other professionals that provide ongoing home visits dramatically improves the health and well-being of these families. The Committee encourages HRSA to expand partnerships between health centers and evidence-based home visiting programs in high need areas to improve

pregnancy, child health and development, and other health outcomes, all while reducing costs.

Technical Assistance.—The Committee believes that enhanced funding for the technical assistance and networking functions available for health centers through national and State cooperative agreements and grants is critical to the successful operation and expansion of the health centers program. Funds are available within the amount provided to enhance technical assistance and training activities, further quality improvement initiatives, and continue the development of and support for health center-controlled networks so that new and existing centers can improve patient access to quality health services.

Native Hawaiian Health Care.—The Committee provides no less than \$17,500,000 for the Native Hawaiian Health Care Program.

Perinatal Transmission of Hepatitis B.—The Committee is aware that the 2017 National Academies of Sciences Engineering and Medicine [NASEM] report titled, “A National Strategy for the Elimination of Hepatitis B and C” reported that only half of the hepatitis B infected women who give birth each year are identified for case management, a proportion unchanged since 2000. The NASEM report also noted that, without intervention, about 90 percent of the infants born to hepatitis B virus infected women contract the virus at birth and are therefore at greater risk of premature death from liver cancer or cirrhosis later in life. The Committee is pleased that HRSA has implemented a strategy to increase the capacity of HRSA-funded clinics to address perinatal hepatitis B transmission, including the use of telehealth to link experts with clinic providers around the U.S. The Committee requests a report within 90 days of enactment of HRSA’s findings and recommendations on the effectiveness of this intervention.

Free Clinics Medical Malpractice Coverage

The Committee provides \$1,000,000 for payments of claims under the FTCA to be made available for free clinic health professionals as authorized by section 224(o) of the PHS Act.

This appropriation extends FTCA coverage to medical volunteers in free clinics to expand access to healthcare services to low-income individuals in medically underserved areas.

BUREAU OF HEALTH PROFESSIONS

Appropriations, 2018	\$1,060,695,000
Budget estimate, 2019	457,798,000
Committee recommendation	1,072,695,000

The Committee recommendation for the activities of the Bureau of Health Professions is \$1,072,695,000.

The Bureau of Health Professions provides policy leadership and grant support for health professions workforce development. The mission of the Bureau is to identify shortage areas while working to make them obsolete. Its programs are intended to ensure that the Nation has the right clinicians, with the right skills, working where they are needed.

To accurately prepare for physician workforce demands, HHS needs high quality projections by specialty, factoring in population changes (i.e., aging population), geographic location (i.e., rural

versus urban), utilization trends, and delivery system changes. For these reasons, Congress urges HRSA, to study access by underserved populations to general surgeons and provide a report to the Committee 18 months after enactment detailing potential surgical shortages, especially as it relates to geographic location (i.e., rural, urban, and suburban). For the report to the Committee, HHS should consult with relevant stakeholders, including medical societies, organizations representing surgical facilities, organizations with expertise in general surgery, and organizations representing patients.

National Health Service Corps

The Committee provides \$105,000,000 for the National Health Service Corps [Corps] to continue improving access to quality opioid and substance use disorder treatment in rural and underserved areas nationwide. The Committee continues language that expands eligibility for loan repayment awards through the Corps to include substance use disorder counselors. Of the amount provided, the Committee directs that \$30,000,000 shall be available for the Rural Communities Opioid Response initiative within the Office of Rural Health.

The Committee continues to include section 206 of this act to modify the rules governing the Corps to allow every Corps member 60 days to cancel their contract.

Training for Diversity

Centers of Excellence

The Committee recommends \$23,711,000 for the Centers of Excellence Program.

The Committee supports collaborative efforts to address American Indian and Alaskan Native health, including programs to increase the number of Native Americans and Alaska Natives in the U.S. health professions workforce.

Health Careers Opportunity Program

The Committee provides \$14,189,000 for the Health Careers Opportunity Program. This program provides individuals from disadvantaged backgrounds who desire to pursue a health professions career an opportunity to develop the skills needed to successfully compete for, enter, and graduate from schools of health professions or allied health professions.

Faculty Loan Repayment

The Committee provides \$1,190,000 for the Faculty Loan Repayment Program. This amount is the same as the fiscal year 2018 enacted level.

Scholarships for Disadvantaged Students

The Committee provides \$48,970,000 for Scholarships for Disadvantaged Students, equal to the fiscal year 2018 level. The Committee supports diversity among health professionals. This program provides grants to eligible health professions and nursing schools to award scholarships to students from disadvantaged backgrounds who have financial need.

Primary Care Training and Enhancement

The Committee provides \$48,924,000 for Primary Care Training and Enhancement programs, which support the expansion of training in internal medicine, family medicine, pediatrics, and physician assistance. Funds may be used for developing training programs or providing direct financial assistance to students and residents.

Clinical Training Sites.—The Committee directs HRSA to ensure that not less than 15 percent of funds provided for this program are used to support training of physician assistants [PAs]. The Committee is aware of a clinical training site shortage for primary care professionals, including PAs and other health professionals. The Committee is aware of a clinical training site shortage for primary care, as well as mental and behavioral health, caused by the increasing demand for PAs that has created shortages of preceptors and clinical training sites among PAs and other health professionals. The Committee recognizes that this is particularly acute in the face of an opioid crisis that requires greater focus on Medication Assisted Treatment training and pain management skills that often become the responsibility of primary care clinicians. The Committee recommends that the Secretary leverage currently convened Advisory Committee(s), as applicable, to study clinical training site availability in primary care and mental and behavioral health for PAs. The Committee encourages the Advisory Committee(s) to develop recommendations to enhance clinical education through inter-professional team-based education, address the shortage in preceptors willing to provide clinical site training, and explore reimbursement incentives to increase the number of available clinical training sites. The Committee also urges the integration of evidence-based trainings for health professionals to screen, assess, intervene, and refer patients to specialized treatment for the severe mental illness of eating disorders as authorized under section 13006 of the 21st Century Cures Act (Public Law 114–255).

Training in Oral Health Care

The Committee provides \$40,673,000 for Training in Oral Health Care programs, which includes not less than \$10,000,000 each for general and pediatric dentistry. Funds may be used to expand training in general dentistry, pediatric dentistry, public health dentistry, dental hygiene, and other oral health access programs. Funds may also be used to plan and operate training programs, as well as to provide financial assistance to students and residents.

The agency is directed to provide continuation funding for predoctoral and postdoctoral training grants initially awarded in fiscal year 2015, and for Section 748 Dental Faculty Loan Program grants initially awarded in fiscal year 2016, with preference for pediatric dentistry faculty supervising dental students or residents and providing clinical services in dental clinics located in dental schools, hospitals, and community-based affiliated sites.

Funds may be used to expand training in general dentistry, pediatric dentistry, public health dentistry, and dental hygiene. Funds may also be used to plan and operate training programs, as well as to provide financial assistance to students and residents.

The Committee continues long-standing bill language that prohibits funding for section 340G–1 of the PHS Act.

Interdisciplinary, Community-Based Linkages

Area Health Education Centers

The Committee provides \$40,250,000, an increase of \$2,000,000 for Area Health Education Centers.

The program links university health science centers with community health service delivery systems to provide training sites for students, faculty, and practitioners. The program supports three types of projects: core grants to plan and implement programs; special initiative funding for schools that have previously received AHEC grants; and model programs to extend AHEC programs with 50 percent Federal funding. The AHEC community-training model provides a uniquely appropriate opportunity to bring the training of community health workers to scale. HRSA is encouraged to provide technical assistance on and disseminate best practices for training community health workers to existing AHECs. The Committee is pleased with AHEC's efforts to improve access to quality healthcare in America's rural and underserved areas by increasing the number of primary healthcare professionals who practice in those areas.

Geriatric Programs

The Committee provides \$40,737,000 for Geriatric Programs.

Behavioral Health Workforce Education and Training Program

The Committee provides \$75,000,000 for Behavioral Health Workforce Education and Training [BHWET] Program. The BHWET Program is focused on developing and expanding the mental health and substance abuse workforce serving populations across the lifespan. HRSA will continue to leverage SAMHSA's subject matter expertise in formatting new investments in fiscal year 2019.

In light of the recent expanded eligibility for the BHWET program and the need for the full continuum of professions to be involved, the Committee continues to direct HRSA to take steps in the solicitation process and the timing of it to ensure that the grant competition results in program funding being distributed relatively equally among the participating health professions.

The Committee is increasingly concerned that the Nation remains unprepared for the looming provider shortage and recognizes that training these postgraduate Nurse Practitioners [NPs] in federally qualified health centers [FQHCs] across the country will address this problem in a positive way. Patients need expert providers prepared to manage the social and clinical complexities that exist in FQHCs. Academic literature supports the need for postgraduate training of new NPs. The Committee is confident that this program will provide newly graduated NPs with the depth, breadth, volume, and intensity of clinical training capable of preparing them for accomplishment and fulfilling careers.

Mental and Behavioral Health Education Training Programs

The Committee provides \$36,916,000 for Mental and Behavioral Health Education Training Programs. The programs provide grants

to higher education institutions and accredited training programs to recruit and train professionals and faculty in the fields of social work, psychology, psychiatry, marriage and family therapy, substance abuse prevention and treatment, and other areas of mental and behavioral health.

The Committee continues to support funding to expand the mental health and substance abuse workforce, including, but not limited to, master's level social workers, psychologists, counselors, marriage and family therapists, psychiatric mental health nurse practitioners, occupational therapists, psychology doctoral interns, and behavioral health paraprofessionals.

Graduate Psychology Education [GPE].—The Committee supports interprofessional GPE and increasing the number of health service psychologists trained to provide integrated services to high-need, underserved populations in rural and urban communities. In addressing the opioid epidemic, the Committee recognizes the growing need for highly trained mental and behavioral health professionals to deliver evidence-based behavioral interventions for pain management. The Committee urges HRSA to explore evidence-based approaches to leverage workforce capacity through this program (including through geropsychology training programs). The Committee encourages HRSA to help integrate health services psychology trainees at FQHCs. The Committee also urges HRSA to utilize cost-effective methods, such as Project ECHO, to help train and support health service psychologists across the country.

Health Professions Workforce Information and Analysis

The Committee provides \$5,663,000 for health professions workforce information and analysis. The program provides for the collection and analysis of targeted information on the Nation's healthcare workforce, research on high-priority workforce questions, the development of analytic and research infrastructure, and program evaluation and assessment.

Public Health Workforce Development

The Committee provides \$17,000,000 for Public Health Workforce Development. This program line, also called Public Health and Preventive Medicine, funds programs that are authorized in titles III and VII of the PHS Act and support awards to schools of medicine, osteopathic medicine, public health, and integrative medicine programs.

Nursing Workforce Development Programs

The Committee provides \$249,472,000 for Nursing Workforce Development programs. These programs provide funding to address all aspects of nursing workforce demand, including education, practice, recruitment, and retention.

The Nurse Education, Practice, Quality and Retention Program's Veteran's Bachelor of Science Degree in Nursing [BSN] is important to helping our nation's veterans progress and graduate with a BSN degree. The Committee supports these efforts aimed at helping veterans transition to civilian life, removing barriers, and building our nursing workforce. HRSA should continue to support these veterans moving to nursing careers and train nurses to sup-

port the unique needs of veterans, returning servicemembers, and their families, including trauma-informed care and substance use disorder prevention and treatment. The Committee encourages HRSA to consider the successful past practice of entities that have received funding from the Veterans to BSN program in making new awards.

Advanced Education Nursing

The Committee recommends \$74,581,000 for the Advanced Education Nursing programs, which increases the number of qualified nurses in the workforce by improving nursing education through curriculum and faculty development.

The Committee provides \$8,000,000 to award grants for the clinical training of sexual assault nurse examiners to administer medical forensic examinations and treatments to victims of sexual assault in hospitals, health centers, and other emergency healthcare service provider settings referenced in Senate Report 115–150.

Children’s Hospitals Graduate Medical Education

The Committee provides \$325,000,000, an increase of \$10,000,000, for the Children’s Hospitals Graduate Medical Education [CHGME] program. The Committee strongly supports the CHGME program, which provides support for graduate medical education training programs in both ambulatory and in-patient settings within freestanding children’s teaching hospitals. CHGME payments are determined by a per-resident formula that includes an amount for direct training costs added to a payment for indirect costs. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

National Practitioner Data Bank

The Committee provides \$18,814,000 for the National Practitioner Data Bank. As mandated by the Health Care Quality Improvement Act, the National Practitioner Data Bank does not receive appropriated funds, but instead is financed by the collection of user fees.

The National Practitioner Data Bank collects certain adverse information, medical malpractice payment history, and information related to healthcare fraud and abuse. The data bank is open to healthcare agencies and organizations that make licensing and employment decisions.

MATERNAL AND CHILD HEALTH

Appropriations, 2018	\$886,789,000
Budget estimate, 2019	1,136,200,000
Committee recommendation	924,789,000

The Committee recommendation for the Maternal and Child Health [MCH] Bureau is \$924,789,000. The mission of the Bureau is to improve the physical and mental health, safety, and well-being of the Nation’s women, infants, children, adolescents, and their families. This population includes fathers and children with special healthcare needs.

Maternal and Child Health Block Grant

The Committee provides \$677,700,000 for the MCH Block Grant, which provides a flexible source of funding that allows States to target their most urgent maternal and child health needs. The program supports a broad range of activities including: providing prenatal care, well child services, and immunizations; reducing infant mortality; preventing injury and violence; expanding access to oral healthcare; addressing racial and ethnic disparities; and providing comprehensive care through clinics, home visits, and school-based health programs.

Children's Health and Development.—Evidence shows that experiences in early childhood have long-term health consequences over the course of a person's life. These experiences are critical for a child's educational, social, physical, and economic well-being. Children living in States with persistently high child poverty rates experience more negative health outcomes than their peers elsewhere. Therefore, the Committee provides \$3,500,000 within the Special Projects of Regional and National Significance program for the HRSA-funded initiative focused on improving child health through a statewide system of early childhood developmental screenings and interventions. This funding shall be used to continue the currently funded project for another year.

Hemophilia.—The Committee has included funding for the Regional Hemophilia Network Program, which provides grant funding to the national network of Hemophilia Treatment Centers [HTCs]. This comprehensive care program supports HTCs in providing multi-disciplinary care services, such as physical therapy assessments, social work, and case management, which are vital to manage rare bleeding disorders.

Maternal, Infant, and Early Childhood Home Visiting Program.—The Committee encourages HRSA and ACF to continue their collaboration and partnerships to improve health and development outcomes for at-risk pregnant women, parents, and young children through evidence-based home visiting programs.

Maternal Mortality.—The Committee recognizes the rising maternal mortality rate in the U.S. as a pressing public health issue. Analysis of maternal mortality review committee data indicates that over 60 percent of pregnancy-related deaths are preventable. The Committee provides \$23,000,000 within Special Projects of Regional and National Significance [SPRANS] for State Maternal Health Innovation Grants to establish demonstrations to implement evidence-based interventions to address critical gaps in maternity care service delivery and reduce maternal mortality. The demonstrations will be representative of the demographic and geographic composition of communities most affected by maternal mortality, and HRSA is encouraged to work with States to collect comprehensive data associated with all pregnancy-associated and pregnancy-related deaths, regardless of the outcome of the pregnancy. In addition, the Committee includes \$3,000,000 within SPRANS to expand implementation of the Alliance for Innovation in Maternal Health Initiative's maternal safety bundles to all U.S. States, the District of Columbia, and U.S. territories, as well as tribal entities. Maternal safety bundles are a set of targeted, straightforward, and evidence-based practices, that, when reliably implemented, improve

patient outcomes and reduce maternal mortality and severe maternal morbidity.

Sickle Cell Anemia

The Committee provides \$4,455,000 for grants and contracts to help coordinate service delivery for individuals with sickle cell disease, including genetic counseling and testing; training of health professionals; and coordination of education, treatment, and continuity of care programs.

Autism and Other Developmental Disorders

The Committee provides \$49,099,000 for the Autism and Other Developmental Disorders program. The program supports surveillance, early detection, education, and intervention activities on autism and other developmental disorders, as authorized in the Combating Autism Act of 2006.

Children and families living in rural, underserved areas have limited access to healthcare professionals trained in effective early interventions for Autism Spectrum Disorder [ASD]. Most of these children's services are provided through the federally mandated Part C early intervention system and do not incorporate effective, autism-specific interventions. Often, Part C is the only portal to services for toddlers and their families, particularly those living in rural and underserved communities. Training Part C Early Interventionists and other healthcare professionals in rural health clinics (at all levels of training) on a parent-mediated intervention, Project ImPACT, can serve to fill this gap in access and provide care for ASD children. Following training, researchers will measure the early interventionists' and healthcare providers' adherence to Project ImPACT strategies with a client on their caseload. Successful fidelity will indicate a step toward reducing the disparity that exists for children with ASD living in underserved communities. The Committee encourages HRSA to enhance current efforts to determine whether a parent-centered approach to providing care for ASD children can be an effective intervention in a rural care setting.

Newborn Screening for Heritable Disorders

The Committee provides \$15,883,000 for the Newborn Heritable Disorders Screening program, as described in section 1109 of the Newborn Screening Saves Lives Act of 2008. This program provides funding to improve States' ability to provide newborn and child screening for heritable disorders. Newborn screening provides early identification and follow-up for treatment of infants affected by certain genetic, metabolic, hormonal, and/or functional conditions.

The Committee continues to support the goals of this important program, which helps to improve State capacity to provide newborn screening for heritable disorders that could result in disability or death if left undetected. In recognizing that newborn screening provides timely and early identification and follow-up for treatment of infants affected by certain genetic, metabolic, hormonal, or functional conditions, the Committee applauds the efforts of the Advisory Committee on Heritable Disorders in Newborns and Children in advising the Secretary on the most appropriate use of all aspects

primary care, including counseling, testing, diagnostic, and therapeutic services.

Children, Youth, Women, and Families

The Committee provides \$75,088,000 for grants for coordinated services to women, infants, children, and youth.

Funds are awarded to a variety of providers, including community health centers, comprehensive hemophilia centers, county and municipal health departments, and other nonprofit community-based programs that provide comprehensive primary healthcare services to populations with or at risk for HIV.

AIDS Dental Services

The Committee provides \$13,122,000 for the AIDS Dental Services program. This program provides grants to dental schools, dental hygiene schools, and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral healthcare to patients with HIV.

The Ryan White Part F program provides for the Dental Reimbursement Program which covers the unreimbursed costs of providing dental care to persons living with HIV/AIDS. Programs qualifying for reimbursement are dental schools, hospitals with postdoctoral dental education programs, and colleges with dental hygiene programs.

AIDS Education and Training Centers

The Committee provides \$33,611,000 for AIDS Education and Training Centers [AETCs]. AETCs train healthcare practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues and support curriculum development on the diagnosis and treatment of HIV infection for health professions schools and training organizations.

Special Projects of National Significance

The Committee provides \$25,000,000 for the Special Projects of National Significance program. This program supports the development, evaluation and dissemination of innovative models of HIV care to improve the retention and health outcomes of Ryan White HIV/AIDS Program clients.

HEALTH CARE SYSTEMS

Appropriations, 2018	\$111,693,000
Budget estimate, 2019	100,518,000
Committee recommendation	113,693,000

The Committee recommendation for the Health Care Systems Bureau is \$113,693,000.

The Health Care Systems Bureau protects the public health and improves the health of individuals through efforts to support and enhance the systems by which healthcare is delivered in America.

Organ Donation and Transplantation

The Committee provides \$25,549,000 for organ donation and transplantation activities.

Funds support a scientific registry of organ transplant recipients and the National Organ Procurement and Transplantation Network to match donors and potential recipients of organs. A portion of the appropriated funds may be used to educate the public and health professionals about organ donations and transplants and to support clearinghouse and technical assistance functions.

National Cord Blood Inventory

The Committee provides \$15,266,000 for the National Cord Blood Inventory [NCBI]. The purpose of this program is to provide funds to cord blood banks to build an inventory of the highest quality cord blood units for transplantation.

The National Cord Blood Inventory builds a racially and ethnically diverse inventory of high-quality umbilical cord blood for transplantation. The Committee applauds HRSA for increasing the number of units collected and maintained under NCBI. The Committee urges the agency to consider establishing a mechanism for reallocation of NCBI contract funds to cord blood banks that have reached their specified goals for bankable units from cord blood banks that are unable or unlikely to meet such specified goals during the contract period. The Committee strongly supports the collection of umbilical cord blood, which may be used to treat many blood and bone marrow disorders such as leukemia, lymphoma, and sickle cell disease. To expand access to life-saving transplants, the Committee urges HRSA to fund public cord blood bank pilot demonstrations that are focused on increasing recruitment of donors and banking of cord blood units from diverse populations. In addition, the Committee looks forward to the report required in the authorization bill due in June 2019 that will review the state of the science of using adult stem cells to develop new types of therapies for patients.

C.W. Bill Young Cell Transplantation Program

The Committee provides \$24,109,000 for the C.W. Bill Young Cell Transplantation Program.

The Committee continues to support cell transplantation with cord blood, bone marrow, peripheral blood stem cells, and other sources of stem cells that may be available in the future. The Committee appreciates HRSA's efforts to increase the diversity of the adult volunteer donors' registry and encourages HRSA to continue to improve the availability, efficiency, and safety of transplants and improve outcomes for all blood stem cell transplant recipients regardless of their genetic variability.

Office of Pharmacy Affairs

The Committee provides \$10,238,000 for the Office of Pharmacy Affairs [OPA]. OPA administers the 340B drug pricing program, which requires drug manufacturers to provide discounts or rebates to a set of programs and hospitals that serve a disproportionate share of low-income patients.

Poison Control Centers

The Committee provides \$22,846,000, an increase of \$2,000,000 from fiscal year 2018, for poison control activities. The Poison Con-

tol Centers [PCCs] program is a national network of 55 PCCs that prevent and treat poison exposures by providing cost effective, quality healthcare advice to the general public and healthcare providers.

In 2016, more than 1,150,000 human exposure calls managed by PCCs involved opioids and medications. The Committee continues to recognize the role PCCs have played in the opioid crisis through management of opioid overdoses by assisting first responders and hospital personnel through the National Poison Help Line.

National Hansen’s Disease Program

The Committee includes \$13,706,000 for the National Hansen’s Disease program. The program consists of inpatient, outpatient, long-term care as well as training and research in Baton Rouge, Louisiana; a residential facility at Carville, Louisiana; and 11 outpatient clinic sites in the continental United States and Puerto Rico.

National Hansen’s Disease Program Buildings and Facilities

The Committee provides \$122,000 for the repair and maintenance of buildings at the Gillis W. Long Hansen’s Disease Center.

Payment to Hawaii for Hansen’s Disease Treatment

The Committee provides \$1,857,000 to Hawaii for Hansen’s Disease treatment. Payments are made to the State of Hawaii for the medical care and treatment of persons with Hansen’s disease in hospital and clinic facilities at Kalaupapa, Molokai, and Honolulu. Expenses above the level of appropriated funds are borne by the State of Hawaii.

RURAL HEALTH

Appropriations, 2018	\$290,794,000
Budget estimate, 2019	74,911,000
Committee recommendation	318,794,000

The Committee recommendation for Rural Health programs is \$318,794,000, an increase of \$28,000,000 above the fiscal year 2018 level.

The Office of Rural Health Policy [ORHP] administers HHS rural health programs, coordinates activities related to rural healthcare within HHS, and analyzes the possible effects of policy on the more than 60.0 million residents of rural communities. ORHP advises the Secretary on the effects of Medicare and Medicaid on rural citizens’ access to care, the viability of rural hospitals, and the availability of physicians and other health professionals.

Rural Communities Opioids Response.—The bill provides \$120,000,000 for a Rural Communities Opioids Response to support treatment for and prevention of substance use disorder, with a focus on rural communities at the highest risk for substance use disorder. This initiative would include improving access to and recruitment of new substance use disorder providers; building sustainable treatment resources, increasing use of telehealth; establishing cross-sector community partnerships, and implementing new models of care, including integrated behavioral health; and technical assistance. HRSA may also use funds for loan repayment

through the National Health Service Corps. Within the funding provided, the Committee also includes \$20,000,000 for the establishment of three Rural Centers of Excellence on Substance Use Disorders that will support the dissemination of best practices related to the treatment for and prevention of substance use disorders within rural communities, with a focus on the current opioid crisis and developing methods to address future substance use disorder epidemics. The Centers' research and programming should include science-based prevention, treatment, and other risk reduction interventions, including community-based approaches that may be replicable in other rural communities and associated professional training. The Centers' should provide scientific and technical assistance to county and State health departments seeking guidance on how to specifically address the substance use disorder challenges in their community. At least one such Center shall be established at an academic university, in a rural State where over 60 percent of the population is defined as rural by the U.S. Census Bureau, which is connected to an associated medical school that is already utilizing a collaborative approach to behavioral health care, with partnerships between the university and medical school, and the State with an effective, systems-wide approach to addiction treatment, such as the hub and spoke model. This academic university shall have a demonstrated track record of: developing innovative and effective treatment interventions for opioids; a strong familiarity with rural workforce and service delivery challenges, including the requirements and challenges of rural health clinics, critical access hospitals and other rural providers; and effective engagement with rural populations and health care providers in general. Further, such a university and connected medical school shall have experience in clinical trials research and the dissemination and training in best practices in rural communities. Finally, this university should have experience evaluating the efficacy of comprehensive treatment of substance use disorders, including patient-centered and family-based approaches to address the generational impacts of substance abuse.

Rural Health Outreach

The Committee provides \$77,500,000 for the Rural Health Outreach program, \$6,000,000 above the fiscal year 2018 level.

This program supports projects that demonstrate new and innovative modes of outreach in rural areas, such as integration and coordination of health services. The Committee recommendation provides not more than \$12,000,000 for Outreach Service Grants; not more than \$15,300,000 for Rural Network Development Grants; not less than \$20,000,000 for Delta States Network Grant Program; not less than \$2,400,000 for Network Planning Grants; and not less than \$6,400,000 for Small Healthcare Provider Quality Improvement Grants.

Delta States Rural Development Network Grant Program.—The Committee encourages HRSA to continue to consult with the DRA on the awarding, implementing, administering, and monitoring grants under the Delta States Network Grant Program in fiscal year 2019. The Committee continues to encourage HRSA to align its awards as closely as possible with the DRA's strategic vision

and with DRA economic and community development plans. In addition, of the funds provided, the Committee provides \$8,000,000 to support HRSA's collaboration with the DRA to continue DRA's program to help underserved rural communities identify and better address their healthcare needs and to help small rural hospitals improve their financial and operational performance. Within 90 days of enactment of this act, the Committee directs HRSA and DRA, jointly, to brief the Committee on this program's progress.

Rural Health Research

The Committee provides \$9,351,000 for the Rural Health Research program. Funds are used for rural health research centers, the National Advisory Committee on Rural Health, and a reference and information service. Supported activities focus on improving the delivery of health services to rural communities and populations.

Rural Hospital Flexibility Grants

The Committee provides \$49,609,000 for Rural Hospital Flexibility grants and the Small Hospital Improvement Program. Under these grant programs, HRSA works with States to provide support and technical assistance to Critical Access Hospitals to focus on quality and performance improvement and to integrate emergency medical services.

The Committee continues to recognize the importance of supporting hospitals located in rural or underserved communities and recommends HRSA give preference in grant awards to Critical Access Hospitals serving rural communities that create community health teams to better coordinate care among rural populations to create better outcomes in chronic disease management.

State Offices of Rural Health

The Committee provides \$10,000,000 for State Offices of Rural Health. These offices help States strengthen rural healthcare delivery systems by enabling them to coordinate care and improve support and outreach in rural areas.

Black Lung Clinics

The Committee provides \$10,000,000 for the Black Lung Clinics program. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners, steel mill workers, agricultural workers, and others with occupationally related respiratory and pulmonary impairments. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

The Committee continues to direct the Secretary to evaluate funding levels for applicants based on the needs of the populations those applicants will serve and the ability of those applicants to provide healthcare services to miners with respiratory illnesses, with preference given to State agency applications over other applicants in that State, without regard to the funding tiers and overall per-applicant funding cap established by the Secretary in fiscal year 2014.

Radiation and Exposure Screening and Education Program

The Committee provides \$1,834,000 for activities authorized by the Radiation Exposure Compensation Act. This program provides grants for the education, prevention, and early detection of radiogenic cancers and diseases resulting from exposure to uranium during mining and milling at nuclear test sites.

Telehealth

The Committee provides \$25,500,000, an increase of \$2,000,000 above the fiscal year 2018 level, for the Office for the Advancement of Telehealth [OAT], which promotes the effective use of technologies to improve access to health services for people who are isolated from healthcare and to provide distance education for health professionals. The Committee strongly supports OAT and their mission to expand high quality medical care to rural communities that do not have adequate access to medical providers including many medical specialties.

Behavioral Health.—The Committee provides \$2,000,000 to support an evidence-based tele-behavioral health system to focus on opioids, with an emphasis on behavioral health services. This program will provide both increased access to behavioral healthcare services in rural communities as well as build the evidence-base for effectiveness of tele-behavioral healthcare for patients, providers, and payers.

Telehealth.—Access to health professionals and services to address the mental and behavioral health needs of adolescents remains an important challenge. According to the CDC, early diagnosis and appropriate services for children and their families can make a difference in the lives of children with mental health disorders. The Committee recognizes that telehealth is effective to improve care, allows providers opportunities to reach underserved patients, and train providers.

Telehealth Centers of Excellence [COEs].—The Committee supports the continued development of the Telehealth COEs. Telehealth can provide rural patient access to quality primary and specialty care that would otherwise require patients to travel long distances for diagnosis and treatment. Many states have invested in telehealth networks to provide rural, medically underserved areas with access to primary and emergency care. Specialists from a central location can help rural providers with critical care for stroke and heart attack that can literally mean the difference between life and death. The Telehealth COEs serve to promote the adoption of telehealth programs across the country by validating technology, establishing training protocols, and providing a comprehensive template for States to integrate telehealth into their State health provider network.

Telehealth Network Grant Program.—The Committee remains encouraged by the ability of telehealth services to provide access to vital care for patients in underserved areas. The Committee encourages HRSA to continue telehealth initiatives in school-based clinics, substance abuse treatment, and behavioral health treatment in the Telehealth Network Grant Program.

FAMILY PLANNING

Appropriations, 2018	\$286,479,000
Budget estimate, 2019	286,479,000
Committee recommendation	286,479,000

The Committee provides \$286,479,000 for the title X Family Planning program. This program supports preventive and primary healthcare services at clinics nationwide.

PROGRAM MANAGEMENT

Appropriations, 2018	\$155,000,000
Budget estimate, 2019	151,993,000
Committee recommendation	155,000,000

The Committee provides \$155,000,000 for program management activities.

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

Appropriations, 2018	\$277,200,000
Budget estimate, 2019	317,200,000
Committee recommendation	317,200,000

The Committee provides that \$317,200,000 be released from the Vaccine Injury Compensation Trust Fund in fiscal year 2019. Of that amount, \$9,200,000 is for administrative costs.

The National Vaccine Injury Compensation program provides compensation for individuals with vaccine-associated injuries or deaths. Funds are awarded to reimburse medical expenses, lost earnings, pain and suffering, legal expenses, and death benefits. The Vaccine Injury Compensation Trust Fund is funded by excise taxes on certain childhood vaccines.

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Committee recommendation provides a program level of \$7,868,141,000 in this bill for the Centers for Disease Control and Prevention [CDC], which includes \$55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act [EEOICPA], and \$808,300,000 in transfers from the Prevention and Public Health [PPH] Fund.

The activities of CDC focus on several major priorities: providing core public health functions; responding to urgent health threats; monitoring the Nation's health using sound scientific methods; assuring the Nation's preparedness for emerging infectious diseases and potential pandemics; and providing leadership in the implementation of nationwide prevention strategies that are conducive to improving and maintaining health.

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriations, 2018	\$798,405,000
Budget estimate, 2019	700,828,000
Committee recommendation	798,405,000

The Committee recommendation for the activities of the National Center for Immunization and Respiratory Diseases is \$798,405,000, which includes \$324,350,000 in transfers from the PPH Fund.

The mission of the National Center for Immunization and Respiratory Diseases is the prevention of disease, disability, and death through immunization and by control of respiratory and related diseases.

The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
Section 317 Immunization Program	610,847	610,847
National Immunization Survey (non-add)	12,864	12,864
Influenza Planning and Response	187,558	187,558

Cost Estimates.—The Committee looks forward to reviewing the fiscal year 2019 report on estimated funding needs of the Section 317 Immunization Program and requests that the report be updated and submitted no later than February 1, 2019, to reflect fiscal year 2020 cost estimates. The updated report should also include an estimate of optimum State and local operations funding, as well as a discussion of the evolving role of the 317 program as expanded coverage for vaccination becomes available from private and public sources over the next several years.

Immunizations.—The Committee does not support the proposed reduction to the Section 317 Immunization Program and provides funding at last year's level. The Committee believes a strong public health immunization infrastructure is critical for ensuring high vaccination coverage levels, preventing vaccine-preventable diseases, and responding to outbreaks.

Vaccine Administration.—The Committee applauds the ongoing innovation of these important products for children, adolescents, and adults. As more life-saving vaccines are developed, and patient access continues to expand, the Committee aims to ensure that vaccines are properly administered. As such, the Committee encourages CDC to evaluate its outreach and provider education programs and identify additional efforts CDC could undertake to ensure proper vaccine administration.

HIV, VIRAL HEPATITIS, SEXUALLY TRANSMITTED DISEASES, AND TUBERCULOSIS PREVENTION

Appropriations, 2018	\$1,127,278,000
Budget estimate, 2019	1,117,278,000
Committee recommendation	1,132,278,000

The Committee recommendation for the activities of the National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases [STDs], and TB Prevention is \$1,132,278,000.

The Center administers CDC’s activities on HIV/AIDS, viral hepatitis, STDs, and TB, with the exception of the Global AIDS program, which is housed in the Center on Global Health.

The Committee recommends funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
Domestic HIV/AIDS Prevention and Research	788,712	788,712
HIV Prevention by Health Department	397,161	397,161
HIV Surveillance	119,861	119,861
Activities to Improve Program Effectiveness	103,208	103,208
National, Regional, Local, Community & Other Organizations	135,401	135,401
School Health	33,081	33,081
Viral Hepatitis	39,000	39,000
Sexually Transmitted Infections	157,310	157,310
Tuberculosis	142,256	142,256
Infectious Disease and Opioids		5,000

Infectious Diseases and the Opioid Epidemic.—The Committee provides \$5,000,000 to CDC to support a new initiative targeting infectious disease consequences of the opioid epidemic. The Committee directs CDC to focus efforts on improving surveillance, treatment, and education efforts around hepatitis B, hepatitis C, and HIV infections as it relates to the opioid epidemic. CDC is directed to prioritize funding for those areas most at risk for outbreaks of HIV and hepatitis due to injection drug use, including the 220 counties CDC has previously identified. Further, CDC is encouraged to integrate interventions across its centers aimed at preventing, tracking, and treating infectious diseases with broader efforts to address the opioid epidemic.

Liver Cancer Awareness Program.—The Committee notes that liver cancer remains one of the deadliest cancers and that some forms of liver cancer are preventable. CDC is encouraged to partner with stakeholder organizations to promote liver cancer awareness, appropriate screening, and proper prevention activities.

Sexually Transmitted Infections [STIs].—The Committee is concerned about the continuing rise in STI rates and recognizes that direct funding to States and local health departments is critical in order to reverse this trend. The Committee recommends that CDC continue to provide State and local funding at or near the current percentage of total STI prevention funding to the extent possible given evolving public health needs. Additionally, CDC is encouraged to collaborate with CMS for screening and treatment under Medicaid.

Viral Hepatitis.—The Committee is concerned that even with a hepatitis B vaccine that is 95 percent effective, CDC estimates that there are nearly 850,000 Americans infected with hepatitis B, with an estimated 20,900 infections occurring in 2016. The Committee notes that in 2017 the National Academies of Sciences Engineering and Medicine [NASEM] report titled “A National Strategy for the Elimination of Hepatitis B and C” made a series of recommendations for vaccination, higher rates of diagnosis, and care and treatment which if implemented could eliminate hepatitis B as a public health concern by 2030. The Committee, therefore, encourages CDC, in cooperation with the leading national hepatitis B organizations, to develop a plan to implement the NASEM recommendations, to achieve the goal of the elimination of hepatitis B. CDC is encouraged to provide an update in the fiscal year 2020 CJ on this effort.

EMERGING AND ZOOONOTIC INFECTIOUS DISEASES

Appropriations, 2018	\$614,572,000
Budget estimate, 2019	508,328,000
Committee recommendation	617,572,000

The Committee recommendation for the activities of the National Center for Emerging and Zoonotic Diseases is \$617,572,000, which includes \$52,000,000 in transfers from PPH Fund.

The National Center for Emerging and Zoonotic Infectious Diseases aims to detect, prevent, and control infectious diseases from spreading, whether they are naturally occurring, unintentional, or the result of terrorism.

The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
Core Infectious Diseases	422,000	425,000
Antibiotic Resistance Initiative	168,000	168,000
Lab Safety and Quality	8,000	8,000
Vector-borne Diseases	38,603	38,603
Lyme Disease	10,700	10,700
Prion Disease	6,000	6,000
Chronic Fatigue Syndrome	5,400	5,400
Emerging Infectious Diseases	155,457	158,457
All Other Infectious Diseases	29,840	29,840
Food Safety	58,000	58,000
National HealthCare Safety Network	21,000	21,000
Quarantine	31,572	31,572
Advanced Molecular Detection	30,000	30,000

[In thousands of dollars]

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
Epidemiology and Lab Capacity Program	40,000	40,000
Healthcare-Associated Infections	12,000	12,000

Chronic Fatigue Syndrome [CFS].—The Committee applauds CDC's efforts to collaborate with disease experts in its multi-site study to resolve the case definition issues and urges CDC to complete that effort. The Committee also commends the CDC's recent update of its website informing the public about CFS, also known as Myalgic Encephalomyelitis, and encourages CDC to work with disease experts and patients to continue to better educate healthcare providers about the disease and its appropriate management. However, the Committee is concerned that neither the website updates nor CDC's current plans will address the continued medical stigma and misinformation about CFS and the critical lack of medical providers. CDC is encouraged to partner with HHS agencies and other experts to address these issues and find creative ways to bring additional clinicians into the field.

Combating Antibiotic Resistant Bacteria [CARB].—The Committee continues to support the CARB initiative and provides \$168,000,000 for this effort. The Committee recognizes the importance of addressing antibiotic-resistant bacteria through a "One Health" approach, simultaneously combating antibiotic resistance in human, animal, and environmental settings. The Committee encourages CDC to support funding for collaborations between entities such as academic medical centers, veterinary schools, schools of public health, State public health departments, and other academic institutions whose proposals are in line with CDC's strategy for addressing antibiotic resistant bacteria. Further, the Committee notes that urinary tract infections are one of the most common diagnoses leading to antibiotic prescriptions and encourages CDC to continue to study the most effective strategies to improve antibiotic prescribing including nutritional alternatives in healthcare settings. CDC shall include an update on these efforts in the fiscal year 2020 CJ.

Healthcare-Associated Infections [HAI].—The Committee acknowledges CDC has made significant progress on HAI prevention and data collection at acute-care hospitals, but gaps in data collection and reporting on HAI persist across outpatient, post-acute, and long-term care facilities. The Committee recognizes that voluntary participation in the National Healthcare Safety Network continues to grow among dialysis facilities, nursing homes, and ambulatory surgical centers, and encourages CDC to continue to expand its data collection efforts to these healthcare providers.

Lyme Disease and Related Tick-Borne Illnesses.—The Committee recognizes the importance of prevention and control of Lyme disease and related tick-borne diseases and encourages CDC to support surveillance and prevention of Lyme disease and other high-consequence tick-borne diseases in endemic areas as well as areas not yet considered endemic. The Committee encourages CDC to coordinate with the National Institutes of Health, the National Insti-

tute of Mental Health, and NINDS on publishing reports that assess diagnostic advancements, methods for prevention, the state of treatment, and links between tick-borne disease and psychiatric illnesses.

Responding to Emerging Threats.—The Epidemiology and Laboratory Capacity [ELC] for Infectious Diseases Program strengthens the epidemiologic and laboratory capacity in 50 States, 6 local health departments, and 8 territories. This funding provides critical support to epidemiologists and laboratory scientists who are instrumental in discovering and responding to various food and vector-borne outbreaks. The Committee provides funding for ELC grants to sustain core surveillance capacity and ensure that State and local epidemiologists are equipped to respond rapidly to emerging threats including antimicrobial resistant superbugs and the Zika virus.

Sepsis.—The Committee is encouraged that CDC continues to address sepsis as a priority and supports the implementation of the Get Ahead of Sepsis national initiative, which raises awareness about the importance of early recognition, treatment, and prevention. The Committee supports CDC’s goal of leveraging resources to better track and prevent disability and death from this devastating illness. In addition, the Committee is encouraged by CDC’s ongoing efforts to work with healthcare partners to establish innovative ways to perform sepsis surveillance and reporting using data from the patient’s electronic health record.

Tropical Diseases.—The Committee recognizes the critical role the National Center for Emerging and Zoonotic Infectious Diseases and its Vector Borne Disease Program play in ongoing efforts to prepare for and fight tropical diseases emerging on U.S. soil, such as Dengue, Chikungunya and now Zika.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriations, 2018	\$1,162,896,000
Budget estimate, 2019	939,250,000
Committee recommendation	1,166,771,000

The Committee recommendation for the activities of the National Center for Chronic Disease Prevention and Health Promotion is \$1,166,771,000, which includes \$254,950,000 in transfers from the PPH Fund.

The mission of the National Center for Chronic Disease Prevention is to provide national leadership in promoting health and well-being through prevention and control of chronic diseases. Nearly one-half of all American adults have at least one chronic illness and such diseases account for nearly 70 percent of all U.S. deaths and three-quarters of all healthcare costs in the United States.

The Committee does not include the administration’s proposal to create a new block grant and instead maintains the existing program line items, including funding mechanisms as they existed in fiscal year 2018. The Committee believes the existing funding structure allows for the greatest transparency, accountability, and measured outcomes for Congress and the taxpayer. Chronic diseases, such as arthritis, cancer, diabetes, heart disease, stroke, and obesity are the leading causes of death and disability in the United States and account for 86 cents of every dollar spent on healthcare.

Therefore, a robust investment in the prevention and control of chronic diseases, including Alzheimer's disease, epilepsy, lupus, and colorectal, prostate, and skin cancers, is essential to curb health spending and improve health and quality of life for millions of Americans.

Within the total provided for the National Center for Chronic Disease Prevention and Health Promotion, the following amounts are available for the following categories of funding:

[In thousands of dollars]

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
Tobacco	210,000	210,000
Nutrition, Physical Activity and Obesity	54,920	56,920
High Obesity Rate Counties (non-add)	15,000	15,000
School Health	15,400	15,400
Health Promotion	18,000	19,000
Glaucoma	4,000	4,000
Visual Screening Education	1,000	1,000
Alzheimer's Disease	4,500	5,500
Inflammatory Bowel Disease	1,000	1,000
Interstitial Cystitis	1,000	1,000
Excessive Alcohol Use	4,000	4,000
Chronic Kidney Disease	2,500	2,500
Prevention Research Centers	25,461	25,461
Heart Disease and Stroke	140,062	140,062
Diabetes	148,129	148,129
National Diabetes Prevention Program	25,300	25,300
Cancer Prevention and Control	367,674	370,549
Breast and Cervical Cancer	218,000	218,000
WISEWOMAN (non-add)	21,120	21,120
Breast Cancer Awareness for Young Women	4,960	4,960
Cancer Registries	49,440	51,440
Colorectal Cancer	43,294	43,294
Comprehensive Cancer	19,675	19,675
Johanna's Law	7,000	7,000
Ovarian Cancer	9,500	9,500
Prostate Cancer	13,205	13,205
Skin Cancer	2,125	3,000
Cancer Survivorship Resource Center	475	475
Oral Health	19,000	19,000
Safe Motherhood/Infant Health	46,000	58,000
Arthritis and Other Chronic Disease	26,000	27,000
Arthritis	11,000	11,000
Epilepsy	8,500	8,500
National Lupus Registry	6,500	7,500
Racial and Ethnic Approach to Community Health	50,950	35,950
Million Hearts	4,000	4,000
National Early Child Care Collaboratives	4,000	4,000
Hospitals Promoting Breastfeeding	8,000	8,000

Alzheimer's and Healthy Aging.—The Committee includes \$5,500,000, an increase of \$1,000,000 for activities related to Alzheimer's disease and commends the Healthy Brain Initiative for its leadership in bringing attention to the public health crisis of Alzheimer's disease. The Committee encourages CDC to continue implementing the action steps listed in the updated Road Map, including working towards a consensus on the mortality burden of the disease. The Committee encourages CDC to assist States in col-

lecting cognitive decline and caregiving data through the Behavioral Risk Factor Surveillance System.

Breast and Cervical Cancer Screening.—The Committee encourages CDC to continue to strengthen access to preventive screenings for women who are uninsured or underinsured and at high risk for breast and cervical cancer through the Breast and Cervical Cancer program. Of women aged 21–64, 5,700,000 or 14.6 percent, will remain eligible for cervical cancer screening through this program.

Breastfeeding.—The Committee has provided funding for CDC to continue supporting breastfeeding as a strategy to reduce obesity and promote activities proven to increase breastfeeding through the State Physical Activity and Nutrition program.

Cancer Survivorship.—Recognizing there are more than 15,000,000 cancer survivors in the United States, the Committee is encouraged by CDC's ongoing work with the Cancer Survivorship Resource Center in making cancer survivorship a public health priority. The Committee encourages CDC to work with public, non-profit, and private organizations to evaluate and disseminate promising practices and interventions to promote health and improve the quality of life of cancer survivors.

Childhood Cancer STAR Act.—The Committee has included an increase of \$2,000,000 to be awarded to State cancer registries to enhance and expand infrastructure to track cancer in children, adolescents, and young adults.

Children in Adversity.—The Committee recognizes that CDC is a key implementing partner of the United States Government Action Plan on Children in Adversity's three principle objectives. The Committee fully supports the use of funds provided to CDC through this act for activities that the agency has identified as being necessary to link representative data to effective, sustainable, and scalable action and thus ensure that: (1) the percentage of children achieving age-appropriate growth and developmental milestones is increased; (2) the percentage of children living outside of family care is reduced; and (3) the percentage of children experiencing violence, exploitation, abuse, and neglect is reduced. The Committee continues to direct CDC to collaborate with USAID, PEPFAR, and DOL to ensure monitoring and evaluation is aligned for all of the Action Plan's objectives. The Committee asks that the annual Public Law 109–95 report to Congress display the amount of funding by objective to the Action Plan on Children in Adversity.

Chronic Obstructive Pulmonary Disease [COPD].—The Committee applauds CDC and NIH in leading a cross-agency effort to respond to COPD. The Committee encourages the agencies to move forward with a timely implementation of the COPD National Action plan to address the rising burden of COPD on patients, providers, and caregivers across the country.

Diabetes Prevention Program.—The Committee recommendation includes \$25,300,000, level with fiscal year 2018, for the Diabetes Prevention Program [DPP]. This program promotes lifestyle interventions proven to reduce the risk of developing diabetes by 58 percent in individuals at high risk. The Committee encourages CDC, in coordination with CMS, to develop a consumer facing program locator that includes all CDC and Medicare DPP programs. CDC

is further encouraged to work with CMS to ensure that current CDC-recognized DPPs become certified Medicare DPP suppliers.

Division of Diabetes Translation [DDT].—The Committee recognizes the work of CDC's DDT to address the diabetes epidemic and encourages CDC to continue to ensure that the prevention needs of those Americans with, and at risk for, diabetes and prediabetes are met. The Committee believes these activities must include clear outcomes and ensure transparency and accountability that demonstrate how funding was used to support diabetes prevention and specifically how diabetes funding reached State and local communities. Additionally, the Committee encourages CDC to support the translation of research into better prevention, care, and surveillance. The Committee encourages CDC to explore opportunities to expand virtual delivery of the National Diabetes Prevention Program's lifestyle change program in rural areas where patients have provider care access challenges.

Early Child Care Collaboratives.—The Committee recognizes that the early care and education setting is important for promoting healthy habits in young children. The Committee provides \$4,000,000 to the National Early Child Care Collaboratives to enable training of early care and education providers in implementation of healthy eating and physical activity best practices, including strategies for engaging families. Funds will also support technical assistance for integration of healthy eating and physical activity best practices into existing State and local professional development systems' early care and education settings, and health initiatives. The Committee also encourages the program to serve a mix of rural, suburban and urban areas, including areas with high childhood obesity rates.

Endometriosis.—The Committee is aware that endometriosis is a serious chronic condition that impacts an estimated 1 in 10 women in the United States between the ages of 18 and 49. Women with this condition can suffer up to 10 years before being properly diagnosed, often due to lack of awareness, invasive methods of diagnosis, and limited treatment options. The Committee encourages CDC, in collaboration with NICHD, to continue to support education, outreach, and awareness to promote early and accurate diagnosis of endometriosis.

Epilepsy in Rural Areas.—The Committee encourages CDC to continue telehealth and educational training programs for rural and underserved areas that reach school nurses, child care personnel, first responders, and care providers for seniors to recognize and respond appropriately to seizures caused by epilepsy or resulting from trauma and other acute chronic illness.

Farm-to-School.—The Committee notes that farm-to-school programs can be an effective way of improving the quality of school meals and increasing opportunities for nutrition education. The Committee includes \$2,000,000 within Nutrition, Physical Activity, and Obesity for research and education activities related to farm to school programs that result in promoting healthy eating habits for students.

Heart Disease and Stroke Prevention.—While largely preventable, cardiovascular disease, including heart disease and stroke, continues to inflict the highest burden on our Nation's long-term

health and economic stability. The Committee continues funding to support, strengthen, and expand heart disease and stroke prevention and control activities within State, local, and tribal public health departments and to enhance surveillance and research to target high burden populations and guide public health strategies. The Committee encourages CDC to prioritize these funds to communities with the highest disease burden of heart disease and stroke to identify and disseminate novel and innovative evidence-based strategies, including scientifically valid risk factor reduction measures, through competitive awards.

High Obesity Rate Counties.—The Committee remains concerned about the growing body of evidence suggesting that obesity is one of the most significant challenges facing the public health system. The Committee continues to include \$15,000,000 to support the rural extension and outreach services grants for rural counties with an obesity prevalence of over 40 percent. The Committee expects CDC to work with State and local public health departments to support measurable outcomes through evidenced-based obesity research, intervention, and prevention programs. Grants should combine basic, clinical, and population research to better understand and treat the metabolic, medical, surgical, environmental, and societal implications of obesity in cooperation with partners that have existing outreach capacity to develop and implement educational and intervention programs. Preference should be given to States where at least 10 percent of counties meet the requirements of this program. In addition, CDC shall focus its efforts in areas of the country with the highest burden of obesity and with the comorbidities of hypertension, cardiac disease, and diabetes from county level data in the Behavioral Risk Factor Surveillance System. The Committee encourages CDC to support only activities that are supported by scientific evidence.

Inflammatory Bowel Diseases [IBD].—The Committee commends CDC for its commitment to the study of IBD epidemiology. The Committee is particularly concerned that IBD is increasingly recognized in minority and underserved communities and encourages CDC to complement its existing epidemiological study with a focus on these populations. The Committee encourages CDC to continue to identify innovative approaches, including mixed methods research, for determining the incidence and prevalence of IBD.

Interstitial Cystitis.—The Committee recommendation for Interstitial Cystitis activities provides support for the ongoing epidemiology study, as well as education, outreach, and public awareness activities.

Maternal Mortality.—The Committee recognizes the rising maternal mortality rate in the U.S. as a pressing public health issue. Each year, almost 700 women die during or within a year of the end of their pregnancy in the U.S. as a result of pregnancy or delivery complications. These statistics are all the more concerning given that accurate and complete data regarding the cause of pregnancy-related deaths is lacking. For this reason, the Committee has included \$12,000,000 in the Safe Motherhood and Infant Health Program for CDC to continue and expand its technical assistance to State Maternal Mortality Review Committees [MMRCs] to build stronger data systems, improve data collection at the State

level and create consistency in data collection across State MMRC's. The Committee believes this investment will lead to better information necessary to provide accurate national statistics for U.S. maternal mortality rates and will inform data-driven actions for preventing these deaths. CDC is directed to provide a report, within 180 days of enactment, regarding how States currently account for maternal mortality and the additional steps required to achieve comprehensive surveillance and data collection in all States regarding maternal mortality for all pregnancy-associated and pregnancy-related deaths, regardless of the outcome of the pregnancy.

Million Hearts 2022.—The Committee is aware that Million Hearts, a public-private initiative, prevented an estimated 500,000 heart attacks and strokes in the first 5 years. The Committee continues to support Million Hearts 2022 and its goal of preventing 1,000,000 heart attacks and strokes over 5 years. Funding and resources shall be used to continue implementation of the ABCS (aspirin as appropriate, blood pressure control, cholesterol management, and smoking cessation); to develop innovative, scalable ways for communities and the healthcare sector to execute evidence-based prevention in the highest burden areas; and to expand focus on physical activity, cardiac rehabilitation, and people aged 35–64 whose event rates are on the rise.

Mississippi Delta Health Collaborative [MDHC].—Within the funds provided for Chronic Disease Prevention and Health Promotion, the Committee encourages CDC to build on its longstanding investment in MDHC by working to replicate the work in additional sites while maintaining the current strategy. CDC shall provide an update on these activities in the fiscal year 2020 CJ.

Physical Activity.—Regular physical activity plays a critical role in chronic disease prevention, military readiness, academic success, workplace productivity, and lowers healthcare expenditures. The Committee is therefore pleased that the second edition of the Physical Activity Guidelines for Americans will be released in late 2018. The Committee encourages CDC to promote these Guidelines, once released, which should include consumer education about benefits of physical activity. In addition, the Committee applauds CDC for creating the new initiative, Active People, Healthy Nation and encourages CDC to strengthen its work.

National Lupus Patient Registry.—The Committee includes \$7,500,000, an increase of \$1,000,000, to continue to support research efforts under the National Lupus Patient Registry program. Significant progress has been made to understand the epidemiology of lupus. The Committee encourages CDC to build on this work and focus on natural history studies of lupus to determine the lifetime impacts of the disease on children and others with lupus, including through CDC support for existing childhood lupus registries. The Committee also supports CDC's work to establish the National Resource Center on Lupus and encourages CDC to continue to work with national lupus voluntary health agencies to enhance the Resource Center by developing lupus self-management programs and new tools for use by healthcare providers, caregivers and others to expand physician education and reduce time to diagnosis, which can lead to earlier interventions.

Preterm Birth.—The Committee commends CDC for funding State-based Perinatal Collaboratives that focus on improving birth outcomes using known prevention strategies such as reducing early elective deliveries. CDC is encouraged to continue support for perinatal collaboratives particularly due to the rise in neonatal abstinence syndrome as a result of the opioid crisis.

Psoriasis and Psoriatic Arthritis.—The Committee commends CDC for identifying opportunities for expanded research on psoriatic disease in its Public Health Agenda for Psoriasis and Psoriatic Arthritis and encourages CDC to explore opportunities for research on the comorbidities of psoriatic disease that can be done in collaboration with or funded by other disease programs such as Arthritis, Cardiovascular Health, or Mental Illness.

Pulmonary Hypertension [PH].—The Committee understands that PH causes heart failure and death. CDC is encouraged to support education, outreach, and awareness activities that promote early and accurate diagnosis of PH.

Safe Motherhood Initiative.—Preterm birth affects more than 500,000 babies each year in the United States and is the leading cause of neonatal mortality. The Committee commends CDC for funding State-based perinatal collaboratives that focus on improving birth outcomes using known preventative strategies such as reducing early elective deliveries. CDC is encouraged to improve the timeliness in data reporting by working with existing State bio-surveillance tools to report on neonatal abstinence syndrome, hypertension, diabetes and other risk factors.

Skin Cancer Education and Prevention.—The Committee is concerned with the growing number of people diagnosed with preventable forms of skin cancer, which is now the most commonly diagnosed cancer in the United States. The Committee has provided an increase for skin cancer education and prevention, and encourages CDC to increase its collaboration and partnership with local governments, business, health, education, community, nonprofit and faith-based sectors.

Sleep Surveillance.—The Committee is pleased by CDC's work on a national public health awareness campaign for sleep. The Committee encourages CDC to ensure that funding for surveillance activities on sleep disorders and sleep health is maintained in addition to these awareness efforts.

Vision Health.—Vision impairment often occurs as a co-morbidity with other chronic illness, such as chronic heart disease, stroke, depression, and smoking, at substantially higher rates than individuals without vision impairment. CDC is encouraged to apply previous CDC vision and eye health research findings to develop effective prevention and early detection interventions, and to incorporate vision and eye health promotion activities into existing State and national public health chronic disease initiatives, with an initial focus on early detection of diabetic retinopathy. In addition, the Committee encourages CDC to update its reports on the estimated burden of keratitis and contact lens-related infections.

WISEWOMAN.—The Committee lauds the WISEWOMAN program that helps uninsured and under-insured low-income women ages 40 to 64 decrease, prevent, or control heart disease and stroke by providing preventive health services, referrals to local

healthcare providers, lifestyle programs, and health counseling services tailored to identified risk factors to promote lasting, healthy behavior change. From 2008 to 2016, WISEWOMAN provided 268,673 screenings to 192,391 women. Additionally, with WISEWOMAN's new behavioral focus, participants received 81,653 healthy behavior support services between 2013 and 2016. The Committee commends the Division for Heart Disease and Stroke Prevention for increasing the number of screenings by 27 percent in 1 year.

NATIONAL CENTER ON BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITY AND HEALTH

Appropriations, 2018	\$140,560,000
Budget estimate, 2019	110,000,000
Committee recommendation	153,560,000

The Committee recommendation for the activities of the National Center on Birth Defects and Developmental Disabilities [NCBDDD] is \$153,560,000.

This Center improves the health of children and adults by preventing birth defects, developmental disabilities, and complications of heredity blood disorders and by promoting optimal child development and health and wellness among children and adults living with disabilities.

Within the total provided, the following amounts are provided for the following categories of funding:

[In thousands of dollars]

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
Total Birth Defects	140,560	153,560
Child Health and Development	65,800	75,800
Other Birth Defects	19,000	19,000
Fetal Death	900	900
Fetal Alcohol Syndrome	11,000	11,000
Folic Acid	3,150	3,150
Infant Health	8,650	8,650
Autism	23,100	23,100
Surveillance for Emerging Threats to Mother and Babies	10,000	10,000
Health and Development with Disabilities	59,660	62,660
Disability and Health	27,000	30,000
Tourette Syndrome	2,000	2,000
Early Hearing Detection and Intervention	10,760	10,760
Muscular Dystrophy	6,000	6,000
Attention Deficit Hyperactivity Disorder	1,900	1,900
Fragile X	2,000	2,000
Spina Bifida	6,000	6,000
Congenital Heart Defects	4,000	4,000
Public Health Approach to Blood Disorders	4,400	4,400
Hemophilia CDC Activities	3,500	3,500
Hemophilia Treatment Centers	5,100	5,100
Thalassemia	2,100	2,100

Cerebral Palsy [CP].—The Committee encourages NCBDDD to use existing resources in infant health to improve CP surveillance, including but not limited to using existing data registries, the Autism and Developmental Disabilities Monitoring network, and other data sets available to estimate national prevalence. From this in-

formation, the Committee requests information in the fiscal year 2020 CJ on the cause, earlier diagnosis, and treatment of CP across the lifespan.

Congenital Heart Disease [CHD].—CHD is the most common and deadliest category of birth defects in the United States. The Committee notes that children and adults with CHD require ongoing, specialized cardiac care, and there remain gaps in data as children and adolescents transition to adult care. The Committee commends NCBDDD for its leadership in addressing CHD and adult CHD surveillance efforts and requests a report in the fiscal year 2020 CJ on CDC surveillance and research efforts regarding CHD across the lifespan, age-specific prevalence, and factors associated with those patients who may have dropped out of appropriate specialty care. The report should address current gaps in surveillance of adults with CHDs and include action items.

Duchenne Muscular Dystrophy.—The Committee is pleased by the publication of care standards updates for Duchenne Muscular Dystrophy and encourages the agency to continue supporting the widespread dissemination of these standards. The Committee is also aware of CDC's efforts to develop an ICD 10 code for Duchenne and requests that CDC develop a plan to leverage the recently established ICD 10 code to shift the Muscular Dystrophy Surveillance, Tracking and Research Network [MD STARnet] toward a more passive surveillance effort enabling an expansion of MD STARnet to additional sites and States. Further, the Committee encourages CDC to continue its work to disseminate the revised Duchenne/Becker Muscular Dystrophy care standards, to expand surveillance of Duchenne/Becker via the MD STARnet, and support Duchenne newborn screening efforts. In addition, the Committee has provided sufficient funds to support a coordinated Duchenne newborn screening initiative through the National Center for Environmental Health Newborn Screening Quality Assurance Program.

Emerging Threats to Mothers and Babies.—The Committee recommendation includes \$10,000,000 to support CDC's continued collaboration with State, tribal, territorial, and local health departments to monitor mothers and babies impacted by Zika virus during pregnancy in highest risk jurisdictions. This funding will allow CDC to pilot the Zika surveillance/registry system in additional jurisdictions to capture data on other emerging public health threats to mothers and babies, such as opioid use during pregnancy, natural disasters, and pandemic influenza.

Fragile X [FX].—The Committee commends CDC's efforts to identify and define the population impacted by FX and all conditions associated with the gene mutation with the goal of understanding the public health impact of these conditions. The Committee acknowledges the significant progress made by the NCBDDD Fragile X Clinical and Research Consortium in growing its FORWARD Database and Patient Registry, and is pleased that a new grant was awarded in 2015 to continue and expand upon this important work. The Committee also notes with approval the public-private partnership meeting to set the Public Health Research Agenda and the resulting focus on longitudinal data to characterize the natural history of FX, to in turn better inform the development of outcome

measures and biomarkers for new drug treatments under development. The Committee encourages NCBDDD to explore cross-divisional funding opportunities to accelerate data-driven public health research to reduce the public health burdens of both FX and autism.

Hemophilia.—The Committee includes sufficient funding for CDC hemophilia activities. These programs support inhibitor prevention and eradication, education programs on bleeding disorders, and Hemophilia Treatment Centers which have been critical to the advancement of care for patients with Hemophilia and other bleeding disorders.

Marfan Syndrome.—The Committee remains concerned that structural cardiovascular disorders, such as Marfan syndrome, continue to claim the lives of high school athletes across the country who received a sports physical prior to competition. CDC is encouraged to work with patient and professional stakeholders to develop minimum screening guidelines that ensure all young athletes are appropriately screened for potentially life-threatening structural cardiovascular disorders.

Physical Activity for People With Disabilities.—The Committee includes an increase of \$2,000,000 to continue to strengthen existing programs that address healthy athletes. The Committee encourages CDC to work with grant recipients to: (1) ensure that there are systems in place to help athletes and others with intellectual disabilities connect to care in their home communities; and (2) improve integration of best practices to the CDC's State-based disability and health programs to increase access to these types of health benefits for those with intellectual disabilities. In addition, an increase of \$1,000,000 is provided to continue to existing activities that improve physical activity and health promotion for people with mobility disabilities. Funds for this effort include a demonstration project to develop and implement strategies based on and informed by scientific evidence to reduce diabetes and obesity among the mobility-impaired.

Sickle Cell Disease [SCD].—The Committee recognizes the importance of surveillance to better understand and address the long term health outcomes, complications, and healthcare access needs of people living with SCD. CDC shall report to the Committees on Appropriations of the House of Representatives and the Senate within 1 year after enactment of the act, regarding how it would expand its current sickle cell disease surveillance efforts in California and Georgia to additional States with the goal of covering the majority of the U.S. SCD population over the next 5 years.

Spina Bifida.—While spina bifida and related neural tube defects are highly preventable through education and adequate daily folic acid consumption, they are the most common permanently disabling birth defect in the United States. The Committee supports the continuation of the spina bifida Clinical Care Monitoring and Tracking program and commends the National Spina Bifida Program in serving as a model for programs assisting other individuals living with similar complex conditions. The Committee encourages CDC to continue the dissemination of information to clinicians, parents, and families living with spina bifida.

Thalassemia.—The Committee is aware of the thalassemia program at CDC and the critical work it does connecting patients with this rare genetic blood disorder to life-saving resources and treatment centers. Thalassemia patients experience serious comorbidities which can impact almost every aspect of their lives. The Committee requests that CDC continue collaborating with thalassemia treatment centers, non-profits, and patient advocates through this program.

Tuberous Sclerosis Complex [TSC].—The Committee encourages CDC to take into consideration all the major manifestations of TSC in its surveillance network.

PUBLIC HEALTH SCIENTIFIC SERVICES

Appropriations, 2018	\$490,397,000
Budget estimate, 2019	468,000,000
Committee recommendation	492,397,000

The Committee recommendation for Public Health Scientific Services is \$492,397,000.

This funding supports the work of all of the CDC Centers by compiling statistical information to inform public health policy. In particular, these activities assure the accuracy and reliability of laboratory tests; apply digital information technology to help detect and manage diseases, injuries, and syndromes; and develop and inform the public health community on sound public health surveillance, laboratory protocols, and epidemiological practices.

The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
Health Statistics	160,397	161,397
Surveillance, Epidemiology, and PH Informatics	279,000	279,000
Public Health Workforce	51,000	52,000

Modernizing Vital Statistics.—The Committee encourages CDC to continue its efforts to modernize its surveillance infrastructure, which was started with the development of the Surveillance Data Platform [SDP]. By selecting the National Healthcare Safety Network [NHSN], CDC will take an important step forward in modernizing their critical data collection systems that will allow for better data sharing and analysis on a common platform while also helping to help reduce redundancy and maintenance. Further, CDC is encouraged to continue working with States to modernize electronic systems and improve vital statistics reporting.

ENVIRONMENTAL HEALTH

Appropriations, 2018	\$205,750,000
Budget estimate, 2019	157,000,000
Committee recommendation	205,750,000

The Committee recommendation for the National Center for Environmental Health is \$205,750,000. The Committee recommendation includes \$17,000,000 in transfers from the PPH Fund.

The National Center for Environmental Health addresses emerging pathogens and environmental toxins that pose significant challenges to public health. The Center conducts surveillance and data collection to determine which substances in the environment are found in people and to what degree. The Center also determines whether and at what level of exposure these substances are harmful to humans.

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
Environmental Health Laboratory	63,150	63,150
Newborn Screening Quality Assurance Program	13,400	13,400
Newborn Screening for SCID	1,250	1,250
Other Environmental Health	48,500	48,500
Environmental Health Activities	44,600	44,600
Safe Water	8,600	8,600
Amyotrophic Lateral Sclerosis Registry	10,000	10,000
Climate Change	10,000	10,000
All Other Environmental Health	16,000	16,000
Environmental and Health Outcome Tracking Network	34,000	34,000
Asthma	29,000	29,000
Childhood Lead Poisoning	18,000	18,000
Lead Poisoning Prevention	17,000	17,000

Amyotrophic Lateral Sclerosis [ALS] Registry.—The Committee continues to support the National ALS Registry and seeks to understand how to build upon current efforts to improve data collection. The Committee looks forward to seeing the report requested in fiscal year 2018 to determine compliance with Public Law 110-373.

Asthma.—The Committee supports the work of the National Asthma Control Program, recognizing that asthma is one of the most common and costly health conditions in the United States. The Committee encourages CDC to continue its 6|18 Initiative efforts which promote evidence-based asthma medical management and strategies aimed at improving access and adherence to the 2007 National Asthma Education and Prevention Program.

Newborn Screening.—The Committee requests CDC to provide an update in the fiscal year 2020 CJ on how CDC will use the additional funding provided in fiscal year 2018 to expand CDC's quality assurance materials, as well as critical infrastructure and development of tests for rare conditions. Further, the update should note what steps can be taken to encourage States to adopt and implement new Recommended Uniform Screening Panel conditions within 1 year of their addition. Further, the Committee is aware of the successful pilot project in Ohio around Duchenne Muscular Dystrophy screening and CDC's support of existing plans to conduct an additional state pilot. CDC is encouraged to develop a plan to foster development and use of disease-specific validation test panels and protocols that meet all required standards. The plan should also include capacity-building support for State laboratory staff to be able to interpret results and minimize false positives as well as a sys-

tem to monitor performance of labs in this work. The Committee recommends that CDC develop working groups involving all stakeholders, including the newborn screening community, to address these and future concerns.

INJURY PREVENTION AND CONTROL

Appropriations, 2018	\$648,559,000
Budget estimate, 2019	266,309,000
Committee recommendation	648,559,000

The Committee recommendation for the National Center for Injury Prevention and Control is \$648,559,000.

CDC is the lead Federal agency for injury prevention and control. Programs are designed to prevent premature death and disability and reduce human suffering and medical costs caused by fires and burns, poisoning, drowning, violence, and traffic accidents. The national injury control program at CDC encompasses non-occupational injury and applied research in acute care and rehabilitation of the injured.

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
Intentional Injury	102,730	102,730
Domestic Violence and Sexual Violence	32,700	32,700
Child Maltreatment	7,250	7,250
Youth Violence Prevention	15,100	15,100
Domestic Violence Community Projects	5,500	5,500
Rape Prevention	49,430	49,430
National Violent Death Reporting System	23,500	23,500
Unintentional Injury	8,800	8,800
Traumatic Brain Injury	6,750	6,750
Elderly Falls	2,050	2,050
Injury Prevention Activities	28,950	28,950
Opioid Overdose Prevention and Surveillance	475,579	475,579
Injury Control Research Centers	9,000	9,000

Child Sexual Abuse Prevention.—It is estimated that 15 to 25 percent of girls and 5 to 10 percent of boys will experience child sexual abuse. While the Federal Government has invested in treatment for victims and punishment for offenders, the Committee recognizes the value of also investing in prevention. The Committee requests that the Center for Injury Prevention and Control report on its current activities related to the development and evaluation of primary public health interventions targeting child sexual abuse. Additionally, the Committee asks that the Center 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. The Center shall provide a report to the Committee within 180 days of enactment of this act.

Concussion Surveillance.—The 2013 NAS study “Sports-Related Concussions in Youth: Improving the Science, Changing the Culture” recommended that CDC establish and oversee a national surveillance system to accurately determine the incidence of sports-re-

lated concussions, including youth ages 5 to 21. The Committee encourages CDC to investigate the establishment of a national surveillance system to accurately determine the incidence of sports- and recreation-related concussions among youth aged 5 to 21 years.

Opioid Abuse in Native Communities.—The Committee understands that American Indians and Alaska Natives overdose on opioids at the highest rate in the United States and recognizes the importance of addressing the disproportionate impact of the opioid crisis in Native communities. The Committee directs CDC to work with the Indian Health Service to ensure federally-operated and tribally-operated healthcare facilities benefit from the Center's PDMP efforts.

Opioid Drug Overdose [PDO] Prevention.—The Committee includes \$475,579,000, and reflects continued strong support of CDC PDO activities. CDC shall continue to use funds to advance the understanding of the opioid overdose epidemic and scale up prevention activities across all 50 States and the District of Columbia. The Committee expects that this will include the expansion of case-level syndromic surveillance data, improvements of interventions that monitor prescribing and dispensing practices, better timeliness, and quality of morbidity and mortality data, as well as the enhancement of efforts with medical examiners and coroner offices. CDC shall promote the use of Prescription Drug Monitoring Programs [PDMPs], including implementation of activities described in the National All Schedules Prescription Electronic Reporting Act of 2005 as amended by the Comprehensive Addiction and Recovery Act of 2016. This shall include continuing to expand efforts to enhance the utility of PDMPs in States and communities, making them more interconnected, real-time, and usable for public health surveillance and clinical decisionmaking. The Committee encourages CDC to ensure State PDMP implementation and improvements are coordinated with respective State alcohol and drug agencies. CDC shall also promote alternative surveillance programs for States and communities that do not have a PDMP. CDC is encouraged to work with the Office of the National Coordinator for Health Information Technology to enhance the integration of PDMPs and electronic health records. Further, the Committee is encouraged to ensure that Federal funding allocated to respond to the opioid epidemic flows from the States into communities and local health departments as practicable and encourages CDC to support local prevention activities to determine the effectiveness of naltrexone in treating heroin and prescription drug abuse as well as reducing diversion of buprenorphine for illicit purposes. Finally, CDC shall use \$10,000,000 of the funds provided to conduct an opioid nationwide awareness and education campaign.

Opioid Prescribing Guidelines.—The Committee applauds CDC's Guidelines for Prescribing Opioids for Chronic Pain and encourages CDC to continue its work to support uptake and use of the Guidelines. The Committee understands that current guidelines do not distinguish between Schedule 3 and Schedule 2 opioids and encourages CDC to adopt guidelines to reduce the risk of addiction by starting with a Schedule 3 prescription before considering Schedule 2. CDC is further directed to continue robust implementation of use of the electronic tool to train providers on incorporating and apply-

ing the CDC Guidelines in primary care settings and through efforts to increase continuing education. The Committee encourages CDC to coordinate with VA and DOD on implementation and any new developments in safe prescribing practices to ensure consistent, high-quality care standards across the Federal Government. The Committee notes that prescribing for acute pain remains a significant driver of initial opioid prescriptions, especially for youth, and that numerous States have established limits on initial opioid prescriptions, while substantial research has examined the use of non-opioid therapies for acute pain. The Committee encourages CDC to continue its leadership in prevention of the opioid epidemic by developing prescribing guidelines for acute pain, including those which are applicable to emergency physicians, surgeons, and dentists.

Rape Prevention.—The Committee directs that at least 75 percent of the program's funds go to States for State and local prevention activities. CDC activities should be coordinated with efforts at institutions to reduce the incidence of sexual assault on their own campus.

Trauma Surveillance.—The Committee commends CDC for providing funding to States to conduct surveillance on youth and adult behavioral risk factors. The Committee encourages CDC to prioritize collection and reporting of data on adverse childhood experiences, including exposure to violence. The Committee also encourages CDC to report on the prevalence of adverse childhood experiences across geography, race and ethnicity, and socioeconomic status.

Traumatic Brain Injury [TBI].—The Traumatic Brain Injury Act of 1996 and subsequent reauthorizations, supports a variety of activities related to TBI at several agencies within the Department. The Committee recognizes that the Federal TBI program supports prevention, education, surveillance, research, protection and advocacy services, as well as support to States and territories to help improve delivery of services and resources for people living with TBI and their families. The Committee applauds States for their efforts in securing supplemental resources to help further expand their TBI programs, and encourages them to continue improving their systems. In addition, the Committee urges CDC to continue its work in creating a National Concussion Surveillance System to provide in the future comprehensive incidence estimates of traumatic brain injury.

Violence and Injury Prevention.—The Committee commends CDC for expansion of the Core State Violence and Injury Prevention Program [SVIPP] to 23 States and its focus on shared risk and protective factors. To further strengthen State decision-making, the Committee encourages CDC to allow States to utilize Core SVIPP funds to implement, evaluate, and disseminate effective violence and injury prevention programs and policies beyond the four core focus areas selected by CDC. Additional areas may include prevention of falls, homicides, and other areas that State deems to be high priorities. The Committee encourages CDC to prioritize program funding for youth violence prevention efforts in high-violence, high-poverty areas and, in particular, large urban communities that are

seeking to address relevant impacts and root causes of community violence, and collective trauma.

OCCUPATIONAL SAFETY AND HEALTH

Appropriations, 2018	\$335,200,000
Budget estimate, 2019	
Committee recommendation	335,300,000

The Committee recommendation for National Institute for Occupational Safety and Health [NIOSH] programs is \$335,300,000.

NIOSH is the only Federal agency responsible for conducting research and making recommendations for the prevention of work-related illness and injury. The NIOSH mission is implemented by conducting basic and applied scientific research and translating the knowledge gained into products and services that impact workers in settings from corporate offices to construction sites to coal mines. The Committee does not include the administration's proposal to consolidate NIOSH within NIH. Further, the Committee acknowledges that NIOSH continues to protect American workers through its work-related illness and injury research. The Committee encourages NIOSH to continue maintaining its objectivity so as to ensure the highest professional and ethical standards are maintained.

The Committee recommendation includes funding for the following activities at the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
Total NIOSH	335,200	335,300
National Occupational Research Agenda	116,000	116,000
Agriculture, Forestry, Fishing (non-add)	25,500	25,500
Education and Research Centers	29,000	29,000
Personal Protective Technology	20,000	20,000
Mining Research	59,500	59,500
National Mesothelioma Registry and Tissue Bank	1,100	1,200
Other Occupational Safety and Health Research	109,600	109,600

Mesothelioma.—The Committee is aware that no formal registry exists to keep track of mesothelioma patients, their demographics, and other important information that could help develop and improve standards of care, as well as identify gaps in current treatment. The recommendation includes \$100,000 for CDC to initiate a feasibility study for a patient registry which would include developing case finding methodology to determine incidence and prevalence, demographics and risk factors. The Committee expects a report from CDC after conclusion of the feasibility study.

Total Worker Health.—The Committee commends CDC's Total Worker Health Program. The Committee provides level funding for the program which aims to promote and protect the health and productivity of the American workforce through research and dissemination of innovative and cost-effective tools and interventions for American businesses.

ENERGY EMPLOYEES OCCUPATIONAL INJURY COMPENSATION ACT

Appropriations, 2018	\$55,358,000
Budget estimate, 2019	
Committee recommendation	55,358,000

The Committee recommendation for the Energy Employees Occupational Illness Compensation Program Act [EEOICPA] is \$55,358,000. This mandatory funding supports NIOSH scientists who reconstruct radiation dose levels to inform compensation decisions. The Committee does not accept the administration's proposal to move EEOICPA to NIH.

GLOBAL HEALTH

Appropriations, 2018	\$488,621,000
Budget estimate, 2019	408,762,000
Committee recommendation	488,621,000

The Committee recommends \$488,621,000 for global health-related activities at CDC.

The Center for Global Health leads international programs and coordinates CDC's global efforts with the goal of promoting health and preventing disease in the United States and abroad. The Center has a particular focus on ensuring rapid detection and response to emerging health threats.

The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
Global HIV/AIDS Program	128,421	128,421
Global Immunization Program	226,000	226,000
Polio Eradication	176,000	176,000
Measles and Other Vaccine Preventable Diseases	50,000	50,000
Parasitic Diseases and Malaria	26,000	26,000
Global Public Health Protection	108,200	108,200
Global Disease Detection and Emergency Response	98,400	98,400
Global Public Health Capacity Development	9,800	9,800

Global Health Security [GHS] Strategy.—The Committee reiterates strong support for the GHS strategy and notes that funding provided in the Ebola supplemental will expire at the end of fiscal year 2019. The Committee provides \$98,400,000, level with fiscal year 2018, which will help CDC sustain its GHS work around the globe. The Committee looks forward to receiving the comprehensive inter-agency strategy requested in the Consolidated Appropriations Act, 2018 by September, 2018.

Global Water Strategy.—The Committee encourages CDC to work with other Federal partners to initiate an effort to assess and support water sanitation and hygiene [WASH] improvements in healthcare facilities, aligned with the 2017 US Global Water Strategy. Further, the Committee urges CDC to increase its WASH efforts to contribute to the elimination of cholera as a public health threat as outlined by Ending Cholera—A Global Roadmap to 2030.

Malaria and Parasitic Diseases.—The Committee recognizes the important role the Center for Global Health plays in the fight against malaria and parasitic diseases. CDC’s crucial monitoring and surveillance of transmission, evaluation of interventions for effectiveness and impact, and testing of tools in a real world setting are critical to understanding how to scale up global health programs and ensure that our global health investments are smarter, better, and not wasteful. The Committee encourages CDC to continue to research, monitor, and evaluate efforts for malaria and parasitic disease in collaboration with other divisions and agencies.

Polio.—CDC is the lead U.S. agency in the global effort to eradicate polio and currently works with various organizations by providing expertise in training, vaccines, epidemiology, laboratory capacity, and surveillance. Currently, polio is endemic in only three countries, Nigeria, Afghanistan, and Pakistan. The Committee commends CDC’s efforts to help eradicate this disease.

Soil Transmitted Helminth [STH] and Related “Diseases of Poverty”.—The Committee includes \$1,500,000 for surveillance, source remediation, and clinical care aimed at reducing STH. These funds shall be used to extend the currently funded projects for another year.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriations, 2018	\$1,450,000,000
Budget estimate, 2019	800,000,000
Committee recommendation	1,470,000,000

The Committee recommendation for the Office of Public Health Preparedness and Response [PHPR] is \$1,470,000,000.

The mission of PHPR is to build and strengthen national preparedness for public health emergencies including natural, biological, chemical, radiological, and nuclear incidents. PHPR administers national response programs and assets, as well as grants to States and localities to enhance preparedness efforts across the country.

The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
Public Health Emergency Preparedness Cooperative Agreement	670,000	680,000
Academic Centers for Public Health Preparedness	8,200	8,200
BioSense	23,000	23,000
All Other CDC Preparedness	138,800	148,800
Strategic National Stockpile	610,000	610,000

Emergency Preparedness.—The Committee continues to request detailed information on how PHEP funding is distributed at the local level by States. CDC is encouraged to provide in the fiscal year 2020 CJ an update on how much of the Federal PHEP funding is being allocated to local health departments and what basis or formula each State is using to make such allocations.

Strategic National Stockpile [SNS].—The Committee appreciates the Secretary’s efforts to improve the efficiency of the Department’s public health preparedness and response programs and looks forward to considering and evaluating the Department’s proposal to shift the funding and oversight of the SNS from CDC to ASPR, as submitted in the fiscal year 2019 budget request. The Committee notes that CDC has unique expertise in public health preparedness and response, science-based policy and decisionmaking, public health communications, and coordination with State and local partners. The Committee urges the Department to ensure that CDC has the resources necessary to continue SNS-related and other agency-wide activities as necessary if the SNS moves out of CDC. Should the proposed move be implemented, the Secretary is strongly urged to maintain a strong and central role for CDC in the medical countermeasures enterprise. Further, the Committee encourages HHS to continue to evaluate the latest approved advances in influenza prevention and antiviral treatment for inclusion in the SNS in preparation for pandemic influenza, and promising products in development that should be considered for purchase. The Committee requests a report within 90 days of enactment of this Act detailing the number of FDA approved Medical Countermeasures [MCMs] that will be needed in the SNS over the next 3 fiscal years (including new products or products currently in the SNS that will require replenishment), and the anticipated costs to purchase these products while maintaining current SNS products.

Strategic National Stockpile Inventory of Hemostatic Agents.—The Committee directs the CDC to ensure that the hemostatic dressings stockpile has not exceeded the recommended shelf life and replace any hemostatic dressings that have passed the labeled expiration date.

BUILDINGS AND FACILITIES

Appropriations, 2018	\$510,000,000
Budget estimate, 2019	30,000,000
Committee recommendation	30,000,000

The Committee recommendation for Buildings and Facilities is \$30,000,000.

NIOSH Facility.—The Committee is aware that CDC plans to consolidate the NIOSH Cincinnati research facilities, which are more than 50 years old, into one modern laboratory to reduce operational costs and strengthen scientific collaboration. The Committee understands that CDC plans to support this facility replacement through the Department’s Nonrecurring Expenses Fund. The Secretary and CDC are directed to prioritize obligations for this facility and obligate such funds as quickly as possible.

Replacement of the Lake Lynn Experimental Mine and Laboratory.—The Secretary is directed to provide quarterly reports to the Committees on Appropriations of the House of Representatives and Senate detailing activities to replace the Lake Lynn Laboratory. The Committee continues to support CDC efforts to find a replacement facility.

CDC-WIDE ACTIVITIES

Appropriations, 2018	\$273,570,000
Budget estimate, 2019	155,000,000
Committee recommendation	273,570,000

The Committee provides \$273,570,000 for public health leadership and support activities at CDC.

The recommendation includes \$160,000,000 in transfers from the PPH Fund.

The Committee recommendation includes funding for the following activities in the following amounts:

(In thousands of dollars)

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
Preventive Health and Health Services Block Grant	160,000	160,000
Public Health Leadership and Support	113,570	113,570

Preventative Health and Health Services Block Grant.—The Committee provides \$160,000,000, the same level as fiscal year 2018. These grants are crucial for States because they provide enough flexibility necessary to resolve any emerging health issues at the local level while tailoring those activities to best address the diverse, complex, and constantly changing local community. The Committee encourages CDC to enhance reporting and accountability for the Block Grant which could include providing technical assistance to States regarding using funds for core public health capacities that may not be supported through other CDC funding streams. Enhanced reporting requirements should include how much funding is directed to support public health needs at the local level.

The Committee does not include bill language requested by the administration to provide additional transfer authority to the Director beyond that which is already provided to the Secretary.

NATIONAL INSTITUTES OF HEALTH

The National Institutes of Health [NIH] is the global leader in medical research, and the Committee provides an increase of \$2,000,000,000. Over the past 4 years, the Committee has provided a \$9,000,000,000, or 30 percent, increase for NIH after a decade of stagnant funding. The influx of funding prior to this bill since fiscal year 2016 has restored half of the purchasing power lost since the peak year of fiscal year 2003. This year’s increase is estimated to support over 11,400 new and competing grants in fiscal year 2019.

The Committee provides \$39,084,000,000 for NIH activities within the jurisdiction of this bill, an increase of 5.4 percent above fiscal year 2018. This includes \$1,018,321,000 in transfers available under section 241 of the PHS Act. The Committee continues a reform to section 241 allocations such that no NIH funding will be removed from NIH under this authority. This reform ensures that section 241 transfers are a benefit to NIH rather than a liability. In addition, it improves the transparency of NIH’s budget, so that the enacted total is truly the amount the Committee expects to be used for biomedical research.

The Committee continues its commitment to funding research on Alzheimer’s disease and increases funding by \$425,000,000 to a total of approximately \$2,340,000,000 in fiscal year 2019; increases funding for the *All of Us* research program, part of the Precision Medicine Initiative, by \$86,000,000; increases funding for antibiotic resistance research by \$37,000,000; increases funding for the BRAIN Initiative by \$29,000,000, and increases targeted funding for a universal flu vaccine by \$20,000,000.

In addition, every Institute and Center receives an increase above fiscal year 2018 to continue investments in innovative research that will advance fundamental knowledge and speed the development of new therapies, diagnostics, and preventive measures to improve the health of all Americans. The Committee recognizes that many revolutionary discoveries often come from unexpected, untargeted research. The Committee continues to support these basic advances through the general increase to all Institutes and Centers and also targets investment towards clinical and translational research that moves basic discoveries from “bench-to-bedside.”

The Committee rejects the budget’s request to create 3 new Institutes at the NIH: (1) the National Institute for Research on Safety and Quality; (2) the National Institute for Occupational Safety and Health; and (3) the National Institute on Disability, Independent Living, and Rehabilitation Research. The Committee also does not move the Energy Employees Occupational Illness Compensation Program from CDC to NIH.

NATIONAL CANCER INSTITUTE

Appropriations, 2018	\$5,957,015,000
Budget estimate, 2019	5,626,312,000
Committee recommendation	6,147,125,000

The Committee recommendation includes \$6,147,125,000 for the National Cancer Institute [NCI], including \$400,000,000 appropriated from the NIH Innovation Account. Of this amount,

\$30,000,000 is available for repairs and improvements to the NCI facility in Frederick, Maryland.

Childhood Cancer STAR Act.—The Committee has included sufficient additional funding for implementation of the Childhood Cancer Survivorship, Treatment, Access, and Research [STAR] Act. The Committee has included additional funding for HHS operating divisions consistent with the various programs authorized in the bill. This includes funding for NCI to support childhood, adolescent, and young adult cancer survivorship research, as well as biospecimen research in these populations and funding for CDC to enhance pediatric, adolescent, and young adult cancer surveillance.

Deadliest Cancers.—The Committee remains concerned that while more effective screening methods and treatments have lowered overall cancer incidence and death rates, there still are very few early detection and treatment tools for “recalcitrant cancers”—defined in statute as those whose 5-year survival rate is below 50 percent. These cancers account for nearly half of all cancer deaths in the U.S. and include cancers of the brain, esophagus, liver, lung, ovary, pancreas, and stomach. Given the toll these types of cancer exact on society and the lack of tools currently available to help patients, the Committee urges NIH and NCI to continue to support research with an emphasis on developing improved screening and early detection tools and more effective treatments. The Committee requests an update on NCI-supported research to advance these goals in the fiscal year 2020 CJ.

Department of Energy [DOE] Collaboration.—In 2016, DOE and NCI began a collaboration to develop advanced computational solutions applied to specific areas of cancer research, including pre-clinical drug response, molecular dynamics, and population level surveillance. The Committee encourages NCI to continue this collaboration with DOE and its high performance computing facilities to bring state-of-the-art computational and data analytics capabilities to cancer research, and to continue discussions with potential future collaborators in the ATOM consortium.

Diversity in Oncology.—The Committee is aware of the lack of diversity in the field of medicine and, particularly, in oncology, and is also aware of the program supported by the NCI to increase the diversity in this area. The Committee is supportive of these actions and encourages the Institute to continue and expand its work on this issue.

Gastric Cancer.—The Committee continues to be concerned about the deadly outcomes of gastric cancer, particularly among young adults. The 5-year survival rate for stomach cancer is 30 percent. The Committee encourages NCI to consider developing a scientific framework for advancing stomach cancer research.

Gynecologic Cancer Clinical Trials.—Clinical trials have significantly improved survival for women with gynecologic cancers, including ovarian, endometrial, cervical, and vulvar cancers. The Committee encourages NCI to work with stakeholders to address priorities for the gynecologic oncology clinical trials scientific agenda, including consideration of the availability of trials for these patients. The Committee requests that NCI provide an update to the Committee in the fiscal year 2020 CJ.

Institutional Development Award [IDeA] State and Cancer Trials.—The Committee recognizes that NCI supports clinical trials across the country through its National Clinical Trials Network [NCTN] and the NCI Community Oncology Research Program [NCORP]. The Committee believes, however, that there are more opportunities for academic medical centers in IDeA States to become engaged in these networks. Therefore, the Committee encourages NCI to coordinate with NIGMS to help IDeA States that do not currently have NCORP or NCTN awards build capacity in these regions to conduct cancer clinical trials. The Committee also encourages NCI to continue to support NCORP in its mission to increase diversity among patients participating in NCI clinical trials, especially with regard to rural and minority populations. Finally, the Committee urges NCI, in consultation with NIGMS, to encourage collaboration between IDeA awardees and existing NCI designate cancer centers, NCTN lead sites, and NCORP sites.

Immunotherapy.—The Committee continues to be encouraged by new breakthroughs in cancer immunotherapy, built upon decades of NCI-funded research on the immune system and the ways in which it can be harnessed to find and destroy tumors. This new wave of treatment options has the potential to revolutionize treatment for a growing number of cancers. Yet much remains unknown about how immunotherapy works on a cellular level, and especially why such treatments are successful for some patients, but not for others. Furthermore, some patients experience side effects that are far different than those associated with chemotherapy. Without a better understanding of the immune system's response to cancer, the knowledge of how cancer escapes immune-based therapy, the capacity to quickly recognize and manage side effects, and the ability to predict which patients are most likely to respond well to therapy, further advances in this field will be slowed. Therefore, the Committee urges NCI to continue to prioritize basic research on the mechanisms of action involved in immunotherapy, including a focus on tumor resistance to immunotherapy and the underlying mechanisms of cancer immunotherapy toxicities. The Committee also recognizes the need for more basic and clinical researchers who have the necessary education to develop new breakthroughs in immunotherapy. The Committee encourages NCI to continue to support training for both young and mid-career researchers interested in immunotherapy.

Improving Patient Access to Cancer Clinical Trials.—The Committee supports NCI efforts to improve patient access to and participation in cancer clinical trials across the country. One of the underappreciated barriers to enrollment in cancer clinical trials is the ancillary costs associated with participating in clinical trials, especially for underserved and minority patients. NCI is encouraged to explore research opportunities to improve accrual and retention by collaborating with its NCTN and the NCORP. NCTN is the cornerstone of NCI's clinical trials program that conducts phase II and III clinical trials, and NCORP is a national network that brings clinical trials and cancer care delivery studies to people in their own communities. These programs encompass over 3,000 clinical trials sites across the country, as well as collaborations with many NCI-Designated Cancer Centers. The Committee also sup-

ports the NCI-Designated Cancer Centers working with their local community organizations to encourage enrollment of underrepresented populations onto cancer trials. The Committee requests an update on these efforts in the fiscal year 2020 CJ.

Liver Cancer.—The Committee commends the NCI on recent efforts to encourage more research focused on liver cancer, but urges greater priority to address the threat of liver cancer, which has a 5-year survival rate of less than 20 percent. Unlike many other cancers, the rates of liver cancer deaths and incidence are rising. The Committee urges NCI to support liver cancer research across its portfolio using a variety of methods to stimulate research proposals. The Committee also notes that the link between hepatitis B infection and primary liver cancer is well established with up to 60 percent of global liver cancer cases caused by the hepatitis B virus [HBV] and, therefore, urges collaboration with NIAID and NIDDK on issues related to HBV research. The Committee requests an update on these activities in the fiscal year 2020 CJ.

Metastatic Cancer Research.—The Committee remains supportive of early detection and prevention activities, but also notes that research into controlling and eliminating cancer that has already disseminated is of critical importance to many affected individuals and families. The Committee recognizes recent breakthroughs and innovative treatments in this area, and requests an update in the fiscal year 2020 CJ.

Pancreatic Cancer Research.—In 2016, pancreatic cancer rose to become the third leading cause of cancer-related death in the U.S., claiming the lives of nearly 42,000 Americans. Despite progress in combatting other forms of cancer, the 5-year survival rate for pancreatic cancer is just nine percent, in large part because there are no reliable early detection methods or effective treatment options. To help turn the tide against this deadly cancer, Congress in 2012 passed the Recalcitrant Cancer Research Act (Public Law 112–239), calling for the development of a scientific framework for certain recalcitrant cancers. The Committee requests an update on pancreatic cancer research in the fiscal year 2020 CJ.

Pediatric Cancer.—The Committee recognizes that cancer is the leading cause of death by disease amongst children and, after accidents, cancer is the second leading cause of death in children ages 1 to 14. In 2018 alone, cancer will affect over 17,000 children, and many of these diagnoses will be rare forms, which lack sufficient therapeutic options. Moreover, children with cancer can suffer more severe side effects from aggressive treatments than adult patients, and the majority of pediatric cancer survivors live with chronic conditions because of their treatments. Improvements in treatment are urgently needed to address this childhood health crisis. The Committee commends NCI for launching the novel pediatric Molecular Analysis for Therapy Choice [MATCH] study to address some of these challenges, and appreciates that it will add to the body of scientific evidence necessary to determine the molecular targets substantially relevant to the growth or progression of pediatric cancer as required by the FDA Reauthorization Act of 2017. The Committee looks forward to receiving the report requested in the fiscal year 2018 Omnibus regarding how NCI is focusing on the unique needs of children, and expects to receive the report in July 2018.

The Committee appreciates that this report will include an update on the progress of the Pediatric MATCH trial, and that it will describe how NCI supports research across the cancer research enterprise to make progress against pediatric cancers.

Precision Oncology.—The Committee recognizes the potential for significant advancements in cancer treatments from the NCI-MATCH trial. It remains the central pillar of the precision medicine research focused on oncology for cancers that are unresponsive to standard interventions. NCI should also continue to focus on the important pediatric-MATCH trial as pediatric oncology mechanisms are very different from mutations seen in adults. The Committee requests an update in the fiscal year 2020 CJ.

Psycho-Social Distress Complications.—According to the Institute of Medicine, nearly 50 percent of all cancer patients experience distress. Further, studies suggest that distress in cancer patients leads to higher healthcare costs, less compliance with treatment pathways, and poorer health outcomes. While significant advancements have been made in biomedical treatments in cancer care, the Committee is concerned 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. The Committee encourages NCI to continue to implement distress screenings in the NIH Clinical Center and in NCI-funded clinical trials as appropriate, coordinate and share information on this effort with the FDA, and to support the development of appropriate interventions through the support of extramural grantees, including by encouraging extramural grantees to implement such screenings.

Translational Research Program.—The Committee notes the Specialized Programs of Research Excellence [SPORE] program is one of NCI's cornerstone efforts to promote collaborative, interdisciplinary translational cancer research. The Committee continues robust support for SPORE grant programs as it works to bring basic research into practical treatments. The Committee commends NCI's investment in this area and notes that over 60 percent of the NCI SPOREs are multi-center, and that 37 percent of those multi-center sites involve more than two institutions. Likewise, the Committee notes that several of the existing SPOREs focus on related organ site diseases (such as the GI, Neuroendocrine, and Sarcoma SPOREs), and another SPORE focuses on a specific pathway called hyperactive RAS in the context of mutations in the NF1 gene. The Committee requests an update in the fiscal year 2020 CJ.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2018	\$3,382,232,000
Budget estimate, 2019	3,112,032,000
Committee recommendation	3,490,171,000

The Committee recommendation includes \$3,490,171,000 for the National Heart, Lung, and Blood Institute [NHLBI].

Alzheimer's Disease and Vascular Dementia.—The Committee recognizes the value that well characterized, longitudinal, population-based cohort studies provide in bringing to light more information about the risk factors related to dementia. By studying participants and their descendants over time, much can be learned about cognitive decline and early biomarkers that will help the un-

derstanding of the role of environmental versus genetic factors in disease development and progression. Therefore, the Committee commends NHLBI for its work to follow its current and future cohort study participants for the development and progression of risk factors and to detect signs of cognitive decline in order to provide new insights into risk identification and accelerated prevention efforts.

Congenital Heart Disease [CHD].—The Committee commends NHLBI for its continued work to better understand causation, improve treatments and outcomes, and integrate registry data and research datasets to facilitate research on congenital heart disease across the lifespan. The Committee encourages NHLBI to prioritize CHD activities outlined in its strategic plan, including improving understanding of outcomes and co-morbidities, modifying treatment options across the lifespan, and accelerating discovery, analysis, and translation by leveraging CHD registries and networks. The Committee requests NHLBI include in its fiscal year 2020 CJ a report on steps being taken to close these research gaps.

Fibrotic Diseases.—The Committee encourages NIH to vigorously support funding and research into fibrotic diseases affecting different organs, including the lungs, liver, kidneys, heart, skin, and bones, and to ensure enhanced coordination among its Institutes as they conduct necessary expanded single organ or cross-organ fibrotic disease research to save lives and reduce healthcare expenses in future years. The Committee also encourages NIH to explore naturally occurring fibrotic disease in domestic animals to investigate opportunities to improve human and animal lives. Since many fibrotic diseases are individually rare diseases, a strategy that provides collaboration across disease and organ areas is recommended. The Committee requests a report on the current NIH Fibrosis Interest Group and its progress no later than 90 days after enactment. The Committee encourages the Fibrosis Interest Group to continue its efforts to bring together key stakeholders, at the NIH and elsewhere, to develop strategic paths forward to maximize efforts in fibrotic disease research. The Committee also directs NIH to include an update in its fiscal year 2020 CJ on its work relating to idiopathic pulmonary fibrosis following the November 2012 NHLBI workshop, “Strategic Planning for Idiopathic Pulmonary Fibrosis.” The Committee commends CDC on its recent work identifying and studying clusters of pulmonary fibrosis in workers, including dentists and miners, and encourages NIH and CDC to collaborate on such findings to include further research efforts and data sharing that could lead to better understanding of this disease and life-saving treatments. As noted in previous years, the Committee directs NIH to report to the Committee on its progress in meeting the goals enumerated in the November 2014 NHLBI report on Future Directions in Idiopathic Pulmonary Fibrosis Research. The Committee applauds increases in funding for pulmonary fibrosis at the Institute, but remains concerned that funding lags in relation to the devastating impact of the disease and funding for other diseases with similar patient populations and morbidity rates. In addition, the Committee recommends that NHLBI continue to encourage the use of patient registries that are accessible to the pulmonary fibrosis research community and oper-

ates in coordination with major medical centers and patient organizations.

Heart Disease.—Heart disease is our Nation's leading cause of death and a key source of disability, yet NIH funding is not commensurate with its burden on long-term health outcomes, financial stability, and novel scientific opportunities. Concerned that NHLBI extramural heart research has dropped 17 percent in constant dollars since 2002, the Committee encourages NHLBI, to prioritize and implement robust investment to drastically spur, strengthen, accelerate and coordinate heart research. This investment shall focus on expediting innovative basic, clinical, population, and translational research through all pertinent mechanisms. The Committee urges NHLBI to intensify the implementation of heart research recommendations and priorities, including promotion of cardiovascular health and prevention of heart failure, high blood pressure, and vascular dementia in its Strategic Vision. On NHLBI's 70th anniversary, the Committee commends the Institute for leadership in advancing its mission of improving prevention and treatment of heart, lung, blood, and sleep disorders.

Hemoglobinopathies.—The Committee acknowledges NHLBI's leadership on gene therapy and gene editing research, and the Institute's investment in using these transformative technologies to seek cures for patients with hemoglobinopathies and other genetic disorders. The Committee encourages NHLBI to continue to support multi-centered research for expanded treatments for thalassemia, sickle cell disease, and other hemoglobinopathies, with specific attention paid to gene therapy and gene editing.

Hereditary Hemorrhagic Telangiectasia [HHT].—The Committee encourages NHLBI to examine heart manifestations of HHT, including the correlation between liver arteriovenous malformations caused by HHT and heart failure.

Lymphatic Research.—The Committee applauds NHLBI's work on lymphatic diseases and encourages further collaboration and coordination amongst relevant Institutes and Centers conducting important research in this area.

National Chronic Obstructive Pulmonary Disease [COPD] Action Plan.—The Committee commends NHLBI for leading the effort to craft the comprehensive National COPD Action Plan requested by Congress. The action plan outlines research, public health, patient care, and awareness activities that can be supported by Federal agencies and strategic partners. The Committee has provided additional funding for NHLBI to begin facilitating agency-wide implementation of the action plan by supporting research activities and collaborating with other PHS agencies to advance implementation of the plan's recommendations. The Committee expects regular updates from NHLBI on the implementation of the COPD Action Plan.

Postural Orthostatic Tachycardia Syndrome [POTS].—An estimated 1,000,000 to 3,000,000 Americans suffer from POTS, a debilitating neurological disorder that affects mostly adolescent and adult women. Recent research shows that POTS is associated with autoimmune antibodies that impact the neurologic and cardiovascular systems, but more research is needed to understand the role of these autoantibodies in POTS and identify treatments that

may help patients with these antibodies. Due to the lack of effective treatments, many patients are unable to attend school or work, causing lost economic productivity and a financial strain on families. The Committee encourages NHLBI and NINDS to jointly host a symposium with participants from NIAID, NIDDK, NICHD, and leading external researchers and stakeholders to examine the current state of POTS research. The Committee directs NIH to provide a report to the House and Senate Committees on Appropriations 9 months after enactment of this act that reflects participants' findings on: (1) the current state of POTS research; (2) priority areas of focus for future POTS research through 2025; (3) a summary of ongoing or upcoming efforts by NIH to advance the scientific understanding of POTS; and (4) an estimate of the level of funding that would be needed annually to achieve objectives (2) and (3).

Pulmonary Hypertension [PH].—The Committee recognizes the work NHLBI is doing to advance research into pulmonary hypertension especially with attention on idiopathic pulmonary arterial hypertension. The Committee encourages NHLBI to continue working with stakeholders to advance critical research priorities.

Sickle Cell.—The Committee understands the burden sickle cell disease places on more than 100,000 Americans. Academic medical centers located in States with significant populations of sickle cell patients have made progress in treating the disease through NIH-sponsored clinical trials and through blood and marrow transplantation for sickle cell disease, which is currently the only therapy that can cure the disease. However, Federal research spending on sickle cell disease has been disproportionately lower than other medical conditions that affect fewer Americans. The Committee encourages the NHLBI to consider an increased focus and innovation in treatment of sickle cell disease and continued support for highly meritorious research on sickle cell disease.

Sleep Disorders.—CDC estimates that between 50,000,000 and 70,000,000 Americans suffer from sleep and wakefulness disorders. Insufficient sleep is associated with diseases including diabetes, cardiovascular disease, obesity, and depression. To address the public health burden of sleep deficiency and untreated sleep disorders, there is an urgent need to improve our understanding of these diseases, including the identification of biomarkers to predict and manage risks to individual health and public safety. The Committee urges the Institute to expand discovery science efforts into sleep and wakefulness disorders.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2018	\$447,735,000
Budget estimate, 2019	413,196,000
Committee recommendation	462,024,000

The Committee recommendation includes \$462,024,000 for the National Institute of Dental and Craniofacial Research [NIDCR].

Temporomandibular Disorders [TMD].—The Committee is concerned that over 36,000,000 people, primarily women in their child-bearing years, are affected physically, financially, and emotionally by TMD. The Committee is aware that TMD are primarily a multi-system disorder with overlapping conditions influenced by multiple biological and environmental factors rather than solely an orofacial

pain condition. Therefore, the Committee urges NIDCR to support multidisciplinary research and attract scientists across other disciplines to this research. At the same time, the Committee is encouraged by the scientific meetings between NIDCR, several Institutes and Centers as well as Temporomandibular Joint [TMJ] patient groups on an integrated systems approach of precision medicine related to cellular-molecular-genetic-epigenetic mechanisms related to diagnosis and treatment of TMD and its comorbid conditions. The Committee requests an update on initiatives that resulted from the recommendations that came forth from these meetings. Further, it applauds NIDCR's involvement in the TMJ Patient RoundTable to advance collaboration to work toward the common end of providing safe and effective treatments that improve patient's quality of life. The Committee encourages continued collaboration with governmental agencies and other stakeholders in the project.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 2018	\$1,968,083,000
Budget estimate, 2019	1,965,434,000
Committee recommendation	2,030,892,000

The Committee recommendation includes \$2,030,892,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK].

Biomarkers.—The Committee commends the efforts of NIDDK to prioritize the discovery and validation of biomarkers and urges NIDDK to continue to prioritize this important work that will accelerate the designing and conducting of clinical trials to prevent, treat, and cure type 1 diabetes. Given the growing prevalence of diabetes, the Committee is concerned that additional research is needed to determine how to improve the treatment of a common complication, diabetic foot ulcers to reduce amputations, and urges NIDDK to support such efforts. Further, given the aging population, the Committee urges NIDDK to work with NIA to explore the relationship between diabetes and neurocognitive conditions, such as dementia and Alzheimer's disease.

Diabetes.—The Committee recognizes the important work of NIDDK, the lead Federal agency conducting research to find a cure for diabetes and improve diabetes care. Individuals with and at risk for diabetes benefit from life-sustaining advancements in preventing and treating diabetes that result from NIDDK studies. The Committee also recognizes the success of the NIDDK supported research in the development of essential tools to manage diabetes, including insulin pumps and blood glucose monitors, ongoing development of artificial pancreas technologies, and new and better medications to treat diabetes. The Committee urges NIDDK to commit resources commensurate with the severity and escalating costs of the epidemic to further diabetes research that will build upon these past successes, improve prevention and treatment, and bring the Nation closer to a cure.

End-Stage Renal Disease [ESRD].—The Committee recognizes the work in supporting critical kidney research that NIDDK has accomplished including ESRD. The Committee notes the recent

GAO report on research funding and encourages NIDDK to continue working with stakeholders to disseminate critical information and discuss new opportunities for research.

Hepatitis B Virus [HBV].—The Committee notes that infection with HBV is a serious public health threat and 1 in 20 Americans has been infected and more than 2,000,000 are chronically infected, increasing by 80,000 a year. Left undiagnosed and untreated, 1 in 4 or over 500,000 of those with chronic HBV infection will die prematurely from cirrhosis, liver failure, and/or liver cancer. In view of this public health threat, the Committee remains concerned that NIH research spending on HBV research was only \$48,000,000 in 2013 and has remained flat funded since then. The Committee notes that both the World Health Organization in 2016 and the National Academies of Science, Engineering and Medicine in 2017 have declared that the elimination of HBV is possible. Subsequently, the HBV research community convened a virtual consensus conference that resulted in articles published in 2018 in two peer reviewed scientific journals, *Hepatology* and *Antiviral Research*, identifying the most urgent research questions that must be answered to find a cure for HBV. NIDDK is urged to pursue multiple critical research opportunities toward improved treatments and a cure for Hepatitis B.

Interstitial Cystitis.—The Committee is pleased with the progress of interstitial cystitis research and continues to encourage NIDDK and stakeholders to collaborate on a comprehensive scientific conference to examine mechanisms for scientific opportunity.

Inflammatory Bowel Diseases [IBD].—The Committee is pleased by NIDDK's past support of research into inflammatory bowel diseases (i.e. Crohn's disease and ulcerative colitis). The Committee encourages NIDDK to build upon this foundation by exploring "bedside-to-bench" approaches to regenerative medicine by clearly defining the clinical need and subsequent research agenda and bringing multi-disciplinary experts together to advance progress toward new therapeutic benefit for IBD patients.

National Commission on Digestive Disease.—The Committee applauds NIDDK for the implementation of the recommendations of the 2009 National Commission on Digestive Diseases and looks forward to hearing how these recommendations have led to new findings with respect to emerging research in digestive diseases.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2018	\$2,149,482,000
Budget estimate, 2019	1,838,556,000
Committee recommendation	2,275,580,000

The Committee recommendation includes \$2,275,580,000 for the National Institute of Neurological Disorders and Stroke [NINDS], including \$57,500,000 appropriated from the NIH Innovation Account. This amount includes \$250,000,000 in funding for research related to opioid addiction, development of opioid alternatives, pain management, and addiction treatment.

Brain Research through Advancing Innovative Neurotechnologies [BRAIN] Initiative.—The Committee continues its strong support of the BRAIN Initiative, providing \$429,380,000. Deciphering the complexity of the human brain is a tremendous endeavor that re-

quires large-scale, collective efforts. The focus of the initiative, to accelerate technology development to show the brain's structure and function at the level of its cellular components and the functional circuits they form, is a grand challenge that can only be approached as a Big Science effort. Like the Human Genome project and its impact on genetics, the Initiative will be transformative for neuroscience. The Committee encourages a continuation of this unique opportunity to do Big Science in which large, multi-disciplinary teams work together to generate and scale up innovative technologies to produce large, publicly available datasets. As the BRAIN Initiative moves from its early emphasis on development of technologies to greater investment in production and analysis of data, the Committee encourages NIH to work with its Federal, academic and private partners, as well as leaders in the technology sector, to continue to jointly develop and adequately fund integrated, scalable data analysis hubs for BRAIN data as well as methods for tool dissemination. The goal of such an effort would be a network that has at its core an interconnected open platform of imaging, neurophysiological, behavioral, clinical, and molecular data along with the metadata essential for its interpretation. This collaborative effort would guide development and sharing of best practices in data acquisition, analysis, and choices in computational pipelines. Open sharing on this scale would enable data analysis and visualization across institutional boundaries to accelerate understanding of brain function and dysfunction.

Dystonia.—The Committee encourages NINDS to work with stakeholders to revitalize and expand the dystonia research portfolio. The Committee understands the importance of a state of the science conference and continues to encourage NINDS to work with stakeholders and other IC's that research forms of dystonia to examine collaborative research opportunities.

Neuroscience Research.—The Committee recognizes the importance of neuroscience research funded by the NIH, which is fueling a vital scientific endeavor and is the essential foundation for understanding and treating diseases that impact over 100,000,000 Americans each year. The Committee also commends the NIH for its successful implementation of the BRAIN Initiative, and for its 5 year partnership with an array of agencies. This collaborative effort is revolutionizing our understanding of how neural components and their dynamic interactions result in complex behaviors, cognition, and disease, while accelerating the development of transformative tools to explore the brain in unprecedented ways making information previously beyond our reach accessible. NIH should continue to build off its 5 years of success as a leader and partner on the BRAIN Initiative, bringing together various disciplines and funding meritorious research to advance our knowledge of the brain.

Parkinson's Disease.—The Committee commends NINDS for taking critical steps in identifying priority research recommendations to advance research on Parkinson's disease, which impacts between 500,000 and 1,500,000 Americans and is the second most prevalent neurodegenerative disease in the United States. The ultimate success of these recommendations will depend upon targeted research initiatives and increased research capacity, even if innovative support and funding mechanisms are required. The Committee recog-

nizes that NINDS is prioritizing public health concerns with severe gaps in unmet medical needs and believes any funding increase for NINDS in fiscal year 2019 should support the research recommendations set forth by NINDS planning strategy towards better treatments and, ultimately, a cure for Parkinson's disease. The Committee also encourages NINDS to submit a report of its progress on implementing these recommendations in the fiscal year 2020 CJ.

Peripheral Neuropathies.—The Committee is pleased at the continued progress of ongoing research into Guillain-Barre syndrome, chronic inflammatory demyelinating polyneuropathy, and related conditions. The Committee encourages NINDS to work with NIAID and stakeholders on a state of the science conference on evolving research and scientific mechanisms.

Phelan-McDermid Syndrome.—The Committee continues to support a multi-Institute approach to support research into Phelan-McDermid Syndrome and encourages NIH to continue to examine the correlation between SHANK3 and neurological diseases and the mental health manifestations of Phelan-McDermid Syndrome. The Committee requests an update in the fiscal year 2020 CJ on the status of research related to this topic.

Postural Orthostatic Tachycardia Syndrome [POTS].—An estimated 1,000,000 to 3,000,000 Americans suffer from POTS, a debilitating neurological disorder that affects mostly adolescent and adult women. Recent research shows that POTS is associated with autoimmune antibodies that impact the neurologic and cardiovascular systems, but more research is needed to understand the role of these autoantibodies in POTS and identify treatments that may help patients with these antibodies. Due to the lack of effective treatments, many patients are unable to attend school or work, causing lost economic productivity and a financial strain on families. The Committee encourages NHLBI and NINDS to jointly host a symposium with participants from NIAID, NIDDK, and NICHD and leading external researchers and stakeholders to examine the current state of POTS research. The Committee directs NIH to provide a report to the House and Senate Committees on Appropriations 9 months after enactment of this act that reflects participants' findings on (1) the current state of POTS research; (2) priority areas of focus for future POTS research through 2025; (3) a summary of ongoing or upcoming efforts by NIH to advance the scientific understanding of POTS; and (4) an estimate of the level of funding that would be needed annually to achieve objectives (2) and (3).

Stroke.—The Committee continues its concern that stroke inflicts a vast burden, including topping per capita spending for all chronic conditions in the Medicare fee-for-service program, yet NIH spends only one percent of its budget on stroke research. This funding level is not commensurate with its burden on U.S. long-term health outcomes, financial stability, and novel scientific opportunities. The Committee strongly encourages NINDS to prioritize and implement robust investment to drastically spur, strengthen, accelerate, and coordinate stroke research. This investment shall focus on expediting novel basic, clinical, and translational research by all available and appropriate mechanisms. The Committee expects NINDS

to intensify enactment of top stroke priorities, including prevention, endovascular therapy, and early stroke recovery.

Tuberous Sclerosis Complex [TSC].—The Committee is encouraged by NIH’s updated TSC Research Plan published in 2016. Building on this Research Plan, the Committee encourages the Director to coordinate the participation of multiple ICs on a research strategy aimed at addressing the numerous medical and neuropsychological burdens associated with TSC while deciphering the biology underlying phenotypic heterogeneity, applying recommendations from NIH’s Neurodevelopmental Disorders Biomarkers Workshop held in December 2017 involving TSC and related neurodevelopmental disorders, to take advantage of biomarker expertise and lessons learned across disease groups. Manifestations of TSC are highly variable among affected individuals, and TSC can be a model condition for developing precision medicine approaches to treat each individual’s symptoms to maximize the benefit-risk ratio. NINDS should encourage research opportunities in the five key areas prioritized by workshop participants: understanding phenotypic heterogeneity in TSC, gaining a deeper knowledge of TSC signaling pathways and the cellular consequences of TSC deficiency, improving TSC disease models, developing clinical biomarkers of TSC, and facilitating therapeutics and clinical trials research.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2018	\$5,280,665,000
Budget estimate, 2019	4,761,948,000
Committee recommendation	5,506,190,000

The Committee recommendation includes \$5,506,190,000 for the National Institute of Allergy and Infectious Diseases [NIAID].

Autoimmune Neuropathies.—The Committee continues to encourage NIAID and NINDS to collaborate on a state-of-the-science of autoimmune neuropathies research into conditions like Guillain-Barre syndrome and chronic inflammatory demyelinating polyneuropathy. The Committee is pleased that NIAID and NINDS are working with stakeholders on the importance of the patient perspective.

Combatting Antibiotic Resistant Bacteria [CARB].—The Committee remains deeply troubled by the global rise of drug-resistant bacteria, and provides \$550,000,000, an increase of \$37,000,000 to expand efforts to develop new antimicrobials, rapid diagnostics, and other tools and strategies against drug-resistant bacterial infections. The Committee is encouraged by the potential for novel approaches to addressing antimicrobial resistance, such as vaccines, bacteriophages, and antitoxins, but aware that these may be best suited as adjuncts and not as replacements for antibiotics. In an analysis issued last September, the World Health Organization noted that, despite the efforts made in recent years, treatment options remain “lacking for the most critical resistant bacteria, especially for multidrug and extensively drug-resistant Gram-negative pathogens.” The Committee encourages NIAID to increase its efforts to support basic science, rapid point-of-need diagnostics, drug discovery, and clinical trials related to Gram-negative carbapenem-resistant bacteria. It commends NIAID for its leadership to address

the threat posed by antibiotic resistant bacteria, and its collaboration with Federal partners to increase antibiotic stewardship, including ASPR and CDC, as well as its support for efforts like CARB-X and its international partnerships. The Committee directs NIAID to track trends in Research Project Grants supporting CARB, and requests an update on these activities in the fiscal year 2019 CJ, including an overall assessment of the progress to date of efforts to address the rising threat of drug-resistant bacteria.

Food Allergies.—Food allergies affect 15,000,000 Americans, can be life threatening, and have no cure. Public research funding for food allergies occurs at a number of sites. Currently, the Consortium of Food Allergy Research [CoFAR] network includes seven clinical sites/centers. In addition, approximately 10 other NIH-supported centers are conducting basic, translational and clinical research on food allergy. Within the funds provided, the Committee directs NIH to expand its clinical research network to add new centers of excellence in food allergy clinical care. Such centers shall be selected from those with a proven expertise in food allergy research.

Hepatitis B Virus [HBV].—The Committee notes that infection with HBV is a serious public health threat and 1 in 20 Americans have been infected, with more than 2,000,000 chronically infected, increasing by 80,000 a year. Left undiagnosed and untreated, 1 in 4 or over 500,000 of those with chronic HBV infection will die prematurely from cirrhosis, liver failure, and/or liver cancer. In view of this public health threat, the Committee remains concerned that NIH research spending on HBV research was only \$48,000,000 in 2013 and has remained flat funded since then. The Committee notes that both the World Health Organization in 2016 and the National Academies of Science, Engineering and Medicine in 2017 have declared that the elimination of hepatitis B is possible. Subsequently, the hepatitis B research community convened a virtual consensus conference that resulted in articles published in 2018 in two peer reviewed scientific journals, *Hepatology* and *Antiviral Research*, identifying the most urgent research questions that must be answered to find a cure for hepatitis B. NIAID is urged to issue targeted calls for HBV research to pursue the many critical research opportunities identified by the scientific community and report to the Committee within 90 days of enactment of this Act the NIAID research plan to pursue a cure for HBV.

Lyme Disease.—With an estimated 300,000 new cases of Lyme disease each year, especially in rural States across the United States, and tens of thousands more suffering from other tick-borne diseases, improved understanding and treatment of these diseases is essential for the health and well-being of Americans. The Committee encourages NIH to issue requests for grant applications for research to investigate causes of all forms and manifestations of Lyme disease and other high-consequence tick-borne diseases, including post-treatment symptoms, as well as research to develop diagnostics, preventions, and treatments for those conditions. The Committee notes that in patients who suffer from long-term complications associated with Lyme disease, clear treatment pathways are often missed as a result of inaccurate and incomplete testing. The Committee urges NIAID, in coordination with CDC, to study

the long-term effects on patients suffering from post-treatment Lyme disease syndrome, or “chronic Lyme disease.” Specifically, the Committee urges NIAID to evaluate the effectiveness of laboratory tests associated with the detection of *Borrelia burgdorferi* to diagnose the disease early, which can improve the treatment of patients suffering from Lyme disease. The Committee also encourages NLM, in coordination with NIAID, to update its terminology in line with new research to more accurately reflect the long-term effects of chronic Lyme disease.

Neglected Tropical Diseases [NTDs].—One-sixth of the world’s population suffers from one or more NTDs. In the United States, we have seen Chikungunya and Dengue emerge. Only 10 percent of global health science resources are directed towards 90 percent of the global disease burden, and as such, world-class research conducted by NIH is a key component to ensuring there are tools to treat, control, and eventually eradicate many neglected diseases. The Committee urges NIAID to continue its investment in NTD research, including work in late-stage and translational research for NTDs, and to work with other agencies to foster research and ensure that basic discoveries are translated into much needed solutions.

Opioid-Related Infectious Diseases Research.—The Committee urges NIAID, NIDA, NHLBI, NICHD, and NIMHD to expand research on opioid-related infectious diseases to include endocarditis, osteomyelitis, bacteremia, skin and soft tissue infections, and cerebral infections, in addition to HIV and hepatitis B and C, and respond to the unique barriers to care and treatment for justice-involved individuals and rural populations. Implementation studies should be conducted in collaboration with CDC, AHRQ, and HRSA to understand the best approaches for preventing and treating opioid related infections.

Translational Vaccine Research.—The Committee notes a very promising area in the field of vaccine and immunology is translational vaccinology, in which researchers use innovative principles of vaccine design and enhancement to generate novel, experimental vaccines suitable for assessment and development through pre-clinical studies and clinical trials. The Committee strongly encourages NIAID to continue to support universal flu vaccine research and to continue to support a robust portfolio of extramural, highly meritorious translational vaccine research that focuses on an interdisciplinary approach to this research. The Committee requests NIAID provide an update in the fiscal year 2020 CJ on expansion opportunities for interdisciplinary translational vaccinology research.

Universal Influenza Vaccine.—The Committee appreciates the investments that NIAID has made and intends to make to improve our response to the seasonal influenza virus. In response to the severity of the 2017–2018 flu season, Congress encourages NIAID to continue to prioritize investment in the basic and clinical scientific research necessary to develop a universal influenza vaccine. The Committee directs NIAID to allocate not less than \$100,000,000 in fiscal year 2019 to advance basic, translational, and clinical research necessary to develop a universal influenza vaccine. In response to the severity of the 2017–2018 influenza season, the

agreement encourages NIAID to continue to prioritize investment in the basic and clinical scientific research necessary to develop a universal influenza vaccine. The Committee encourages the continued support of the long-standing NIAID Vaccine and Treatment Evaluation Units [VTEUs] program. The NIAID VTEUs continue to play a critical role in NIAID's effort to respond to emerging and re-emerging infectious disease threats to the public health through their ability to rapidly test new and improved vaccine and therapeutic candidates. The Committee encourages NIAID to develop universal influenza vaccine candidates by utilizing the research capacity of the VTEUs, including extended stay research units with experience in studying human lung responses, multi-platform 'omic analyses, and the development of t-cell targeting universal influenza vaccines.

Vaccination Acceleration.—The Committee encourages NIH to promote vaccination acceleration through controlled human experimental infection models, particularly enteric challenge models. These models may enable vaccination testing to move more rapidly, and involve fewer subjects (smaller sample sizes), launching vaccinations in the public faster. Supporting these challenge models will support critical research that is advancing responses to such diseases as salmonellosis and cholera.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2018	\$2,785,400,000
Budget estimate, 2019	2,572,669,000
Committee recommendation	2,874,292,000

The Committee recommendation includes \$2,874,292,000 for the National Institute of General Medical Sciences [NIGMS], which includes \$1,756,471,000 in transfers available under section 241 of the PHS Act.

Institutional Development Award [IDeA].—The Committee provides \$361,763,000 for the IDeA program, an increase of \$11,188,000. The Committee believes the IDeA program has made significant contributions to biomedical research and has led to the creation of a skilled workforce and made the IDeA program an essential component of NIH's research portfolio. The Committee recognizes the IDeA program's significant contributions to biomedical research and to the development of our Nation's biomedical research infrastructure and workforce. The Committee supports efforts to update IDeA eligibility to be based on the median NIH-funding level for all States. The Committee continues to believe that Primarily Undergraduate Institutes in States that do not reside in an eligible State, but that have been eligible for the National Science Foundation's Experimental Program to Stimulate Competitive Research program for the past 2 consecutive years, would benefit from being able to apply to an entity that currently holds an IDeA Networks of Biomedical Research Excellence award for inclusion in its IDeA network.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Appropriations, 2018	\$1,460,637,000
Budget estimate, 2019	1,339,592,000
Committee recommendation	1,507,251,000

The Committee recommendation includes \$1,507,251,000 for the Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD].

Fragile X [FX].—The Committee commends NICHD for leading the effort to map the molecular, physiological, biological, and genetic connections between FX, the fragile X protein, and autism. The fragile X gene and its protein continue to present important insight into discovering the root cause of autism and disease modifying treatments for FX and autism. The Committee urges NIH to explore ways to utilize funding for FX and autism in tandem to accelerate the pace of research toward identification of the commonality between the two conditions and the development of disease modifying treatments that will reduce health burdens.

Opioid Use Disorders During Pregnancy and Neonatal Abstinence Syndrome [NAS].—The Committee recognizes the growing burden of NAS and the health care costs associated with it. The Committee is aware of the need for more information regarding long-term health and developmental outcomes related to NAS, the wide variation in clinical practice and health systems support, as well as the challenges associated with post-discharge care. The Committee encourages NIH to coordinate with other agencies at HHS to support additional research on prevention, identification, and treatment of prenatal opioid exposure and NAS, including the best methods for screening and treating pregnant women for opioid use disorder and the best methods for screening for NAS. Additionally, the Committee encourages NIH to build on the ACT NOW study to enhance understanding of the impact of pharmacological and non-pharmacological treatment techniques on costs and outcomes in the short-term and longitudinally. The Committee further encourages NIH to coordinate with other agencies at HHS to support research on innovative care models to optimize care and long-term outcomes for families. NICHD is encouraged to coordinate with other agencies, including CDC and HRSA, to support additional research on preventing, screening, and treating NAS. The Committee supports research regarding long-term health and development outcomes related to NAS, best practices for screening and treating pregnant women for opioid use disorder, and challenges associated with post-discharge care.

Cerebral Palsy [CP].—The Committee commends NINDS for developing the CP 5-year Strategic Plan and urges NINDS to implement Funding Opportunity Announcements in support of the top research priorities and increase its CP research efforts for prevention, treatment, and cure through the lifespan. The Committee encourages funding for basic, translational, and implementation research (including regenerative medicine and genomic research) for understanding mechanisms underlying CP and improving outcomes for patients with CP, and recommends collaboration with the research and advocacy community to accelerate clinical research in

CP. Furthermore, the Committee recommends that NIH form a trans-NIH working group of program officers who manage their institute's CP portfolio and that the group regularly interact with CP patient advocacy groups.

Dual Use/Dual Benefit.—The Dual Purpose with Dual Benefit Research in Biomedicine and Agriculture Using Agriculturally Important Domestic Species is an interagency partnership grants program funded by NICHD and the U.S. Department of Agriculture [USDA]. Both USDA and NIH should be commended for developing this important interagency program. The Committee strongly urges continuation of this partnership because it sponsors use of farm animals as dual purpose models to better understand developmental origins of disease, fat regulation and obesity, stem cell biology, assisted reproductive technologies, and infectious disease which directly benefits both agriculture and biomedicine. This program also strengthens ties between human medicine, veterinary medicine, and animal sciences, which is key to success of the One Health Initiative.

Fertility Issues for Rare Disease Patients.—Patients with rare diseases like thalassemia face a number of issues related to reproductive health, often due to complications from their conditions or treatments. As a consequence of improved treatment options, many rare disease patients are now living long enough to contemplate fertility, when it may previously not have been feasible. The Committee requests that NICHD report on current research and future initiatives to address these issues and provide an update in the fiscal year 2020 CJ.

Population Research.—The NICHD Population Dynamics Branch fosters scientific understanding of changes in human health and development at the population level by supporting research and research training in demographic or population research. Through the Population Dynamics Centers Research Infrastructure Program, the Branch promotes the development of young scientists, efficient use of scientific resources, development of new scientific methods, and identification and response to emerging public health crises, such as the increased incidence of maternal mortality in parts of the United States. The Committee encourages NICHD to continue its commitment to this 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.

Trans-NIH Pediatric Research Consortium.—Children face many challenges from illness, genetic diseases, and environmental influences. The Committee continues to support increased investment in pediatric research and it remains critical that pediatric researchers are part of the NIH peer-review panels and Advisory Committees. Further, the Committee commends NICHD for forming a Trans-NIH Pediatric Research Consortium to better coordinate pediatric research and identify gaps and opportunities for collaboration. This will help ensure that pediatric health research is harmonized across NIH's 27 Institutes and Centers. The Committee requests regular reports from NICHD on this work going forward.

NATIONAL EYE INSTITUTE

Appropriations, 2018	\$772,308,000
Budget estimate, 2019	711,015,000
Committee recommendation	796,955,000

The Committee recommendation includes \$796,955,000 for the National Eye Institute [NEI].

Audacious Goals Initiative [AGI].—The Committee commends NEI’s leadership through its AGI, which aims to restore vision through regeneration of the retina by replacing cells that have been damaged by disease and injury and restoring their visual connections to the brain. The Committee is pleased that, to-date, NEI has funded novel imaging technologies to help clinicians observe the function of individual neurons in human patients and follow them over time as they test new therapies, as well as identifying new factors that control regeneration and comparing the regenerative process among model organisms. The Committee is pleased that NEI has launched a third funding mechanism to stimulate development of models for evaluating survival and integration of regenerated photoreceptors and retinal ganglion cells in model systems that are closer to human visual anatomy and function than current models.

Age-Related Macular Degeneration [AMD].—The Committee recognizes the tremendous strides in the treatment of patients with the “wet” form of AMD resulting from anti-Vascular Endothelial Growth Factor therapies—which emerged from initial NIH-funded research—that stabilize vision loss and may improve lost vision. The Committee commends NEI for establishing an AMD Pathobiology Working Group within its National Advisory Eye Council to evaluate knowledge learned from its extensive AMD portfolio and identify what is still uncertain, such as the relationship between genes and biological pathways, therapies for the more-prevalent “dry” form of the disease, and how to diagnose and treat the disease much earlier. The Committee is pleased that NEI has launched a prospective international study of patients that uses the latest advances in retinal imaging to identify biomarkers of the disease and targets for early therapeutic interventions.

Blepharospasm.—The Committee is pleased that NEI is expanding research on blepharospasm, a form of dystonia. The Committee encourages NEI to work with NINDS and stakeholders on cross cutting research opportunities that affect all forms of dystonia.

Glaucoma.—The Committee commends the recent FDA approval of two new drug therapies emerging from decades of NEI research into the role of high intraocular pressure [IOP] as a causal risk factor for primary open-angle glaucoma, the most common form of the disease and a leading cause of vision loss and blindness. Targeting the eye’s trabecular meshwork—which is one of the pathways responsible for regulating fluid flow within the eye—the new generation of therapies reflects an expanding menu of drugs that lower IOP and better meet the needs of patients.

National Eye Institute 50th Anniversary.—The Committee acknowledges that 2018 marks the 50th anniversary of Congress creating the NEI as NIH’s institute leading the Federal commitment to sight-saving and vision-restoring research. The Committee recog-

nizes NEI's role in basic research as a leader in determining the genetic basis of eye disease, having identified genes associated with both common and rare eye diseases. The Committee also recognizes NEI's leadership in clinical research, such as with the current Diabetic Retinopathy Clinical Research Network, which has been instrumental in developing the standard of care for diabetic eye disease.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2018	\$751,143,000
Budget estimate, 2019	693,199,000
Committee recommendation	775,115,000

The Committee recommendation includes \$775,115,000 for the National Institute of Environmental Health Sciences [NIEHS].

NATIONAL INSTITUTE ON AGING

Appropriations, 2018	\$2,577,550,000
Budget estimate, 2019	1,988,200,000
Committee recommendation	3,084,809,000

The Committee recommendation includes \$3,084,809,000 for the National Institute on Aging [NIA].

Alzheimer's Disease.—The Committee provides an increase of \$425,000,000 for Alzheimer's research, bringing the total funding level in fiscal year 2019 to \$2,340,000,000, meeting and surpassing the \$2,000,000,000 goal laid out in the National Plan to Address Alzheimer's Disease 6 years earlier than the 2025 goal. The NIA is encouraged to continue addressing the research targets outlined in the fiscal year 2019 Professional Judgement Budget. Further, the Committee applauds the work of NIH to support Alzheimer's disease clinical trials and for recognizing the need to reduce the time and cost of such trials, including those involving patients who are asymptomatic or in the earliest stages of the disease. The Committee is concerned about the under-representation of minority populations in these trials and directs NIMHD to collaborate with the NIA and other Institutes to develop an action plan to address this gap. The action plan should include a review of the NIA's current public reporting practices of the recruitment and retention of underrepresented populations in Alzheimer's research. In addition, the Committee recognizes the Institute's leadership in driving greater access to research data and investing in data infrastructure to accelerate the discovery of treatments for Alzheimer's disease and related dementias. The Committee encourages NIA to consider a comprehensive approach to expand and enhance these efforts through policies that prioritize data sharing, new funding that supports data sharing and harmonization, and partnerships with other Alzheimer's disease data efforts to promote a coordinated data ecosystem.

Finally, the Committee commends NIA for its leadership in supporting longitudinal, population-based cohort studies into the causes of dementia. Because rural, poor and minority populations may be at an enhanced risk for dementia, the value and application of these studies is enhanced when they include individuals from various geographic, ethnic, socio-economic and generational backgrounds. Therefore, the Committee directs NIA to diversify its co-

hort studies, with the specific goal of better understanding disease burden and biomarkers by race and geographic region.

Alzheimer’s Vaccine.—Today, 5,700,000 Americans are living with Alzheimer’s disease, yet safe and effective treatments for the disease are still out of reach. More than 10 years ago, it was demonstrated in transgenic mouse models that vaccination may be a novel therapy for Alzheimer’s disease by preventing, delaying, or reversing the formation of associated pathologic lesions. Recent evidence suggests that the next generation of active or passive vaccines are promising therapies for efficacious treatment. With the number of Americans diagnosed with Alzheimer’s expected to rise to nearly 14,000,000 by 2050, the Committee encourages NIA to consider the development and testing of promising vaccine candidates a high priority. The Committee directs NIH to provide a report to the Committee on the progress related to a vaccine treatment no later than 180 days after enactment of this act.

Caregiver Research.—At any given time, more than 15,000,000 Americans are providing informal care to an older relative with dementia. However, dementia caregivers experience considerable stress and depression; impaired subjective well-being, self-efficacy, and physical health, and perhaps even increased mortality. The Committee encourages the 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. Persons who previously cared for a person with dementia but have transitioned out of that role can provide one-on-one problem-solving, or coaching, for current dementia caregivers. Family care is preferred by both family members and people with dementia themselves, and removes a substantial burden from the U.S. healthcare system.

Population Research.—The Committee applauds NIA for including the population sciences in its Alzheimer’s disease research portfolio. Specifically, the Committee is pleased to learn that NIA is collecting nationally representative data via the Health and Retirement Study to measure cognitive function, which will inform our understanding of national trends and differences. In addition to enhancing data collection, NIA is commended for developing a dementia care research agenda and adding an Alzheimer’s disease research component as part of the Roybal Centers of Translation Research in Behavioral and Social Sciences of Aging, Resource Centers for Minority Aging Research, and Demography and Economics of Aging Centers program. The Committee urges NIA to sustain these activities while also encouraging more research from the field related to the underlying causes of regional health disparities, including differences in U.S. adult mortality rates.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 2018	\$586,661,000
Budget estimate, 2019	545,494,000
Committee recommendation	605,383,000

The Committee recommendation includes \$605,383,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS].

Epidermolysis Bullosa.—The Committee recognizes the promising scientific gains and applauds private partners advancing research in pursuit of treatments for Epidermolysis Bullosa. The Committee encourages NIH to continue to support such research at NIAMS.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

Appropriations, 2018	\$459,974,000
Budget estimate, 2019	423,992,000
Committee recommendation	474,653,000

The Committee recommendation includes \$474,653,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD].

Spasmodic Dysphonia.—The Committee continues to encourage NIDCD to expand research on spasmodic dysphonia, a form of dystonia. The Committee also encourages NIDCD to meet with stakeholders to link research with the needs of the community.

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2018	\$158,033,000
Budget estimate, 2019	145,842,000
Committee recommendation	163,076,000

The Committee recommendation includes \$163,076,000 for the National Institute of Nursing Research [NINR].

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2018	\$509,604,000
Budget estimate, 2019	469,109,000
Committee recommendation	525,867,000

The Committee recommendation includes \$525,867,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA].

Moderate Alcohol and Cardiovascular Health Trial [MACH].—The Committee is deeply troubled by news reports, confirmed by NIH's own internal review, that NIAAA senior leadership and staff colluded with potential underwriters in industry to fund a study of the benefits of moderate drinking. The review by the Advisory Committee to the Director [ACD] found there was early and frequent NIAAA engagement with industry that calls into question the impartiality of program managers, and would cast doubts about the credibility of any scientific knowledge that might be gained from the study. There were also interactions that appear to provide the eventual principal investigator with a competitive advantage not available to other applicants. Industry and NIAAA interactions appeared to intentionally bias the framing of the scientific premise in the direction of demonstrating a beneficial health effect of moderate alcohol consumption. Specifically, the study excluded some populations that could potentially be most harmed by alcohol consumption and did not include enough follow-up time to allow for meaningful assessment of cancer and heart disease endpoints.

Thus, the trial could show benefits while missing harms. To its credit, NIH moved quickly to investigate and terminate the study, as well as to review research practices throughout the agency to identify whether there are other inappropriate relationships that might bias research findings. The credibility of NIH research is central to its mission, and it does not require many incidents like the failures related to the MACH trial to cause longstanding damage to its reputation. The Committee directs NIH to provide a report 30 days after enactment of this act describing in detail how it is implementing the ACD's recommendations to strengthen its internal controls, including the costs associated with these efforts. The report should also highlight the steps NIH is taking to restore the public's confidence.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2018	\$1,376,657,000
Budget estimate, 2019	1,137,403,000
Committee recommendation	1,420,591,000

The Committee recommendation includes \$1,420,591,000 for the National Institute on Drug Abuse [NIDA]. This includes \$250,000,000 in funding for research related to opioid addiction, development of opioid alternatives, pain management, and addiction treatment.

Alcohol's Role in Opioid Overdose.—The Committee is concerned that the role of alcohol in opioid and other drug overdoses is not receiving the attention it should. CDC estimates that alcohol contributes to over 8,000 annual overdose deaths that are primarily attributed to other substances, and that data suggest alcohol is commonly omitted from death certificates leading to under-reporting. To address the opioid crisis, all avenues of investigation must be addressed. The Committee directs NIAAA to work with NIDA and any other appropriate agencies to better understand these linkages and to support research that will help to address this aspect of the problem.

Barriers to Research.—The Committee is concerned that restrictions associated with Schedule 1 of the Controlled Substance Act effectively limit the amount and type of research that can be conducted on certain Schedule 1 drugs, especially marijuana or its component chemicals and certain synthetic drugs. At a time when we need as much information as possible about these drugs, we should be lowering regulatory and other barriers to conducting this research. The Committee directs NIDA to provide a short report on the barriers to research that result from the classification of drugs and compounds as Schedule 1 substances.

Marijuana Research.—The Committee is concerned by the lack of research on marijuana and marijuana products, especially increasing potency. The Committee is concerned with the rapidly changing landscape regarding the recreational use of marijuana—the effects that the drug can have on brain development; addiction; the long-term health effects in both youth and older individuals. The Committee directs NIH to coordinate a multi-Institute approach to increase research related to the effect of increasing delta-9-tetrahydrocannabinol levels on the human body as well as the effect of various delta-tetrahydrocannabinol levels on cognitive abili-

ties that are required to, for example, operate motor vehicles. The Committee requests an update on the status of research related to these topics be included in the fiscal year 2020 CJ. Further, the Committee remains concerned that NIDA ceased funding for analysis of marijuana samples seized by law enforcement in 2014. Without dedicated funding for this activity, the number of analyzed seized samples has plummeted, meaning that available data is no longer current or robust. The Committee believes that such research, along with analysis of marijuana and marijuana-derived products sold commercially in dispensaries or online, is essential for informing substance misuse and addiction prevention efforts, public health policy, and law enforcement tactics across the Federal Government. The Committee continues to direct NIDA to coordinate efforts with the DEA and other law enforcement agencies to monitor Schedule I marijuana and marijuana-derived products.

Neonatal Abstinence Syndrome [NAS].—The Committee is aware that the rising untreated use of opioids by pregnant mothers is one of the main causes for the Nation's opioid epidemic and that it causes death or sometimes critical mental and physical health problems in babies who do survive. The Committee understands that until the need for interventions to reduce the use and abuse of opioids during pregnancy is addressed, the problem is likely to continue, with post-delivery effects on mothers and infants continuing to be a medical, social, and financial burden. The Committee encourages NIDA and NICHD to continue to support research that will help clinicians and academic research institutions to develop a comprehensive approach to the prevention and treatment of NAS.

Opioid Misuse and Addiction.—The bill includes \$250,000,000 for targeted research related to opioid misuse and addiction, development of opioid alternatives, pain management, and addiction treatment. The Committee remains concerned about the growing epidemic of opioid misuse and addiction in this country. The widespread availability of prescription opioids has contributed to the millions of Americans who suffer from addiction disorders. Although NIH has studied the effectiveness and risks associated with long-term opioid use for chronic pain, little research has been done to investigate new and alternative treatment options to treating chronic pain, other than with highly addictive opioid painkillers and muscle relaxants. The Committee directs NIH to expand scientific activities related to research on medications used to treat and reduce chronic pain, and the transition from acute to chronic pain. Further, the Committee urges 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 treat-

ment 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. In addition, NIH should continue to sponsor research to better understand the effects of long-term prescription opioid use, especially as it relates to the prevention and treatment of opioid misuse and addiction.

Opioid Research Centers.—The Committee supports the creation of one or more research centers to study the effectiveness of policies related to combatting prescription opioid use. Preference should be given to research done in States with high levels of prescription opioid use, opioid overdose deaths, and racial and ethnic diversity.

Raising Awareness and Engaging the Medical Community in Drug Abuse and Addiction Prevention and Treatment.—Education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including healthcare providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be pleased with the NIDAMeD initiative, targeting physicians-in-training, including medical students and resident physicians in primary care specialties (i.e. internal medicine).

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2018	\$1,757,657,000
Budget estimate, 2019	1,612,192,000
Committee recommendation	1,871,250,000

The Committee recommendation includes \$1,871,250,000 for the National Institute of Mental Health [NIMH], including \$57,500,000 appropriated from the NIH Innovation Account.

Improving the Treatment of Mental Illness.—The Committee encourages NIMH to continue to ensure a diverse research portfolio of basic neuroscience, applied, and translational research, with a continued focus on excellent science.

Post-Traumatic Stress Disorder [PTSD].—The Committee supports NIMH’s efforts to support a diverse portfolio of research on post-traumatic stress conditions, including research to identify risk and protective factors, develop and test interventions, and implement models for delivering care across settings. The Committee encourages NIMH to continue to support the Aurora study, a comprehensive 5-year study of mental health outcomes following trauma exposure to understand how mental illnesses like PTSD develop to understand modifiable factors that may be targets of new treatments. This and similar efforts have the potential to greatly impact care for individuals with and at-risk for PTSD.

Suicide Prevention and Risk Detection Algorithms.—The Committee is alarmed by new data from CDC that indicates that suicide rates have increased nationwide by 30 percent since 1999. Data also shows that the suicide rate among children, and especially minority children, has significantly risen over the past decade. NIMH has had some encouraging breakthroughs in research on risk detection algorithms, and these tools can be made increasingly sophisticated now with the power of big data tools. The Committee urges NIMH to prioritize its suicide prevention research ef-

forts to produce models that are interpretable, scalable, and practical for clinical implementation, including mental and behavioral health care interventions, to combat suicide in the United States. The Committee directs NIH to provide an update on these efforts, including its work with CDC, SAMHSA, and the Department of Education, in the fiscal year 2020 CJ.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2018	\$558,072,000
Budget estimate, 2019	512,979,000
Committee recommendation	575,882,000

The Committee recommendation includes \$575,882,000 for the National Human Genome Research Institute [NHGRI].

Centers of Excellence in Genomic Sciences.—The Committee notes that as genomics becomes the pathway to new cures and therapeutics for many diseases, NHGRI and other Institutes must continue to look for new ways to build capacity at institutions that have strengthened their expertise in the field, but have yet to be able to compete for the current RM1 and UM1 awards. The Committee instructs NHGRI to conduct, and provide to the Committee, a portfolio analysis within 180 days of enactment. The analysis will assess the distribution of NHGRI’s funding through the RM1, UM1, and other grant mechanisms to ensure NHGRI is effectively supporting capacity-building in genomics research and supporting diverse and innovative institutions, especially in academic medical research institutions that are making significant investments in genomics tools and research, but have not yet been the recipient of a RM1 or UM1 award.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2018	\$377,618,000
Budget estimate, 2019	346,550,000
Committee recommendation	389,672,000

The Committee recommendation includes \$389,672,000 for the National Institute of Biomedical Imaging and Bioengineering [NIBIB].

Traumatic Brain Injury.—The Committee encourages the NIBIB to conduct state of the art translational research in the diagnosis, prognosis, and treatment of neurotrauma. Neurotrauma is the umbrella term for two primary pathologies, spinal cord injuries and traumatic brain injuries. These injuries are unique in that they affect how and who a person is, with incredible variation between patients. The sizable incidence of injury and prevalence of disability resulting from neurotrauma results in significant human and economic burden. As befits the complexity of the challenges from neurotrauma, multiple NIH Institutes and Centers coordinate research, which ranges across a wide spectrum, from understanding the cellular mechanisms of immediate and delayed damage, though development of better prevention, treatment, and rehabilitation, and engages scientists, engineers, and clinicians from a broad range of disciplines. The Committee recognizes the need for cross-disciplinary collaboration to meet these challenges and strongly encourages NIH to support such research through all appropriate support mechanisms.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH

Appropriations, 2018	\$142,018,000
Budget estimate, 2019	130,717,000
Committee recommendation	146,550,000

The Committee recommendation includes \$146,550,000 for the National Center for Complementary and Integrative Health [NCCIH].

National Center for Complimentary and Integrative Health.—The Committee is encouraged by the ongoing collaboration between NCCIH, VA, DOD, and other Institutes across the NIH to develop and test efficacious non-pharmacological approaches to pain management and comorbidities—including opioid misuse, abuse, and disorder—in military personnel, veterans, and their families. The Committee is particularly encouraged by the ongoing studies that will assess provider adherence to CDC opioid prescribing practices and develop integrated pain care approaches to reduce pain and opioid use in patients enrolled in a large healthcare system. In addition, the Committee believes it is critical to support research on non-pharmacological treatments to ensure the best quality of care for our Nation’s veterans and servicemembers, and urges the NIH, VA, and DOD to continue this vital research. The Comprehensive Addiction and Recovery Act (Public Law 114–198) calls for an expansion of research and education on and delivery of complimentary and integrative health to veterans, and the NCCIH can play an important role in coordinating efforts with the VA, DOD, and other relevant agencies. The Committee requests an update on these studies in the fiscal year 2020 CJ.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES

Appropriations, 2018	\$305,108,000
Budget estimate, 2019	280,545,000
Committee recommendation	314,845,000

The Committee recommendation includes \$314,845,000 for the National Institute on Minority Health and Health Disparities [NIMHD].

Focal Segmental Glomerulosclerosis [FSGS].—The Committee recognizes the work that NIMHD and NIDDK are doing to address the connection between certain genes, including the APOL1 gene, and the onset of FSGS. The Committee encourages NIMHD to work with community stakeholders to identify areas of collaboration.

Hepatitis B Virus [HBV].—The Committee notes that HBV infection is a serious public health threat with 1 in 20 Americans infected and more than 2,000,000 chronically infected, increasing by 80,000 a year. Left undiagnosed and untreated, 1 in 4, or over 500,000, of those with chronic HBV infection will die prematurely from cirrhosis, liver failure, and/or liver cancer. The Committee notes that half of all hepatitis B patients in the U.S. are Asian-American immigrants or Pacific Islanders, though these groups only account for about 6 percent of the population. Further, among African immigrants, the prevalence of hepatitis B is about 10 percent. The Committee urges NIMHD to fund research to test scale-up model programs that increase hepatitis B awareness, knowl-

edge, prevention through vaccination, testing, and treatment through linkage to care among the disproportionately hepatitis B impacted communities.

JOHN E. FOGARTY INTERNATIONAL CENTER FOR ADVANCED STUDY IN THE HEALTH SCIENCES

Appropriations, 2018	\$75,733,000
Budget estimate, 2019	70,084,000
Committee recommendation	78,150,000

The Committee recommendation includes \$78,150,000 for the Fogarty International Center [FIC].

John E. Fogarty International Center.—Recent disease outbreaks such as Ebola, Zika, and Dengue have shown the importance of the Center’s essential role in global infectious disease health research training to help developing countries advance their own research and health solutions and tools. FIC has developed important partnerships to not only fight malaria, neglected tropical diseases, and other infectious diseases but also to have the capabilities to detect and treat infectious diseases that are not endemic to the United States before they travel to the United States thus protecting Americans here at home. The Committee urges FIC to continue this important work building relationships with scientists abroad to foster a stronger and more effective science workforce and health research capacity on the ground, helping to detect infectious diseases and building the capacity to confront those diseases while improving the image of the U.S. through health diplomacy in their countries.

NATIONAL LIBRARY OF MEDICINE

Appropriations, 2018	\$428,553,000
Budget estimate, 2019	395,493,000
Committee recommendation	442,230,000

The Committee recommends \$442,230,000 for the National Library of Medicine [NLM]. Of the funds provided, \$4,000,000 is for the improvement of information systems, to remain available until September 30, 2020.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES

Appropriations, 2018	\$762,454,000
Budget estimate, 2019	685,087,000
Committee recommendation	806,787,000

The Committee recommendation includes \$806,787,000 for the National Center for Advancing Translational Sciences [NCATS]. The Committee includes bill language allowing up to \$80,000,000 of this amount to be used for the Cures Acceleration Network [CAN].

Clinical and Translational Science Awards [CTSA] Program.—The Committee encourages the NCATS to fund, through the existing CTSA Program hubs, expanded efforts to improve translational research that address health disparities and the significant burden of conditions that disproportionately affect minority and special populations. Accelerating translational research by making it more efficient and effective will reduce the burden of disease and pro-

mote health equity. Applying the CTSA model to address long-standing regional health disparities can provide innovative, multi-disciplinary approaches to reducing the burden of disease among vulnerable populations. The Committee supports the goals of the NCATS program and believes the principles that serve as the foundation of NCATS; public-private partnerships, community outreach, faster access to clinical trials, have tremendous potential for addressing the long-standing diseases associated with health disparities. The Committee encourages NCATS to fund institutions with a history of serving health disparity populations.

OFFICE OF THE DIRECTOR

Appropriations, 2018	\$1,814,745,000
Budget estimate, 2019	1,808,306,000
Committee recommendation	1,922,660,000

The Committee recommendation includes \$1,922,660,000 for the Office of the Director [OD]. Within this total, \$606,885,000 is provided for the Common Fund and \$12,600,000 is included for Gabriella Miller Kids First Research Act.

Academic Research Enhancement Award [AREA] Program.—The Committee believes that biomedical discoveries can occur anywhere, and continues to support programs that foster biomedical research and opportunities for students at institutions who may not receive significant NIH funding. In particular, the Committee continues its long-standing support of the IDeA program. However, the Committee notes that many institutions that may benefit from the IDeA program are ineligible because they reside in States that are not IDeA States. The Committee encourages NIH to enhance support for the AREA program and is urged to develop ways to improve ties between institutions that receive significant NIH funding and AREA-eligible institutions.

Administrative Burdens in Grant Preparation.—The Committee recognizes that certain administrative tasks are critical to the research process and applauds the NIH's efforts to identify and reduce sources of administrative burden for researchers. The Committee encourages NIH to identify additional ways to enable researchers to spend more productive time working on science, rather than applying for and reporting on grants. The Committee notes that the modular budget cap has not increased with inflation, and that grant applications with necessary costs above the modular budget cap incur additional administrative responsibilities. The Committee requests an update from NIH in the fiscal year 2020 CJ regarding the effect of modular budget cap increases on reducing administrative burdens while maintaining appropriate fiscal oversight of grant costs.

All of Us Research Program, Part of the Precision Medicine Initiative.—The Committee recommendation strongly supports the All of Us Research Program, part of the Precision Medicine Initiative and has provided \$376,000,000 in support of this Initiative. The Committee recognizes the potential that precision medicine holds for all populations, including children, and encourages NIH to prioritize timely and meaningful enrollment for the pediatric population, including healthy children and those with rare diseases, in the All of Us Research Program. The Committee is encouraged that

NIH impaneled a Child Enrollment Scientific Vision Working Group, which released a report that identifies scientific opportunities relevant to child health. The Committee requests an update within 60 days after the enactment on the timing for the Special Populations Committee to provide recommendations regarding the practical considerations of child enrollment and data collection involving children. Additionally, the Committee requests that NIH provide an update on plans to ensure that the research cohort includes a sufficient number of children to make meaningful studies possible, the target date for enrollment to commence and how enrollment strategies will include input from pediatric stakeholders across the country with experience in pediatric clinical trial enrollment.

Amyloidosis.—The Committee recommends that NIH expand its research efforts into amyloidosis, a group of rare diseases characterized by abnormally folded protein deposits in tissues. Amyloidosis is often fatal, and there is no known cure. Current methods of treatment are risky and unsuitable for many patients. The Committee directs NIH to inform the Committee on the steps taken to increase the understanding of the causes of amyloidosis and the measures taken to improve the diagnosis and treatment of this devastating group of diseases.

Biomedical Research Facilities.—The Committee believes that the Nation's biomedical research infrastructure, including laboratories and research facilities at academic institutions, is out of date and insufficient. Therefore, the Committee has provided \$50,000,000 for grants or contracts to public, nonprofit, and not-for-profit entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities as authorized under 42 U.S.C. section 283k. The Committee urges NIH to consider recommendations made by the NIH Working Group on Construction of Research Facilities, including making awards that are large enough to underwrite the cost of a significant portion of newly constructed or renovated facilities.

Brain Research Through Application of Innovative Neurotechnologies [BRAIN] Initiative.—The Committee continues to strongly support the BRAIN Initiative. The bill provides the full President's request of \$429,380,000, an increase of \$29,000,000 above fiscal year 2018.

Big Data.—Two years ago, the Committee tasked NIH with developing a strategic plan to outline how it will manage and make the most of the data it is producing. Although medical research benefits from the rise of unprecedented new tools, technologies, and computational power, it also faces the challenge of making the most of the staggering and ever-growing amount of data that NIH and its grantees produce. NIH recently finalized its strategic plan, which thoughtfully outlines key areas of focus. Initial drafts of the plan called for the agency to develop performance measures and specific milestones for the plan's objectives during 2018, but subsequent versions dropped this goal. The Committee assumes NIH opted to defer making specific commitments until it fills the newly established position of Chief Data Strategist [CDS], which is understandable given that the CDS will have sweeping responsibilities. These include leading efforts to develop a next-generation tech-

nology platform to accelerate scientific discovery, implementing innovative new approaches to increase the skills of NIH researchers, and representing the agency in national and global data strategy matters. While the CDS will report directly to the NIH Director, the Committee wants to ensure that the CDS has the support and authority needed to successfully implement the plan. Success will require cooperation from all 27 of the agency's Institutes and Centers and entail relinquishing some, perhaps much, of the autonomy they now have over data management, technology and tools, and training. To help ensure that happens, the Committee directs the CDS to provide quarterly briefings on NIH's efforts to implement the strategic plan. In addition, the Committee directs NIH to finalize an initial set of metrics and milestones, recognizing that these may evolve as implementation of the plan proceeds, within 60 days of enactment of this act. Finally, the Committee has included \$30,000,000 to support the CDS' work in fiscal year 2019.

BSL-4 Laboratory.—The Committee encourages NIH to evaluate the need for additional BSL-4 laboratory space for the purpose of addressing the growing threat posed by current and emerging infectious diseases. Priority should be given to organizations with a history of efficiently and successfully conducting this complex research.

Chronic Disease Center.—Chronic diseases and conditions, such as heart disease, kidney diseases, stroke, cancer, type 2 diabetes, obesity, and arthritis/autoimmune diseases, are among the most common, costly, and preventable of all health conditions. As of 2012, about half of all adults had one or more chronic health conditions, with 25 percent of adults suffering with two or more chronic health problems. The Committee strongly believes that NIH needs to focus chronic disease efforts on those populations most affected. Therefore, the Committee directs the NIH Director to fund a trans-NIH initiative involving, at a minimum, NIDDK, NCI, NIAMS, NINDS, NIAID, and NHBLI to address the increasing burden of chronic diseases. The initiative will focus on heart and kidney diseases, stroke, obesity, cancer, diabetes, exercise medicine, and health disparities in these areas. Programs should have a strong existing track record of NIH funding in all these areas, such as a NIH-funded Nutrition Obesity Research Center, Diabetes Research Center, O'Brien Kidney Center, Center for Health Disparities Research, and Center for Exercise Medicine. Additionally, regional multi-institutional consortiums are strongly encouraged. The NIH Director will report to the Committee within 120 days on the structure, leadership, funding, and key areas of focus for one or more chronic disease centers.

Chronic Fatigue Syndrome [ME/CFS].—The Committee is pleased that NIH has begun to expedite research into ME/CFS. However, NIH itself has acknowledged that there are too few centers and that 10 to 20 times more funding is required to make progress in the field. The Committee is concerned that NIH's current plans to increase research activities and funding will take too long to produce the FDA-approved treatments and diagnostic tests critically needed by patients and their doctors. The Committee urges NIH to collaborate with disease experts and the patient community to identify additional opportunities to expedite progress on

this understudied disease. Specifically, the Committee recommends that NIH increase research to: (1) identify underlying causes of the illness to enable therapies that would effectively prevent or treat the illness; (2) identify biological markers linked to the various forms of the illness to optimize selection of specific patient subgroups for trials; (3) increase investigator-initiated studies and early stage investigator awards; (4) develop mechanisms to incentivize researchers to enter the field.

Chronic Overlapping Pain Conditions.—The Committee is concerned with the lack of progress in advancing a comprehensive initiative on Chronic Overlapping Pain Conditions, especially in light of recent findings from major studies funded by the agency demonstrating the significant prevalence and cost of Chronic Overlapping Pain Conditions, as well as the associated disability and detrimental health and quality of life outcomes for those with these debilitating disorders. The Committee strongly encourages the Director to continue to assess the state of science on Chronic Overlapping Pain Conditions and use the findings to continue to advance the scientific understanding of Chronic Overlapping Pain Conditions, as well as the development and discovery of safe and effective treatments.

Coffin-Siris Syndrome.—The Committee recognizes the promising scientific gains and applauds private partners advancing research in pursuit of treatments for Coffin-Siris Syndrome. The Committee encourages NIH to continue to support such research at NIH.

Confucius Institutes.—The Committee has strong concerns with the growing influence of the People's Republic of China's [PRC] increasingly aggressive attempts to use "Confucius Institutes," which are Chinese Government-run programs that use the teaching of Chinese language and culture as a tool to expand the political influence of the PRC. The PRC uses Confucius Institutes and other means to influence foreign academic institutions and critical analysis of China's past history and present policies. Moreover, Confucius Institute instructors are almost always hired in China and trained by the Chinese Ministry of Education without any of the same employment and hiring protections that exist in the United States. Much more difficult to measure but no less insidious, however, is the self-censorship that often takes place in academic settings where there is a Chinese Government presence in the form of a Confucius Institute. Given the growing concerns with intellectual property protections, within 180 days, the NIH Director shall develop a publicly available list of Confucius Institutes that have received NIH funding since 2013, along with the amount each institute received.

Data Sharing of Rare Diseases Research.—The Committee is aware that NIH funded projects require a data-sharing plan to encourage transparency and leverage Federal investments in research. At the same time, project leaders and their institutions often cite barriers to implementing these plans in a timely and cost-effective manner. The Committee believes that a focused initiative to show commitment and to improve data-sharing performance in rare disease research, including conditions that disproportionately impact the pediatric population, can create a model for the broader research community and recommends that the NIH de-

velop this initiative in collaboration with patient, provider, and research organizations.

Directors Advisory Committees.—The Committee is aware that there is a legal requirement of Federal statute (Title 42 of the US Code, Subchapter III; Part B, Subsection 284A) that all NIH Directors Advisory Councils have at least two representatives from the fields of public health and the behavioral or social sciences. There are a few Directors Advisory Councils that may not be adhering to this requirement. The Committee urges continued compliance with this statute and requests a report on compliance including a list of each Advisory Council's behavioral, social sciences and public health members.

Fragile X [FX].—The Committee commends NIH for supporting research to understand the nature of FX and its association with other conditions such as autism. The Committee encourages NIH to continue to fund at least three FX research centers, supporting interdisciplinary research in important new areas. The Committee urges NIH to assure that the FX research centers program includes clinical and translational research that directly addresses the needs of affected children and their families, and that applicants for new centers may propose clinical trials as part of their research portfolio. Given the inextricable connection between the FX protein and autism, the Committee urges the Director and each Institute Director with Fragile X and autism portfolios to explore ways to create greater efficiency and synergy among these two research tracks to accelerate translational research toward a better understanding of both conditions and to shorten the time to bring effective treatments for both conditions to market including the funding for clinical trials for both disorders.

Gabriella Miller Kids First Research Act.—The bill provides the full request of \$12,600,000. The Committee requests that NIH provide information on how it has disbursed fiscal year 2016, fiscal year 2017, and fiscal year 2018 funding for the Gabriella Miller Kids First Research Act, including any personnel that are responsible for overseeing the allocation of designated research dollars, the criteria that NIH employed to ensure awards will advance the objectives of the act, and a description of the research projects that were funded at the end of fiscal year 2018. The criteria and process for grant awards that NIH intends to use for fiscal year 2019 and subsequent years of funding under the act should also be included.

Gestational Diabetes.—The Committee recognizes the importance of research funded by NIH related to gestational diabetes, a disease affecting up to 9.2 percent of all pregnant women. Given that both women with gestational diabetes and their babies face long-term health consequences as a result of the disease, such as increased risk of developing type 2 diabetes, the Committee urges NIH to explore additional opportunities for research on gestational diabetes.

Government-Wide Collaborations.—NIH, VA, and DOD collaborate frequently and successfully on various research activities. The Committee looks forward to the report in the fiscal year 2020 CJ focusing on the cooperative and strategic approach the agencies take in areas of biomedical research that overlap to maximize the potential of the research.

Headache Disorders.—The Committee commends NIH for including consideration of disease burden as a ‘crucial’ factor for aligning its research priorities within the NIH-Wide Strategic Plan. The Committee notes that migraine is the top cause of global disability for people aged 15 to 49 years old in the 2016 Global Burden of Disease study, but that migraine and headache are among the very least funded disease categories, relative to disease burden, in the NIH “Research, Condition, and Disease Categorization.” The Committee, therefore, encourages NIH to prioritize substantial increases in fundamental, translational, and clinical research funding towards migraine, cluster headache, post-traumatic headache, and other headache disorders.

Hepatitis B Virus [HBV].—The Committee notes that both the World Health Organization in 2016 and the National Academies of Science, Engineering and Medicine in 2017 declared that the elimination of hepatitis B is possible. Subsequent to that declaration, the hepatitis B research community convened a virtual consensus conference to prepare a “Roadmap for a Cure” that resulted in articles published in 2018 in two peer reviewed scientific journals, *Hepatology* and *Antiviral Research*, identifying the most urgent research questions that must be answered to find a cure for Hepatitis B. In the United States, 1 in 20 Americans have been infected, with more than 2,000,000 chronically infected, with acute infections rising by over 20 percent in 2015 primarily due to the opioid crisis. The Committee further notes that the link between HBV infection and primary liver cancer is well established with up to 60 percent of global liver cancer cases caused by HBV. Therefore, the Committee requests that the Office of the Director develop and lead an inter-Institute working group to include representation from NCI, NIAID, NIDDK, and NIMHD to coordinate their research agendas and research infrastructure to fund the research necessary to find a cure for hepatitis B. The Committee further requests that it be kept informed of these efforts and that a status report be sent to the Committee within 90 days of enactment.

Increasing Diversity in Clinical Trials.—Inclusivity in clinical trials is a critical solution to ensure that patients receive the safest, most efficacious and precise care possible. The Committee requests that the Director report to the Committee in the fiscal year 2020 CJ regarding the status of these efforts, also including major successes, barriers, and best practices.

Induced Pluripotent Stem Cell [iPSC].—The Committee continues to stress iPSC technology as a critical tool in the realm of personalized medicine. The Committee notes that iPSCs are derived from adult skin cells, providing increased opportunities to develop sources of cells with great therapeutic value and potential for curing human diseases. The Committee recognizes that basic science leads to pre-clinical trials, cures, diagnostics, and treatments. It encourages NIH to further explore additional basic science opportunities. The Committee requests an update in the fiscal year 2020 CJ on NIH efforts to expand iPSC technology basic research, including through collaborative research activities.

Inflammatory Bowel Diseases [IBD].—The Committee is pleased by NIH’s support of research into IBD and notes the increasing prevalence. The Committee encourages NIH to enhance support for

research on IBD, including environmental triggers and epigenetics of IBD, identification of disease biomarkers in IBD, as well as interventions targeted at both pediatric and adult patients.

Mitochondrial Disease Research.—The Committee understands that no fewer than 17 Institutes and Offices are involved in a variety of research efforts related to mitochondrial disease and dysfunction. The Committee appreciates NIH's support of the trans-NIH Mitochondrial Disorders Working Group, the North American Mitochondrial Disease Consortium, the Mitochondrial Disease Sequence Data Resource Consortium, and its support for investigator initiated intramural and extramural studies, and urges NIH to continue its efforts to ensure that individuals with mitochondrial disease participate in the All of Us research program. The Committee understands that NIH is funding research relevant to mitochondrial disease through the Office of Research Infrastructure Programs [ORIP]. The Committee encourages the Director to promote mitochondrial disease research within ORIP and to provide an update to the Committee in the fiscal year 2020 CJ on progress made through this research. The Committee applauds the efforts made by the agency's Office of Dietary Supplements [ODS] on nutritional interventions for those with mitochondrial disease and requests the agency include mitochondrial disease as a focus of its future practices and to reengage its trans-NIH research through the ODS on these issues.

Mucopolysaccharide Diseases [MPS].—MPS and mucopolipidosis [ML] are inherited, with death occurring for many in early childhood. These systemic diseases cause progressive damage to the bones, heart, respiratory system, and brain. The Committee continues to urge NIH to put a high priority on better understanding and treating MPS and ML diseases. The Committee commends NIH for allocating funds to discover, develop, define, and make available for research animal models of human genetic disease. The Committee encourages expanded research of treatments for neurological, chronic inflammation, cardiovascular and skeletal manifestations of MPS, with an emphasis on gene therapy. The Committee thanks NINDS, NIDDK, and the Office of Rare Diseases Research for again funding the Lysosomal Disease Network through the Rare Disease Clinical Network and for funding lysosomal research meetings. The Committee encourages NIH to increase funding to grantees to incentivize MPS research, particularly given the age and small population of current researchers. Understanding the manifestations and treatments of both the skeletal and neurological disease continues to be the greatest areas of unmet need.

Neurofibromatosis [NF].—The Committee supports efforts to increase funding and resources for NF research and treatment at multiple NIH Institutes, including NCI, NINDS, NIDCD, NHLBI, NICHD, NIMH, NCATS, and NEI. Children and adults with NF are at significant risk for the development of many forms of cancer; the Committee encourages NCI to increase its NF research portfolio in fundamental basic science, translational research and clinical trials focused on NF. The Committee also encourages the NCI to support NF centers, NF clinical trials consortia, NF preclinical mouse models consortia and NF-associated tumor sequencing efforts. Because NF causes brain and nerve tumors and is associated

with cognitive and behavioral problems, the Committee urges NINDS to continue to aggressively fund fundamental basic science research on NF relevant to nerve damage and repair. Based on emerging findings from numerous researchers worldwide demonstrating that children with NF are at significant risk for autism, learning disabilities, motor delays, and attention deficits, the Committee encourages NINDS, NIMH, and NICHD to expand their investments in laboratory-based and clinical investigations in these areas. Since NF2 accounts for approximately 5 percent of genetic forms of deafness, the Committee encourages NIDCD to expand its investment in NF2 basic and clinical research. NF1 can cause vision loss due to optic gliomas, the Committee encourages NEI to expand its investment in NF1 basic and clinical research.

Next Generation Researchers Initiative.—The Committee urges NIH to continue to prioritize robust implementation of the Next Generation Researchers Initiative within the Office, as established in the 21st Century Cures Act, and to continue to expand the activities under the Initiative to improve and accelerate transitions into independent careers and enhance workforce diversity. The Committee directs NIH to collect, evaluate, and disseminate data, including best practices, on implementation of the Initiative's policies as well as programs and pilots across all Institutes and Centers aimed at promoting the next generation of researchers, and to coordinate with relevant agencies, professional and academic associations, and others to inform programs related to the training, recruitment, and retention of biomedical researchers, as required under the law. The Committee applauds the National Academy of Sciences publication of the study, the Next Generation of Biomedical and Behavioral Sciences Researchers: Breaking Through, and urges NIH to advance the recommendations in the study.

Palliative Care.—The Committee recognizes the importance of palliative care research to strengthen clinical practice and improve healthcare delivery for patients with serious or life-threatening illness or multiple chronic conditions, as well as their families/caregivers. Research funding for palliative care, including pain and symptom management, comprises less than 0.1 percent of the NIH annual budget. Therefore, the Committee strongly urges NIH to develop and implement a trans-Institute strategy to expand and intensify national research programs in palliative care to address quality of care and quality of life for the rapidly growing population of individuals in the United States with serious or life-threatening illnesses.

Pediatric Clinical Trials Authorized under Best Pharmaceuticals for Children Act.—The Committee directs that no less than \$25,000,000 be used towards clinical trials authorized by the Best Pharmaceuticals for Children Act.

Polycystic Ovary Syndrome [PCOS].—The Committee recognizes the significant health burden of PCOS, which has reproductive, metabolic, and mental health manifestations. The exact causes of PCOS are unknown at this time; however, PCOS is the most common cause of female infertility, affecting up to 10 to 15 percent of women, depending on diagnostic criteria used. To date, 70 percent of NIH's investment in PCOS has focused on the reproductive implications of the syndrome, and the Committee commends NICHD

for its leadership in PCOS research. The Committee requests that NIH also focus on comorbidities associated with PCOS, as they contribute to increased health care costs and negative health outcomes. Therefore, the Committee asks OD to direct the relevant NIH Institutes and Centers, including NIDDK, NHLBI, NCI, ORWH, NIMH, and NICHD, to report on the research that has been conducted on PCOS and its comorbidities to date, identify the gaps in the research, and develop a trans-NIH research action plan, in conjunction with PCOS researchers, clinicians, and patients, to be shared with the Committee. The Committee further urges NIH to support investigator-initiated studies and early stage investigator awards, and mechanisms to incentivize researchers to enter the field.

Prenatal Opioid Use Disorders and Neonatal Abstinence Syndrome [NAS].—The Committee recognizes the growing burden of NAS and the health care costs associated with it. The Committee is aware of the need for more information regarding long-term health and developmental outcomes related to NAS, the wide variation in clinical practice and health systems support, as well as the challenges associated with post-discharge care. The Committee encourages NIH to coordinate with other agencies at HHS to support additional research on prevention, identification, and treatment of prenatal opioid exposure and NAS, including the best methods for screening and treating pregnant women for opioid use disorder and the best methods for screening for NAS. Additionally, the Committee encourages NIH to build on the ACT NOW study to enhance understanding of the impact of pharmacological and non-pharmacological treatment techniques on costs and outcomes in the short-term and longitudinally. The Committee further encourages NIH to coordinate with other agencies at HHS to support research on innovative care models to optimize care and long-term outcomes for families.

Precision Medicine and the Pediatric Population.—The Committee recognizes the potential that precision medicine holds for all populations, including children, and encourages NIH to prioritize timely and meaningful enrollment for the pediatric population, including healthy children and those with rare disease, in the *All of Us* research program. The Committee is encouraged that NIH impaneled a Child Enrollment Scientific Vision Working Group, which released a report that identifies scientific opportunities relevant to child health. The Committee requests an update within 60 days on the timing for the Special Populations Committee to provide recommendations regarding the practical considerations of child enrollment and data collection involving children. Additionally, the Committee directs that NIH provide an update on plans to ensure that the research cohort includes a sufficient number of children to make meaningful studies possible, the target date for enrollment to commence and how enrollment strategies will include input from pediatric stakeholders across the country with experience in pediatric clinical trial enrollment.

Research Initiative on Ethnic and Racial Diversity in Cancer.—The Committee recognizes that NIH's Cancer Moonshot initiative aims to accelerate the discovery of new ways to cure cancers, including through an understanding and application of cancer genetic

information to the prevention and treatment of cancer. The Committee urges NIH to facilitate research on the causes, prevention, and treatment of cancer in populations with diverse cultural, racial, and ethnic composition.

Research Transparency.—As shown over the past 4 years, the Committee remains committed to funding NIH research and ensuring that our Nation's researchers, particularly those early in their career, have the support to make the scientific breakthroughs that may transform health care. It is critical that NIH can ensure funds are used to support the most meritorious research. Members of this Committee have raised concerns and provided examples of questionable research. Therefore, NIH is directed 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 Committee continues to urge a focus on research that will yield further advancement in life-saving treatments and cures.

Sexual Harassment Policies.—The Committee recognizes the report recently published by the National Academies of Sciences, Engineering, and Medicine regarding sexual harassment of women in academic sciences, engineering, and medicine. The Committee directs NIH to submit to the Committee within 180 days of enactment of this act its plans to remind the grantee research community of its obligation to report to NIH any changes of key personnel, such as when such staff are put on administrative leave, and its plans to identify and disseminate training or best practices that it is applying to its own employees to support a non-discriminatory research and research-related environment. The Committee commends NIH for instituting expectations in all conference awards that NIH-supported conferences must be conducted in a safe and respectful environment for all attendees by providing an environment free from discrimination and harassment, as well as its efforts to develop a new NIH anti-harassment policy to foster a safe and respectful work environment for all NIH employees. The Committee encourages NIH to make aggregate data of confirmed cases of harassment and their resolution available to the public on a routine basis. Finally, the Committee looks forward to the survey NIH intends to conduct this fall to determine the incidence and prevalence of harassment within NIH and the effects of workplace harassment on career trajectories and directs NIH to make that survey instrument available to research institutions so that comparable data can be collected on the field at large.

Sleep Disorders.—The Committee continues to recognize sleep disorders as a public health concern, and is encouraged by the ongoing implementation of the NIH Sleep Disorders Research Plan. The Committee recognizes that sleep and circadian research play an important role across all Institutes and Centers, and notes that the 2017 Noble Prize in Physiology or Medicine was awarded to an NIH grantee for breakthroughs in studying the internal biological clock. The Committee encourages NIH to explore opportunities to appropriately incorporate cross-cutting efforts into activities supported by the Common Fund and the *All of Us* research program.

Spina Bifida.—The Committee encourages NIA, NIDDK, NICHD, and NINDS to study the causes and care of the neurogenic bladder and kidney disease in order to improve the quality of life of children and adults with Spina Bifida; to support research to address issues related to the treatment and management of Spina Bifida and associated secondary conditions, such as hydrocephalus; and to invest in understanding the myriad co-morbid conditions experienced by individuals with Spina Bifida, including those associated with both paralysis and developmental delay.

Temporomandibular Disorders [TMD].—The Committee understands that NIH-funded research has demonstrated that TMD are primarily a multisystem disorder with overlapping conditions influenced by multiple biological and environmental factors rather than solely an orofacial pain condition. However, diagnosis and care of patients have not changed to reflect this major paradigm shift, with many patients continuing to receive treatments solely focused on teeth and jaws. Moreover, the medical community lacks education regarding the complexity and systemic aspects of TMD as well as its many comorbid medical conditions. Patients are treated by a multitude of practitioners across numerous disciplines with treatments that have the potential to cause harm. The Committee is encouraged that NIH, led by NIDCR and in coordination with OD is leading an effort to provide to the Committee recommendations for a plan to most effectively study the state of TMD science, TMD education, examine the safety and efficacy of current clinical treatments of TMD, the burden and costs associated with TMD, develop policies related to the future scientific and clinical management of TMD patients. The Committee directs NIH to provide an update on development of such plan no later than 180 days after enactment.

Transformative High Resolution Cryo-Electron Microscopy.—The Committee commends NIH on their initial investment in the Transformative High Resolution Cryo-Electron Microscopy [Cryo-EM] program. The recent Nobel Prize for chemistry was awarded for the development of Cryo-EM research funded by NIH. Access to this groundbreaking research method is necessary for the continued advancement of biomedical research. The Committee urges the NIH to expand the number of national service centers and training opportunities to further refine and advance Cryo-EM research and expects an update of these efforts in the NIH fiscal year 2020 CJ.

Trisomy 21.—The Committee applauds the NIH for prioritizing its investment in the current pipeline of Down syndrome research and the NIH Director's leadership in advancing the trans-NIH initiative recommended by the Committee in the fiscal year 2018 Omnibus bill. Through the trans-NIH Initiative and other NIH supported research efforts that involve cohorts of individuals with Down syndrome, the Committee urges NIH to continue to expand such cohorts and build its current pipeline of early-stage investigators focused on Down syndrome. NIH should prioritize funding for research to improve the health and neurodevelopment of individuals with Down syndrome and of typical individuals at risk for immune system dysregulation, Alzheimer's disease, cancer, cardiovascular disease, and autism.

Tuberous Sclerosis Complex [TSC].—The Committee is encouraged by NIH’s updated TSC Research Plan published in 2016. Building on this Research Plan, the Committee encourages the Director to coordinate the participation of multiple Institutes and Centers on a research strategy aimed at addressing the numerous medical and neuropsychological burdens associated with TSC while deciphering the biology underlying phenotypic heterogeneity. This effort should apply recommendations from NIH’s Neurodevelopmental Disorders Biomarkers Workshop held in December 2017 involving TSC and related neurodevelopmental disorders, to take advantage of biomarker expertise and lessons learned across disease groups. Manifestations of TSC are highly variable among affected individuals, and TSC can be a model condition for developing precision medicine approaches to treat each individual’s symptoms to maximize the benefit-risk ratio. NIH should encourage research opportunities in the five key areas prioritized by workshop participants: understanding phenotypic heterogeneity in TSC, gaining a deeper knowledge of TSC signaling pathways and the cellular consequences of TSC deficiency, improving TSC disease models, developing clinical biomarkers of TSC, and facilitating therapeutics and clinical trials research.

Undiagnosed Diseases.—The Committee supports the efforts of the Undiagnosed Diseases Network [UDN], funded through the Common Fund, to enhance access to patients, caregivers, and other stakeholders as well as make information obtained through the UDN available to Federal agencies and health-related agencies. To that end, the Committee urges the Director to ensure that information on diagnoses and patient populations identified by UDN is coordinated with the NCATS’ Office of Rare Disease Research and its Genetic and Rare Diseases Information Center. The Committee is pleased with the work of the UDN to advance patient care and treatment options. The Committee is particularly focused on ensuring that as research (produced at UDN or any of the Institutes) provides more information on treatments for rare, undiagnosed, and underdiagnosed diseases that this information is transitioned to become more readily accessible. This work is one example of the success of NIH and illustrates how the UDN program’s successes must be built upon. The Director is encouraged to identify successful work completed by UDN and disseminate it to the medical community, and continue to engage with patient advocacy organizations.

BUILDINGS AND FACILITIES

Appropriations, 2018	\$128,863,000
Budget estimate, 2019	200,000,000
Committee recommendation	200,000,000

The Committee recommendation includes \$200,000,000 for NIH buildings and facilities. This funding will remain available for obligation for 5 years.

NIH INNOVATION ACCOUNT, CURES ACT

Appropriations, 2018	\$110,000,000
Budget estimate, 2019	196,000,000
Committee recommendation	196,000,000

The Committee recommendation includes \$196,000,000 to be spent from the NIH Innovation Account for the following activities:

All of Us.—\$186,000,000.

Regenerative Medicine.—\$10,000,000.

The Committee report reflects distribution of the remainder of funding from the NIH Innovation Account to NCI, NINDS, and NIMH and expects NIH to transfer funding shortly after enactment of this act.

NATIONAL INSTITUTE FOR RESEARCH ON SAFETY AND QUALITY

Appropriations, 2018	
Budget estimate, 2019	\$255,960,000
Committee recommendation	

The Committee recommendation does not provide funding for the National Institute for Research on Safety and Quality.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

Appropriations, 2018	
Budget estimate, 2019	\$200,000,000
Committee recommendation	

The Committee recommendation does not provide funding for the National Institute for Occupational Safety and Health.

NATIONAL INSTITUTE ON DISABILITY, INDEPENDENT LIVING, AND REHABILITATION RESEARCH

Appropriations, 2018	
Budget estimate, 2019	\$95,127,000,000
Committee recommendation	

The Committee recommendation does not provide funding for the National Institute on Disability, Independent Living, and Rehabilitation Research.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Committee recommends \$5,738,494,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA]. The recommendation includes \$133,667,000 in transfers available under section 241 of the PHS Act and \$12,000,000 in transfers from the PPH Fund.

SAMHSA is responsible for supporting mental health programs and alcohol and other drug abuse prevention and treatment services throughout the country, primarily through categorical grants and block grants to States.

Eligible applicants under SAMHSA’s PRNS authorities include States, political subdivisions of States, Indian Tribes or tribal organizations, health facilities, or programs operated by or in accordance with a grant or contract with the Indian Health Service, and other public or private nonprofit entities. The Committee strongly encourages SAMHSA to exercise maximum flexibility allowed when developing funding opportunity announcements to ensure that all eligible applicants are included.

The Committee recommendation continues bill language that instructs the Assistant Secretary of SAMHSA and the Secretary to exempt the Mental Health Block Grant [MHBG], the Substance Abuse Prevention and Treatment [SAPT] Block Grant, and the State Opioid Response Grant from being used as a source for the PHS evaluation set-aside in fiscal year 2019.

MENTAL HEALTH

Appropriations, 2018	\$1,487,011,000
Budget estimate, 2019	1,064,922,000
Committee recommendation	1,566,011,000

The Committee recommends \$1,566,011,000 for mental health services. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act and \$12,000,000 in transfers from the PPH Fund. Included in the recommendation is funding for programs of regional and national significance [PRNS], the MHBG, children’s mental health services, Projects for Assistance in Transition from Homelessness [PATH], and Protection and Advocacy for Individuals with Mental Illness [PAIMI].

Programs of Regional and National Significance

The Committee recommends \$442,659,000 for PRNS within the Center for Mental Health Services. The Committee recommendation includes \$12,000,000 in transfers to PRNS from the PPH Fund. These programs address priority mental health needs by developing and applying evidence-based practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented, and consumer-run activities.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
CAPACITY:		
Seclusion & Restraint	1,147	1,147
Project AWARE State Grants	71,001	71,001
Mental Health First Aid	19,963	21,963
Healthy Transitions	25,951	25,951
National Traumatic Stress Network	53,887	55,887
Children and Family Programs	7,229	7,229
Consumer and Family Network Grants	4,954	4,954
MH System Transformation and Health Reform	3,779	3,779
Project LAUNCH	23,605	23,605
Primary and Behavioral Health Care Integration	49,877	49,877
National Strategy for Suicide Prevention	11,000	11,000
Suicide Lifeline	7,198	7,198
GLS—Youth Suicide Prevention—States	35,427	35,427
GLS—Youth Suicide Prevention—Campus	6,488	6,488
AI/AN Suicide Prevention Initiative	2,931	2,931
Homelessness Prevention Programs	30,696	30,696
Tribal Behavioral Grants	15,000	15,000
Minority AIDS	9,224	9,224
Criminal and Juvenile Justice Programs	4,269	4,269
Assisted Outpatient Treatment	15,000	15,000
Infant and Early Childhood Mental Health	5,000	5,000
Assertive Community Treatment for Ind. With SMI	5,000	5,000
SCIENCE AND SERVICE:		
GLS—Suicide Prevention Resource Center	5,988	5,988
Practice Improvement and Training	7,828	7,828
Primary and Behavioral Health Care Integration TA	1,991	1,991
Consumer & Consumer Support TA Centers	1,918	1,918
Minority Fellowship Program	8,059	8,059
Disaster Response	1,953	1,953
Homelessness	2,296	2,296

Certified Community Behavioral Health Clinics.—The Committee includes \$150,000,000, an increase of \$50,000,000. The Committee continues to direct SAMSHA to prioritize resources to entities within States that are part of the section 223(a) of the Protecting Access to Medicare Act of 2014 (Public Law 113–93) demonstration and to entities within States that were awarded planning grants. SAMSHA is directed to coordinate these resources with its efforts focusing on areas of high incidence of substance use disorders. SAMSHA shall conduct an evaluation of the program and provide a report to the Committees on Appropriations of the House of Representatives and the Senate not later than 15 months after the date of enactment of this act.

Child Traumatic Stress Network.—The Committee applauds the work of the National Child Traumatic Stress Initiative and includes an additional \$2,000,000 for activities authorized under Section 582(c) and (d) of the PHS Act.

Infant and Early Childhood Mental Health.—The Committee recognizes the importance of building mental health services for children under age 6. These young children can and do experience mental health disturbances, yet their unique needs, particularly for infants and toddlers, are often overlooked in mental health policy and healthcare delivery systems. These grants help fill that gap by investing in early mental health prevention, identification, and treatment, in order to reduce the need for treatment later in life

when it becomes more difficult, time intensive, and expensive. The Committee recommends providing grants to entities such as State agencies, Tribal communities, or university or medical centers that are in different stages of developing infant and early childhood mental health services. These entities should have the capacity to lead partners in systems-level change as well as building or enhancing the basic components of such early childhood services, including an appropriately trained workforce.

Mental Health Awareness Training.—The Committee provides \$21,963,000, an increase of \$2,000,000 to continue existing activities, including Mental Health First Aid. The Committee is pleased with the progress of the Mental Health First Aid program. Mental Health First Aid has trained more than 1,000,000 Americans to recognize the signs and symptoms of common mental disorders and the recent inclusion of the program in the International Association of Chiefs of Police One Mind Campaign. In continuing competitive funding opportunities, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for veterans, armed services personnel and their family members within the Mental Health First Aid program.

Primary and Behavioral Healthcare Integration [PBHCI].—The Committee provides \$49,877,000 for PBHCI to support communities to coordinate and integrate primary care services into community-based behavioral health settings.

Project AWARE.—The Committee continues \$71,001,000 for Project AWARE which increases awareness of mental health issues and connects young people that have behavioral health issues and their families with needed services. Of the amount provided for Project AWARE, the Committee directs SAMHSA to use \$10,000,000 for discretionary grants to support efforts in high-crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of civil unrest, community violence, and collective trauma. These grants should maintain the same focus as fiscal year 2018 grants. The Committee requests a report on progress of fiscal year 2018 grantees 180 days after the enactment of this act

Community Mental Health Services Block Grant

The Committee recommends \$747,571,000 for the MHBG. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act.

The MHBG distributes funds to 59 eligible States and territories through a formula based on specified economic and demographic factors. Grant applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance.

The Committee recommendation continues bill language requiring that at least 10 percent of the funds for the MHBG program be set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee commends SAMHSA for its collaboration

with NIMH on the implementation of this set-aside. The Committee notes that it usually takes 14–17 years to translate research findings into practice and hopes that the joint effort between NIMH and SAMHSA may be a model for how to reduce this timeframe. The Committee directs SAMHSA to continue its collaboration with NIMH to ensure that funds from this set-aside are only used for programs showing strong evidence of effectiveness and that target the first episode of psychosis. SAMHSA shall not expand the use of the set-aside to programs outside of the first episode psychosis. The Committee directs SAMHSA to include in the fiscal year 2020 CJ a detailed table showing at a minimum each State’s allotment, name of the program being implemented, and a short description of the program.

Children’s Mental Health Services

The Committee recommends \$125,000,000 for the Children’s Mental Health Services program. This program provides grants and technical assistance to support comprehensive, community-based systems of care for children and adolescents with serious emotional, behavioral, or mental disorders. Grantees must provide matching funds and services must be coordinated with the educational, juvenile justice, child welfare, and primary healthcare systems. The Committee continues to include a 10 percent set-aside for an early intervention demonstration program with persons not more than 25 years of age at clinical high risk of developing a first episode psychosis. SAMHSA is directed to work with NIMH on the implementation of this set-aside.

Projects for Assistance in Transition From Homelessness

The Committee recommends \$64,635,000 for PATH, which addresses the needs of individuals with serious mental illness who are experiencing homelessness or are at risk of homelessness. Funds are used to provide an array of services, such as screening and diagnostic services, emergency assistance, case management, and referrals to the most appropriate housing environment.

Protection and Advocacy for Individuals With Mental Illness

The Committee recommends \$36,146,000 for PAIMI. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in all public and private facilities or while they are living in the community, including in their own homes. Funds are allocated to States according to a formula based on population and relative per capita incomes.

SUBSTANCE ABUSE TREATMENT

Appropriations, 2018	\$3,263,506,000
Budget estimate, 2019	2,113,397,000
Committee recommendation	3,812,006,000

The Committee recommends \$3,812,006,000 for substance abuse treatment programs, including PRNS and the substance abuse prevention and treatment block grant to the States. The recommendation includes \$81,200,000 in transfers available under section 241 of the PHS Act.

Programs of Regional and National Significance

The Committee recommends \$453,927,000 for PRNS within the Center for Substance Abuse Treatment [CSAT]. The recommendation includes \$2,000,000 in transfers available under section 241 of the PHS Act.

PRNS include activities to increase capacity by implementing service improvements using proven evidence-based approaches as well as science-to-services activities that promote the identification of practices thought to have potential for broad service improvement.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
CAPACITY:		
Opioid Treatment Programs/Regulatory Activities	8,724	8,724
Screening, Brief Intervention, Referral, & Treatment	30,000	30,000
Target Capacity Expansion	95,192	95,192
Medicated Assisted Treatment for Prescription Drug and Opioid Addiction (non-add)	84,000	84,000
First Responder Grants	36,000	36,000
Grants to Prevent Prescription Drug/Opioid Overdose	12,000	12,000
Pregnant & Postpartum Women	29,931	29,931
Recovery Community Services Program	2,434	2,434
Children and Families	29,605	29,605
Treatment Systems for Homeless	36,386	36,386
Minority AIDS	65,570	65,570
Criminal Justice Activities	89,000	89,000
Building Communities of Recovery	5,000	5,000
SCIENCE AND SERVICE:		
Addiction Technology Transfer Centers	9,046	9,046
Minority Fellowship Program	4,539	5,039

Building Communities of Recovery.—The Committee appreciates SAMHSA’s implementation of new funding for communities of recovery in fiscal year 2018 and continues to encourage SAMHSA to promote the expansion of recovery support services as well as reduce stigma associated with addictions.

Combating Opioid Abuse.—The Committee provides \$12,000,000 within PRNS for grants to prevent opioid overdose related deaths. This program will help States equip and train first responders and other community partners with the use of devices that rapidly reverse the effects of opioids. The agreement also provides \$36,000,000 for First Responder Training grants. Of this amount, \$18,000,000 is set aside for rural communities with high rates of substance abuse. SAMHSA is directed to ensure applicants outline how proposed activities in the grant would work with treatment and recovery communities in addition to first responders. The Committee has moved this program out of the PRNS account in the Center of Substance Abuse Prevention into the PRNS account of the Center for Substance Abuse Treatment. The Committee believes the funding should be in CSAT to best ensure that, after an

overdose is reversed through the use of naloxone, these individuals are given access to a recovery coaching and referral to treatment.

Drug Courts.—SAMHSA is directed to ensure that drug court funding is allocated to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA is further directed to ensure that all drug court grant recipients work with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the grant. SAMHSA should expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.

Medication-Assisted Treatment for Prescription Drug and Opioid Addiction.—The Committee includes \$84,000,000 for Medication Assisted Treatment. SAMHSA is directed to include as an allowable use Medication Assisted Treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids and heroin. SAMHSA is directed to give preference in grant awards to treatment regimens that are less susceptible to diversion for illicit purposes. These grants should target States with the highest age adjusted rates of admissions, including those that have demonstrated a dramatic age adjusted increase in admissions for the treatment of opioid use disorders. The Committee continues to direct CSAT to ensure that these grants include as an allowable use the support of medication assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids and heroin and prioritize treatment regimens that are less susceptible to diversion for illicit purposes.

Minority Fellowship Program.—The Committee provides \$5,039,000, a \$500,000 increase above fiscal year 2018, and continues to include \$1,000,000 for funding to grantees to develop and implement fellowships in psychology, addiction psychiatry, and addiction medicine with specific focus in addressing the needs of individuals with substance use disorders.

Neonatal Abstinence Syndrome [NAS].—The Committee is pleased to see SAMHSA publish guidance for healthcare professionals for a clinical guide for national standard of evaluation, care, and treatment of women with opioid use disorders and infants with NAS. The Committee supports the continued efforts of expanded implementation of Screening, Brief Intervention, and Referral to Treatment [SBIRT], and its possible impact on reducing the costs of NAS.

Opioid Abuse in Rural Communities.—The Committee is aware that response to the opioid abuse crisis poses unique challenges for rural America. The Committee encourages SAMHSA to support initiatives to advance opioid abuse objectives in rural areas, specifically focusing on addressing the needs of individuals with substance use disorders in rural and medically-underserved areas, and programs that stress a comprehensive community-based approach involving academic institutions, health care providers, and local criminal justice systems.

Opioid Grants.—The Committee recognizes the work moving forward under the SOR program and the State Targeted Response to the Opioid Abuse Crisis grant program. The Committee directs SAMHSA to ensure these resources are aligned with the State plan developed by each State's alcohol and drug agency as defined by

the agency that manages the SAPT Block Grant. This will ensure continuity of funding and coordination of efforts within each State system.

Pregnant and Postpartum Women [PPW].—The Committee commends SAMHSA for funding three grants in fiscal year 2017 under the new PPW pilot program authorized under the Comprehensive Addiction and Recovery Act [CARA], which is designed to help State alcohol and drug agencies address treatment gaps for pregnant and postpartum women with substance use disorders, including opioid use disorders. The Committee looks forward to SAMHSA's expansion of the pilot program in fiscal year 2018, and encourages the agency to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders.

Screening, Brief Intervention, Referral, and Treatment.—The Committee recognizes that SBIRT is still not widely adopted and has not yet permeated broader healthcare or social service networks, particularly in underserved communities most affected by the opioid epidemic. The Committee encourages SAMHSA to use funds for the adoption of SBIRT protocols in primary care and other appropriate settings that serve youth 12 to 21 years of age as well as on the adoption of system-level approaches to facilitate the uptake of SBIRT into routine health care visits for adults.

State Opioid Response Grants.—The Committee provides \$1,500,000,000 for grants to States to address the opioid crisis. Bill language continues to provide \$50,000,000 for grants to Indian Tribes or Tribal organizations and a 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid overdose deaths. The Committee urges the Assistant Secretary to ensure the formula avoids a significant cliff between States with similar mortality rates. Activities funded with this grant may include bonafide treatment, prevention, and recovery support services. States receiving these grants should ensure that comprehensive, effective, universal prevention strategies, to stop the misuse of opioids before it starts, are a priority for these funds. SAMHSA is directed to work with States to include recovery support services that may include career counseling or job placement to help individuals in recovery from a substance use disorder transition from treatment to the workforce. The Committee directs the agency to ensure funds reach local communities and counties to address the opioid crisis in areas of unmet need. SAMHSA is also directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to rural and underserved communities and providers in addressing this crisis. SAMHSA shall submit to the Committees on Appropriations of the House of Representatives and the Senate a work plan of the proposed allocation of funds not later than 15 days prior to publishing the funding opportunity announcement. In addition, not later than 1 year after the date of enactment of this Act, SAMHSA shall submit a report to the Committees on Appropriations of the House of Representatives and the Senate that includes a description of the activities for which each State has received funding and the ultimate recipients of the funds provided to States. In addition, SAMHSA shall submit an evaluation of the program not later than 2 years after the date

of enactment of this Act. SAMHSA is directed to make the report and evaluation publicly available on SAMHSA’s website.

Systems of Care Models in Opioid Response.—Evidence suggests that regional efforts to coordinate opioid abuse treatment across entities and locations can produce effective results. Successful examples include the development of “no wrong door” treatment models, mechanisms to scale-up training and numbers of peer coaches, and the use of mobile app technology to enhance access to services, successful treatment outcomes, and long-term relapse prevention. SAMHSA should encourage State and local grantees to prioritize the implementation of coordinated continuum of care approaches.

Substance Abuse Prevention and Treatment Block Grant

The Committee recommends \$1,858,079,000 for the Substance Abuse Prevention and Treatment Block Grant [SABG]. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act. The Committee recognizes the importance of the block grant given its flexibility to allow States to direct resources based on their own unique needs. This funding stream is also critical in assisting States to address all substance use disorders, including but not limited to those related to alcohol, cocaine and methamphetamine. The Committee also recognizes the importance of the block grant’s 20 percent primary prevention set-aside, which represents close to 70 percent of prevention dollars managed by State alcohol and drug agencies. The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

SUBSTANCE ABUSE PREVENTION

Appropriations, 2018	\$248,219,000
Budget estimate, 2019	220,885,000
Committee recommendation	200,219,000

The Committee recommends \$200,219,000 for the Center for Substance Abuse Prevention [CSAP], the sole Federal organization with responsibility for improving accessibility and quality of substance abuse prevention services.

The Committee directs that all of the money appropriated explicitly for Substance Abuse Prevention purposes both in CSAP’s PRNS lines as well as the funding from the 20 percent prevention set-aside in the SABG be used only for bona fide substance abuse prevention activities and not for any other purpose to ensure the work in school-based settings is as robust as possible.

Programs of Regional and National Significance

The Committee provides \$200,219,000 for PRNS within CSAP. Through these programs, CSAP supports: development of new practice knowledge on substance abuse prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity building for implementation of proven, effective substance abuse prevention programs; and programs addressing new needs in the prevention system.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

(In thousands of dollars)

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
CAPACITY:		
Strategic Prevention Framework/Partnership for Success	109,484	109,484
Strategic Prevention Framework Rx	10,000	10,000
Improving Access to Overdose Treatment	1,000	1,000
Mandatory Drug Testing	4,894	4,894
Minority AIDS	41,205	41,205
Sober Truth on Preventing Underage Drinking (STOP Act)	7,000	7,000
National Adult-Oriented Media Public Service Campaign	1,000	1,000
Community-based Coalition Enhancement Grants	5,000	5,000
ICCPUD	1,000	1,000
Tribal Behavioral Health Grants	15,000	15,000
SCIENCE AND SERVICE:		
Center for the Application of Prevention Technologies	7,493	7,493
Science and Service Program Coordination	4,072	4,072
Minority Fellowship Program	71	71

Best Practices for Opioid Abuse Prevention.—The Committee encourages SAMHSA to develop and educate States and communities on best practices for addressing the opioid abuse crisis as it relates to opioid prescribing, pain management, screening, and linkage to care. SAMHSA is further encouraged to develop training materials for health care providers and trainees in opioid use and other addictive disorders.

Centers for the Application of Prevention Technology [CAPTs].—The Committee is aware that SAMHSA has changed the structure of the CAPTs to mirror that of the Addiction Technology Transfer Centers. In addition, SAMHSA has moved the management of the CAPTs outside of CSAP, a change that was not reflected in the fiscal year 2019 budget justification. The Committee directs SAMHSA to submit a report on this program, including the rationale behind the structural and organizational changes, by September 30, 2019.

First Responder Training.—The Committee notes that overdose reversal is a lifesaving strategy that reduces the harm of overdoses but does not prevent the initiation of drug use. For this reason the Committee has transferred \$48,000,000 of overdose reversal funding out of the PRNS account in the Center of Substance Abuse Prevention into the PRNS account of the Center for Substance Abuse Treatment. The Committee believes the funding should be in CSAT to best ensure that, after an overdose is reversed through the use of naloxone, these individuals are given access to a recovery coaching and referral to treatment.

Strategic Prevention Framework-Partnerships for Success Program.—This program supports States in addressing underage drinking among youth and young adults and allows States to prioritize State-identified top data-driven substance abuse target areas. Given that substance use disorders typically begin in adolescence and that preventing or delaying the age of first use is cost-effective, the Committee provides last year’s funding level for this program. Of the provided amount, \$109,484,000 shall support com-

prehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of the State's top three substance use issues for 12 to 18 year old youth, as determined by State epidemiological data, and shall not be used for any programs or services to address substance use after it has already occurred.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriations, 2018	\$160,258,000
Budget estimate, 2019	147,348,000
Committee recommendation	160,258,000

The Committee recommends \$160,258,000 for Health Surveillance and Program Support activities. The recommendation includes \$31,428,000 in transfers available under section 241 of the PHS Act.

This activity supports Federal staff and the administrative functions of the agency. It also provides funding to SAMHSA's surveillance and data collection activities, including national surveys such as the National Survey on Drug Use and Health.

Within the total provided for Health Surveillance and Program Support, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
Health Surveillance	57,258	57,258
Program Management	79,000	79,000
Performance & Quality Information Systems	10,000	10,000
Public Awareness and Support	13,000	13,000
Behavioral Health Workforce Data	1,000	1,000

The Committee does not include bill language requested by the administration to provide additional transfer authority to the Director beyond that which is already provided to the Secretary.

Technical Assistance.—The Committee notes that SAMHSA is changing how it provides technical assistance and training to grantees, moving from a contractor-driven model to one that utilizes local expertise. The Committee directs the Assistant Secretary to provide a report to the Committee that explains the proposed changes to the provision of technical assistance, training, and evaluation; the evidence relied on to support these changes, including whether sufficient State capacity exists to implement these changes; the input sought or received from stakeholders, including State and local governments, as well as the process by which that input was received and considered by the agency; an analysis of the funding saved from this proposal and the agency's planned use of these savings; and the agency's plan to evaluate the effectiveness of these changes.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2018	\$334,000,000
Budget estimate, 2019	
Committee recommendation	334,000,000

The Committee provides \$334,000,000 for the Agency for Healthcare Research and Quality [AHRQ], which is combined with the \$99,821,000 in mandatory funding from the Patient-Centered Outcomes Research Trust Fund. AHRQ was established to enhance the quality, appropriateness, and effectiveness of health services, as well as access to such services. AHRQ conducts, supports, and disseminates scientific and policy-relevant research on topics such as promoting high-quality care, eliminating healthcare disparities, using information technology, and evaluating the effectiveness of clinical services.

The Committee does not support the administration's proposal to consolidate AHRQ into the NIH and instead continues to fund the agency as an independent operating division within the Department.

HEALTH COSTS, QUALITY, AND OUTCOMES

The Committee provides \$192,709,000 for research on health costs, quality, and outcomes [HCQO]. The HCQO research activity is focused upon improving clinical practice, improving the healthcare system's capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation.

Within the total provided for HCQO, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
Research on Health Costs, Quality, and Outcomes:		
Prevention/Care Management	11,649	11,649
Health Information Technology	16,500	16,500
Patient Safety Research	70,276	70,276
Health Services Research, Data and Dissemination	94,284	94,284

Antibiotic Resistance.— The Committee notes that while AHRQ has been the leader in developing the tools and resources to help providers improve their antibiotic stewardship programs, the agency has not updated several publications related to the use of procalcitonin [PCT] tests in sepsis and antibiotic treatment programs in more than 5 years. The Committee encourages AHRQ to collaborate with NIH, HRSA, BARDA, CDC, FDA and other relevant agencies to review and update their publications with the latest FDA approved uses for PCT tests in antibiotic stewardship. The Committee requests an update on these activities in the fiscal year 2020 CJ.

Centers of Diagnostic Excellence.—The Committee is concerned about the lack of dedicated funding for research into improving how medical conditions are diagnosed, considering the size and impacts of patient harms resulting from diagnostic safety and quality challenges. The Committee encourages AHRQ to dedicate resources to support the creation of Centers of Diagnostic Excellence that will

create core diagnostic research hubs for diagnostic safety and quality research; utilize strategic partnerships that capitalize on the capabilities of both academic research institutions and non-academic healthcare, science, and technology stakeholders; and incentivize high-impact research on novel solutions to improve diagnosis.

Diabetes.—The Committee is concerned about the significant costs associated with providing care for individuals that suffer from diabetes, including those from medically underserved low health literacy populations. The Committee encourages AHRQ consider a pilot or demonstration program to support safety net clinics in increasing health literacy and preventing diabetes with the goal of reducing long-term costs.

Health IT Safety.—The Committee recommendation includes \$16,500,000 for AHRQ's work on safe health IT practices specifically related to the design, implementation, usability, and safe use of health IT systems. The Committee believes this investment will generate new evidence regarding safe health IT practices that will ultimately be used by ONC, FDA, CMS, and others to inform policy interventions.

Healthcare Delivery Systems.—Within the Patient Safety portfolio, the Committee includes \$10,000,000 for Healthcare Delivery Systems grants, or “patient safety learning labs.” The purpose of these grants is to test new ways of addressing entrenched patient safety issues by using a systems engineering approach.

Malnutrition.—The Committee greatly appreciates AHRQ's work to better understand malnutrition in U.S. hospitals. The Committee particularly notes AHRQ's initiative to support studies, the “Characteristics of Hospital Stays Involving Malnutrition, 2013” and follow-up “All-Cause Readmissions Following Hospital Stays for Patients With Malnutrition, 2013” that illustrated the consequences of malnutrition in hospital patients. The Committee urges AHRQ to convene a technical expert panel to assess the evidence for a malnutrition-related readmissions quality measure for the prevention of malnutrition in hospitals.

Nursing.—The Committee notes that AHRQ-led research often highlights the unique contribution of nurses, including advanced practice and doctorally-prepared nurses. The Committee urges AHRQ to continue supporting health services research that takes into consideration the contributions of all providers, including nurses.

Palliative Care.—The Committee encourages AHRQ to consult with appropriate professional societies, hospice and palliative care stakeholders, and relevant patient advocate organizations to develop and disseminate information to patients, families, and health professionals about palliative care as an essential part of the continuum of quality care for patients with serious or life-threatening illness. Such materials and resources should include specific information regarding the demonstrated benefits of patient access to palliative care and the interdisciplinary services provided to patients by professionals trained in hospice and palliative care. The Secretary is encouraged to include such information and materials on websites of relevant Federal agencies and departments, including the Centers for Medicare & Medicaid Services and the Administration for Community Living.

Research Training and Career Development.—The Committee notes the important role that AHRQ plays in supporting research training and career development activities, such as “K” Awards and Mentored Clinical-Scientist Development Awards. Considering the current challenges facing physician-scientists and the young-investigator pipeline, AHRQ is encouraged to continue to prioritize these activities.

MEDICAL EXPENDITURES PANEL SURVEYS

The Committee provides \$69,991,000 for Medical Expenditure Panel Surveys [MEPS], which collect detailed information annually from households, healthcare providers, and employers regarding how Americans use and pay for healthcare. The data from MEPS are used to develop estimates of healthcare utilization, expenditures, sources of payment, and the degree of health insurance coverage of the U.S. population.

PROGRAM SUPPORT

The Committee recommends \$71,300,000 for program support. This activity funds the overall management of AHRQ, including salaries, benefits, and overhead costs such as rent.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriations, 2018	\$284,798,384,000
Budget estimate, 2019	276,236,212,000
Committee recommendation	276,236,212,000

The Committee recommends \$276,236,212,000 in mandatory funding for Grants to States for Medicaid.

The fiscal year 2019 recommendation excludes \$134,847,759,000 in fiscal year 2018 advance appropriations for fiscal year 2019. As requested by the administration, \$137,931,797,000 is provided for the first quarter of fiscal year 2020.

The Medicaid program provides medical care for eligible low-income individuals and families. It is administered by each of the 50 States, the District of Columbia, and the U.S. territories. Federal funds for medical assistance are made available to the States according to a formula that determines the appropriate Federal matching rate for State program costs. This matching rate is based on the State's average per capita income relative to the national average and cannot be less than 50 percent.

PAYMENTS TO HEALTHCARE TRUST FUNDS

Appropriations, 2018	\$323,497,300,000
Budget estimate, 2019	378,343,800,000
Committee recommendation	378,343,800,000

The Committee recommends \$378,343,800,000 in mandatory funding for payments to healthcare trust funds.

This entitlement account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare Part B benefits and for Medicare Part D drug benefits and administration, plus other reimbursements to the Federal Hospital Insurance Trust Fund for Part A benefits and related administrative costs that have not been financed by payroll taxes or premium contributions.

The Committee provides \$284,288,300,000 for the Federal payment to the Supplementary Medical Insurance Trust Fund. This payment provides matching funds for premiums paid by Medicare Part B enrollees.

The Committee further provides \$92,070,000,000 for the general fund share of benefits paid under Public Law 108-173, the Medicare Prescription Drug, Improvement and Modernization Act of 2003. As in previous years, the Committee includes bill language requested by the administration providing indefinite authority for paying the general revenue portion of the Part B premium match and provides resources for the Part D drug benefit program in the event that the annual appropriation is insufficient.

The Committee recommendation also includes \$642,000,000 to be transferred to the Supplementary Insurance Trust Fund as the general fund share of Part D administrative expenses. The Committee recommendation includes \$315,000,000 in reimbursements to the Health Care Fraud and Abuse Control [HCFAC] fund, which reflects the portion of the HCFAC spending to be reimbursed by the General Fund.

PROGRAM MANAGEMENT

Appropriations, 2018	\$3,669,744,000
Budget estimate, 2019	3,543,879,000
Committee recommendation	3,669,744,000

The Committee recommends \$3,669,744,000 for CMS program management, which includes funding for research, program operations, survey and certification programs, and Federal administration.

Research, Demonstrations and Evaluations.—The Committee recommends \$20,054,000 for research, demonstrations, and evaluation activities.

Program Operations

The Committee recommends \$2,519,823,000 for the Program Operations account, which covers a broad range of activities including claims processing and program safeguard activities performed by Medicare contractors. These contractors also provide information, guidance, and technical support to both providers and beneficiaries.

ACA Notifications.—The Committee continues bill language requiring the administration to provide detailed enrollment figures to the Committees on Appropriations of the House of Representatives and the Senate not less than two full business days before any public release of the information.

Access to Mental Health Care.—The Committee strongly urges CMS to pursue initiatives that expand access to quality care and increase parity for mental health services.

Alzheimer's and Dementia Comprehensive Care and Caregiver Support Models.—Given the current and looming health and economic challenges posed by Alzheimer's to the Medicare beneficiary population and to the Medicare program, the Committee encourages CMS to evaluate existing and potential multi-payer models like the Programs for All-inclusive Care for the Elderly that incorporate a comprehensive continuum of care for persons with Alzheimer's.

CT Colonography.—Due to the proven life and cost-savings of preventative screening for colorectal cancer, the Committee encourages CMS to consider covering CT Colonography as a Medicare-covered colorectal cancer screening test under section 1861(pp)(1) of the Social Security Act.

Detecting Cognitive Impairment.—The Committee is concerned that the lack of uniform, easy-to-use and modern cognitive impairment detection tools is impeding the ability of providers to detect potential cognitive impairment of Medicare beneficiaries. The Committee encourages CMS to collaborate with NIA, AHRQ, and other relevant stakeholders to assess the current methods for detecting cognitive impairment to develop recommendations for health professionals and continue to monitor advancements in screening for cognitive impairment.

Direct and Indirect Remuneration Fees.—The Committee is concerned about the dramatic increase of pharmacy direct and indirect remuneration [DIR] fees in Medicare Part D, especially the impact of “pharmacy DIR fees” on Medicare Part D beneficiaries who incur high drug costs. The Committee is aware that CMS has put forth

a Request for Information included in the 2019 proposed Part D rule about this issue and others and encourages the agency to finalize their proposal without delay. The Committee looks forward to the report requested in fiscal year 2018 on how to best address this issue, including consideration of options to require that all DIR fees be accounted for a point of sale; as part of negotiated price; and that any incentive fees be paid separately.

Drug Vial Size.—Within 30 days of enactment of this act, CMS shall enter into an agreement with the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine [the Academies] to conduct a study on the Federal healthcare costs, safety, and quality concerns associated with discarded drugs that results from weight-based dosing of medicines contained in singledose vials as stated in Senate report 114–274. The Committee recommendation includes \$1,200,000 of the resources provided in Program Operations for this activity and CMS is directed to provide an update to the Committee’s on Appropriations 15 days after the enactment of this act and every 90 days thereafter until the report is completed. CMS and the Academies are encouraged to consult with FDA.

Graduate Medical Residencies.—As of October 2013, CMS determined that hospitals with approved residency programs cannot claim the time that FTE residents train at CAHs for indirect or direct GME purposes under Medicare. As a result of this determination, some hospitals have struggled to sustain efforts to train and retain physicians in rural communities with medical workforce shortages. The Committee encourages CMS to reexamine this determination and consider revisions that better support hospitals’ efforts to train more resident physicians in rural settings like CAHs.

Health Insurance Exchange Transparency.—The Committee continues bill language that requires CMS to provide cost information for the following categories: Federal Payroll and Other Administrative Costs; Exchange related Information Technology [IT]; Non-IT Program Costs, including Health Plan Benefit and Rate Review, Exchange Oversight, Payment and Financial Management, Eligibility and Enrollment; Consumer Information and Outreach, including the Call Center, Navigator Grants and Consumer Education and Outreach; Exchange Quality Review; Small Business Health Options Program and Employer Activities; and Other Exchange Activities. Cost Information should be provided for each fiscal year since the enactment of the Patient Protection and Affordable Care Act (Public Law 111–148). CMS is also required to include the estimated costs for fiscal year 2020.

Home Health Services.—The Committee is supportive of efforts to increase primary care access for low-income Medicare beneficiaries, in particular those living in publicly assisted housing and who have chronic health conditions. In approving future demonstration projects, CMS is encouraged to consider medical practices that coordinate with nonprofit housing providers. CMS is further encouraged to prioritize existing models of support and services at home that can show a reduced rate of growth in Medicare spending for at least the initial 500 participants as reviewed by a third party.

Hospital-Acquired Pressure Ulcers.— The Committee is aware of recent data from CMS identifying that pressure ulcer discharges

have significantly increased between the first quarter of 2016 and the first quarter of 2017. The Committee requests the Secretary and CMS Administrator provide an update and timeline in the fiscal year 2020 CJ on steps HHS and CMS are taking to reverse this trend.

Initial Preventive Physical Examination/Annual Wellness Visit.—The Committee recognizes the importance of vaccines in preventing diseases, particularly among the Medicare population. The Initial Preventive Physical Examination [IPPE] under Medicare and Annual Wellness Visits [AWV] provide an important opportunity for improving immunization rates among Medicare beneficiaries. The National Vaccine Advisory Committee [NVAC] Standards for Adult Immunization Practice call on all healthcare professionals who provide care to adults to take steps to assess the immunization status of all patients in every clinical encounter, share a strong recommendation for vaccines that patients need, administer vaccines, or refer to a provider who can immunize and document administered vaccines. The goal of the standards is to reduce the number of missed immunization opportunities by integrating these simple steps into clinical care. In following with the recommendations of NVAC, the Committee directs CMS to incorporate the Standards for Adult Immunization Practice in provider outreach and educational materials pertaining to the IPPE and AWV.

Lymphatic System Failure.—The Committee encourages the Secretary to promulgate rules for covering prescribed compression garments as acknowledged by CMS' 2001 decision memorandum [CAG-00016N] in the treatment of lymphatic system failure.

Medicare Inpatient Hospital Wage Index.—There have been numerous studies, analyses, and reports on disparities in Medicare's inpatient hospital wage index and ways to improve the wage index. Because some time has passed since these studies were conducted, the Committee recognizes that as part of the fiscal year 2019 Medicare Hospital Inpatient Prospective Payment System proposed rule [CMS-1694-P] the Secretary is currently soliciting public comments to inform future CMS regulatory action. As part of the administration's review of public comments, the Committee encourages the Secretary to consider the extent to which population density, median annual household income, cost of living, and hospital closures may play a role in exacerbating wage index disparities.

Medicare Payment for Non-Opioid Pain Management Therapies.—The Committee is concerned that some non-opioid alternatives may not be adequately reimbursed by the Medicare program which may create barriers to the appropriate use of these alternative therapies. The Committee encourages CMS to explore whether Medicare reimbursement should be modified for alternatives that can reduce dependence on opioid use.

Muscular Dystrophy.—The Committee is aware of the addition of the new ICD-10 code for Duchenne/Becker to the fiscal year 2019 CMS Addenda. The Committee requests a report be submitted to the Committees on Appropriations 180 days after enactment of the Act on utilization for the newly established ICD-10 code, as compared to the former broader ICD-10 code.

National Diabetes Prevention Program.—The agreement continues to support CMS' expansion of the Medicare Diabetes Preven-

tion Program beginning in 2018 to improve health outcomes and reduce diabetes-related healthcare costs. The Committee encourages CMS to minimize the regulatory barriers impeding potential or existing suppliers from delivering the Diabetes Prevention Program [DPP] to Medicare beneficiaries. The Committee also encourages CMS to allow the full range of CDC recognized DPP providers including online, distance learning, and combination programs to participate as Medicare Diabetes Prevention Program suppliers.

Out of Network Emergency Care.—The Committee recognizes the valuable role that emergency physicians play as the nation’s healthcare safety net. The Committee believes that beneficiary protections are important to reduce the financial exposure of patients who receive emergency care outside of their insurance network. The Committee is concerned that the Center for Consumer Information and Insurance Oversight [CCIIO] has not provided sufficient clarity on how to determine the, “Usual, Customary & Reasonable” [UCR] amount in its Final Rule for patient protections. Therefore, the Committee encourages CCIIO to publish guidance clarifying what constitutes the UCR amount using a transparent and fair standard.

Patient Access to Medically Necessary Foods.—The Committee notes the recent action taken by TRICARE to advance proper coverage for medical foods and encourages CMS to work proactively with the stakeholder community to identify and address barriers to access.

Patient Matching.—The Committee encourages CMS, working with ONC, to provide technical assistance to industry to promote patient safety by accurately identifying patients to their health information.

Peer Support Services.—The Committee encourages HHS to work with States to identify opportunities to employ certified peer support specialists in Medicaid to further address the ongoing opioid epidemic.

Physician Fee Schedule.—The Committee is aware that CMS has recently finalized its calendar year 2018 Ambulatory Surgical Center [ASC] Payment System. Methodology utilized for ASC payment system is based on payments for procedures performed in a hospital office setting compared to the same procedure in an ASC operating room. Therefore, the Committee encourages CMS to submit a report to the Committee on the difference in cost to Medicare patients receiving Interventional Pain procedures in a hospital office setting compared to the same procedure in a hospital operating room to determine if further changes shall be made in the classification system for covered outpatient procedures in ASCs.

Program Integrity.—The Committee is supportive of the ongoing work that CMS’ Center for Program Integrity [CPI] is undergoing to tackle unacceptable levels of waste, fraud and abuse. CPI should continue to work with Oak Ridge National Laboratory to leverage DOE’s computational facilities to bring state-of-the-art computational and data analytics capabilities to address complex issues in CMS to reduce waste, fraud and abuse. Within 90 days upon enactment, the Committee requests CMS CPI brief the Committees on Appropriations on the House of Representatives and the Senate

with an update on its progress and funding requirements needed to continually address this problem.

Program of All-Inclusive Care for the Elderly.—The Committee recognizes the value that the Program of All-Inclusive Care for the Elderly [PACE] provides for 45,000 Medicare and Medicaid beneficiaries who would otherwise require nursing home levels of care and are instead able to stay in their communities. The Committee is aware that CMS has not yet finalized their update to the regulations governing the PACE Program and encourages CMS to expeditiously publish the final rule for proposed changes for PACE [CMS-4168-P].

Relative Values Under the Medicare Physician Fee Schedule.—The Committee encourages CMS to increase the representation of primary care physicians who are board certified and actively practicing in family medicine, general internal medicine, general pediatrics, preventive medicine, obstetrics and gynecology, or psychiatry on any advisory board or work group that formulates recommendations regarding any annual updates to the physician work relative values.

Risk Corridor Program.—The Committee continues bill language to prevent the CMS Program Management appropriation account from being used to support risk corridor payments. The agreement directs CMS to provide a report starting with plan year 2014 and continuing through the duration of the program to the Committees on Appropriations of the House of Representatives and the Senate detailing the receipts and transfer of payments for the Risk Corridor Program.

Robotic Stereotactic Radiosurgery.—The Committee remains concerned that inadequate payment for robotic stereotactic radiosurgery threatens its viability in both the hospital and freestanding center setting. The Committee encourages CMS and contractors administering the physician fee schedule in Medicare Part B not to make further changes to these services in the freestanding center as CMS complies with the Patient Access and Medicare Protection Act, Public Law 114-115.

Rural Health Care Facilities.—The Committee encourages CMS to work with States and associations of rural hospitals to allow program flexibility to demonstrate sustainable service delivery model options for rural communities, focused on preserving access to emergency care services and supporting future financial viability of rural facilities.

Sepsis.—The Committee is concerned that the current SEP-1 guidelines for treating septic patients do not take into account evolving practices. The Committee encourages CMS to ask the SEP-1 measure stewards to reevaluate their SEP-1 quality measure taking into account expanded FDA approvals for biomarker tests like procalcitonin in conjunction with its impact on antibiotic stewardship. CMS is also encouraged to identify the Medicare and Medicaid expenditures for individuals with sepsis. The Committee requests an update on these activities in the fiscal year 2020 CJ.

Sexually Transmitted Diseases [STDs].—The Committee continues to be concerned about the high rate of STDs, especially in pregnant women and young adults. To help curb the spread of these diseases and address this public health problem at every op-

portunity, and to reach at-risk and vulnerable populations at every opportunity, the Committee encourages CMS to collaborate with CDC's Division of STD Prevention to develop a screening and treatment initiative under its Medicaid program.

Survey of Surgical Procedures Involving Certified Surgical Assistants.—The Committee is aware of data showing that surgical operations which utilize Certified Surgical Assistants [CSAs] are significantly shorter in duration than the time benchmarks CMS uses to set reimbursement for these procedures. Peer-reviewed studies show that shorter operations result in fewer complications, earlier post-surgery discharge and fewer post-surgery readmissions. In order to test the beneficial implications of this data, the Committee encourages CMS to record, for later analysis, how CSA participation in all Medicare-funded surgical operations may impact surgery time.

Telehealth.—The Committee looks forward to the report requested in Senate Report 115–150 directing the Administrator, in consultation with the relevant agencies and stakeholders, to submit a report to the Committees of Appropriations of the House of Representatives and the Senate evaluating the use of telehealth and remote patient monitoring under all programs and pilots under the Medicare and Medicaid programs.

Telehealth and the Pediatric Population.—The Committee recognizes the potential for telehealth to help meet the needs of patients and families across the country, including in both rural and urban areas. The Committee encourages CMS to identify and share with States best practices regarding ways in which telehealth and remote patient monitoring can be leveraged through the Medicaid and CHIP programs, particularly for the pediatric population.

Therapeutic Foster Care.—The Committee remains concerned about the lack of a uniform definition within the Medicaid program for therapeutic foster care services. A uniform definition would improve the ability for more consistent care and treatment. The Committee requests an update in the fiscal year 2020 CJ on the study requested in fiscal year House Report 114–699.

Workforce Capacity for Infectious Diseases and the Opioid Epidemic.—The Committee encourages CMS to collaborate with SAMHSA, CDC, and HRSA to support education and training for medical providers on the frontlines of the opioid epidemic to help expand access to comprehensive, coordinated care for opioid addiction and related infectious diseases.

Use of Social Security Numbers on Medicare Beneficiaries' Cards.—The Committee is pleased with CMS efforts to replace Social Security Numbers on Medicare Beneficiary's cards and directs CMS to provide an update on the progress of this initiative in their fiscal year 2020 CJ.

Vaccine Utilization.—The Committee is concerned about the underutilization of vaccinations, particularly pneumococcal vaccines and encourages CMS to support development and implementation of electronic health records and other technologies, such as reminder recall programs, to identify Medicare beneficiaries who have not received the full course of pneumococcal vaccinations and remind those beneficiaries and their providers to adhere to the recommendations. The Committee encourages CMS to work with Na-

tional Vaccine Advisory Committee to determine the vaccine adherence rate in the Medicaid and CHIP populations compared to the national average pediatric vaccine adherence rate. The Committee asks for this to be included in the Department's CJ for fiscal year 2020.

State Survey and Certification

The Committee recommends \$397,334,000 for State Survey and Certification activities, which ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety, and program standards. On-site surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys.

Certified Nurse Aids.—The Committee is aware of concerns about the skilled nursing facility [SNF] and nursing facility [NF] survey and certification process, particularly the statutory mandatory loss for 2 years of the ability of SNFs and NFs to train Certified Nurse Aids under certain circumstances. The Committee encourages CMS and States to work with SNFs and NFs to improve the quality of care provided to their residents and to educate SNFs and NFs about the waivers authorized under statute and appeal rights of disapprovals of these nurse aide training programs.

Federal Administration

The Committee recommends \$732,533,000 for Federal Administration, which funds the majority of CMS' staff and operating expenses for routine activities such as planning, implementing, evaluating, and ensuring accountability in the programs administered by CMS.

HEALTHCARE FRAUD AND ABUSE CONTROL

Appropriations, 2018	\$745,000,000
Budget estimate, 2019	770,000,000
Committee recommendation	765,000,000

The Committee recommends \$765,000,000, to be transferred from the Medicare trust funds, for Health Care Fraud and Abuse Control [HCFAC] activities. The latest data demonstrate for every \$1.00 spent on fraud and abuse, \$2.00 is recovered by the Treasury.

The Committee recommendation includes a base amount of \$311,000,000 and an additional \$454,000,000 through a budget cap adjustment authorized by section 251(b) of the Balanced Budget and Emergency Deficit Control Act of 1985.

Health Care Fraud.—The Committee remains concerned by the upward growth and sophistication of healthcare fraud across the country. The Committee’s recommended funding level demonstrates Congress’ continued support for the HHS–DOJ’s joint efforts to identify healthcare fraud against the Federal government. Since 2007, the Medicare Fraud Strike Force alone has charged over 3,500 individuals involved in falsely billing Medicare for over \$12,500,000,000, including the largest healthcare fraud takedown involving over 400 individuals who allegedly falsely billed Federal healthcare programs \$1,300,000,000. The Committee strongly supported the Department’s efforts to curtail healthcare fraud to protect Federal healthcare programs and their beneficiaries.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Appropriations, 2018	\$2,995,400,000
Budget estimate, 2019	2,922,247,000
Committee recommendation	2,922,247,000

The Committee recommendation includes \$2,922,247,000 in fiscal year 2019 mandatory funds for Child Support Enforcement and Family Support programs. In addition, the Committee recommends \$1,400,000,000 in advance funding for the first quarter of fiscal year 2020.

These funds support States' efforts to promote the self-sufficiency and economic security of low-income families, including administrative expenses matching funds and incentive payments to States for child support enforcement; grants to States to help establish and administer access and visitation programs between noncustodial parents and their children; payments to territories for benefits to certain aged, blind, or disabled individuals; and temporary benefits for certain repatriated citizens.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 2018	\$3,640,304,000
Budget estimate, 2019	3,690,304,000
Committee recommendation	3,690,304,000

The Committee recommendation includes \$3,690,304,000, an increase of \$50,000,000 above fiscal year 2018, for LIHEAP, which provides home heating and cooling assistance to low-income households, generally in the form of payments to energy vendors on behalf of the recipient. Within the total, the Committee recommendation includes up to \$2,988,000 for program integrity and oversight efforts, the same as the fiscal year 2018 level.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2018	\$1,864,936,000
Budget estimate, 2019	1,792,311,000
Committee recommendation	1,905,201,000

The Committee recommends \$1,905,201,000 for Refugee and Entrant Assistance [REA] programs. These programs provide a variety of benefits and services to refugees, asylees, Cuban and Haitian entrants, immigrants arriving on Special Immigrant Visas [SIV], trafficking victims, and torture victims (collectively referred to below as "refugees"). These programs also provide temporary care and services for unaccompanied children apprehended by the Department of Homeland Security or other law enforcement agencies, who have no lawful immigration status in the United States until they can be placed with a parent, guardian, or other sponsor while awaiting adjudication of their immigration status.

The Committee reiterates the directive included in fiscal year 2018 and directs the Department to provide monthly updates to the Committees on Appropriations of the House of Representatives and the Senate of arrivals each month by category, including refugees, asylees, Cuban and Haitian Entrants, SIVs, and unaccompanied

alien children, to include any updates in estimated funding needs as a result of changes in trends in those categories.

The U.S. refugee admission programs reflect U.S. humanitarian and strategic interests. The U.S. refugee resettlement program provides for the safe resettlement of some of the most vulnerable refugees and not only saves lives, but also strengthens our national security by providing support and shared responsibility for strategic allies and regions. The Committee notes that appropriate consultation with Congress is required by statute in advance of the President's determination on the number of refugees to be admitted during the coming fiscal year.

The Committee affirms the community consultation process embedded in the U.S. refugee resettlement program, which is grounded in its public-private partnerships and thrives on cooperation among local, State, and Federal stakeholders. In times of sudden reductions in refugee arrivals, the Committee encourages HHS, to the extent practicable, to ensure that resettlement agencies are able to maintain their infrastructure and capacity at a level to continue to serve new refugees, previously arrived refugees, and others who remain statutorily eligible for integration services, and to ensure future arrivals are adequately served.

Transitional and Medical Services

The Committee recommendation includes \$354,000,000 for Transitional and Medical Services. This program provides grants to States and nonprofit organizations to provide up to 8 months of cash and medical assistance to arriving refugees, as well as foster care services to unaccompanied minors.

The recommendation is \$34,000,000 more than the fiscal year 2018 level, consistent with current HHS estimates, which indicate the funding level provided will allow HHS to at least sustain the current level and scope of services provided to eligible arrivals, including maintaining the number of months refugees are eligible for benefits.

The Committee continues to support the matching grant program and strongly encourages HHS to increase the percentage of eligible arrivals served by the program. Further, the Committee strongly encourages HHS to give matching grant organizations flexibility in administering their programs, including when justified, carrying over unexpended funding and slots and providing exemptions to the 31 day enrollment period.

Refugee Support Services

The Committee recommendation includes \$207,201,000 for Refugee Support Services. This program provides a combination of formula and competitive grants to States and nonprofit organizations to help refugees become self-sufficient and address barriers to employment.

In fiscal year 2018, the Committee accepted the administration's proposal to consolidate funding from Social Services, Targeted Assistance, and Preventive Health to simplify administration of refugee services at the Federal, State and local levels. The Committee continues to expect that activities previously funded under these three lines will continue at the same level as before the consolida-

Victims of Torture

The Committee recommendation includes \$14,000,000 for the Victims of Torture program, \$3,265,000 more than the fiscal year 2018 level, to provide increased support for non-profit organizations providing direct services to torture survivors and their families. This program provides treatment, social, and legal services to victims of torture and training to healthcare providers on treating the physical and psychological effects of torture.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT
BLOCK GRANT

Appropriations, 2018	\$5,226,000,000
Budget estimate, 2019	3,006,000,000
Committee recommendation	5,226,000,000

The Committee recommends \$5,226,000,000 for the Child Care and Development Block Grant [CCDBG], a formula grant to States that provides financial assistance to families to help pay for child care, and otherwise improve the quality of child care programs.

The Consolidated Appropriations Act, 2018 included a \$2,370,000,000 increase in funding for CCDBG, the largest increase in the history of the program. This additional funding will help States meet the requirements and goals of the CCDBG Act of 2014 to improve the safety and quality of child care programs, including increasing provider reimbursement rates. The Committee directs HHS to provide a report within 120 days of enactment on how States are using or plan to use this increased funding, and the status of States in meeting the statutory requirements of the CCDBG Act. The funding will also increase access to affordable high-quality child care to more low-income working families.

The CCDBG Act of 2014 requires HHS to operate a National Toll-Free Hotline to facilitate reports of violations of health and safety requirements by an eligible child care provider, including suspected child abuse or neglect, and provide consumer education information to help parents access safe and quality care. The Committee is concerned about the Department's lack of information on its planned operations for this legally mandated Hotline in fiscal year 2019. Within 30 days of enactment, the Committee directs the Department to provide their plan for the Hotline after September 30, 2018, to include an assessment of the amount of time needed for a contract to be renewed or re-competed.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2018	\$1,700,000,000
Budget estimate, 2019	85,000,000
Committee recommendation	1,700,000,000

The Committee recommends \$1,700,000,000 in mandatory funds for SSBG, a flexible source of funding that allows States to provide a diverse array of services to low-income children and families, the disabled, and the elderly. The budget request does not include funding for SSBG but proposes \$85,000,000 in discretionary funding for the Health Professions Opportunity Grants program under this heading, which under current law is funded with mandatory funding. The Committee recommendation is consistent with current

law and does not propose to move funding for the HPOG program from mandatory to discretionary.

The Committee strongly encourages ACF to provide guidance to States regarding the availability of SSBG funding, and other programs as appropriate, for job training and employment services for non-custodial parents, including best practices and evidence-based interventions aimed at helping get non-custodial parents with child support enforcement involvement into well-paying jobs.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 2018	\$12,022,225,000
Budget estimate, 2019	10,323,890,000
Committee recommendation	12,287,225,000

The Committee recommends \$12,287,225,000 for Children and Families Services programs. These funds support a variety of programs for children, youth, and families; Native Americans; victims of child abuse, neglect, and domestic violence; and other vulnerable populations.

Head Start

The Committee recommendation includes \$10,113,095,000 for Head Start. Head Start provides grants directly to local organizations to provide comprehensive early childhood education services to children and their families, from before birth to age 5.

Within the total, the Committee recommendation includes a \$215,000,000 cost of living adjustment for all Head Start grantees to help keep up with rising costs, recruit and retain highly qualified staff, and continue to provide high-quality services to children and families.

The Committee recommendation also includes an increase of \$35,000,000 for grantees to continue to expand the duration of services provided to children and families. The Committee continues to support efforts to expand the duration of Head Start services. Research increasingly indicates that expanding the duration of services, including lengthening the program day and year, plays a part in achieving and sustaining the benefits of early childhood programs. However, the Committee also understands that expanding the duration of services may not, in some communities, be the best way to meet the needs of the families being served. The Committee, therefore, continues to direct HHS to ensure that as part of the effort to expand the duration of services, grantees continue to have flexibility to meet the needs of their local communities, and to fund other quality improvement activities that may be necessary to improve the quality of their programs and meet program performance standards.

Within the total, the Committee recommendation also includes up to \$25,000,000, the same as the comparable fiscal year 2018 level, for transition-related costs associated with the Head Start Designation Renewal System [DRS].

The Committee recommendation modifies existing bill language to simplify the administration of Early Head Start [EHS] Expansion and Child Care Partnerships program for grantees, but does not otherwise change the statutory authority regarding the use of such funds. Funding previously provided for EHS Expansion and

Child Care Partnerships will continue to be used in the same amounts and for the same purposes and activities as in prior years. Of the amount available for obligation through March 31, 2020, for Head Start, \$98,000,000 is to continue new awards under the EHS Expansion and Child Care Partnerships program from fiscal year 2018 that will be made by March 31, 2019. The Committee directs HHS, in future budget justifications, to include actual and projected funding levels for Early Head Start-Child Care Partnerships.

The Committee notes that HHS is in the process of reviewing public comments on proposed changes to the DRS, which is a key tool in ensuring strong standards. The Committee is also aware of significant concerns about the use of the CLASS lowest 10 percent provision in appropriately identifying grantees subject to re-competition. The Committee strongly encourages HHS to complete this review as quickly as possible, and to maintain high standards, strong accountability, and transparency to grantees and the public while ensuring the integrity of program evaluation measures. Finally, the Committee continues to encourage HHS to continue to consider the unique challenges faced by Head Start grantees in remote and frontier areas when reviewing such grantees' compliance with health and dental screening requirements as part of the DRS.

The Committee strongly encourages ACF to ensure that all Head Start grantees are aware of any funding opportunities, or funding otherwise available, for making capital improvements to their facilities. Further, the Committee encourages ACF to standardize this process so all grantees have equal opportunity to apply and are aware of priorities and eligible uses of such funds.

Individuals from low-income families are disproportionately at risk for obesity and other hypokinetic diseases, and early physical activity interventions can improve overall health, cognitive ability and academic success. The Committee encourages ACF to develop and implement strategies to improve motor skills and physical activity levels in Head Start program participants whenever possible.

Preschool Development Grants

The Committee recommendation includes \$250,000,000 for Preschool Development Grants. This program, as authorized in the Every Student Succeeds Act, provides competitive grants to States to improve the coordination, collaboration, and quality of existing early childhood programs; improve the transition from early childhood programs to kindergarten; implement evidence-based practices; improve professional development for early childhood providers; and generally improve educational opportunities for children. All funding provided in fiscal year 2019 will support the second round of grants under the new authorization of the program.

Consolidated Runaway and Homeless Youth Program

The Committee recommendation includes \$110,280,000 for the Consolidated Runaway and Homeless Youth program. This program supports the Basic Centers program, which provides temporary shelter, counseling, and after-care services to runaway and homeless youth under age 18 and their families; the Transitional Living Program, which provides longer-term shelter and services

for older youth; and a national toll-free runaway and homeless youth crisis hotline.

Where allowable, the Committee supports the ability of grantees to provide prevention services, such as counseling and case management, regardless of enrollment in residential services.

Education and Prevention Grants To Reduce Sexual Abuse of Runaway Youth

The Committee recommendation includes \$17,141,000 for Education and Prevention Grants to Reduce Sexual Abuse of Runaway and Homeless Youth. This program provides competitive grants for street-based outreach and education services for runaway and homeless youth who are subjected to, or are at risk of being subjected to, sexual abuse or exploitation.

Child Abuse Prevention and Treatment State Grants

The Committee recommendation includes \$85,310,000 for the Child Abuse Prevention and Treatment State Grant program. This program provides formula grants to States to improve their child protective service systems.

Infant Plans of Safe Care.—Within the total, the Committee recommendation includes \$60,000,000 to help States develop and implement plans of safe care as required by section 106(b)(2)(B)(iii) of CAPTA. The incidence of neonatal abstinence syndrome has increased as the opioid crisis has worsened, and this funding will help States improve their response to infants affected by a substance use disorder and their families. The Committee strongly encourages HHS to encourage States to include in their plans specialized services for parents whose children may be at risk of abuse or neglect in order to reduce the need for child welfare or foster care system involvement. Finally, the Committee directs HHS to provide technical assistance to States on best-practices and evidence-based interventions in this area to help address the health, safety, and substance use disorder treatment needs of the child and family, and to evaluate State's activities on plans of safe care.

Child Abuse Reporting Legal Liability.—The Committee recognizes that trained professionals, including healthcare providers, teachers, and law enforcement, are often asked or required to participate in the identification, investigation, and reporting of suspected child maltreatment. However, individuals assisting in cases of suspected child maltreatment have faced potential legal liability for their participation in child maltreatment reporting. The Committee recognizes the intent of the Child Abuse Prevention and Treatment Act to provide legal immunity for persons acting in good faith, including both those directly reporting and those assisting with reports.

Child Abuse Discretionary Activities

The Committee recommendation includes \$33,000,000 for Child Abuse Discretionary Activities. This program supports discretionary grants for research, demonstration, and technical assistance to increase the knowledge base of evidence-based practices and to disseminate information to State and local child welfare programs.

Child Abuse Hotline.—Within the total, the Committee includes \$1,000,000, in annual funding, to continue support for an innovation grant to develop text and online chat-based intervention and education services through a national child abuse hotline for child abuse victims and concerned adults.

Community-Based Child Abuse Prevention

The Committee recommendation includes \$39,764,000 for the Community-Based Child Abuse Prevention program. This program provides formula grants to States that then disburse funds to local, community-based organizations to improve local child abuse prevention and treatment efforts, including providing direct services and improving the coordination between State and community-based organizations.

Child Welfare Services

The Committee recommendation includes \$268,735,000 for Child Welfare Services. This formula grant program helps State and tribal public welfare agencies improve their child welfare services with the goal of keeping families together. These funds help States and tribes provide a continuum of services that prevent child neglect, abuse or exploitation; allow children to remain with their families, when appropriate; promote the safety and permanence of children in foster care and adoptive families; and provide training and professional development to the child welfare workforce.

Child Welfare Research, Training, and Demonstration

The Committee recommendation includes \$17,984,000 for child welfare research, training, and demonstration projects. This program provides grants to public and nonprofit organizations for demonstration projects that encourage experimental and promising types of child welfare services, as well as projects that improve education and training programs for child welfare service providers.

National Survey of Child and Adolescent Well-Being.—The Committee recommendation includes funding for HHS to continue the National Survey of Child and Adolescent Well-Being.

Adoption Opportunities

The Committee recommends \$39,100,000 for the Adoption Opportunities program. This program funds discretionary grants to help facilitate the elimination of barriers to adoption and provide technical assistance to help States increase the number of children adopted, particularly children with special needs.

Adoption Incentives

The Committee recommends \$75,000,000 for the Adoption Incentives program. This program provides formula-based incentive payments to States to encourage them to increase the number of adoptions of children from the foster care system, with an emphasis on children who are the hardest to place.

The Committee recommendation continues the significant increase provided in fiscal year 2018 to make up a shortfall in funding owed to States. This funding level will fully fund the remaining

amount owed to States for fiscal year 2018, and a significant amount of the estimated amount owed to States for fiscal year 2019, with the goal of becoming completely current by fiscal year 2020. The Committee directs HHS to include in future budget justifications an estimate of amounts earned by States per year, and the total estimated amount owed to States for the budget year, including any funding owed from prior fiscal years.

Social Services and Income Maintenance Research

The Committee recommends \$6,512,000 for Social Services and Income Maintenance Research. These funds support research and evaluation of cost-effective programs that increase the stability and economic independence of families and contribute to the healthy development of children and youth.

Native American Programs

The Committee recommends \$54,050,000 for Native American programs. These funds support a variety of programs to promote self-sufficiency and cultural preservation activities among Native American, Native Hawaiian, Alaska Native, and Pacific Islander organizations and communities.

Native American Language Preservation.—Within the total, the Committee recommendation includes \$12,000,000 for Native American language preservation activities, including no less than \$4,000,000 for Native American language nests and survival schools, as authorized by sections 803C(b)(7)(A)–(B) of the Native American Programs Act. The Committee directs HHS to give priority to programs with rigorous immersion programs.

Community Services Block Grant

The Committee recommendation includes \$725,000,000 for the Community Services Block Grant [CSBG]. The CSBG is a formula grant to States and Indian tribes to provide a wide range of services to alleviate causes of poverty in communities and to assist low-income individuals in becoming self-sufficient. States are required to pass on at least 90 percent of these funds to local community-based organizations, the vast majority of which are community action agencies.

Supporting Community Action Agencies' Response to Opioid Abuse and Misuse.—Individuals and families in poverty face daunting challenges as they work toward substance use recovery and addressing the opioid epidemic requires a multi-pronged, community-based response. The Committee recognizes that community action agencies are uniquely positioned to help fight the opioid crisis and provide essential support and services for individuals and families who experience poverty and that these entities deliver a wide range of services to address immediate needs while supporting long-term goals, which make recovery sustainable. The Committee also recognizes that the conditions of poverty compound the difficulties faced by those struggling with substance use. The Committee recommendation includes an increase of \$10,000,000 for CSBG to help community actions agencies continue to address these critical needs.

Community Economic Development

The Committee recommendation includes \$19,883,000 for the Community Economic Development program, which provides grants to community development corporations to support employment and business opportunities for low-income individuals. Community development corporations leverage on average \$10 in private capital to every \$1 in Federal funds, and the job creation standards required by the Office of Community Services are among the most stringent in the Federal system.

Rural Community Facilities

The Committee recommendation includes \$8,000,000 for the Rural Community Facilities program, which provides grants to regional non-profit organizations to provide technical assistance to small, low-income rural communities, that are not served by other similar Federal programs, to help manage, develop, and improve safe drinking and waste water facilities.

National Domestic Violence Hotline

The Committee recommendation includes \$10,250,000 for the National Domestic Violence Hotline. This national, toll-free hotline provides critical emergency assistance and information to victims of domestic violence 24 hours a day.

Family Violence Prevention and Services

The Committee recommendation includes \$165,000,000 for Family Violence Prevention and Services programs. These funds support programs to prevent family violence and provide immediate shelter and related assistance for victims of domestic violence and their dependents.

Chafee Education and Training Vouchers

The Committee recommendation includes \$43,257,000 for the Chafee Education and Training Voucher program. This program supports vouchers to foster care youth to help pay for expenses related to postsecondary education and vocational training.

Disaster Human Services Case Management

The Committee recommends \$1,864,000 for Disaster Human Services Case Management. This program assists States in establishing the capacity to provide case management services in a timely manner in the event of a disaster. It ensures that States are able to meet social service needs during disasters by helping disaster victims prepare recovery plans, referring them to service providers and FEMA contacts to identify needed assistance, and providing ongoing support and monitoring through the recovery process.

Program Administration

The Committee recommendation includes \$205,000,000 for the Federal costs of administering ACF programs.

PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 2018	\$444,765,000
Budget estimate, 2019	554,765,000
Committee recommendation	444,765,000

The Committee recommends \$444,765,000 for the Promoting Safe and Stable Families program. The Committee recommendation includes \$345,000,000 in mandatory funds authorized by the Social Security Act and \$99,765,000 in discretionary appropriations.

This program supports activities that can prevent the emergence of family crises that might require the temporary or permanent removal of a child from his or her home. Grants allow States to operate coordinated programs of family preservation services, time-limited family reunification services, community-based family support services, and adoption promotion and support services.

Regional Partnership Grants [RPGs] and Family-Focused Residential Treatment Programs.—Within the total for discretionary funding, the Committee recommendation includes \$20,000,000 for RPGs and family-focused residential treatment programs. RPGs promote coordination and collaboration between local child welfare and substance abuse treatment agencies, and other related organizations, to improve services and outcomes for children and families affected by substance use disorder, particularly opioid use. Family-focused residential treatment programs are trauma-informed residential programs primarily for substance use disorder treatment for pregnant and postpartum women and parents and guardians that allow children to reside with their mothers, parents, or guardians during treatment to the extent appropriate and applicable. Organizations applying for this funding should be allowed to apply to operate one or both programs. This funding will help build the evidence-base of what works in anticipation of the availability of mandatory funding for similar activities under the Family First Prevention and Services Act.

Kinship Navigator Programs.—The Committee recommendation includes \$20,000,000, the same as the fiscal year 2018 funding level, for Kinship Navigator Programs to improve services for grandparents and other relatives taking primary responsibility for children, particularly children and families affected by opioid addiction and substance use disorder. The Committee encourages HHS to encourage States to collaborate with agencies with experience servicing kinship families both inside and outside foster care and to demonstrate how they are preparing their navigator programs to meet evidence-based kinship navigator standards included in the Family First Prevention Services Act. Similar to RPGs and family-focused residential treatment programs, this funding helps build the evidence-base in anticipation of mandatory funding being available for similar activities under the Family First Prevention and Services Act.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriations, 2018	\$6,225,000,000
Budget estimate, 2019	6,035,000,000
Committee recommendation	6,035,000,000

The Committee recommends \$6,035,000,000 in mandatory funds for Payments for Foster Care and Permanency. In addition, the Committee recommends \$2,800,000,000 in advance mandatory funding for the first quarter of fiscal year 2020. These funds support programs that assist States with the costs of maintaining eligible children in foster care, prepare children for living on their own, assist relatives with legal guardianship of eligible children, and find and support adoptive homes for children with special needs.

ADMINISTRATION FOR COMMUNITY LIVING
AGING AND DISABILITY SERVICES PROGRAMS

Appropriations, 2018	\$2,171,915,000
Budget estimate, 2019	1,818,681,000
Committee recommendation	2,177,215,000

The Committee recommends an appropriation of \$2,177,215,000 for the Administration for Community Living [ACL], which includes \$27,700,000 to be transferred to ACL from the PPH Fund.

ACL was created with the goal of increasing access to community support for older Americans and people with disabilities. It is charged with administering programs authorized under the Older Americans Act [OAA] and the Developmental Disabilities Act, as well as promoting community living policies throughout the Federal Government for older Americans and people with disabilities.

Home- and Community-Based Supportive Services

The Committee recommends an appropriation of \$385,074,000 for the Home- and Community-Based Supportive Services program. This program provides formula grants to States and territories to fund a wide range of social services that enable seniors to remain independent and in their homes for as long as possible. State agencies on aging award funds to designated area agencies on aging that, in turn, make awards to local service providers. This activity supports services such as transportation, adult day care, physical fitness programs, and in-home assistance such as personal care and homemaker assistance. The Committee directs ACL to work with States to prioritize innovative service models, like naturally occurring retirement communities [NORCs], which help older Americans remain independent as they age. The Committee notes that NORCs, and similar settings, are a more cost-effective alternative to long-term care that enables older Americans to be more engaged in their communities while living at home.

Preventive Health Services

The Committee recommends \$24,848,000 for Preventive Health Services. This program funds activities such as medication management and enhanced fitness and wellness programs. These programs help seniors stay healthy and avoid chronic disease, thus reducing the need for costly medical interventions. The Committee maintains bill language that requires States to use these funds to support evidence-based models that enhance the wellness of seniors.

Protection of Vulnerable Older Americans

The Committee recommends \$21,658,000 for grants to States for the Long-term Care Ombudsman program and the Prevention of Elder Abuse program. Both programs provide formula grants to States to prevent the abuse, neglect, and exploitation of older individuals. The ombudsman program focuses on the needs of residents of nursing homes and other long-term care facilities, while the elder abuse prevention program targets the elderly community at large.

National Family Caregiver Support Program

The Committee recommends \$180,886,000 for the National Family Caregiver Support program. Funds appropriated for this activity establish a multifaceted support system in each State for family caregivers, allowing them to care for their loved ones at home for as long as possible. States may use funding to provide information to caregivers about available services, assistance to caregivers in gaining access to services, caregiver counseling and training, respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities, and limited supplemental services that fill remaining service gaps.

National Family Caregiver Support Program.—The Committee notes that the RAISE Family Caregivers Act (Public Law 115–119) signed into law this year requires HHS to establish a Family Caregiving Advisory Council and develop a new national strategy to support family caregivers, including resources, best practices, challenges, and programs to enhance the long-term care caregiving workforce. The Committee includes \$300,000 to establish the Council, which shall include representatives of relevant Departments and agencies and individuals with expertise and experience in family caregiving and long-term care supports, including caregivers.

Native American Caregiver Support Program

The Committee recommendation includes \$9,556,000 to carry out the Native American Caregiver Support program. This program provides grants to tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disability, as well as for grandparents caring for grandchildren.

Congregate and Home-Delivered Nutrition Services

The Committee recommends \$490,342,000 for congregate nutrition services and \$246,342,000 for home-delivered meals. These programs address the nutritional needs of older individuals, thus helping them to stay healthy and reduce their risk of disability. Funded projects must make home-delivered and congregate meals available at least once a day, 5 days a week, and each meal must meet a minimum of one-third of daily dietary requirements. While States receive separate allotments of funds for congregate meals, home-delivered meals, and supportive services, they have flexibility to transfer funds between these programs.

Nutrition Services Incentives Program.—The Committee recommendation includes \$160,069,000 for the Nutrition Services Incentives Program [NSIP]. NSIP augments funding for congregate and home-delivered meals provided to older adults. States and tribes may choose to receive all or part of their funding in the form of commodities from the USDA.

Aging Grants to Indian Tribes and Native Hawaiian Organizations

The Committee recommends \$33,208,000 for grants to Native Americans. This program provides grants to eligible tribal organizations for the delivery of nutrition and supportive services to Native Americans.

Aging Network Support Activities

The Committee recommends \$12,461,000 for Aging Network Support activities. These funds support activities that expand public understanding of aging and the aging process, apply social research and analysis to improve access to and delivery of services for older individuals, test innovative ideas and programs, and provide technical assistance to agencies that administer programs authorized by the OAA.

The Committee also includes \$5,000,000 to help provide supportive services for aging Holocaust survivors in the United States.

Alzheimer's Disease Program Demonstration Grants to States

The Committee recommendation includes \$23,500,000 for Alzheimer's Disease Program which includes Demonstration Grants to States and the Alzheimer's Disease Initiative consolidated in the Consolidated Appropriations Act, 2018. Within this funding, the Committee supports the continuation of the National Alzheimer's Call Center, which is available in all States, 24 hours a day, 7 days a week, year-round, to provide expert advice, crisis counseling, care consultation and information referral services in at least 140 languages, for persons with Alzheimer's disease, their family members and informal caregivers.

Lifespan Respite Care

The Committee recommends \$4,110,000 for the Lifespan Respite Care program. The Lifespan Respite Care program provides grants to States to expand respite care services to family caregivers, improve the local coordination of respite care resources, and improve access to and quality of respite care services, thereby reducing family caregiver strain.

Chronic Disease Self-Management Program

The Committee recommends \$8,000,000 be transferred from the PPH Fund to ACL for the Chronic Disease Self-Management Program [CDSMP]. This program assists those with chronic disease to manage their conditions and improve their health status. Topics covered by the program include nutrition; appropriate use of medications; fitness; and effective communications with healthcare providers. CDSMP has been shown through multiple studies to result in significant and measurable improvements in health and quality of life, as well as reductions in hospitalizations and emergency room visits.

Elder Falls Prevention

The Committee recommends that \$5,000,000 be transferred from the PPH Fund for Elder Falls Prevention activities at ACL. Preventing falls will help seniors stay independent and in their homes and avoid costly hospitalizations and hip fractures, which frequently lead to nursing home placement. The Committee intends that these funds should be used in coordination with CDC for public education about the risk of these falls, as well as implementation and dissemination of community-based strategies that have been proven to reduce the incidence of falls among seniors.

Elder Rights Support Activities

The Committee recommends \$15,874,000 for Elder Rights Support activities, including \$12,000,000 for the Elder Justice Initiative. These activities support programs that provide information, training, and technical assistance to legal and aging services organizations in order to prevent and detect elder abuse and neglect.

Aging and Disability Resource Centers

The Committee recommendation includes \$8,119,000 for Aging and Disability Resource Centers [ADRCs]. These centers provide information, one-on-one counseling, and access for individuals to learn about their long-term services and support options with the goal of allowing seniors and individuals with disabilities to maintain their independence. The Committee urges ACL to improve coordination among ADRCs, area agencies on aging, and centers for independent living to ensure that there is "no wrong door" to access services.

State Health Insurance Assistance Program

The Committee recommendation includes \$49,115,000 for State Health Insurance Assistance Programs, which provide accurate and understandable health insurance information to Medicare beneficiaries and their families.

Paralysis Resource Center

The Committee includes \$8,700,000 for the National Paralysis Resource Center [PRC], an increase of \$1,000,000. This program has long provided essential, comprehensive information, and referral services that promote independence and quality of life for the 5,400,000 people living with paralysis and their families. The Committee directs ACL to continue support for the national PRC at not less than \$7,700,000.

Limb Loss

The Committee provides \$3,500,000 for the Limb Loss program, which supports programs and activities to improve the health of people with limb loss and promote their well-being, quality of life, prevent disease, and provide support to their families and caregivers. Maintaining these programs is critical to support independent living within the disability community across their life course.

Traumatic Brain Injury

The Committee provides \$11,321,000 for the Traumatic Brain Injury program. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries. Such services can include: pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, long-term support, and protection and advocacy services.

The Committee includes not less than the fiscal year 2018 funding level for protection and advocacy services, as authorized under section 1305 of Public Law 106-310.

Developmental Disabilities State Councils

The Committee includes \$76,000,000 for State councils on developmental disabilities. These councils work to develop, improve, and expand the system of services and supports for people with developmental disabilities at the State and local level. Councils engage in activities such as training, educating the public, building capacity, and advocating for change in State policies with the goal of furthering the inclusion and integration of individuals with developmental disabilities in all aspects of community life.

Developmental Disabilities Protection and Advocacy

The Committee includes \$40,734,000 for protection and advocacy programs for people with developmental disabilities. This formula grant program provides funds to States to establish and maintain protection and advocacy systems that protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation.

Intermediate Care Facilities.—The Department is encouraged to factor the needs and desires of patients, their families, caregivers, legal representatives, and other stakeholders, as well as the need to provide proper settings for care, into its enforcement of the Developmental Disabilities Act.

Voting Access for Individuals With Disabilities

The Committee includes \$6,963,000 to improve voting access for individuals with disabilities. This program provides grants to protection and advocacy organizations to ensure that individuals with disabilities have the opportunity to participate in every step of the electoral process, including registering to vote, accessing polling places, and casting a vote.

Developmental Disabilities Projects of National Significance

The Committee includes \$12,000,000 for projects of national significance to assist persons with developmental disabilities. This program funds grants and contracts that develop new technologies and demonstrate innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities.

ABLE Act.—The Achieving a Better Life Experience Act [ABLE Act] allows individuals and families to save for the purpose of supporting individuals with disabilities in maintaining their health, independence, and quality of life. The Committee strongly encourages ACL to raise awareness on the eligibility and benefits of these accounts.

Specialized Housing for Individuals with Developmental Disabilities.—The Committee is aware that individuals with intellectual and developmental disabilities, particularly older adults, face challenges finding specialized housing with comprehensive services and encourages ACL to continue partnering with HUD, CMS, and other Federal agencies to support these critical services.

Transportation.—The Committee includes \$1,000,000 to fund transportation assistance activities for older adults and persons with disabilities. These activities should focus on the most cost-effective and sustainable strategies that can be replicated to other

communities. The Committee is pleased with the Inclusive Community Transportation program's efforts to integrate rural transit systems for individuals with disabilities and older adults to access healthcare services, paratransit, multiple transportation providers, and other critical community based supports. These small community demonstration grants should be designed to include the perspectives of individuals with disabilities and older adults in the transportation system and service design.

University Centers for Excellence in Developmental Disabilities

The Committee includes \$40,619,000 for the University Centers for Excellence in Developmental Disabilities [UCEDDs], a network of 67 centers that are interdisciplinary education, research and public service units of a university system or public or nonprofit entities associated with universities. The funding will keep the national network of Centers strong and able to assist States to initiate collaborative research, education, training, and service efforts that help States to implement ESSA and WIOA, thereby ensuring that youth with disabilities successfully complete elementary school and transition from school to postsecondary education and/or integrated employment. This funding also allows the University Centers to continue to address the needs of the rising numbers of individuals on the autism spectrum; demonstrate cost effective long term services and supports for adults with disabilities and those aging with disabilities; support returning veterans; and provide technical assistance to strengthen and support the national network of Centers as the disseminate research and best practices nationwide.

Independent Living

The Committee includes \$113,183,000 for the Independent Living Program. This program helps ensure that individuals with disabilities can live a productive and independent life in society. Funding helps States sustain, improve, and expand independent living services and establish and support a network of centers for independent living.

National Institute on Disability, Independent Living, and Rehabilitation Research

The Committee includes \$108,970,000 for the National Institute on Disability, Independent Living, and Rehabilitation Research [NIDILRR]. NIDILRR supports research and activities that help to maximize the full potential of individuals with disabilities in employment, independent living, and social activities. The Committee continues to support NIDILRR in ACL and does not transfer the program or activities to NIH.

Assistive Technology Research.—The Committee recognizes that there is a significant opportunity over the next decade for the HHS to lower healthcare costs and improve quality of life for people with disabilities through technology solutions for daily living. The Committee provides NIDILRR \$4,000,000 to fund competitive research grants that helps individuals with disabilities, with a particular emphasis on seniors, maintain or improve independence.

Assistive Technology

The Committee recommendation includes \$36,000,000 for Assistive Technology [AT]. AT provides States with funding to support individuals with disabilities of all ages to obtain devices and services that will increase, maintain, or improve their functional capabilities.

Program Administration

The Committee recommends \$41,063,000 for program administration at ACL. These funds support salaries and related expenses for program management and oversight activities.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2018	\$535,457,000
Budget estimate, 2019	342,990,000
Committee recommendation	545,457,000

The Committee recommends \$545,457,000 for General Departmental Management [GDM]. The recommendation includes \$64,828,000 in transfers available under section 241 of the PHS Act.

This appropriation supports activities that are associated with the Secretary's role as policy officer and general manager of the Department. It supports health activities performed by the Office of the Assistant Secretary for Health [ASH], including the Office of the Surgeon General. GDM funds also support the Department's centralized services carried out by several Office of the Secretary staff divisions, including personnel management, administrative and management services, information resources management, intergovernmental relations, legal services, planning and evaluation, finance and accounting, and external affairs.

Adverse Childhood Experience [ACE].—The Committee is aware that more than half of children, across all socioeconomic groups, experience an ACE such as physical abuse, substance misuse in the household, sexual abuse, and parental divorce, or separation. The Committee encourages the Office of the Surgeon General to develop a report on the connection between ACE, future substance misuse, and other health conditions. The Surgeon General should collaborate with CDC, NIH, SAMHSA, and ACF as they have extensive experience working on ACEs, their relationship to future health outcomes, and associated prevention efforts.

Antibiotic Resistance.—The Department shall include in the fiscal year 2020 CJ a detailed update on the progress being made to implement the CARB national strategy.

Chronic Fatigue Syndrome [ME/CFS].—The Committee is concerned that Americans afflicted with CFS also known as Myalgic Encephalomyelitis [ME/CFS] have very limited access to clinical care, that there is no diagnostic test for CFS, and that there are no FDA-approved treatments for them. HHS is encouraged to utilize the CFS Advisory Committee to accelerate progress on research, education, training, clinical care, and services to better address the needs of over 1,000,000 Americans suffering from CFS.

DATA Act.—The Committee notes that in a November 2017 report, independent analysis found that the Department has made significant progress during fiscal year 2017 in implementation of the Digital Accountability and Transparency Act of 2014 [DATA Act], which requires Federal agencies to report on financial and non-financial data in accordance with standards established by the U.S. Department of the Treasury and the Office of Management and Budget. The Committee directs the Department to continue to take action to address the deficiencies highlighted in the report in order to improve data quality for the benefit of the taxpayer.

Disparity Populations.—The Committee recognizes the importance of understanding and addressing the needs of disparity populations. To ensure underserved and disadvantaged populations con-

tinue to be best served by programs and offices within the Department and that our Federal health programs address the unique needs of vulnerable communities, the Committee directs the Secretary to maintain the collection of data on disparity populations, as defined by Healthy People 2020, on health surveys administered by the Department.

Duchenne Muscular Dystrophy.—The Committee recognizes the potential that virally mediated gene therapy applications pose for Duchenne and other rare diseases. As this science moves toward translational and clinical evaluation, the Committee recommends the Secretary convene an effort across NIH, FDA, and CMS and other relevant entities and stakeholders, as appropriate, to develop a comprehensive and integrated HHS strategy to address complex, interrelated issues such as manufacturing practices, dosing and re-dosing, and reimbursement models and related data requirements so that patients have timely access to these innovative therapies. In addition, the Secretary is encouraged to promote data sharing across HHS and with relevant entities and stakeholders.

Early Detection of Brain Aneurysms.—The Committee recognizes that although 1 in 50 Americans have a brain aneurysm, there are typically no warning signs or symptoms unless they have bled. Even when an aneurysm has bled, the symptoms are not widely known among healthcare professionals, such as first responders and emergency room physicians. The Committee encourages the Secretary, in consultation with appropriate stakeholders, to facilitate the development of best practices on brain aneurysm detection and diagnosis for first responders, emergency room physicians, primary care physicians, nurses, and advanced practice providers.

Financial Reporting.—The Committee notes that the Department led a pilot program under the DATA Act aimed at developing recommendations for reducing recipient reporting burden for grantees and contractors. The Committee recognizes the potential benefits of streamlined financial reporting for Federal contract spending and urges the Department to highlight the lessons learned from this pilot program.

Global Health Research Strategy.—The Committee requests an update on how CDC, FDA, BARDA, and NIH jointly coordinate global health research activities with specific measurable metrics used to track progress toward agreed upon health goals.

Health Disparities.—The Committee appreciates the Department's efforts to address health disparities but notes a comprehensive coordinated focus would increase the probability of reducing these disparities. Specifically, the Committee encourages OMH, NIMHD, and HRSA to support a coordinated approach to factors that lead to health disparities including age, nutrition, medical conditions, and availability of medical support and an appropriate healthcare workforce in both underserved urban and rural settings.

HIV/AIDS Prevention.—The Committee continues to be concerned with the negative impact poor adherence to chronic medications has to the health of patients and to the overall costs of healthcare. Adherence to pre-exposure prophylaxis therapy [PrEP] significantly reduces the risk of contracting HIV, but is much less effective when not taken consistently. The Committee encourages the Department to investigate the use of financial incentive struc-

tures that incorporate frequent feedback and to assess outcomes of these interventions to improve adherence to PrEP therapy.

Lung Cancer.—The Committee understands that lung cancer has a disparate impact on women, particularly those who have never smoked. The Committee encourages the Secretary, in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, to conduct an interagency study to evaluate the status of research on women and lung cancer and make recommendations for additional research, increased access to lung cancer preventive services, and strategic public awareness and education campaigns related to lung cancer.

National Clinical Care Commission.—The Committee urges the Secretary to convene the Commission as described in Public Law 115–80 as soon as possible. The Commission, which should be comprised of healthcare providers, patient advocates, and Federal agencies, is to make recommendations about developing improved clinical resources and tools, innovative care models, quality measures and registries, diabetes screening programs and other prevention activities.

National Vaccine Advisory Committee [NVAC].—The Committee recognizes that lower childhood immunization rates have been reported in the United States among children living in poverty, urban children, and black and Hispanic children. The Committee requests the NVAC, in coordination with CMS, to provide the Committee with data regarding the number of children under the age of 35 months that received childhood vaccinations, as well as data regarding disparities in immunization rates among these children. The NVAC should also assess the extent to which these children received vaccinations according to the recommendations of the CDC Advisory Committee on Immunization Practices.

Nonrecurring Expenses Fund.—The Committee directs the Secretary to prioritize obligations from resources in the Nonrecurring Expenses Fund for CDC’s NIOSH facility in Cincinnati, Ohio and for CDC cybersecurity needs.

Obligation Reports.—The Committee directs the Secretary to submit electronically to the Committee an Excel table detailing the obligations made in the most recent quarter for each office and activity funded under this appropriation not later than 30 days after the end of each quarter.

Opioid Prescribing Limitations.—The Committee applauds State efforts to address the overprescribing of opioids by implementing CDC’s Guideline for Prescribing Opioids for Chronic Pain. Not later than 1 year after the enactment of this act, the Secretary, in conjunction with CDC, shall submit a report to the Committees on Appropriations in the House of Representatives and the Senate detailing: the impact of existing State regulations or laws to limit opioid prescriptions on opioid abuse and overdose rates; the impact of existing State regulations or laws to limit opioid prescriptions on legitimate access to opioids, including the impact on patient cost sharing (including copayments); and recommended Federal legislative or executive actions that could be taken to further reduce opioid abuse and overdose deaths.

Public Health in Indian Country.—The Committee supports the Secretary’s current initiatives to address public health crises such

as viral hepatitis, HIV/AIDS, Zika, the opioid crisis, and others that disproportionately impact Indian Country. The Committee requests that HHS provide an update on these efforts in the fiscal year 2020 CJ.

Rural Communities.—The Committee encourages the Secretary to ensure that rural concerns and challenges are adequately represented in the Department's policies, programs, and activities, including policies related to the opioid epidemic. The Committee requests that the Secretary include a status of these activities in the fiscal year 2020 CJ.

Staffing Reports.—The Committee includes a new general provision requiring the Department to submit a staffing report to the Committee by the 15th day of each month. The Excel table will include: the names, titles, grades, agencies, and divisions of all of the political appointees, special government employees, and detailees that were employed by or assigned to the Department during the previous month.

Substance Use Disorder Treatment.—The Committee directs the Government Accountability Office [GAO] to review inpatient and outpatient treatment capacity, availability, and needs. The study should consider, to the extent that data is available, the capacity of detoxification programs, transitional residential support services, demographic specific residential or inpatient treatment programs, and geographic differences in the availability of recovery options. The study should also identify barriers to treatment at the Federal, State, and local levels, and ways to overcome such barriers. The Committee directs GAO to complete the report and share with both House and Senate Appropriations Committees within 24 months of the enactment of this act.

Surgeon General Report on Poverty.—The Committee notes that too many American children still live in poverty, compromising their ability to be healthy, to succeed in school and to raise healthy families themselves. A report by the Surgeon General on improving the health of children could increase awareness and generate additional effort toward ameliorating this public health problem.

Technical Assistance.—The Committee is concerned about the Department's responsiveness to Technical Assistance requests and continues to note that it expects the Department to comply in a timely manner with its requests for technical assistance and information, consistent with past practice including timely answers that respond to any specific inquiries.

United States/Mexico Border.—The Committee urges the Department to continue its efforts to conduct border infectious disease surveillance to identify and implement needed prevention and treatment. The Department could focus on priority surveillance, epidemiology, and preparedness activities along the borders in order to be able to respond to potential outbreaks and epidemics, including those caused by potential bioterrorism agents.

Teen Pregnancy Prevention

The Committee recommendation includes \$101,000,000 for the Teen Pregnancy Prevention program. This program supports competitive grants to public and private entities to replicate evidence-based teen pregnancy prevention approaches.

Office of Minority Health

The Committee recommends \$56,670,000 for the Office of Minority Health. This Office focuses on strategies designed to decrease health disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals and coordinates all departmental activity related to improving health outcomes for disadvantaged and minority individuals.

Lupus Initiative.—The Committee continues to support the OMH National Health Education Lupus Program and its efforts to develop a clinical trial education and implementation plan for lupus. The action plan will focus on developing public-private and community partnerships, evaluating current minority clinical trial education and participation programs, and developing a research plan for creating new clinical trial education models in lupus. This will inform the development of the broader actionable lupus clinical trial education plan.

Youth Violence Prevention.—The Committee encourages OMH to explore innovative demonstration grants to hospitals to address the cyclical nature of violence in the community. These efforts should integrate existing community resources as well as local law enforcement to develop best practices replicable on a national scale.

Sexual Risk Avoidance

The Committee recommends \$35,000,000 for sexual risk avoidance education. This is a competitive grant program that funds evidenced based abstinence models for adolescents.

Funding for competitive grants for sexual risk avoidance shall use medically accurate information referenced to peer-reviewed publications by educational, scientific, governmental, or health organizations; implement an evidence-based approach; and teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors.

Office of Women’s Health

The Committee recommends \$32,140,000 for the Office of Women’s Health. This office develops, stimulates, and coordinates women’s health research, healthcare services, and public and healthcare professional education across the Department. It advances important crosscutting initiatives and develops public-private partnerships, providing leadership and policy direction to address the disparities in women’s health.

The Committee recommendation includes \$3,100,000 to combat violence against women through the State partnership initiative. This program provides funding to State-level public and private health programs to partner with domestic and sexual violence organizations to improve healthcare providers’ ability to help victims of violence and improve prevention programs.

OFFICE OF MEDICARE HEARINGS AND APPEALS

Appropriations, 2018	\$182,381,000
Budget estimate, 2019	112,381,000
Committee recommendation	182,381,000

The Committee provides \$182,381,000 for the Office of Medicare Hearings and Appeals [OMHA]. This Office is responsible for hearing Medicare appeals at the Administrative Law Judge [ALJ] level, which is the third level of Medicare claims appeals. OMHA ensures that Medicare beneficiaries who are dissatisfied with the initial decisions about their benefits or eligibility can appeal and exercise their right to a hearing in front of an ALJ.

Appeals Backlog.—The Committee continues to be concerned over the nearly 500,000 cases that are still pending before ALJs at OMHA. OMHA shall provide an update to the Committee 180 days after enactment on the progress and continued challenges with reducing the caseload backlog.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Appropriations, 2018	\$60,367,000
Budget estimate, 2019	38,381,000
Committee recommendation	60,367,000

The Committee makes available \$60,367,000 to the Office of the National Coordinator for Health Information Technology [ONC]. ONC is responsible for coordinating Federal health information systems and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2018	\$80,000,000
Budget estimate, 2019	80,000,000
Committee recommendation	80,000,000

The Committee recommends \$80,000,000 for the HHS Office of Inspector General [OIG]. In addition to discretionary funds provided in this act, the Health Insurance Portability and Accountability Act of 1996 provides a permanent appropriation of \$334,097,000 for OIG.

OIG conducts audits, investigations, and evaluations of the programs administered by the Department's operating and staff divisions, including the recipients of the Department's grant and contract funds. In doing so, OIG addresses issues of waste, fraud, and abuse and makes recommendations to improve the efficiency and effectiveness of the Department's programs and operations.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2018	\$38,798,000
Budget estimate, 2019	30,904,000
Committee recommendation	38,798,000

The Committee recommends \$38,798,000 for the Office for Civil Rights [OCR] in budget authority. OCR is responsible for enforcing civil rights-related statutes in healthcare and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and implements programs to generate voluntary compliance among providers and constituency groups of health and human services.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 2018	\$618,689,000
Budget estimate, 2019	629,209,000
Committee recommendation	629,209,000

The Committee provides an estimated \$629,209,000 in mandatory funds for Retirement Pay and Medical Benefits for Commissioned Officers of the U.S. Public Health Service. This account provides for retirement payments to PHS officers who are retired due to age, disability, or length of service; payments to survivors of deceased officers; and medical care to Active Duty and retired officers, as well as their dependents.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Appropriations, 2018	\$1,953,458,000
Budget estimate, 2019	2,303,877,000
Committee recommendation	2,046,458,000

The Committee recommends \$2,046,458,000 for the Public Health and Social Services Emergency Fund. This appropriation supports the activities of the Assistant Secretary for Preparedness and Response [ASPR] and other components within the Office of the Secretary to prepare for the health consequences of bioterrorism and other public health emergencies, including pandemic influenza. It also provides funding for the Department's cybersecurity efforts.

Office of the Assistant Secretary for Preparedness and Response

The Committee recommendation includes \$1,689,128,000 for activities administered by ASPR. This Office was created by the Pandemic and All-Hazards Preparedness Act to lead the Department's activities regarding preventing, preparing for, and responding to public health emergencies, including disasters and acts of terrorism.

National Disaster Medical System.—The Committee continues bill language providing coverage under the Federal Employees Compensation Act for National Disaster Medical System intermittent employees who are activated for training or deployment.

Emergency Response Coordination.—The Committee recognizes the importance of a federally coordinated public health and medical preparedness response following a natural disaster or public health emergency. The Committee encourages ASPR to establish a process to facilitate the transportation and distribution of essentials in commerce during a presidentially declared emergency or major disaster declaration. ASPR is further encouraged to ensure this process identifies and minimizes gaps, duplication, and other inefficiencies in medical and public health preparedness response activities.

PRISM Guidance.—The Committee is aware that ASPR is in the process of updating the Primary Response Incident Scene Management Guidance for Chemical Incidents [PRISM], which establishes standardized decontamination procedures for use by first responders. However, a 2017 field exercise revealed significant gaps in decontamination procedures for individuals with disabilities, which have not yet been fully evaluated or addressed in the guidance.

Therefore, the Committee encourages ASPR to develop evidence-based guidance and decontamination procedures for individuals with disabilities, as well as other at-risk groups.

Strategic National Stockpile.—The Committee remains concerned about plans to transfer the Strategic National Stockpile from CDC to ASPR at the beginning of fiscal year 2019, particularly with regard to maintaining appropriate coordination and support for State and local public health departments. The Committee directs the Secretary to report to Congress within 90 days of enactment of the act regarding ASPR's plans to: (1) maintain funding for State and local operational readiness to distribute and dispense medical countermeasures from the Stockpile; (2) continue technical assistance, support, and oversight for State and local health departments' operational readiness to distribute and dispense medical countermeasures from the Stockpile; and (3) incorporate and access CDC expertise throughout the Public Health Emergency Medical Countermeasures Enterprise, including decisions related to procurement and deployment for the Stockpile.

Hospital Preparedness Program

The Committee's recommendation includes \$264,555,000 for the Hospital Preparedness Program [HPP]. This program provides grants to States to build healthcare coalitions that enhance regional and local hospital preparedness and improve overall surge capacity in public health emergencies. The Committee recognizes the vital importance of this program in helping communities respond to tragic events and for this reason includes the same funding level as fiscal year 2018. The Committee believes this funding should be carefully coordinated within communities to continue to provide our Nation's hospitals and emergency responders the necessary tools to respond quickly and collaboratively to these and other public health emergencies that are inevitable in our Nation's communities.

Emergency Response.—The Committee commends CDC for issuing a Public Health Crisis Notice of Funding Opportunity as a novel approach to enable CDC to more quickly award funds in the event of a public health emergency. The Committee encourages ASPR to assess whether similar mechanisms would increase the efficiency of the disbursement of emergency funds through programs administered at ASPR, including funds distributed through the HPP and other mechanisms.

Regional Disaster Health Response System [RDHRS].—The Committee encourages the Department to dedicate \$6,000,000 to support ongoing activities associated with the RDHRS demonstration project aimed at increasing regional ability to respond to 21st Century threats, leveraging local, State, and Federal healthcare assets across State lines, and assuring improved communications and coordination among participating entities. The Committee encourages ASPR to consider innovative coalitions of academic medical centers in partnership with existing local healthcare coalitions and trauma centers that integrate their medical response capabilities with Federal facilities and local emergency medical services. Further, the Committee encourages ASPR to select coalition(s) from various regions, such as one with a high incidence and variety of natural dis-

asters and where disaster medical response efforts are challenged by significant rurality.

Biomedical Advanced Research and Development Authority [BARDA]

The Committee recommendation includes \$561,700,000 for advanced research and development.

Infectious Diseases.—The Committee commends BARDA for supporting advanced development efforts to develop vaccines, diagnostics, drugs, and therapeutics to minimize serious threats of infectious diseases. BARDA is encouraged to continue to proactively prepare for emerging infectious disease outbreaks, including investing in rapid screening technology, and the Committee commends BARDA for supporting advanced development efforts of industry to develop vaccines, diagnostics, drugs, and therapeutics to minimize serious threats of infectious disease.

Tuberculosis.—The National Strategy for CARB identified drug resistant TB as a serious threat level pathogen and called for new diagnostic, treatment and prevention tools to address this global health threat. The Committee encourages BARDA to support the development of new TB diagnostic tests, drugs and vaccines through the CARB initiative, and the Emerging Infectious Disease program.

Zika Vaccine Development.—The Committee directs BARDA to use resources made available in this act to continue research into a Zika vaccine and provide an update on progress to the Committee 180 days after enactment of this act.

Project BioShield Special Reserve Fund

The Committee recommendation includes \$735,000,000 for the Project BioShield Special Reserve Fund. The Committee is committed to ensuring the Nation is adequately prepared against chemical, biological, radiological, and nuclear attacks. The Committee recognizes a public-private partnership to develop medical countermeasures [MCMs] is required to successfully prepare and defend the Nation against these threats. Where there is little or no commercial market, the Committee supports the goal of Government financing providing a market guarantee.

Other Activities

The Committee recommendation includes the following amounts for the following activities within ASPR:

- Operations.—\$30,938,000;
- Preparedness and Emergency Operations.—\$24,654,000;
- National Disaster Medical System.—\$57,404,000; and
- Policy and Planning.—\$14,877,000.

Office of the Assistant Secretary for Administration

The Committee recommends \$58,860,000 for information technology cybersecurity in the Office of the Assistant Secretary for Administration. These funds provide for continuous monitoring and security incident response coordination for the Department's computer systems and networks.

Office of the Assistant Secretary for Health/Medical Reserve Corps

The Committee recommendation includes \$6,000,000 for the Medical Reserve Corps [MRC] program in ASH. This program is a national network of local volunteers who work to strengthen the public health infrastructure and preparedness capabilities of their communities.

The Committee maintains funding at last year's level for the MRC which is composed of volunteer doctors, dentists, nurses, pharmacists, and other community members. The Committee notes that the MRC provides an important community service, assisting in emergency response during a natural disaster, terrorist attack, or disease outbreak and staffing exercises to test local capacity to quickly dispense medicines and vaccines in an emergency.

Office of the Secretary

The Committee recommendation includes \$292,470,000 for activities within the Office of the Secretary.

Pandemic Influenza Preparedness

The Committee recommendation includes \$285,000,000 for Pandemic Influenza Preparedness. Of the total, \$35,000,000 is provided in annual funding and \$250,000,000 in no-year funding.

Pandemic Influenza Program.—The Committee recognizes the critical nature of preparing for and responding to the inevitability of pandemic influenza and directs ASPR to continue to develop, procure, and maintain detection, prevention, and treatment measures and countermeasures to protect the public against pandemic influenza. The Committee intends that ASPR use the funding provided to support innovative technologies that enhance rapid detection and response to threats relating to pandemic influenza, ensure readiness to respond to pandemic influenza threats, and sustain and replenish pandemic stockpiles of bulk antigen and adjuvant material and necessary ancillary supplies, including annually testing the potency and shelf-life potential of all existing pandemic stockpiles held by HHS.

Office of Security and Strategic Information

The Committee includes \$7,470,000 for the Office of Security and Strategic Information to maintain the security of the Department's personnel, systems, and critical infrastructure.

PREVENTION AND PUBLIC HEALTH FUND

In fiscal year 2019, the level transferred from the fund after accounting for sequestration is \$848,000,000. The Committee includes bill language in section 219 of this act that requires that funds be transferred within 45 days of enactment of this act to the following accounts, for the following activities, and in the following amounts:

[In thousands of dollars]

Agency	Account	Program	Committee recommendation
ACL	Aging and Disability Services Programs	Alzheimer's Disease Prevention Education and Outreach.	14,700
ACL	Aging and Disability Services Programs	Chronic Disease Self Management	8,000
ACL	Aging and Disability Services Programs	Falls Prevention	5,000
CDC	Immunization and Respiratory Diseases	Section 317 Immunization Grants	324,350
CDC	Emerging and Zoonotic Infectious Diseases ...	Epidemiology and Laboratory Capacity Grants	40,000
CDC	Emerging and Zoonotic Infectious Diseases ...	Healthcare Associated Infections	12,000
CDC	Chronic Disease Prevention and Health Promotion.	Office of Smoking and Health (Tobacco Prevention/Media & Quit Lines).	129,600
CDC	Chronic Disease Prevention and Health Promotion.	Breast Feeding Grants (Hospitals Promoting Breastfeeding).	8,000
CDC	Chronic Disease Prevention and Health Promotion.	Million Hearts Program	4,000
CDC	Chronic Disease Prevention and Health Promotion.	Heart Disease & Stroke Prevention Program ..	57,075
CDC	Chronic Disease Prevention and Health Promotion.	Diabetes	52,275
CDC	Chronic Disease Prevention and Health Promotion.	Early Care Collaboratives	4,000
CDC	Environmental Health	Lead Poisoning Prevention	17,000
CDC	CDC-Wide Activities	Preventive Health and Health Services Block Grants.	160,000
SAMHSA ..	Mental Health	Suicide Prevention (Garrett Lee Smith)	12,000

GENERAL PROVISIONS

Section 201. The bill continues a provision placing a \$50,000 ceiling on official representation expenses.

Section 202. The bill continues a provision limiting the use of certain grant funds to pay individuals more than an annual rate of Executive Level II.

Section 203. The bill continues a provision restricting the Secretary's use of taps for program evaluation activities unless a report is submitted to the Appropriations Committees of the House of Representatives and the Senate on the proposed use of funds.

Section 204. The bill modifies a provision authorizing the transfer of up to 2.6 percent of PHS Act funds for evaluation activities.

Section 205. The bill continues a provision restricting transfers of appropriated funds and requires a 15-day notification to the Committees on Appropriations of the House of Representatives and the Senate.

Section 206. The bill continues a general provision allowing National Health Service Corps contracts to be canceled up to 60 days after award.

Section 207. The bill continues a provision regarding requirements for family planning applicants.

Section 208. The bill continues language which States that no provider services under title X of the PHS Act may be exempt from State laws regarding child abuse.

Section 209. The bill continues language which restricts the use of funds to carry out the Medicare Advantage Program if the Secretary denies participation to an otherwise eligible entity.

Section 210. The bill continues a provision prohibiting the use of funds for lobbying activities related to gun control.

Section 211. The bill continues a provision that limits the assignment of certain public health personnel.

Section 212. The bill continues a provision which facilitates the expenditure of funds for international health activities.

Section 213. The bill continues a provision permitting the transfer of up to 3 percent of AIDS funds among ICs by the Director of NIH and the Director of the Office of AIDS Research at NIH.

Section 214. The bill continues language which requires that the use of AIDS research funds be determined jointly by the Director of NIH and the Director of the Office of AIDS Research and that those funds be allocated directly to the Office of AIDS Research for distribution to the ICs consistent with the AIDS research plan.

Section 215. The bill continues a provision authorizing the Director of NIH to enter into certain transactions to carry out research in support of the NIH Common Fund.

Section 216. The bill continues a provision permitting NIH to use up to \$3,500,000 per project for improvements and repairs of facilities.

Section 217. The bill continues a provision that transfers funds from NIH to HRSA and AHRQ, to be used for National Research Service Awards.

Section 218. The bill continues a provision that provides BARDA with authority to enter into a multiyear contract for up to 10 years and to repurpose unused termination costs to pay contract invoices.

Section 219. The bill continues a provision requiring CJs to include certain FTE information with respect to ACA.

Section 220. The bill continues a provision related to ACA exchange funding transparency.

Section 221. The bill continues a provision related to notifications for ACA enrollment and Community Health Centers awards.

Section 222. The bill continues a provision prohibiting funds for the Risk Corridor program.

Section 223. The bill continues a requirement for HHS to conduct an analysis of the ACA's impact on eligibility for certain discretionary programs.

Section 224. The bill includes a provision requiring the Secretary to transfer Prevention and Public Health Fund resources within 45 days.

Section 225. The bill continues a provision related to breast cancer screening recommendations.

Section 226. The bill continues a provision on NIH indirect costs.

Section 227. The bill continues a provision for Medicare and Medicaid expenses.

Section 228. The bill continues a provision requiring Congressional notification prior to NIH transfers of opioid funds internally.

Section 229. The bill continues a provision regarding use of CCDBG funds.

Section 230. The bill includes a new provision rescinding unobligated funds from the Nonrecurring Expenses Fund.

Section 231. The bill includes a new provision on staffing reports.

Section 232. The bill includes a new provision on HHS staff travel for medical care.

TITLE III
DEPARTMENT OF EDUCATION
EDUCATION FOR THE DISADVANTAGED

Appropriations, 2018	\$16,443,790,000
Budget estimate, 2019	15,926,790,000
Committee recommendation	16,568,790,000

The Committee recommends an appropriation of \$16,568,790,000 for education for the disadvantaged.

The programs in the Education for the Disadvantaged account provide a foundation of support to help ensure that all children receive a high-quality education. Funds appropriated in this account primarily support activities in the 2019–2020 school year.

Grants to Local Educational Agencies

The Committee recommends \$15,884,802,000 for the title I grants to local educational agencies [LEAs] program. Title I grants to LEAs provide supplemental education funding, especially in high-poverty areas, for local programs that provide extra academic support to help raise the achievement of eligible students or, in the case of school-wide programs, help all students in high-poverty schools meet challenging State academic standards. Title I grants are distributed through four formulas as prescribed by this act: basic, concentration, targeted, and education finance incentive grant.

Of the funds available for title I grants to LEAs, up to \$5,000,000 shall be available on October 1, 2018 for transfer to the Census Bureau for poverty updates; \$5,038,625,000 will become available on July 1, 2019; and \$10,841,177,000 will become available on October 1, 2019. The funds that become available on July 1, 2019, and October 1, 2019, will remain available for obligation through September 30, 2020.

The Committee requests that GAO initiate a review of school improvement activities being undertaken with funding available in this program. The Committee envisions a multi-phase process that would allow GAO to conduct a comprehensive examination, looking at, among other issues, the allocation and use of funds; selection and oversight of technical assistance; application of evidentiary requirements from ESSA; implementation of provisions related to resource inequities; State and local monitoring; and sustainability of effective practices implemented in schools.

The Committee directs the Department to make publicly available on its website a request from a State Education Agency to waive the 1-percent alternate assessment cap under section 1111(b)(2)(D)(i)(I) of the Elementary and Secondary Education Act and its implementing regulations at 34 CFR 200.6(c) and the Department's response to any such request.

Comprehensive Literacy State Development Grants

The Committee recommendation includes \$190,000,000 for the Comprehensive Literacy State Development Grants program. This program provides competitive grants to State educational agencies

[SEAs] that then subgrant at least 95 percent of such funds to eligible entities to support efforts to improve literacy instruction in high-need schools and early education programs in a State for each of several age bands ranging from birth through 12th grade.

Innovative Approaches to Literacy

The Committee recommendation includes \$27,000,000 for the Innovative Approaches to Literacy program. This program provides competitive grants to national not-for-profit organizations and school libraries for providing books and childhood literacy activities to children and families living in high-need communities.

The Committee continues to direct the Department to reserve no less than 50 percent of funds under this program for grants to develop and enhance effective school library programs, which may include providing professional development to school librarians, books, and up-to-date materials to high-need schools. Further, the Committee continues to direct the Department to ensure that grants are distributed among eligible entities that will serve geographically diverse areas, including rural areas.

Migrant Education Program

The Committee recommends \$374,751,000 for the title I Migrant Education program. This funding supports grants to SEAs for programs to meet the special educational needs of the children of migratory agricultural workers or migratory fishworkers. Funding also supports activities to improve interstate and intrastate coordination of migrant education programs, as well as identify and improve services to the migrant student population.

Neglected and Delinquent

The Committee recommends \$47,614,000 for the title I Neglected and Delinquent program. This program provides financial assistance to SEAs for education services to neglected and delinquent children and youth in State-run institutions and for juveniles in adult correctional institutions. States are authorized to set aside at least 15 percent, but not more than 30 percent, of their Neglected and Delinquent funds to help students in State-operated institutions make the transition into locally operated programs and to support the successful reentry of youth offenders who are age 20 or younger and have received a secondary school diploma or its recognized equivalent.

Special Programs for Migrant Students

The Committee recommends \$44,623,000 for Special Programs for Migrant Students, which consist of the High School Equivalency Program [HEP] and the College Assistance Migrant Program [CAMP]. HEP projects are 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant students ages 16 and older and provide the academic and support services needed to help them obtain a high school equivalency certificate and subsequently gain employment, attain admission to a postsecondary institution or a job training program, or join the military. CAMP projects are 5-year grants to institutions of higher education and nonprofit organizations to provide tutoring, coun-

selling, and financial assistance to migrant students during their first year of postsecondary education.

IMPACT AID

Appropriations, 2018	\$1,414,112,000
Budget estimate, 2019	1,259,790,000
Committee recommendation	1,439,112,000

The Committee recommends \$1,439,112,000 for the Impact Aid program. Impact Aid provides financial assistance to school districts affected by the presence of Federal activities and federally owned land. These school districts face unique challenges because they must educate children living on federally owned land, such as military bases, while federally owned property is also exempt from local taxes, a primary source of revenue for local school districts.

Basic Support Payments.—The Committee recommends \$1,294,242,000 for the Basic Support Payments program. Under this statutory formula, payments are made on behalf of all categories of federally connected children, with a priority placed on making payments first to heavily impacted school districts and providing any remaining funds for regular basic support payments.

Payments for Children With Disabilities.—The Committee bill includes \$48,316,000 for Payments for Children With Disabilities. Under this program, additional payments are made for certain federally connected children eligible for services under IDEA.

Facilities Maintenance.—The Committee recommends \$4,835,000 for Facilities Maintenance. This activity provides funding for emergency repairs and comprehensive capital improvements to certain school facilities owned by the Department and used by LEAs to serve federally connected military dependent students. Funds appropriated for this purpose are available until expended.

Construction.—The Committee recommends \$17,406,000 for eligible LEAs for school construction activities allocated competitively under section 7007(b) of ESEA.

Payments for Federal Property.—The Committee recommends \$74,313,000 for Payments for Federal Property. These payments compensate LEAs specifically for revenue lost due to the removal of Federal property from local tax rolls, regardless of whether any federally connected children attend schools in the district. The budget request proposed eliminating this program. The Committee recommendation again rejects this elimination and continues to note that this funding represents a key component of fulfilling the Federal Government's commitment to school districts impacted by the presence of federally owned land.

The Committee has serious concerns about the effect on school districts of sudden changes to decades-long practice of how the Department calculates local tax efforts for Impact Aid eligibility purposes. The Committee expects to work with the Department on this issue and requests a briefing within 30 days of enactment.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 2018	\$5,158,467,000
Budget estimate, 2019	645,214,000
Committee recommendation	5,291,967,000

The Committee recommendation includes \$5,291,967,000 for the School Improvement Programs account.

Supporting Effective Instruction State Grants

The Committee recommends \$2,055,830,000 for Supporting Effective Instruction State Grants. States and LEAs may use funds for a range of activities related to the certification, recruitment, professional development, and support of teachers and administrators. Activities may include reforming teacher certification and licensure requirements, addressing alternative routes to State certification of teachers, recruiting teachers and principals, and implementing teacher mentoring systems, teacher testing, merit pay, and merit-based performance systems. These funds may also be used by districts to hire teachers to reduce class sizes.

The appropriation for this program primarily supports activities associated with the 2019–2020 academic year. Of the funds provided, \$374,389,000 will become available on July 1, 2019, and \$1,681,441,000 will become available on October 1, 2019. These funds will remain available for obligation through September 30, 2020.

Supplemental Education Grants

The Committee recommendation includes \$16,699,000 for supplemental education grants to the Republic of Marshall Islands [RMI] and the Federated States of Micronesia [FSM]. This grant program was authorized by the Compact of Free Association Amendments Act of 2003. These funds will be transferred from the Department to the Secretary of the Interior for grants to these entities. The Committee bill includes language requested in the budget that allows the Secretary of Education to reserve 5 percent of these funds to provide FSM and RMI with technical assistance.

21st Century Community Learning Centers

The Committee recommends an appropriation of \$1,211,673,000 for the 21st Century Community Learning Centers program. Funds are allocated to States by formula, which in turn, award at least 95 percent of their allocations to LEAs, community-based organizations, and other public and private entities. Grantees use these resources to establish or expand community learning centers that provide activities offering significant extended learning opportunities, such as before- and after-school programs, recreational activities, drug and violence prevention, and family literacy programs for students and related services to their families. Centers must target their services to students who attend schools that are eligible to operate a school-wide program under title I of the ESEA or serve high percentages of students from low-income families.

State Assessments Grants

The Committee recommends \$378,000,000 for the State Assessments Grants program. This program provides formula grants to States for developing and implementing standards and assessments required by the ESEA and helping States and LEAs carry out audits of their assessment systems to eliminate low-quality or duplicative assessments. It also provides competitive grants to States,

including consortia of States, to improve the quality, validity, and reliability of academic assessments.

Education for Homeless Children and Youth

For carrying out education activities authorized by title VII, subtitle B of the McKinney-Vento Homeless Assistance Act, the Committee recommends \$93,500,000. This program provides assistance to each State to support an office of the coordinator of education for homeless children and youth, to develop and implement State plans for educating homeless children, and to make subgrants to LEAs to support the education of those children. Grants are made to States based on the total that each State receives in title I grants to LEAs.

Under the McKinney-Vento Homeless Children and Youth Program, SEAs must ensure that homeless children and youth have equal access to the same free public education, including a public preschool education, as is provided to other children and youth.

Training and Advisory Services

For Training and Advisory Services authorized by title IV of the Civil Rights Act, the Committee recommends \$6,575,000. The funds provided will support awards to operate regional equity assistance centers [EACs]. Each EAC provides services to school districts upon request. Activities include disseminating information on successful practices and legal requirements related to nondiscrimination on the basis of race, color, sex, or national origin in education programs.

Native Hawaiian Education

The Committee recommendation includes \$36,397,000 for Native Hawaiian Education.

The Committee bill continues a provision that allows funding provided by this program to be used for construction. The Committee recommendation includes \$650,000 for the Native Hawaiian Education Council.

Alaska Native Education

The Committee recommends \$35,453,000 for the Alaska Native Education. These funds help address the unique educational needs of Alaska Native schoolchildren. Funds are used for the development of supplemental educational programs to benefit Alaska Natives.

The Committee continues language that allows funding provided by this program to be used for construction and overriding the authorizing statute's requirement to make noncompetitive awards to certain organizations.

The Committee directs the Department to make every effort to ensure that Alaska Native organizations and tribal representatives are able to fully engage in tribal consultation as part of the development of regulations intended to clarify changes made to this program by the ESSA. The Committee further directs the Department to consult with Congress throughout the regulatory process. Finally, the Committee continues to direct the Department to ensure that Alaska Native tribes, Alaska Native regional non-profits and

Alaska Native corporations have the maximum opportunity to successfully compete for grants under this program by providing these entities multiple opportunities for technical assistance in developing successful applications for these funds, both in Alaska and via various forms of telecommunications.

Rural Education

The Committee recommends \$180,840,000 for rural education programs.

The Committee expects that rural education funding will be equally divided between the Small, Rural School Achievement Program, which provides funds to LEAs that serve a small number of students, and the Rural and Low-Income School Program, which provides funds to LEAs that serve concentrations of poor students, regardless of the number of students served.

Comprehensive Centers

The Committee recommends \$52,000,000 for the Comprehensive Centers program. These funds provide support to a network of comprehensive centers that are operated by research organizations, agencies, institutions of higher education, or partnerships thereof, and provide training and technical assistance on various issues to States, LEAs, and schools as identified through needs assessments undertaken in each region. The system currently includes 15 regional centers, which are charged with providing intensive technical assistance to SEAs to increase their capacity to assist LEAs and schools with meeting the goals of the ESEA, and 8 content centers, which are organized by topic area.

In selecting priorities for a new cohort of comprehensive centers aligned with ESSA, the Committee continues to direct the Department to recognize the unique challenges, emphasized in ESSA, affecting rural schools. The Committee strongly encourages the Department to establish at least one university-led center in a State with a significant percentage of students in rural schools. Such a center could focus on rural education and provide assistance to rural districts that serve high poverty and minority students.

The Committee recommendation includes continued support for a comprehensive center, first funded in fiscal year 2016 and as authorized in ESSA, on students at risk of not attaining full literacy skills due to a disability, including dyslexia, or developmental delay.

Student Support and Academic Enrichment Grants

The Committee recommendation includes \$1,225,000,000 for Student Support and Academic Enrichment [SSAE] Grants. This program provides formula grants to States, which then sub-grant to LEAs, to help support activities to provide students with a well-rounded education, ensure safe and supportive learning environments, and use technology to improve instruction.

The Committee notes that funds available to school districts within the SSAE program for promoting safe and supportive learning environments may be used for a wide range of activities, including but not limited to expanding access to or coordinating resources for school-based mental health services and supports,

which may include trauma-informed practices and school counseling; preventing bullying and harassment; and professional development for personnel in crisis management and school-based violence prevention strategies.

INDIAN EDUCATION

Appropriations, 2018	\$180,239,000
Budget estimate, 2019	164,939,000
Committee recommendation	180,239,000

The Committee recommends \$180,239,000 for Indian education programs.

Grants to Local Educational Agencies

For grants to LEAs, the Committee recommends \$105,381,000. These funds provide financial support to elementary and secondary school programs that serve Indian students, including preschool children. Funds are awarded on a formula basis to LEAs, schools supported and operated by the Department of the Interior/Bureau of Indian Education, and in some cases directly to Indian tribes.

Special Programs for Indian Children

The Committee recommends \$67,993,000 for special programs for Indian children. Funds are used for demonstration grants to improve Indian student achievement from early childhood education through college preparation programs, and for professional development grants for training Indians who are preparing to begin careers in teaching and school administration.

National Activities

The Committee recommends \$6,865,000 for national activities. Funds are used to expand efforts to improve research, evaluation, and data collection on the status and effectiveness of Indian education programs, and to continue grants to tribal educational departments for education administration and planning.

The Committee continues to note that there are significant cognitive, psychological, and academic benefits that result from Native American language immersion programs and that language education programs are essential for tribal self-determination. Within the total, the Committee recommendation includes no less than \$2,026,000, the same as the fiscal year 2018 level and the budget request, for Native American language immersion programs authorized under section 6133 of ESEA. The Committee intends that these funds be allocated to all types of eligible entities, including both new and existing language immersion programs and schools, to support the most extensive possible geographical distribution and language diversity. Further, the Committee directs the Department to give the same consideration to applicants that propose to provide partial immersion schools and programs as to full immersion, as the local tribes, schools, and other applicants know best what type of program will most effectively assist their youth to succeed.

INNOVATION AND IMPROVEMENT

Appropriations, 2018	\$982,256,000
Budget estimate, 2019	1,777,647,000
Committee recommendation	1,042,256,000

The Committee recommends \$1,042,256,000 for programs within the Innovation and Improvement account.

Education Innovation and Research

The Committee recommendation includes \$135,000,000 for the Education Innovation and Research [EIR] program. This program supports the creation, development, implementation, replication, and scaling up of evidence-based, field-initiated innovations designed to improve student achievement and attainment for high-need students. EIR incorporates a tiered evidence framework that provides early-phase, mid-phase, and expansion and replication grants. This supports interventions throughout the pipeline, from smaller grants for early stage projects that are willing to undergo rigorous evaluation to test their efficacy to larger grants to scale-up proven-effective interventions that have demonstrated significant impacts through multiple rigorous evaluations.

Science, Technology, Education and Math [STEM] Education.— Within the total for EIR, the Committee recommendation includes \$65,000,000 for STEM education activities, including computer science education. The Committee continues to direct the Department to work with other Federal agencies that issue grants in this area, including the National Science Foundation, to avoid duplication and ensure that activities funded under this program build on existing evidence or provide a unique benefit to the field. Further, within this amount, the Committee directs the Department to include funding to expand access to STEM education in rural areas, including grants to institutions of higher education, in partnership with rural school districts, to utilize virtual and remote access to makerspace technologies, such as 3D printers, to expand opportunities for students in rural areas where such tools are often cost prohibitive. Further, the Committee notes the importance of STEM knowledge and skills for individuals in and outside of the STEM workforce, including the workforce of national laboratories, for ensuring U.S. competitiveness globally. Finally, the Committee directs the Department to provide a briefing within 60 days of enactment to the Committees on Appropriations of the House of Representatives and the Senate on the Department’s current and planned STEM education activities within EIR and across the Department.

The Committee encourages the Department to include funding for programs authorized under EIR that address the birth to 3rd grade continuum and provide services for children and families from early childhood through early elementary school, including two generational approaches, and that propose evidence-based strategies to mitigate the impacts of adverse childhood experiences.

Charter School Program

The Committee recommends \$445,000,000 for the Charter School Program. This program supports the start-up, replication, and expansion of high-quality charter schools.

Within the total, the Committee recommendation includes \$235,000,000 for grants to State entities to support high-quality charter schools, including for grants directly to charter school developers in a State if no State entity receives a grant; \$140,000,000 for grants for the replication and expansion of high-quality charter schools; \$55,000,000 for facilities financing assistance, of which not less than \$45,000,000 shall be for the Credit Enhancement program; and \$15,000,000 for national activities to provide technical assistance, disseminate best practices, and evaluate the impact of the charter school program.

The Committee recommendation includes a \$20,000,000 increase for grants to charter management organizations for the replication and expansion of high-quality charter schools as authorized by ESSA. This will continue to increase funding available for this purpose, which may include replicating and expanding very high performing charter schools that have extensive waitlists, a track record of high academic performance, and have demonstrated the ability to quickly scale while maintaining high-performance. The Committee recommendation also includes a \$20,000,000 increase for State-entity grants to support State's efforts to open and prepare for the operation of new charter schools and replicate and expand high-quality charter schools. The recommendation also includes a \$4,000,000 increase for the Credit Enhancement program to support the financing of charter school facilities, and a \$1,000,000 increase for national activities.

The Committee notes that ESSA made a number of important changes to the Charter School Program intended to strengthen charter school authorizing practices, improve fiscal accountability, and improve overall charter school quality, including by allowing States to support the replication and expansion of high-quality charter school models. The Committee understands the Department is developing guidance for implementation of the Charter School Program, including these important provisions, which will be widely disseminated so stakeholders are aware of these critical changes in law.

Charter School Authorizing.—ESSA took critical steps toward strengthening oversight of charter schools by requiring State entities receiving grants funds to allocate not less than 7 percent of funding received under the program to “improve authorizing quality, including developing capacity for, and conducting, fiscal oversight and auditing of charter schools”. These funds, combined with investments through national activities including the national dissemination grant competition being administered this year, allow for continued improvements in authorizing quality. The Committee requests the Department include in its CJs, starting with its submission for fiscal year 2020, a thorough discussion of how these investments are improving authorizing quality. Additionally, the Committee notes that the Department's Inspector General issued the Nationwide Assessment of Charter and Education Management Organizations audit report in September 2016. The Committee re-

quests the Department to include in its fiscal year 2020 CJ a description of actions it has taken or plans to take in response to the report's findings and recommendations.

Rural Charter School Department.—Within the total for grants to State entities to support high quality charter schools, the Committee recommendation includes no less than \$7,500,000, the same as the fiscal year 2018 level, for developer grants to establish or expand charter schools in underserved, high-poverty, rural areas. This could include grants to institutions of higher education, or non-profit organizations in partnership with institutions of higher education, which are located in the region and committed to improving educational outcomes for underserved rural students. Institutions of higher education may be uniquely suited to help address challenges faced by charter schools in rural areas, and to give students opportunities to learn in non-traditional settings. The Committee also notes that establishing charter schools in rural, particularly underserved areas, will likely require more start-up costs than in some other areas, and encourages the Department to consider these factors in determining grant award levels.

Magnet Schools Assistance

The Committee recommends \$105,000,000 for the Magnet Schools Assistance program. This program supports grants to LEAs to establish and operate magnet schools that are part of a court-ordered or federally approved voluntary desegregation plan. Magnet schools are designed to attract substantial numbers of students from different social, economic, ethnic, and racial backgrounds. Grantees may use funds for planning and promotional materials; salaries of instructional staff; transportation, as long as such expenses are sustainable beyond the grant period and not a significant portion of the grant; and the purchase of technology, educational materials, and equipment.

Arts in Education

The Committee recommendation includes \$29,000,000 for the Arts in Education program. The funding is used for competitive awards for national nonprofit organizations engaged in arts education, professional development activities, and model arts education programs. Funds also are used for evaluation and dissemination activities.

The Committee recommendation includes funding for each activity within this program at no less than the fiscal year 2018 level.

Javits Gifted and Talented Students

The Committee recommendation includes \$12,000,000 for the Javits Gifted and Talented Students Education program. Funds are used for awards to State and local educational agencies, institutions of higher education, and other public and private agencies for research, demonstration, and technical assistance activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students, including those from disadvantaged and underrepresented populations.

American History and Civics Education

The Committee recommendation includes \$1,815,000 for Presidential and Congressional Academies for American History and Civics. Presidential Academies for the Teaching of American History and Civics offer residential workshops to elementary and secondary school teachers to strengthen their knowledge through instruction and interaction with primary scholars and accomplished teachers in these fields. The Congressional Academies for Students of American History and Civics provide similar workshops to students to enrich their understanding of American history and civics.

In addition, the Committee recommendation includes \$1,700,000 for National Activities authorized under section 2233 of ESSA.

Teacher and School Leader Incentive Grants

The Committee recommendation includes \$200,000,000 for Teacher and School Leader Incentive Grants. This program provides competitive grants to eligible entities to develop, implement, improve, or expand human capital management systems or performance-based compensation systems in schools. Funds can be used for a wide-range of activities, including developing or improving evaluation and support systems that are based in part on student achievement; providing principals with necessary tools to make school-level decisions; implementing a differentiated salary structure based on a variety of factors; improving the recruitment and retaining of effective teachers, principals, and other school leaders; and instituting career advancement opportunities that reward effective teachers, principals and other school leaders.

Ready-To-Learn Television

The Committee recommendation includes \$27,741,000 for the Ready-to-Learn Television program. This program is designed to facilitate student academic achievement by leveraging the power and reach of public television to develop and distribute educational video programming for preschool and elementary school children and their parents.

Supporting Effective Educator Development

The Committee recommendation includes \$75,000,000 for the Supporting Effective Educator Development [SEED] program. SEED provides competitive grants to improve teacher and principal effectiveness by supporting pathways that help teachers, principals, or other school leaders with non-traditional preparation and certification obtain employment in underserved LEAs; providing evidence-based professional development; and making services and learning opportunities freely available to LEAs.

The Committee directs the Department to ensure that SEED grants are awarded to diverse set of eligible entities, including National non-profit organizations implementing evidence-based activities (as defined in section 8101(21)(A)(i) of the Elementary and Secondary Education Act) across a number of sites which can help bring to scale evidence-based programs of National significance across the country.

The Committee is aware that students in rural public schools and public schools serving high percentages of Native students

have inequitable access to accomplished teachers. Therefore, the Committee strongly encourages the Department to establish a priority for SEED projects addressing this issue. The Committee intends for funds to be awarded to increase the number of teachers in such schools who have earned a nationally recognized advanced credential. There are a number of ways to support these teachers in pursuing an advanced credential, including financial support, training, mentorship, and access to online exemplars of accomplished teaching practice as part of a program of support; financial incentives for those who earn the credential and continue to teach in a rural or Native student classroom; and training for principals to encourage and support their teachers in earning such advanced credentials.

Statewide Family Engagement Centers

The Committee recommendation includes \$10,000,000 for Statewide Family Engagement Centers. This program provides competitive grants to statewide organizations to promote and implement evidence-based family engagement activities in education programs, and provide training and technical assistance to SEAs, LEAs, schools, and other organizations for carrying out such activities.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriations, 2018	\$185,754,000
Budget estimate, 2019	43,000,000
Committee recommendation	190,754,000

The Committee recommends a total of \$190,754,000 for activities to promote safe schools, healthy students, and citizenship education.

Promise Neighborhoods

The Committee recommendation includes \$78,254,000 for the Promise Neighborhoods program. This program awards competitive grants to not-for-profit, community-based organizations for the development of comprehensive neighborhood programs designed to combat the effects of poverty and improve educational and life outcomes for children and youth, from birth through college. Each Promise Neighborhood grantee serves a high-poverty urban neighborhood or rural community.

School Safety National Activities

The Committee recommendation includes \$95,000,000 for the School Safety National Activities, including up to \$5,000,000 for Project SERV. This funding will help schools address the consequences of their students witnessing or being the victim of violence and other root causes of unhealthy school climates.

The Committee encourages the Department, in awarding School Climate Transformation Grants, to prioritize funding for applicants that propose to promote the social and emotional learning of students. In addition, the Committee encourages the Department to prioritize applicants that propose projects to prevent opioid abuse by students, and address the mental health needs of students, families, and communities affected by opioid use disorder.

The Committee encourages the Department to fund a demonstration program to test and evaluate innovative partnerships between institutions of higher education and high-needs State or local educational agencies to train school counselors, social workers, psychologists, or other mental health professionals. This could help demonstrate innovative ideas to foster a pipeline between graduate programs that train these professionals and local educational agencies, to expand access to such professionals in high-need schools and ultimately improve student outcomes.

Full Service Community Schools

The Committee recommendation includes \$17,500,000 for Full Service Community Schools. This program provides competitive grants to support the implementation of a continuum of coordinated supports and services for students, families, and community members in elementary and secondary schools.

ENGLISH LANGUAGE ACQUISITION

Appropriations, 2018	\$737,400,000
Budget estimate, 2019	737,400,000
Committee recommendation	737,400,000

The Committee recommends an appropriation of \$737,400,000 for the English Language Acquisition program.

The Department makes formula grants to States based on each State's share of the Nation's limited-English-proficient and recent immigrant student population. The program is designed to increase the capacity of States and school districts to address the needs of these students. The authorizing statute requires that 6.5 percent of the appropriation be used to support national activities, which include professional development activities designed to increase the number of highly qualified teachers serving limited-English-proficient students; a National Clearinghouse for English Language Acquisition and Language Instructional Programs. National activities funds shall be available for 2 years.

The Committee continues to encourage the Department to ensure States are aware of the availability of funding for English language learners, including emergency supplemental funding made available in response to hurricanes and other natural disasters, as well as current guidance in this area, to help States and school districts access and make the best use of available funding.

SPECIAL EDUCATION

Appropriations, 2018	\$13,366,184,000
Budget estimate, 2019	13,051,775,000
Committee recommendation	13,493,684,000

The Committee recommends an appropriation of \$13,493,684,000 for special education programs.

Grants to States

The Committee recommendation includes \$12,402,848,000 for IDEA Part B Grants to States. This program provides formula grants to assist States, outlying areas, and other entities in meeting the costs of providing special education and related services for

children with disabilities. States pass along most of these funds to LEAs, but may reserve some for program monitoring, enforcement, technical assistance, and other activities.

The appropriation for this program primarily supports activities associated with the 2019–2020 academic year. Of the funds available for this program, \$3,119,465,000 will become available on July 1, 2019, and \$9,283,383,000 will become available on October 1, 2019. These funds will remain available for obligation through September 30, 2020.

The Committee is aware that earlier this year the Office of Special Education and Rehabilitative Services [OSERS] requested public input regarding options for the use of IDEA part B funds for providing technical assistance to States to which respondents overwhelmingly favored continuing to fund national technical assistance centers from funds reserved under section 616(i) of IDEA. The Committee believes that the approach favored by States should be given significant weight as OSERS reviews these investments and any change must be supported by evidence that would justify overruling State preferences for maintaining the current approach to funding national technical assistance centers that are improving the capacity of states to meet their IDEA data collection requirements.

Preschool Grants

The Committee recommends \$381,120,000 for Preschool Grants. This program provides formula grants to States to assist them in making available special education and related services for children with disabilities aged 3 through 5. States distribute the bulk of the funds to LEAs. States must serve all eligible children with disabilities aged 3 through 5 and have an approved application under the IDEA.

Grants for Infants and Families

The Committee recommends \$470,000,000 for the Grants for Infants and Families program under part C of the IDEA. Part C of the IDEA authorizes formula grants to States, outlying areas, and other entities to implement State-wide systems for providing early intervention services to all children with disabilities, ages 2 and younger, and their families. The IDEA also gives States the option of extending eligibility for part C services to children 3 and older if they were previously served under part C and will continue to be served until entrance to kindergarten.

State Personnel Development

The Committee recommends \$38,630,000 for the State Personnel Development program. Ninety percent of funds must be used for professional development activities. The program supports grants to SEAs to help them reform and improve their personnel preparation and professional development related to early intervention, educational, and transition services that improve outcomes for students with disabilities. The bill includes language proposed in the budget request that allows funds under the program to be used for program evaluation.

Technical Assistance and Dissemination

The Committee recommends \$61,928,000 for Technical Assistance and Dissemination. This program supports awards for technical assistance, model demonstration projects, the dissemination of useful information, and other activities. Funding supports activities that are designed to improve the services provided under the IDEA.

Special Olympics.—Within the total, the Committee recommendation includes \$17,583,000, an increase of \$2,500,000 above the fiscal year 2018 funding level, to support activities authorized by the Special Olympics Sport and Empowerment Act, including Project UNIFY. This funding supports efforts to expand Special Olympics programs and the design and implementation of Special Olympics education programs that can be integrated into classroom instruction and are consistent with academic content standards.

Personnel Preparation

The Committee recommends \$83,700,000 for the Personnel Preparation program. Funds support competitive awards to help address State-identified needs for personnel who are qualified to work with children with disabilities, including special education teachers and related services personnel. The program is required to fund several other broad areas, including training leadership personnel and personnel who work with children with low-incidence disabilities, and providing enhanced support for beginning special educators.

Parent Information Centers

The Committee recommends \$27,411,000 for Parent Information Centers. This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents, and parents of children who may be inappropriately identified.

Technology and Media Services

The Committee recommends \$28,047,000 for Technology and Media Services. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of value to children with disabilities.

The Committee continues to recognize the ongoing progress made with the tools and services provided under the Educational Technology, Media and Materials program that have allowed more than 535,000 students with disabilities free access to more than 600,000 books in digitally accessible formats. The Committee strongly encourages continued effort to expand this program's reach to K-12 students in underserved areas.

REHABILITATION SERVICES

Appropriations, 2018	\$3,587,130,000
Budget estimate, 2019	3,634,977,000
Committee recommendation	3,656,189,000

Vocational Rehabilitation State Grants

The Committee recommends \$3,521,990,000 in mandatory funding for Vocational Rehabilitation [VR] State Grants. State Grants assist States in providing a range of services to help persons with physical and mental disabilities prepare for and engage in meaningful employment.

The Rehabilitation Act requires that not less than 1 percent and not more than 1.5 percent of the appropriation for VR State Grants be set aside for Grants for American Indians.

Client Assistance State Grants

The Committee recommends \$13,000,000 in discretionary funds for Client Assistance State Grants. This program funds State formula grants to help VR clients or client applicants understand the benefits available to them. States must operate client assistance programs to receive VR State Grant funds.

Training

The Committee recommends \$29,388,000 for training rehabilitation personnel. This program supports grants to provide training to new VR staff, or upgrade the qualifications of existing staff.

Demonstration and Training Programs

The Committee recommendation includes \$5,796,000 for demonstration and training programs. These programs support activities designed to increase employment opportunities for individuals with disabilities by expanding and improving the availability and provision of rehabilitation and other services.

The Committee recommendation includes no less than the fiscal year 2018 level for parent information and training programs.

Protection and Advocacy of Individual Rights

The Committee recommends \$17,650,000 for the Protection and Advocacy of Individual Rights program. This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities who are ineligible for the protection and advocacy services available through the Developmental Disabilities Assistance and Bill of Rights Act or the Protection and Advocacy for Individuals with Mental Illness Act.

Supported Employment State Grants

The Committee recommendation includes \$22,548,000 Supported Employment State Grants Program. This program provides grants to States to provide supported employment services for individuals with the most significant disabilities, including youth with disabilities.

Independent Living Services for Older Individuals Who Are Blind

The Committee recommends \$33,317,000 for Independent Living State Grants. This program supports assistance to individuals over age 55 to help them adjust to their blindness and continue to live independently, including daily living skills training, counseling, community integration information and referral, the provision of low-vision and communication devices, and low-vision screening.

Helen Keller National Center

The Committee recommends \$12,500,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults. The Helen Keller National Center consists of a national headquarters in Sands Point, New York, with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 10 regional field offices that provide referral and counseling assistance to deaf-blind persons; and an affiliate network of agencies.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 2018	\$27,431,000
Budget estimate, 2019	25,431,000
Committee recommendation	30,431,000

The Committee recommends \$30,431,000 to help support American Printing House for the Blind [APH].

APH provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides approximately 65 percent of APH's total sales income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of students who are blind. Materials provided include textbooks and other educational aids in Braille, large type, recorded form, and computer applications. Appropriated funds may be used for staff salaries and expenses, as well as equipment purchases and other acquisitions consistent with the purpose of the Act to Promote the Education of the Blind.

Within the total, the Committee recommendation includes \$1,000,000 to establish a regional partnership with an organization with significant experience working with students who are blind to increase the availability of training for teachers and students in how to use education technology developed by APH. APH is continually developing new products and technologies to help ensure students who are blind and visually impaired have access to the education materials they need to succeed in school. Establishing a partnership with an organization to provide such training throughout a specified region could expand the ability of students and teachers to fully utilize available products and technologies and provide a model for other parts of the country.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 2018	\$73,000,000
Budget estimate, 2019	70,016,000
Committee recommendation	76,500,000

The Committee recommends \$76,500,000 for the National Technical Institute for the Deaf [NTID].

NTID, located on the campus of the Rochester Institute of Technology in Rochester, New York, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for persons who are deaf. NTID also provides support services for students who are deaf, trains professionals in the field of deafness, and conducts applied research.

The Committee strongly supports NTID's existing regional partnership, first established with fiscal year 2016 funds, to expand NTID's geographical reach and improve access to postsecondary STEM education and employment for students who are deaf or hard of hearing in underserved areas. This has included professional development for teachers, developing relationships with business and industry to promote employment opportunities, and preparing students to be successful in STEM fields. The Committee recommendation includes \$5,500,000, an increase of \$3,500,000, to expand this existing partnership in fiscal year 2019.

GALLAUDET UNIVERSITY

Appropriations, 2018	\$128,000,000
Budget estimate, 2019	121,275,000
Committee recommendation	133,000,000

The Committee recommends \$133,000,000 for Gallaudet University.

Gallaudet University is a private, not-for-profit institution offering undergraduate and continuing education programs for students who are deaf, as well as graduate programs in fields related to deafness for students who are hearing and deaf. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf community.

This funding also supports the Model Secondary School for the Deaf, which serves as a laboratory for educational experimentation and development; disseminates curricula, materials, and models of instruction for students who are deaf; and prepares adolescents who are deaf for postsecondary academic or vocational education or the workplace. The university's Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

Within the total the Committee recommendation includes \$2,000,000 to establish a regional partnership focused on early language acquisition for children from birth through age three who are deaf or hard of hearing, with an organization with expertise in this area. This partnership would allow Gallaudet to expand and build on its current research in this area, and test and evaluate interventions in new and diverse geographic areas. The partnership should also include activities to improve early language acquisition training for early educators, caretakers, and other professionals.

CAREER, TECHNICAL, AND ADULT EDUCATION

Appropriations, 2018	\$1,830,686,000
Budget estimate, 2019	1,637,159,000
Committee recommendation	1,855,686,000

Career and Technical Education

The Committee recommends \$1,200,019,000 for the Career and Technical Education [CTE] account.

State Grants.—The Committee recommends \$1,192,598,000 for CTE State grants. Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their CTE program and help ensure equal access to CTE for populations with special needs. Persons assisted range from secondary students in prevocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Funds are distributed according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian Natives programs, competitive grants are awarded to federally recognized Indian Tribes or Tribal organizations and to organizations primarily serving and representing Hawaiian Natives for services that are additional to what these groups receive under other provisions of the Perkins Act.

Of the funds available for this program, \$401,598,000 will become available July 1, 2019, and \$791,000,000 will become available on October 1, 2019. These funds will remain available for obligation until September 30, 2020.

The Committee strongly encourages the Department to work with States, businesses, and other stakeholders to develop a report on the key elements of high quality CTE programs, including the barriers to developing or expanding high-quality CTE programs, how to strengthen the pipeline from CTE programs to available jobs, and how to raise students' awareness of CTE opportunities.

National Programs.—The Committee recommends \$7,421,000 to support research, development, demonstration, dissemination, evaluation, and assessment of activities aimed at improving the quality and effectiveness of CTE.

Adult Education

The Committee recommends \$655,667,000 for Adult Education programs.

Adult Education State Grants.—The Committee recommendation includes \$641,955,000 for Adult Education State Grants, an increase of \$25,000,000, which will provide additional funding for States for programs that assist adults in becoming literate and in obtaining the skills necessary for employment and self-sufficiency.

National Leadership Activities.—The Committee recommends \$13,712,000 for adult education national leadership activities.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 2018	\$24,445,352,000
Budget estimate, 2019	22,975,352,000
Committee recommendation	24,445,352,000

The Committee recommends an appropriation of \$24,445,352,000 for programs under the Student Financial Assistance account.

Federal Pell Grant Program

The Committee recommends \$22,475,352,000 in current year discretionary funding for the Pell grant program. Pell grants provide need-based financial assistance that helps undergraduate students and their families defray a portion of the costs of postsecondary education. Awards are determined according to a statutory need-analysis formula that takes into account a student's family income and assets, household size, and the number of family members, excluding parents, attending postsecondary institutions.

The Committee recommendation includes a 1.6 percent, or \$100, increase in the discretionary maximum Pell grant award that increases the total maximum Pell grant award from \$6,095 for the 2018–2019 award year, to \$6,195 for the 2019–2020 award year. This builds on the 3.0 percent increase last year that more than kept up with inflation. This is the second consecutive increase in the maximum award paid for with discretionary funding; the automatic increase in the maximum award paid for with mandatory funding expired in fiscal year 2017.

Federal Supplemental Educational Opportunity Grant Program

The Committee recommends \$840,000,000 for the Supplemental Educational Opportunity Grant [SEOG] program. The SEOG program provides funds to approximately 3,700 postsecondary institutions for need-based grants to more than 1,500,000 undergraduate students. Institutions must contribute at least 25 percent toward SEOG awards. Students qualify for grants of up to \$4,000 by demonstrating financial need. Priority is given to Pell grant recipients with exceptional need.

Federal Work-Study Program

The Committee bill provides \$1,130,000,000 for the Federal Work-Study [FWS] program. This program provides grants to approximately 3,200 institutions and helps nearly 700,000 undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment. Institutions must provide at least 25 percent of student earnings.

Within the total for FWS, the Committee recommendation includes \$9,625,000, the same as the fiscal year 2018 level, for the Work Colleges program authorized under section 448 of the HEA.

FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT

Appropriations, 2018	\$350,000,000
Budget estimate, 2019	
Committee recommendation	350,000,000

The Committee recommendation includes \$350,000,000 in discretionary funding for the Federal Direct Student Loan Program Account. This funding provides for the loan forgiveness, under authority established by the Consolidated Appropriations Act, 2018 and continued in this bill, for certain borrowers who are ineligible for the traditional Public Service Loan Forgiveness [PSLF] program

because they were enrolled in an ineligible repayment plan, but who otherwise would be eligible for PSLF.

The Committee continues to note that there has been concern with the level of service provided to borrowers who intend to seek loan forgiveness under PSLF. The Committee encourages the Department to provide borrowers more regular and current information about the status of processing their PSLF employment certification, the number of qualifying payments made, and the projected date of their forgiveness. Further, the Committee encourages the Department to expand the use of digital technology in the PSLF program, to allow for employment certifications and PSLF applications to be completed electronically, and with each student loan servicer. Finally, to ensure consistency for applicants, the Committee encourages the Department to revisit decisions to rescind employment certification for borrowers who were previously approved.

The Committee notes the Department has been given the authority to administer critical student debt relief for public servants through the Public Service Loan Forgiveness [PSLF] program, which was expanded in the Consolidated Appropriations Act, 2018 for borrowers whose payments were not made in a qualifying repayment plan, later designated by the Department as Temporary Expanded Public Service Loan Forgiveness [TEPSLF]. The Committee directs the Department to provide a biannual report on both PSLF and TEPSLF, which shall where possible provide for each program: the number of Employment Certification Forms approved and rejected, the number of Applications for Forgiveness approved and rejected, the most common reasons for the rejection of employment certifications and for the rejection of forgiveness applications, the distribution of qualifying organization types for the most recently completed employment certifications and for borrowers receiving forgiveness, the distribution of repayment plans for borrowers with any approved employment certification and for borrowers with approved applications for forgiveness, the total and average outstanding loan balances for borrowers whose employment certifications are approved, and the total and average outstanding loan balances for borrowers whose applications for forgiveness are approved, to the Committees on Appropriations of the House of Representatives and Senate and Committee on Education and the Workforce of the House of Representative and the Senate Committee on Health, Education, Labor and Pensions. The Committee directs the report to include a discussion of outreach efforts implemented and planned that will raise awareness of PSLF for all Direct Loan borrowers and improve the filing of employment certification (including the expanded authority for cancellation and outreach funding provided for TEPSLF) through improving communications and information on program requirements, benefits, and options; proactive contact with borrowers in ineligible repayment plans; regular reminders for borrowers to file employment certifications; and permitting borrowers to electronically sign and upload all forms regardless of the borrower's student loan servicer and on a centralized website.

STUDENT AID ADMINISTRATION

Appropriations, 2018	\$1,678,943,000
Budget estimate, 2019	1,772,000,000
Committee recommendation	1,678,943,000

The Committee recommends \$1,678,943,000 for the Student Aid Administration account. These funds are available until September 30, 2020, and support the Department's student aid management expenses.

The Committee recommendation includes \$698,943,000 for administrative costs and \$980,000,000 for loan servicing activities.

The Committee directs the Department to continue to provide quarterly reports detailing its obligation plan by quarter for student aid administrative activities broken out by servicer and activity and detailing performance metrics, total loan volume and number of accounts, broken out by servicer and for each private collection agency. Further, any reallocation of funds between administrative costs and servicing activities within this account should be treated as a reprogramming of funds, and the Committee should be notified in advance of any such changes.

Criminal History Questions.—The Committee recognizes that asking certain types of criminal history questions as part of the higher education admissions process can have a discriminatory effect and greatly impact who applies to and is ultimately accepted into higher education. The Committee encourages the Department to proactively distribute the “Beyond the Box: Increasing Access to Higher Education for Justice-Involved Individuals” resource guide to institutions of higher education, and technical assistance to institutions of higher education conducting the “College and University Self-Assessment” contained therein to help institutions examine whether, when, and how to use criminal justice information in the higher education admissions and enrollment process. The Department shall report to the Committee not later than 90 days after enactment of this act on the number and category of contacts made pursuant to this paragraph and plans for additional actions on this issue.

Defaulted Student Loan Servicing.—The Committee is concerned with the Department's recent management of the defaulted Federal student loan process and with the capacity of current private collection agencies receiving new accounts to be able to properly serve borrowers who have defaulted on their loans. Accordingly, the Committee encourages the Department to extend current contracts with private collection agencies whose award term extensions are set to expire in April 2019, and that are affirmatively meeting all contract requirements, serving the fiscal interest of the United States, and complying with applicable consumer protection laws until the Department is able to transition to a new collections process as part of the Department's Next Generation Financial Services Environment. Furthermore, the Committee directs the Department not to recall accounts that are not in repayment from such private collection agencies and allow them to continue servicing their current portfolio to avoid disruptions for borrowers, and to comply with the performance reporting requirements of the explanatory statement accompanying the Consolidated Appropriations Act, 2018.

Enforcement Disclosure.—The Committee directs the Secretary to respond to “Enforcement Disclosure” requests under the Statement of Records Notice for the Direct Loan Program (Common Services For Borrowers, 18–11–16) within 10 days of receipt and to publish and post on a publicly accessible website a detailed explanation of the policy that governs such a disclosure. Further, the Committee encourages the Secretary to make publicly available on its website a detailed list of all individual requests made to the Department under the “Enforcement Disclosure” provision.

Experimental Site Evaluation and Resources for Participating Students.—The Committee encourages the Department to work with an experienced third-party evaluator to conduct an external and objective evaluation of the Second Chance Pell Experimental Site Initiative [ESI]. The evaluation should study in-custody outcomes and post-release outcomes, including progress towards credential attainment, safety in prisons with postsecondary education programs, the size of waiting lists for in prison postsecondary education programs, the extent to which students continue their education post-release, employment and earnings outcomes, and recidivism. The evaluation should track students for 1–3 years post-release. In addition, many of the colleges participating in the Second Chance Pell ESI have found that students who are trying to address student loan defaults and delinquencies are having difficulty getting clear directions from Federal Student Aid [FSA] on how best to do so. Further, incarcerated students have difficulty accessing the online systems and customer service resources the Department created to streamline student loan repayment. The Committee recommends FSA designate staff who would specialize in working with incarcerated students and be a primary contact and resource to address issues with their student loans.

FAFSA Simplification.—There have been consistent efforts in recent years to simplify the FAFSA, including eliminating questions, implementing skip logic to reduce duplicative or unnecessary questions based on prior answers, and implementing prior-prior-year income information to significantly increase the usefulness of the IRS Data Retrieval Tool. The Committee supports efforts to further simplify the FAFSA and verification process to reduce the burden on students and institutions of higher education, including implementing a mobile platform, temporarily reinstating alternative documentation options for non-tax filers, and restoring the ability of all servicemembers and veterans to identify their status when they apply for student aid separate from the dependency determination to assist States and institutions in supporting these populations. The Committee looks forward to working on these issues as part of changes initiated by FSA and through the Higher Education Act reauthorization, and appreciates collaboration with the Department on proposals and plans to do so.

Federal Student Loan Servicing.—The Committee recommendation continues all requirements from the Consolidated Appropriations Act, 2018, including requiring the Department to ensure that any future student loan servicing contract provides for the participation of multiple student loan services that contract directly with the Department to manage a unique portfolio of borrower accounts and the full life-cycle of loans from disbursement to pay-off with

certain limited exceptions, and allocates student loan borrower accounts to eligible student loan servicers based on performance. This also includes requirements for FSA to evaluate servicers based on their history of compliance with applicable consumer protections laws and hold such subcontractors accountable for meeting the requirements of the contract. The Committee continues to believe this will help ensure high quality service to borrowers and promote accountability and transparency to both borrowers and taxpayers. The Committee looks forward working with the Department on efforts to improve the student loan servicing system that maintain key elements that promote transparency, accountability, and competition.

Perkins Loan Program.—Colleges and universities participating in the Perkins Loan Program have provided loan cancellation to eligible borrowers under 20 U.S.C. 1087ee(a). Given the wind-down of the program, the Secretary is set to outline the process for distributing assets from institutions' student loan funds established under 20 U.S.C. 1087ff later this year. The Committee encourages the Secretary to use any authority granted for reimbursing colleges and universities for cancelled loans for which no reimbursement has been provided and directs notification of the Committees on Appropriations of the House of Representatives and Senate and Committee on Education and the Workforce of the House of Representatives and Senate Health, Education, Labor and Pensions Committee not later than 10 days prior to any such reimbursement. The Committee recommendation also includes new bill language allowing funds appropriated under the Student Aid Administration account to be used for making payments to institutions of higher education for servicing Federal Perkins Loans.

Return of Title IV Funds.—The Committee strongly encourages the Department to pursue efforts to simplify and streamline the Return of Title IV Funds process for institutions of higher education and students.

Sharing FAFSA Information.—The Committee recommendation reaffirms language included in the Consolidated Appropriations Act, 2018 regarding the need to provide students with a means to share data from the FAFSA in order to assist an applicant in applying for and receiving financial assistance for any components of cost of attendance with the explicit written consent of the applicant. The Committee recommendation also further clarifies that such sharing is also allowed with an organization assisting the applicant in applying for and receiving Federal, State, local, or tribal assistance in order to fund additional components of the applicant's cost of attendance. Additionally, consistent with the privacy provisions of paragraph (3)(E) of section 483(a) of the Higher Education Act, the Secretary may designate such entities to receive data from the electronic version of the FAFSA. The Committee encourages the Secretary to use such authority to enable the sharing of FAFSA data for the purpose of connecting students to State or Federal means-tested benefit programs for which they may be eligible and for which, if eligible, could reduce the applicant's need to borrow or work during college.

State-Based Servicing Organizations.—The Committee notes that State-based non-profit servicing organizations may be uniquely po-

sitioned to assist borrowers who reside in or attend school in the same State or region. The Committee encourages the Department to explore considering such factors in the current performance-based allocation system and in developing student loan servicing partnerships as part of the Next Generation Financial Services Environment.

HIGHER EDUCATION

Appropriations, 2018	\$2,246,551,000
Budget estimate, 2019	1,485,848,000
Committee recommendation	2,260,551,000

The Committee recommends an appropriation of \$2,260,551,000 for higher education programs.

Aid for Institutional Development

The Committee recommends \$674,502,000 in discretionary funding for Aid for Institutional Development. These totals do not include separately authorized and appropriated mandatory funding.

Strengthening Institutions.—The Committee bill recommends \$101,067,000 to provide competitive, 1-year planning and 5-year development grants for institutions with a significant percentage of financially needy students and low educational and general expenditures per student in comparison with similar institutions. Applicants may use these funds to develop faculty, strengthen academic programs, improve institutional management, and expand student services.

Hispanic-Serving Institutions [HSIs].—The Committee recommends \$125,898,000 for competitive grants to institutions at which Hispanic students make up at least 25 percent of enrollment. Funds may be used for acquisition, rental, or lease of scientific or laboratory equipment; renovation of instructional facilities; development of faculty; support for academic programs; institutional management; and purchase of educational materials.

Promoting Postbaccalaureate Opportunities for Hispanic Americans.—The Committee recommends \$11,296,000 for competitive, 5-year grants to HSIs to help Hispanic Americans gain entry into and succeed in graduate study. Institutions may use funding to support low-income students through outreach programs; academic support services; mentoring and financial assistance; acquisition, rental, or lease of scientific or laboratory equipment; construction and other facilities improvements; and purchase of educational materials.

Strengthening Historically Black Colleges and Universities.—The Committee recommends \$285,788,000 for the Strengthening HBCUs program. The program makes formula grants to HBCUs that may be used to purchase equipment; construct and renovate facilities; develop faculty; support academic programs; strengthen institutional management; enhance fundraising activities; provide tutoring and counseling services to students; and conduct outreach to elementary and secondary school students.

Strengthening Historically Black Graduate Institutions [HBGIs].—The Committee recommends \$73,908,000 for the Strengthening HBGIs program. This program provides 5-year grants to provide scholarships for low-income students and aca-

ademic and counseling services to improve student success. Funds may also be used for construction, maintenance, and renovation activities; the purchase or lease of scientific and laboratory equipment; and the establishment of an endowment.

Strengthening Predominately Black Institutions [PBIs].—The Committee recommends \$11,611,000 for the Strengthening PBIs program. This program provides 5-year grants to PBIs to plan and implement programs to enhance the institutions' capacity to serve more low- and middle-income Black American students. Funding may be used for establishing or enhancing a program of teacher education designed to qualify students to teach in a public elementary school or secondary school in the State that shall include, as part of such program, preparation for teacher certification or licensure.

Strengthening Asian American and Native American Pacific Islander-Serving Institutions [AANAPISIs].—The Committee recommends \$3,910,000 for competitive grants to AANAPISIs that have an enrollment of undergraduate students that is at least 10 percent Asian American or Native American Pacific Islander students. Grants may be used to improve their capacity to serve Asian American and Native American Pacific Islander students and low-income individuals.

Strengthening Alaska Native and Native Hawaiian-Serving Institutions [ANNHs].—The Committee recommends \$16,120,000 for the Strengthening ANNHs program.

The purpose of this program is to improve and expand the capacity of institutions serving Alaska Native and Native Hawaiian students and low-income individuals. Funds may be used to plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; purchase library and other educational materials; and, provide education or counseling services designed to improve the financial and economic literacy of students or their families.

Strengthening Native American-Serving Non-Tribal Institutions.—The Committee recommends \$3,910,000 for this program, which serves institutions that enroll at least 10 percent Native American students and at least 50 percent low-income students. This program helps institutions plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; and purchase library and other educational materials.

Strengthening Tribally Controlled Colleges and Universities.—The Committee recommends \$32,234,000 for this program. Tribal colleges and universities rely on a portion of the funds provided to address developmental needs, including faculty development, curriculum, and student services.

Strengthening Masters Degree Programs at Historically Black Colleges and Universities.—The Committee recommends \$8,760,000 for this program, authorized by section 723 of the HEA. This program provides grants to specified colleges and universities making a substantial contribution to graduate education opportunities at the masters level in mathematics, engineering, the physical or nat-

ural sciences, computer science, information technology, nursing, allied health, or other scientific disciplines.

International Education and Foreign Language Studies

The bill includes a total of \$72,164,000 for International Education and Foreign Language Studies programs. Funds are used to increase the number of experts in foreign languages and area or international studies to meet national security needs through visits and study in foreign countries.

Domestic Programs.—The Committee recommends \$65,103,000 for domestic program activities related to international education and foreign language studies under title VI of the HEA. Funds are used to support centers, programs, and fellowships. The Committee urges the Secretary to preserve the program's longstanding focus on activities and institutions that address the Nation's need for a strong training and research capacity in foreign languages and international studies, including increasing the pool of international experts in areas that are essential to national security and economic competitiveness.

Overseas Programs.—The Committee recommends \$7,061,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. Funding is provided for group, faculty, or doctoral dissertation research abroad as well as special bilateral projects. Grants focus on training American instructors and students to improve foreign language and area studies education in the United States.

Model Comprehensive Transition and Postsecondary Programs for Students With Intellectual Disabilities

The Committee recommendation includes \$11,800,000 for competitive grants to postsecondary institutions to support model programs that help students with intellectual disabilities transition to and complete college, as authorized by section 767 of the HEA. Funds may be used for student support services; academic enrichment, socialization, or independent living; integrated work experiences; and partnerships with LEAs to support students with intellectual disabilities participating in the model program who are still eligible for special education and related services under the IDEA.

Minority Science and Engineering Improvement

The Committee recommends \$11,268,000 for the Minority Science and Engineering Improvement program. Funds are used to provide discretionary grants to institutions with minority enrollments greater than 50 percent to purchase equipment, develop curricula, and support advanced faculty training. Grants are intended to improve science and engineering education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

Tribally Controlled Postsecondary Career and Technical Institutions

The Committee recommends \$9,678,000 for tribally controlled postsecondary vocational institutions. This program provides

grants for the operation and improvement of tribally controlled postsecondary vocational institutions to ensure continued and expanding opportunities for Indian students.

Federal TRIO Programs

The Committee recommends \$1,010,000,000 for Federal TRIO programs, which provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students.

Upward Bound offers disadvantaged high school students academic services to develop the skills and motivation needed to pursue and complete a postsecondary education; Student Support Services provides developmental instruction, counseling, summer programs, and grant aid to disadvantaged college students to help them complete their postsecondary education; Talent Search identifies and counsels individuals between ages 11 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; Educational Opportunity Centers provide information and counseling on available financial and academic assistance to low-income adults who are first-generation college students; and the Ronald E. McNair Postbaccalaureate Achievement Program supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in doctoral programs.

The Committee recommendation includes no less than the fiscal year 2018 level for each of the TRIO programs.

Income Eligibility for TRIO Programs.—The Committee is concerned with the level of burden TRIO grantees and first-generation students face in documenting their income to meet the definition of “low-income individual” as required under section 401A(h)(4) of the Higher Education Act in order to be eligible for Federal TRIO programs. When the Department transitioned to “prior-prior year” income on the FAFSA to benefit applicants, this created a potential discrepancy with section 401A(h)(4) of the Higher Education Act that refers to income from the preceding year. The Committee urges the Department to work with grantees to allow for the use of the student’s most recently completed FAFSA as documentation of a student’s income, or family’s income (as applicable), to determine eligibility for TRIO programs.

Gaining Early Awareness and Readiness for Undergraduate Programs

The Committee recommends \$350,000,000 for GEAR UP, which provides grants to States and partnerships of colleges, middle and high schools, and community organizations to assist cohorts or students in middle and high schools serving a high percentage of low-income students. Services provided help students prepare for and pursue a postsecondary education.

Graduate Assistance in Areas of National Need and Javits Fellowships

The Committee recommends \$23,047,000 to support the Graduate Assistance in Areas of National Need [GAANN] program. GAANN supports fellowships through 3-year competitive grants to

graduate academic departments and programs in scientific and technical fields and other areas of national need as determined by the Secretary. Fellowship recipients must have excellent academic records and high financial need and must be pursuing doctoral degrees or the highest graduate degrees in their academic field. Each fellowship consists of a student stipend to cover living costs and an institutional payment to cover each fellow's tuition and other expenses. Institutions of higher education must match 25 percent of the grant amount.

Teacher Quality Partnership Program

The Committee recommends \$43,092,000 for the Teacher Quality Partnership [TQP] program. The TQP program helps improve the quality of teachers working in high-need schools and early childhood education programs by creating model teacher preparation and residency programs.

Child Care Access Means Parents in Schools

The Committee recommendation includes \$50,000,000 for the Child Care Access Means Parents in Schools program. This program provides competitive grants to institutions of higher education to establish or support campus-based child care programs, to help support needs and participation of low-income parents in post-secondary education.

Fund for the Improvement of Post-Secondary Education

The Committee recommendation includes \$5,000,000 for the Fund for the Improvement of Post-Secondary Education. The recommendation includes the full amount the Open Textbook Pilot first funded in the Consolidated Appropriations Act, 2018, and for the purposes described in the accompanying explanatory statement. This funding supports grants to one or a group of institutions of higher education for creating new open textbooks for use by students in courses, especially those with high enrollments, that are part of a degree granting program and expanding the use of open textbooks in such courses. Funds may be used for professional development for faculty and staff at institutions of higher education; creation or adaptation of open textbooks; development or improvement of tools and informational resources that support the use of open textbooks, including accessible instructional materials for students with disabilities; research evaluating the efficacy of the use of open textbooks for achieving savings for students and the impact on instruction and student learning outcomes; and partnerships with other entities to carry out any of these activities. In addition, the Committee directs the Department to require any institution of higher education receiving a grant through the Open Textbook Pilot to report to the Secretary regarding the effectiveness of the project in expanding the use of open textbooks and in achieving savings for students; the impact of the project on expanding the use of open textbooks at institutions of higher education outside of the institution receiving the grant; open textbooks created or adapted under the grant, including instructions on where the public can access each open textbook; the impact of the project on instruction and student learning outcomes; and all project costs, in-

cluding the value of any volunteer labor and institutional capital used for the project. Such reports should be made publicly available.

HOWARD UNIVERSITY

Appropriations, 2018	\$232,518,000
Budget estimate, 2019	221,821,000
Committee recommendation	236,518,000

The Committee recommends an appropriation of \$236,518,000 for Howard University. Located in the District of Columbia, Howard offers undergraduate, graduate, and professional degrees through 12 schools and colleges. The university also administers the Howard University Hospital. Federal funds from this account support approximately 38 percent of the university's operating costs. The Committee recommends, within the funds provided, not less than \$3,405,000 for the endowment program.

Howard University Hospital.—Within the funds provided, the Committee recommends \$27,325,000 for Howard University Hospital. The hospital provides inpatient and outpatient care, as well as training in the health professions. It also serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the university. The Federal appropriation provides partial funding for the hospital's operations.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriations, 2018	\$435,000
Budget estimate, 2019	448,000
Committee recommendation	435,000

Federal Administration.—The Committee bill includes \$435,000 for Federal administration of the CHAFL, College Housing Loans, and Higher Education Facilities Loans programs. Prior to fiscal year 1994, these programs provided financing for the construction, reconstruction, and renovation of housing, academic, and other educational facilities. While no new loans have been awarded since fiscal year 1993, costs for administering the outstanding loans will continue through 2030. These funds will be used to reimburse the Department for administrative expenses incurred in managing the existing loan portfolio.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM ACCOUNT

Appropriations, 2018	\$30,484,000
Budget estimate, 2019	20,489,000
Committee recommendation	30,484,000

The Committee recommends \$30,484,000 for the HBCU Capital Financing Program. The HBCU Capital Financing Program makes capital available to HBCUs for construction, renovation, and repair of academic facilities by providing a Federal guarantee for private sector construction bonds. Construction loans will be made from the proceeds of the sale of the bonds.

The Committee recommendation includes \$20,150,000 for loan subsidy costs in guaranteed loan authority under this program (not

including subsidy costs related to specific funding available for loan deferments described below). This will support an estimated \$580,000,000 in new loan volume in fiscal year 2019. In addition to that amount, the Committee recommendation includes \$10,000,000 specifically for loan deferments made to private HBCUs under this program with demonstrated financial need. Finally, the Committee recommendations includes \$334,000 for administrative expenses.

The Committee requests that the HBCU Capital Financing Advisory Board prepare an annual report to Congress that would provide an overview of the loans granted and recommendations to Congress, the Department of Education, and the Department's designated bonding authority, for addressing issues related to construction financing for HBCUs.

INSTITUTE OF EDUCATION SCIENCES

Appropriations, 2018	\$613,462,000
Budget estimate, 2019	521,563,000
Committee recommendation	615,462,000

The Committee recommends \$615,462,000 for the Institute of Education Sciences [IES]. This account supports education research, development, dissemination, and evaluation; data collection and analysis activities; and the assessment of student progress.

Under the Education Sciences Reform Act of 2002, Congress established IES to provide objective and valid research-driven knowledge that was free of political influence or bias so as to better inform effective education practices at the State and local levels. The act required IES, in carrying out its mission, “to compile statistics, develop products, and conduct research, evaluations, and wide dissemination activities in areas of demonstrated national need and ensure that such activities conform to high standards of quality, integrity, and accuracy and are objective, secular, neutral, and non-ideological and are free of partisan political influence.”

The Committee directs the Director to submit an operating plan within 90 days of enactment to the Committees on Appropriations of the House of Representatives and the Senate detailing how IES plans to allocate funding available to the Institute for research, evaluation, and other activities authorized under law.

The Committee continues to direct the Department to ensure that its employees, contractors, and grantees, including States that receive funds from Statewide Longitudinal Data System grants, adhere to the strictest and highest standards for protecting personally identifiable information.

The Committee notes that in fiscal year 2019 IES plans to compete funding for a new National Research and Development Center for Improving Rural Education. The Committee strongly supports the establishment of this center which will promote research collaborations between university experts and rural school districts that serve high poverty and minority students in order to improve student outcomes.

RESEARCH, DEVELOPMENT, AND DISSEMINATION

The Committee recommends \$192,695,000 for education research, development, and national dissemination activities. Funds are available for obligation for 2 fiscal years. These funds support activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

STATISTICS

The Committee recommends \$109,500,000 for data gathering and statistical analysis activities at the National Center for Education Statistics [NCES].

NCES collects, analyzes, and reports statistics on education in the United States. Activities are carried out directly and through grants and contracts. The Center collects data on educational institutions at all levels, longitudinal data on student progress, and

data relevant to public policy. NCES also provides technical assistance to SEAs, LEAs, and postsecondary institutions.

REGIONAL EDUCATIONAL LABORATORIES

The Committee recommends \$55,423,000 to continue support for the Regional Educational Laboratories program. Funds available in this bill will continue to support a network of 10 laboratories. The laboratories are responsible for promoting the use and development of knowledge and evidence in broad-based systemic strategies to increase student learning and further school improvement efforts. The Committee appreciates the efforts of IES to strengthen the connections between practitioners and the research community, so that federally supported research is timely, relevant, and responsive to the needs of the field.

RESEARCH AND INNOVATION IN SPECIAL EDUCATION

The Committee recommends \$56,000,000 for research and innovation in special education conducted by the National Center for Special Education Research [NCSER].

The Center addresses gaps in scientific knowledge to improve special education and early intervention services and outcomes for infants, toddlers, and children with disabilities. Funds provided to the Center are available for obligation for 2 fiscal years.

The Committee strongly encourages NCSER to manage funding to be able to conduct research and training grant competitions annually.

SPECIAL EDUCATION STUDIES AND EVALUATIONS

The Committee recommends \$10,818,000 for special education studies and evaluations.

This program supports competitive grants, contracts, and cooperative agreements to assess the implementation of IDEA. Funds are also used to evaluate the effectiveness of State and local efforts to deliver special education services and early intervention programs. Funds are available for obligation for 2 fiscal years.

STATEWIDE DATA SYSTEMS

The Committee recommendation includes \$32,281,000 for the Statewide Data Systems program.

This program supports competitive grants to SEAs to enable such agencies to design, develop, and implement Statewide, longitudinal data systems to manage, analyze, disaggregate, and use individual data for students of all ages. Early childhood, postsecondary, and workforce information systems may be linked to such systems or developed with program funds. The Committee believes the Department should continue its efforts to ensure every State has the base support necessary to develop effective systems. Funds are available for obligation for 2 fiscal years.

ASSESSMENT

The Committee recommends \$158,745,000 to provide support for the National Assessment of Educational Progress [NAEP], a congressionally mandated assessment created to measure and report

the educational achievement of American students in a range of subjects and analyze trends over time.

Within the funds appropriated, the Committee recommends \$7,745,000 for the National Assessment Governing Board [NAGB], which is responsible for formulating policy for NAEP.

The Committee recommendation includes an increase of \$2,000,000 to help support an earlier administration of the long-term trend NAEP assessment to ensure that the United States has comparable data to compare student achievement over time. The Committee directs the NAGB to report to the Committee on Appropriations within 60 days of enactment on the resources required to administer a long-term trend assessment by 2020.

The Committee continues to support assessments for students in United States History, Civics, and Geography. The Committee directs NAGB to continue administering assessments in these three areas, at least every 4 years, in accordance with the current NAEP schedule. The most recent assessment was in 2018, and the next scheduled assessment is in 2022.

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 2018	\$430,000,000
Budget estimate, 2019	459,257,000
Committee recommendation	430,000,000

The Committee recommends \$430,000,000 for program administration.

Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services required to award, administer, and monitor Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this account.

The Committee requests the Department to provide it with a report not later than 30 days after the conclusion of each quarter detailing the number of full time equivalent employees and attrition by principal office and appropriations account.

College Savings Accounts.—The Committee is aware that the 2012 GAO report on college savings accounts noted that less than 6 percent of families with children under the age of 25 saved through 529 plans or Coverdell Education Savings Accounts, and that the families that do, had about 25 times the median financial assets than those without. The Committee is aware of different efforts to boost the participation of low- and middle-income families in such savings plans and is particularly interested in efforts that combine college savings accounts with counseling, mentoring, and other supports for students. Therefore, the Committee directs GAO to identify and examine the characteristics of effective local partnerships that support low-income students in preparation for a college education through the use of college savings accounts. GAO shall also report on the effectiveness of these accounts on low-income student college matriculation and retention.

Competitive Grant Priorities for Rural Areas.—The Committee continues to encourage the Department to continue efforts to en-

sure that competitive grants are reaching rural areas and States so that support and solutions developed with Federal funding are relevant to and available in such areas.

Department of Interior Schools.—The Committee commends the work being done by the Departments of Education and Interior to improve the lives of American Indian students through a quality education. However, the Committee remains concerned by the lack of progress in improving the long-documented issues facing Department of Interior schools. The Committee strongly encourages the Departments of Education and Interior to continue to work together to improve the quality of education opportunities offered to Indian youth.

Disclosures of Foreign Gifts and Contracts.—The Committee is aware that concerns have been expressed about certain contracts held by institutions of higher education and foreign governments, such as Confucius Institutes, and their potential to exert influence on academic institutions. The Committee directs the Department to report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment of this act on foreign gifts disclosure reports received pursuant to Section 117 of the Higher Education Act of 1965 and data on the prevalence of Confucius Institutes that are identified in such reports.

Improving Data Available for Post-Secondary Education.—The Committee encourages the Department to study the feasibility of developing data systems to help increase the information available to students and researchers about specific post-secondary options and outcomes. Specifically, the Committee encourages the Department to work with IES to evaluate the feasibility of proposals to aggregate datasets, including through secure multi-party computation systems that allow multiple entities to link their datasets through discreet calculations without transferring or otherwise revealing private data to other parties. The Committee requests a report on such evaluation within 180 days of enactment of this act.

Performance Partnerships.—The Committee recommendation continues authority for Performance Partnerships as included in prior appropriations acts. Performance Partnerships allow States and localities to demonstrate better ways of improving outcomes for disconnected youth by giving them additional flexibility in using discretionary funds across multiple Federal programs. The Committee also continues to encourage the administration to enhance its efforts working with existing and potential sites on the full range of flexibilities that could be employed to help better serve disconnected youth. Finally, the Committee is interested in expanding Performance Partnerships to other populations and programs, and has requested reports from GAO to help explore this possibility.

Pooled Evaluation Authority.—The Committee requests that the Department provide a report to the Committee on the planned use of pooled evaluation funds under section 8601 of the ESEA, consistent with the required plan under such section, not later than 15 days prior to any transfer of funds.

Reorganization Plans.—The Committee recommendation continues all directives included in the Consolidated Appropriations Act, 2018 and the accompanying explanatory statement.

Technical Assistance.—The Committee is concerned about the Department’s responsiveness to technical assistance requests and continues to note that it expects the Department to comply in a timely manner with its requests for technical assistance and information, consistent with past practice including timely answers that respond to any specific inquiries.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2018	\$117,000,000
Budget estimate, 2019	107,438,000
Committee recommendation	125,000,000

The Committee recommends \$125,000,000 for the Office of Civil Rights [OCR].

OCR is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions that receive financial assistance from the Department. To carry out this responsibility, OCR investigates and resolves discrimination complaints, monitors desegregation and equal educational opportunity plans, reviews possible discriminatory practices by recipients of Federal education funds, and provides technical assistance to recipients of funds to help them meet these civil rights requirements.

The Committee directs OCR to use this appropriation to increase its level of full time equivalent employment in order to effectively and timely investigate complaints; execute and accurately report the civil rights data collection; thoroughly monitor corrective actions of institutions and meet other critical workloads.

The Committee is aware that OCR has made a number of changes related to its policies on processing complaints. To understand how OCR’s new policies are affecting its enforcement of civil rights laws under its jurisdiction, the Committee directs OCR to provide not later than 30 days after the conclusion of each quarter, a report to the Committees on Appropriations of the House of Representatives and Senate, the House of Representatives Committee on Education and the Workforce, and the Senate Committee on Health, Education, Labor, and Pensions on all complaints opened for investigation, closed, or resolved including: the institution level, the date each was opened or resolved, an issue code and an issue description, and for all complaints closed or resolved whether the issue was closed by dismissal, insufficient evidence, or change without an agreement.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2018	\$61,143,000
Budget estimate, 2019	63,418,000
Committee recommendation	61,143,000

The Committee recommends \$61,143,000 for OIG.

OIG has the authority to investigate all departmental programs and administrative activities, including those under contract or grant, to prevent and detect fraud and abuse, and to ensure the quality and integrity of those programs. The Office investigates alleged misuse of Federal funds and conducts audits to determine

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compliance with laws and regulations, efficiency of operations, and effectiveness in achieving program goals.

June 26, 2018 (9:11 a.m.)

GENERAL PROVISIONS

Section 301. The bill continues a provision prohibiting the use of funds to prevent the implementation of programs of voluntary prayer and meditation in public schools.

Section 302. The bill continues a provision giving the Secretary authority to transfer up to 1 percent of any discretionary funds between appropriations.

Section 303. The bill continues a provision that allows the Republic of Palau to receive certain Federal funds.

Section 304. The bill continues a provision making evaluation funds pooled under section 8601 of the ESEA available for obligation from July 1, 2019 through September 30, 2020.

Section 305. The bill continues a general provision allowing certain institutions to continue to use endowment income for student scholarships.

Section 306. The bill continues a provision extending authorization of the National Advisory Committee on Institutional Quality and Integrity.

Section 307. The bill continues a provision extending authority to provide account maintenance fees to guarantee agencies.

Section 308. The bill includes a general provision rescinding discretionary unobligated balances from the Pell grant program.

Section 309. The bill modifies a provision rescinding fiscal year 2019 mandatory funding to pay for mandatory costs of increasing the maximum discretionary Pell award.

Sec. 310. The bill modifies a provision clarifying current law regarding sharing data with organizations helping students apply for financial aid.

Sec. 311. The bill continues a provision regarding Public Service Loan Forgiveness.

Sec. 312. The bill continues a provision regarding administrative costs for Public Service Loan Forgiveness.

TITLE IV

RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriations, 2018	\$8,250,000
Budget estimate, 2019	8,650,000
Committee recommendation	8,250,000

The Committee recommends \$8,250,000 for the Committee for Purchase from People Who Are Blind or Severely Disabled, of which no less than \$1,250,000 shall be made available for the Office of Inspector General.

The AbilityOne Commission [Commission] program provides approximately 45,000 blind or severely disabled Americans with employment opportunities each year. The primary purpose of this program is to increase the employment opportunities for people who are blind or have other severe disabilities and, whenever possible, to prepare them to engage in competitive employment. Encompassing approximately \$3,300,000,000 in contracts, it is the Federal Government's largest employment program for the severely disabled. The Committee is encouraged by the steps the Commission has taken to address concerns regarding the oversight of the central nonprofit agencies [CNA], the independent contracted organizations which administer the program. The Committee continues to direct the Commission to provide quarterly updates, in electronic format, regarding the Commission's oversight of the CNA.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

The Corporation for National and Community Service [CNCS], a corporation owned by the Federal Government, was established to enhance opportunities for national and community service. CNCS administers programs authorized under the Domestic Volunteer Service Act, the National and Community Service Trust Act, and the SERVE America Act. Grants are awarded to States, public and private nonprofit organizations, and other entities to create service opportunities for students, out-of-school youth, adults, and seniors.

The Committee recommendation for CNCS provides a total program level of \$1,058,279,000.

OPERATING EXPENSES

Appropriations, 2018	\$767,629,000
Budget estimate, 2019	31,689,000
Committee recommendation	770,629,000

The Committee recommends \$770,629,000 for the operating expenses of CNCS.

Volunteers in Service to America [VISTA]

The Committee recommends \$92,364,000 for VISTA. This program provides capacity building for small, community-based orga-

nizations with a mission of combating poverty. VISTA members raise resources, recruit and organize volunteers, and establish and expand programs in housing, employment, health, and economic development activities.

National Senior Volunteer Corps

The Committee recommends \$202,117,000 for the National Senior Volunteer Corps programs, a collection of programs that connect Americans older than the age of 55 with opportunities to contribute their job skills and expertise to community projects and organizations. These programs include the Retired Senior Volunteer Program [RSVP], the Foster Grandparent Program, and the Senior Companion Program.

AmeriCorps State and National Grants

The Committee recommends \$415,010,000 for AmeriCorps State and National Grants, which provide funds to local and national organizations and agencies to address community needs in education, public safety, health, and the environment. Each of these organizations and agencies, in turn, uses its AmeriCorps funding to recruit, place, and supervise AmeriCorps members. AmeriCorps members receive a modest living allowance and other benefits proportional to their level of time commitment.

Commission Investment Fund [CIF].—The Committee recommendation includes no less than \$8,500,000, the same as the fiscal year 2018 level for CIF, which provides funds to State commissions for training and technical assistance activities to expand the capacity of current and potential AmeriCorps programs, particularly in underserved areas.

Community Development Financial Institutions.—The Committee notes that CNCS has developed partnerships with several Federal agencies to help further the agency's goals and to support targeted human capital needs of their grantees, including partnerships with the Federal Emergency Management Agency, the Department of Education, the Department of Transportation, and the U.S. Forest Service. Given that "Economic Opportunity" is one of CNCS's five key focus areas, the Committee encourages CNCS to engage with the Community Development Financial Institutions [CDFI] Fund to explore whether there may be potential opportunities for collaboration on initiatives to support programs under the national service laws that train and place individuals at certified CDFIs.

Fixed Amount Grants.—The Committee continues to encourage CNCS to expand opportunities for AmeriCorps programs to utilize fixed amount grants, which could reduce unnecessary administrative burdens on current and potential AmeriCorps programs. The Committee encourages CNCS to increase the current maximum cost per member service year of fixed amount grants to make it more comparable to cost reimbursement grant levels and allow new AmeriCorps programs to be eligible to apply for full-time fixed amount grants, while also ensuring that fixed amount grantees provide a comparable amount of matching funds and that there is sufficient oversight and accountability of fixed amount grantees.

Professional Corps.—The Committee continues to direct CNCS to include a determination of need by the local community among the

factors that a professional corps program may use to demonstrate an inadequate number of professional in a community. Further, the Committee strongly encourages CNCS to increase the maximum amount of operating funds per member service year a professional corps program may request as part of their grant application. The Committee continues to direct CNCS to provide professional corps programs flexibility in justifying the need for operating funds to ensure that these programs are able to provide high-quality services in all communities.

National Civilian Community Corps [NCCC]

The Committee recommendation includes \$32,000,000 for NCCC, a full-time, team-based residential program for men and women ages 18 to 24. Members are assigned to one of five campuses for a 10-month service commitment.

Innovation, Demonstration, and Assistance Activities

The Committee recommendation includes \$7,600,000 for innovation, demonstration, and assistance activities.

Volunteer Generation Fund.—Within the total, the Committee recommendation includes \$5,400,000 for the Volunteer Generation Fund authorized under section 198P of the SERVE America Act, the same as the comparable fiscal year 2018 funding level.

National Days of Service.—The Committee recommendation includes a total of \$2,200,000, the same as the fiscal year 2018 level, for National Days of Service to include the September 11 National Day of Service and Remembrance and the Martin Luther King, Jr. National Day of Service, to be allocated equally by CNCS to support these National Days of Service.

Evaluation

The Committee recommendation includes \$4,000,000 for CNCS evaluation activities.

State Commission Grants

The Committee recommendation includes \$17,538,000 for State Commission Grants.

PAYMENT TO THE NATIONAL SERVICE TRUST

Appropriations, 2018	\$206,842,000
Budget estimate, 2019	
Committee recommendation	198,163,000

The Committee recommends an appropriation of \$198,163,000 for making payments to the National Service Trust.

The National Service Trust makes payments of Segal education awards, pays interest that accrues on qualified student loans for AmeriCorps participants during terms of service in approved national service positions, and makes other payments entitled to members who serve in the programs of CNCS.

The Committee recommendation reflects the estimated funding needed for the Trust at overall Committee recommended funding levels for CNCS.

SALARIES AND EXPENSES

Appropriations, 2018	\$83,737,000
Budget estimate, 2019	87,389,000
Committee recommendation	83,737,000

The Committee recommends an appropriation of \$83,737,000 for CNCS salaries and expenses. The salaries and expenses appropriation provides funds for staff salaries, benefits, travel, training, rent, equipment, and other operating expenses necessary for management of CNCS programs and activities.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2018	\$5,750,000
Budget estimate, 2019	3,568,000
Committee recommendation	5,750,000

The Committee recommends an appropriation of \$5,750,000 for the CNCS OIG. The OIG's goals are to increase organizational efficiency and effectiveness within the Corporation and to prevent fraud, waste, and abuse.

ADMINISTRATIVE PROVISIONS

The Committee recommendation includes the following general provisions for CNCS: requiring CNCS to make any significant changes to program requirements or policy through rule making (section 401); stipulating minimum share requirements (section 402); requiring that donations supplement and not supplant operations (section 403); aligning requirements regarding the use of Education Awards at GI bill-eligible institutions (section 404); allowing the required background check of certain applicants to be processed by States under terms of the National Child Protection Act (section 405); and allowing CNCS to establish a new 1,200 hour member service position (section 406).

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 2020	\$445,000,000
Budget estimate, 2021	445,000,000
Committee recommendation, 2021	445,000,000

The Committee recommends \$445,000,000 for the Corporation for Public Broadcasting [CPB] as an advance appropriation for fiscal year 2021.

The majority of these funds go directly to local public television and radio stations to support their programming. CPB funds also support the creation of content for radio, television, and other platforms; system support activities that benefit the entire public broadcasting community; and CPB's administrative costs. This funding supports America's local public television and radio stations and their mission of developing and ensuring universal access to noncommercial, high-quality programming and telecommunications services for the American public.

Technology and distribution systems have greatly evolved since Congress established the practice of funding public broadcasting interconnection. Recognizing technology's power in creating further cost efficiencies across the public media system, the Committee rec-

ommendation includes \$20,000,000 for continued support of CPB in replacing and upgrading the public broadcasting interconnection system and further investing in system-wide infrastructure and services that benefit the American people.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriations, 2018	\$46,650,000
Budget estimate, 2019	47,200,000
Committee recommendation	46,650,000

The Committee recommends \$46,650,000 for the Federal Mediation and Conciliation Service [FMCS]. FMCS provides mediation, conciliation, and arbitration services to labor and management organizations to prevent and minimize work stoppages and promote stable labor-management relationships. FMCS is also authorized to provide dispute resolution consultation and training to all Federal agencies.

Within the total, FMCS may utilize up to \$900,000 for labor-management partnership grants. These grants support innovative approaches to collaborative labor-management relationships to resolve potential problems, explore ways to improve productivity, and avert serious work stoppages.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2018	\$17,184,000
Budget estimate, 2019	17,053,000
Committee recommendation	17,184,000

The Committee recommends \$17,184,000 for the Federal Mine Safety and Health Review Commission [FMSHRC], which provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977. Most cases involve civil penalties proposed by MSHA. FMSHRC's administrative law judges [ALJs] decide cases at the trial level and the five-member Commission provides review of the ALJ's decisions. The Committee directs the Federal Mine Safety and Health Review Commission to continue providing priority to reducing the excessive time substantive cases on appeal are awaiting a decision.

In allocating resources and assigning staff, the Committee directs FMSHRC to provide priority to reducing the excessive time substantive cases on appeal are awaiting a decision. The Committee requests that FMSHRC describe in its fiscal year 2020 CJ the steps it is taking to reduce pendency of such cases.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM AND LIBRARIES: GRANTS AND ADMINISTRATION

Appropriations, 2018	\$240,000,000
Budget estimate, 2019	23,000,000
Committee recommendation	242,000,000

The Committee recommends \$242,000,000, an increase of \$2,000,000, for the Institute of Museum and Library Services. This

agency supports programs for museums and libraries that encourage innovation, provide lifelong learning opportunities, promote cultural and civic engagement, and improve access to a variety of services and information.

Within the total for IMLS, the Committee recommendation includes the amounts below:

[In thousands of dollars]

Budget activity	Fiscal year 2018 appropriation	Committee recommendation
Library Services Technology Act [LSTA]:		
Grants to States	160,803,000	160,803,000
Native American Library Services	5,063,000	5,063,000
National Leadership: Libraries	13,406,000	13,406,000
Laura Bush 21st Century Librarian	10,000,000	10,000,000
Subtotal, LSTA	189,272,000	189,272,000
Museum Services Act:		
Museums for America	22,899,000	22,899,000
Native American/Hawaiian Museum Services	1,472,000	1,472,000
National Leadership: Museums	8,113,000	8,113,000
Subtotal, MSA	32,484,000	32,484,000
African American History and Culture Act	2,231,000	2,231,000
Administration	14,000,000	15,000,000
Research, Analysis and Data Collection	2,013,000	3,013,000
IMLS, Total	240,000,000	242,000,000

Research, Analysis and Data Collection.—The Committee recommends an increase of \$1,000,000, for additional agency staffing needs to continue the ongoing effort to measure the effectiveness of museums and libraries. Furthermore, the Committee recommends IMLS identify indicators and outcomes that enhance efficiency and efficacy as well as promote advancement and growth by sharing best practices and effective strategies.

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriations, 2018	\$8,480,000
Budget estimate, 2019	8,480,000
Committee recommendation	8,480,000

The Committee recommends \$8,480,000 for the Medicaid and CHIP Payment and Access Commission [MACPAC]. This commission was established in the Children’s Health Insurance Program Reauthorization Act of 2009 and is tasked with reviewing State and Federal Medicaid and Children’s Health Insurance Program access and payment policies and making recommendations to Congress, the Secretary of HHS, and the States on a wide range of issues affecting those programs. The Committee recommendation will allow MACPAC to continue to carry out these activities.

MEDICARE PAYMENT ADVISORY COMMISSION
SALARIES AND EXPENSES

Appropriations, 2018	\$12,545,000
Budget estimate, 2019	12,545,000
Committee recommendation	12,545,000

The Committee recommends \$12,545,000 for the Medicare Payment Advisory Commission [MedPAC], which provides independent policy and technical advice on issues affecting the Medicare program.

NATIONAL COUNCIL ON DISABILITY
SALARIES AND EXPENSES

Appropriations, 2018	\$3,250,000
Budget estimate, 2019	3,211,000
Committee recommendation	3,250,000

The Committee recommends \$3,250,000 for the National Council on Disability [NCD]. NCD is mandated to make recommendations to the President, Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research on issues of concern to individuals with disabilities. The Council gathers information on the implementation, effectiveness, and impact of the Americans with Disabilities Act and examines emerging policy issues as they affect persons with disabilities and their ability to enter or re-enter the Nation's workforce and to live independently.

NATIONAL LABOR RELATIONS BOARD
SALARIES AND EXPENSES

Appropriations, 2018	\$274,224,000
Budget estimate, 2019	249,000,000
Committee recommendation	274,224,000

The Committee recommends \$274,224,000 for the National Labor Relations Board, which administers and enforces the National Labor Relations Act and protects employee and employer rights provided under that act.

ADMINISTRATIVE PROVISIONS

The Committee maintains language restricting the use of electronic voting (section 407).

NATIONAL MEDIATION BOARD
SALARIES AND EXPENSES

Appropriations, 2018	\$13,800,000
Budget estimate, 2019	13,205,000
Committee recommendation	13,800,000

The Committee recommends \$13,800,000 for the National Mediation Board [NMB], which mediates labor-management relations in the railroad and airline industries under the Railway Labor Act. The NMB mediates collective bargaining disputes, conducts elec-

tions to determine the choice of employee bargaining representatives, and administers arbitration of employee grievances.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2018	\$13,225,000
Budget estimate, 2019	12,615,000
Committee recommendation	13,225,000

The Committee recommends \$13,225,000 for the Occupational Safety and Health Review Commission [OSHRC]. OSHRC serves as a court to resolve disputes between OSHA and employers charged with violations of health and safety standards enforced by OSHA.

RAILROAD RETIREMENT BOARD

The Railroad Retirement Board [RRB] administers the retirement/survivor and unemployment/sickness insurance benefit programs for railroad workers and their families under the Railroad Retirement Act and Railroad Unemployment Insurance Act.

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriations, 2018	\$22,000,000
Budget estimate, 2019	19,000,000
Committee recommendation	19,000,000

The Committee recommends \$19,000,000 for the Dual Benefits Payments Account. This amount includes an estimated \$1,000,000 derived from income taxes on vested dual benefits. This appropriation provides for vested dual benefit payments to beneficiaries covered under both the railroad retirement and Social Security systems.

FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNTS

Appropriations, 2018	\$150,000
Budget estimate, 2019	150,000
Committee recommendation	150,000

The Committee recommends \$150,000 for Federal Payments to the Railroad Retirement Account. These funds reimburse the railroad retirement trust funds for interest earned on non-negotiated checks.

LIMITATION ON ADMINISTRATION

Appropriations, 2018	\$123,500,000
Budget estimate, 2019	115,225,000
Committee recommendation	123,500,000

The Committee recommends \$123,500,000 for RRB's costs associated with the administration of railroad retirement/survivor and unemployment/sickness benefit programs. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds that may be used by the Board for administrative expenses.

In fiscal year 2018, the Committee provided \$10,000,000 within the Limitation on Administration account for the implementation of information technology systems modernization efforts. The Com-

mittee is again providing \$10,000,000 in this fiscal year 2019 account for this purpose. The Committee looks forward to a comprehensive update on the project status, timelines to completion, and the total anticipated cost of development from the RRB and quarterly updates, beginning with the fiscal year 2018 reporting requirement, until project completion.

The Committee maintains bill language giving RRB the authority to hire new attorneys in the excepted service.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2018	\$11,000,000
Budget estimate, 2019	8,437,000
Committee recommendation	11,000,000

The Committee recommends \$11,000,000 for the RRB OIG. This Office conducts audits and investigations to protect the integrity of the RRB trust funds and provides comprehensive oversight of all RRB operations and programs.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriations, 2018	\$11,400,000
Budget estimate, 2019	11,000,000
Committee recommendation	11,000,000

The Committee recommends \$11,000,000 in mandatory funds for payments to Social Security trust funds. This account reimburses the Old Age and Survivors Insurance [OASI] and Disability Insurance [DI] trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of the interest for benefit checks issued but not negotiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs and they were properly charged to general revenues.

SUPPLEMENTAL SECURITY INCOME PROGRAM

Appropriations, 2018	\$38,487,277,000
Budget estimate, 2019	41,208,000,000
Committee recommendation	41,390,721,000

The Committee recommends \$41,390,721,000 in fiscal year 2019 mandatory funds for the SSI program. This is in addition to the \$19,500,000,000 provided in the fiscal year 2018 appropriations act for the first quarter of fiscal year 2019. In addition, the Committee recommends \$19,700,000,000 in advance funding for the first quarter of fiscal year 2020. The SSI program guarantees a minimum level of income to individuals who are disabled, blind, or older than age 65, and meet certain income and resource limitations.

Federal Benefit Payments

The Committee recommendation includes a fiscal year 2019 program level of \$55,716,000,000 for Federal benefit payments. This will support an average monthly benefit of approximately \$577 for 8,000,000 recipients.

TITLE V

GENERAL PROVISIONS

Section 501. The bill continues a provision authorizing transfers of unexpended balances.

Section 502. The bill continues a provision limiting funding to 1-year availability unless otherwise specified.

Section 503. The bill continues a provision limiting lobbying and related activities.

Section 504. The bill continues a provision limiting official representation expenses.

Section 505. The bill continues a provision clarifying Federal funding as a component of State and local grant funds.

Sections 506 and 507. The bill continues provisions limiting the use of funds for abortion.

Section 508. The bill continues a provision restricting human embryo research.

Section 509. The bill continues a provision limiting the use of funds for promotion of legalization of controlled substances.

Section 510. The bill continues a provision prohibiting the use of funds to promulgate regulations regarding the individual health identifier.

Section 511. The bill continues a provision limiting the use of funds to enter into or review contracts with entities subject to the requirement in section 4212(d) of title 38, United States Code, if the report required by that section has not been submitted.

Section 512. The bill continues a provision prohibiting the transfer of funds made available in this act to any department, agency, or instrumentality of the U.S. Government, except as otherwise provided by this or any other act.

Section 513. The bill continues a provision prohibiting Federal funding in this act for libraries unless they are in compliance with the Children's Internet Protection Act.

Section 514. The bill continues a provision maintaining a procedure for reprogramming of funds.

Section 515. The bill continues a provision prohibiting candidates for scientific advisory committees from having to disclose their political activities.

Section 516. The bill continues a provision requiring each department and related agency to submit an operating plan.

Section 517. The bill continues a provision requiring the Secretaries of Labor, Health and Human Services, and Education to submit a report on the number and amounts of contracts, grants, and cooperative agreements awarded by the Departments on a non-competitive basis.

Section 518. The bill continues a provision prohibiting SSA from processing earnings for work performed under a fraudulent social security number if based on a conviction for a violation under section 208(a)(6) or (7) of the Social Security Act.

Section 519. The bill continues a provision prohibiting SSA from establishing a totalization agreement with Mexico.

Section 520. The bill continues a provision regarding funding for programs that carry out distribution of sterile needles or syringes.

Section 521. The bill continues a provision requiring computer networks to block pornography.

Section 522. The bill continues a provision prohibiting funding from going to the Association of Community Organizations for Reform Now [ACORN], or any of its affiliates, subsidiaries, allied organizations, or successors.

Section 523. The bill continues a provision related to reporting requirements for conference spending.

Section 524. The bill continues a provision related to advertisement costs.

Section 525. The bill continues a provision on Performance Partnerships.

Section 526. The bill modifies a provision regarding reporting status of balances of appropriations.

Section 527. The bill modifies a provision rescinding funds from the Children's Health Insurance Program State allotments.

Section 528. The bill modifies a provision rescinding funds from the Children's Health Insurance Program child enrollment contingency fund.

BUDGETARY IMPACT OF BILL

PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC. 308(A), PUBLIC LAW 93-344, AS AMENDED

[In millions of dollars]

	Budget authority		Outlays	
	Committee allocation	Amount in bill	Committee allocation	Amount in bill
Comparison of amounts in the bill with the subcommittee allocation for 2019: Subcommittee on Labor, HHS, Education, and Related Agencies:				
Mandatory
Discretionary
Security
Nonsecurity
Projections of outlays associated with the recommendation:				
2019
2020
2021
2022
2023 and future years
Financial assistance to State and local governments for 2019

¹ Includes outlays from prior-year budget authority.

² Excludes outlays from prior-year budget authority.

NA: Not applicable.

NOTE.—Consistent with the funding recommended in the bill for continuing disability reviews and redeterminations and for healthcare fraud and abuse control and in accordance with subparagraphs (B) and (C) of section 251(b)(2) of the BBEDCA of 1985, the Committee anticipates that the Budget Committee will provide, at the appropriate time, a 302(a) allocation for the Committee on Appropriations reflecting an upward adjustment of \$_____ in budget authority plus associated outlays. Also, pursuant to sections 1001(b)(3)(B) and 1003(b)(3)(B) of the 21st Century Cures Act (Public Law 114-255), a total of \$_____ in budget authority and the resulting outlays do not count for the purposes of estimates under the Congressional Budget and Impoundment Control Act of 1974 or the Balanced Budget and Emergency Deficit Control Act of 1985.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2018 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2019
 [In thousands of dollars]

Item	2018 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2018 appropriation	Budget estimate
TITLE I—DEPARTMENT OF LABOR EMPLOYMENT AND TRAINING ADMINISTRATION Training and Employment Services					
Grants to States: Adult Training, current year					

