

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2017

JULY 22, 2016.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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

R E P O R T

together with

MINORITY VIEWS

and

ADDITIONAL VIEWS

[To accompany H.R. 5926]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for the Departments of Labor, Health and Human Services (except the Food and Drug Administration, the Agency for Toxic Substances and Disease Registry and the Indian Health Service), Education, Committee for Purchase from People Who Are Blind or Severely Disabled, Corporation for National and Community Service, Corporation for Public Broadcasting, Federal Mediation and Conciliation Service, Federal Mine Safety and Health Review Commission, Institute of Museum and Library Services, Medicaid and CHIP Payment and Access Commission, Medicare Payment Advisory Commission, National Council on Disability, National Labor Relations Board, National Mediation Board, Occupational Safety and Health Review Commission, Railroad Retirement Board, and the Social Security Administration for the fiscal year ending September 30, 2017, and for other purposes.

INDEX TO BILL AND REPORT

	<i>Page number</i>	
	<i>Bill</i>	<i>Report</i>
Summary of Estimates and Appropriation	3	3
General Summary of the Bill	3	3
Title I—Department of Labor:		
Employment and Training Administration	2	5
Employee Benefits Security Administration	15	12
Pension Benefit Guaranty Corporation	16	12
Wage and Hour Division	17	12
Office of Labor-Management Standards	17	13
Office of Federal Contract Compliance Programs	17	13
Office of Workers' Compensation Programs	18	14
Occupational Safety and Health Administration	22	16
Mine Safety and Health Administration	25	18
Bureau of Labor Statistics	27	19
Office of Disability Employment Policy	27	20
Departmental Management	27	20
General Provisions	31	22
Title II—Department of Health and Human Services:		
Health Resources and Services Administration	40	23
Centers for Disease Control and Prevention	44	37
National Institutes of Health	50	56
Substance Abuse and Mental Health Services Administration	58	81
Centers for Medicare and Medicaid Services	63	88
Administration for Children and Families	68	95
Administration on Aging
Office of Secretary	80	107
Office of Inspector General	82	112
Public Health and Social Services Emergency Fund	83	114
General Provisions	85	116
Title III—Department of Education:		
Education for the Disadvantaged	103	118
Impact Aid	104	121
School Improvement Programs	105	122
Indian Education	106	125
Innovation and Improvement	106	126
Safe Schools and Citizenship Education	107	130
English Language Acquisition	107	131
Special Education	107	131
Rehabilitation Services and Disability Research	110	134
Special Institutions for Persons with Disabilities	111	135
Career, Technical and Adult Education	111	136
Student Financial Assistance	112	137
Student Aid Administration	112	138
Higher Education	113	139
Howard University	114	144
College Housing and Academic Facilities Loans	114	144
Historically Black College and University Capital Financing	114	145
Institute of Education Sciences	115	145
Departmental Management	116	147
Office for Civil Rights	116	148
Office of the Inspector General	116	149
General Provisions	116	149

Title IV—Related Agencies:		
Committee for the Purchase from People Who Are Blind or Severely Disabled	123	150
Corporation for National and Community Service	125	152
Federal Mediation and Conciliation Service	130	154
Federal Mine Safety and Health Review Commission	131	154
Institute of Museum and Library Services	132	155
Medicaid and CHIP Payment and Access Commission	132	156
Medicare Payment Advisory Commission	132	155
National Council on Disability	132	156
National Labor Relations Board	133	156
National Mediation Board	136	157
Occupational Safety and Health Review Commission	136	157
Railroad Retirement Board	137	157
Social Security Administration	138	158
Title V—General Provisions:		
House of Representatives Report Requirements	143	164

SUMMARY OF ESTIMATES AND APPROPRIATIONS

The following table compares on a summary basis the appropriations, including trust funds for fiscal year 2017, the budget request for fiscal year 2017, and the Committee recommendation for fiscal year 2017 in the accompanying bill.

2017 LABOR, HHS, EDUCATION BILL [Discretionary funding in thousands of dollars]

Budget Activity	Fiscal Year—			2017 Committee compared to—	
	2016 Enacted	2017 Budget	2017 Committee	2016 Enacted	2017 Budget
Department of Labor	\$12,170,896	\$12,797,741	\$12,033,082	(137,814)	(764,659)
Department of Health and Human Services	75,146,207	74,707,726	77,161,196	2,014,989	2,453,470
Department of Education	68,306,763	69,388,269	66,800,009	(1,506,754)	(2,588,260)
Related Agencies	14,619,080	15,557,220	14,248,659	(370,421)	(1,308,561)

GENERAL SUMMARY OF THE BILL

For fiscal year 2017, the Committee recommends a total of \$163,081,000,000 in current year discretionary funding, including offsets and adjustments. The fiscal year 2017 recommendation is a decrease of \$569,000,000 below the fiscal year 2016 level.

Within the funds provided, the Committee has focused increases on priority areas and reduced funding for programs that are no longer authorized, are of limited scope or effectiveness, or do not have a clear Federal role.

First and foremost among these priority areas is to continue the investment made last year in biomedical research by increasing funding for the National Institutes of Health (NIH) by \$1,250,000,000. This builds on the \$2,000,000,000 increase included in the fiscal year 2016 final bill and reverses the Administration's proposed cut of \$1,000,000,000 to the NIH, for an increase of \$2,225,000,000 above the budget request. Within the total increase, the Committee provides an increase of \$100,000,000 to the Precision Medicine Initiative, which holds forth the promise of designing personalized, targeted cures. The Committee also includes an increase of \$350,000,000 to help find a cure for Alzheimer's disease

and an increase of \$45,000,000 for the BRAIN initiative to help better understand how the brain functions and learns.

Protecting the public health is a second priority area the Committee has focused on in this bill. The Committee includes an increase of \$605,399,000 for the Centers for Disease Control and Prevention (CDC), again building upon increases included in the fiscal year 2016 bill and rejecting the Administration's proposal to cut this agency. Funds are provided to continue the antibiotic resistance initiative as well as to support other public health prevention programs.

Within the total funding for CDC, the Committee includes \$390,000,000 for activities to prevent, prepare for and respond to the Zika virus. Funds will be targeted toward impacted States and localities for use in mosquito abatement and control, education campaigns, increasing surveillance and laboratory capabilities and ensuring that State and local health departments have the tools they need to prevent the spread of this virus while we await development of a vaccine.

In light of the recent crises with both Zika and Ebola, the Committee has included \$300,000,000 within the CDC to form a new Infectious Diseases Rapid Response Reserve Fund. This reserve, in which funds will be available until expended, will provide an immediate source of funding, fully paid for with annually appropriated dollars, that the Administration could tap into to quickly respond to a future, imminent infectious disease crisis that endangers American lives without waiting for Congress to act on a supplemental funding bill. Funds would be subject to all existing authorities and limitations.

The Committee has also placed a high priority on combatting the opioid addiction problem by including \$500,000,000 within the Substance Abuse and Mental Health Services Administration to create a network of grants to states, localities, territories and Indian tribes to develop integrated opioid abuse response initiatives focusing on prevention, education, treatment, and recovery services.

In the area of education, the Committee has included an increase of \$500,000,000 to assist local school districts in covering the cost of ensuring all children with disabilities have access to a free, appropriate and public education. The Committee has also provided an increase of \$450,000,000 to the Title I, Grants for Disadvantaged Students program to help school districts close achievement gaps between groups of students under the newly reauthorized Every Student Succeeds Act (ESSA). A total of \$1,000,000,000 is also provided for the new Student Support and Academic Enrichment program created in ESSA. These funds can be used flexibly by school districts across the country to meet local challenges, whether those be in the area of counseling, special curriculum services or other school climate needs as local demands may dictate.

The Committee has also included robust increases for the TRIO (\$60,000,000) and GEAR UP (\$22,000,000) programs to ensure that students from disadvantaged backgrounds have access to a college program. The bill also provides sufficient funding to increase the maximum Pell grant award to \$5,935 in the 2017-2018 academic year.

The Head Start program is increased by \$141,629,000 and the Child Care and Development Block Grant is increased by

\$40,000,000 to continue investments in early childhood education. The Committee has also included \$250,000,000 within the Department of Health and Human Services for the Preschool Development Grants program, also newly authorized in the ESSA.

Finally, the Committee recommendation includes increases to the Bioshield (\$90,000,000) and the Biomedical Research and Advanced Development Authority (BARDA) (\$8,300,000) programs to ensure that the American people are prepared for and protected against possible bioterrorism attacks.

These increases are offset by eliminating funding for programs that were not reauthorized in ESSA or do not have a clear or effective Federal role. The Committee also includes provisions prohibiting the continued implementation of “Obamacare” and the resulting savings has been put toward these higher priorities.

In addition, the Committee continues its focus on reducing unnecessary expenditures and expects the Departments and agencies funded by this Act to work with the Office of Management and Budget (OMB) to reduce printing and reproduction costs and directs agencies to provide information in the fiscal year 2018 budget request on reductions made in fiscal year 2017 as a result of such efforts.

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

The Committee recommends \$3,177,115,000 for Training and Employment Services (TES). TES provides funding for Federal government job training and employment service programs authorized primarily by the Workforce Innovation and Opportunity Act of 2014 (WIOA). This recommendation is \$158,310,000 less than the fiscal year 2016 enacted level (the amount provided by Public Law 114–113), and \$348,345,000 less than the fiscal year 2017 budget request.

WIOA Implementation.—In a March 2016 report entitled “Workforce Innovation and Opportunity Act: Information on Planned Changes to State Performance Reporting and Related Challenges” (GAO–16–287), the Government Accountability Office (GAO) cited limited guidance and lack of regulations implementing WIOA as reasons for the slowed implementation of the Workforce Innovation and Opportunity Act enacted in July 2014. The Committee directs the Department to finalize and implement critical WIOA regulations as soon as possible.

Governor’s Reserve Fund.—The Committee recommendation maintains the Governors’ Reserve at the level authorized by WIOA. The Committee remains concerned that some States continue to carry over high unobligated balances and directs the Department of Labor to work with States to ensure that funds are used for authorized purposes in a timely manner.

Apprenticeship.—No funding is included in fiscal year 2017 for the Apprenticeship Grants program. Prior to the announcement of Apprenticeship Grant awards, the Employment and Training Administration (ETA) is directed to submit a report to the Committees on Appropriations of the House of Representatives and the

Senate, and to the authorizing committees on jurisdiction, providing detail on the eligible entities, selection criteria used, the amount of each award, the score of each application awarded a grant, and the criteria ETA will use to evaluate the performance of the grant. The Committee urges ETA to use core WIOA performance metrics, as appropriate, and directs ETA to make program performance information publicly available within 90 days of the end of each program year. ETA should continue to make program performance results available each year until funds are fully expended or a program authorization is enacted that otherwise provides for tracking and reporting of program performance.

Licensing.—The Committee continues to support the Department’s efforts to address ways in which harmonizing licensing requirements across States can reduce barriers to labor market entry and mobility including for dislocated workers, transitioning servicemembers, and veterans. \$7,500,000 is provided for the Occupational Licensing Grant program, the same as the fiscal year 2016 enacted level.

Evaluation.—The Committee supports rigorous, evidence-based evaluation of the Department’s programs, particularly the workforce training programs authorized by WIOA. The Committee provides \$9,000,000 in direct appropriations for program evaluations and continues a general provision authorizing the transfer of up to 0.75 percent of appropriations from specific program accounts for purposes of evaluation.

Evaluations should be targeted in ways that will allow Department administrators to use the results to improve program delivery. The Committee urges the Department to use its evaluation authority to identify and eliminate areas of duplication and to follow through on evaluation findings with budget proposals to allocate funding to the programs, projects and activities that demonstrate the best results and to improve upon or eliminate those that do not.

Infrastructure and Administrative Costs.—The Committee remains concerned that the flexibility related to administrative expenses allows local workforce investment boards, one-stop career centers and other workforce training authorities to classify many administrative activities as “program” costs in order to circumvent the 15 percent cap on administrative expenses authorized by WIOA.

The Committee directs the Department to review the administrative structure of the workforce delivery system and propose efforts in the fiscal year 2018 budget request that will eliminate duplication, reduce excessive administrative overhead, and allow more workers to be served with existing resources.

Program Integrity.—The Committee is troubled that the Unemployment Insurance (UI) program has one of the highest improper payment rates of all government programs. In the March 28, 2016 Office of Inspector General (IG) report “ETA Needs Stronger Controls To Ensure Only Eligible Claimants Receive Unemployment Compensation For Federal Employees,” Report Number 04–16–001–03–315, the IG found that “ETA did not establish adequate controls to assist states in making accurate eligibility determinations for the UCFE program.” The IG also found that “ETA did not reasonably ensure Federal agencies provided timely and complete

separation information to states for making eligibility determinations.” The Committee directs ETA to work expeditiously with the IG to resolve these issues and to implement the IG’s recommendations to help reduce the rate of improper payments in the UI program.

Information Technology (IT) Consortia.—The Committee is concerned that serious challenges threaten the viability of the UI IT modernization projects being carried out by State consortia. The Committee directs the Department to continue to provide annual reports to the Committees on Appropriations of the House of Representatives and the Senate on the status of projects, to review its policies and procedures for assessing and funding projects by State consortia, and to make any necessary recommendations to the Committee in the fiscal year 2018 budget request for language or direction that would be helpful in ensuring the long-term viability of the projects and that funds being used for IT modernization projects are achieving intended results.

Adult Employment and Training Activities.—For Adult Employment and Training Activities, the Committee recommends \$815,556,000, which is the same as the fiscal year 2016 enacted level and \$26,820,000 less than the fiscal year 2017 budget request.

Youth Employment and Training Activities.—For Youth Employment and Training Activities, the Committee recommends \$873,416,000, which is the same as the fiscal year 2016 enacted level and \$28,723,000 less than the fiscal year 2017 budget request.

Dislocated Worker Employment and Training Activities.—For Dislocated Worker (DW) Employment and Training Activities, the Committee recommends \$1,160,860,000 which is \$80,859,000 less than the fiscal year 2016 enacted level and \$173,345,000 less than the fiscal year 2017 budget request.

Of the total provided for DW Employment and Training Activities, \$1,040,860,000 is designated for State grants that provide core and intensive services, training, and supportive services for dislocated workers. In addition, States use these funds for rapid response assistance to help workers affected by mass layoffs and plant closures.

The remaining \$120,000,000 is available for the Dislocated Workers National Reserve (DWNR). The Committee recommendation eliminates advance appropriations for the DWNR by providing \$120,000,000 in current year funds and rescinding the advance provided in fiscal year 2016. No advance is provided for fiscal year 2018. The DWNR supports national emergency grants, technical assistance and demonstration projects as authorized by WIOA.

Funding for the DWNR is intended to return the program to its authorized intent providing national emergency grants, technical assistance and limited demonstration projects. In fiscal years 2014 and 2015, the Department awarded \$155,000,000 and \$150,000,000, for Job-Driven Training grants and Sector Partnerships grants, respectively. These unauthorized programs have been requested in the Department’s budget in prior fiscal years and specifically not funded by Congress. The programs undermine the efforts of Congress in WIOA to consolidate and streamline Federal workforce development programs. Funding is not provided for such programs in fiscal year 2017; however, sufficient funding is provided for true demonstration projects under the authority of WIOA.

These demonstration projects are intended to be proof of concept endeavors, rigorously evaluated, and specifically targeted and limited in size.

The Committee appreciates the ongoing collaboration with the Department and its efforts to address severe dislocations of workers in the coal industry. The Committee urges ETA to work with the communities and stakeholders to award funds provided in fiscal year 2016 for job training and employment as quickly as possible.

Native Americans.—For the Indian and Native Americans Program, the Committee recommends \$52,000,000, which is \$2,000,000 more than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request.

Migrant and Seasonal Farmworkers.—For the National Farmworkers Jobs Program, the Committee recommends \$81,896,000, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. The Committee urges the Department to prioritize the enhancement of workers skills and to address labor shortages in the agricultural sector.

YouthBuild.—For YouthBuild, the Committee recommends \$84,534,000, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request.

Technical Assistance.—The Committee recommends \$14,775,000 for technical assistance activities for the workforce development system, which is \$11,543,000 more than the fiscal year 2016 enacted level and the fiscal year 2017 budget request.

Technical Assistance funding is provided in addition to the technical assistance authority under the DW National Reserve account in order to support ongoing WIOA implementation needs.

Reintegration of Ex-Offenders.—The Committee recommends \$88,078,000 for ex-offender retraining and reintegration activities, which is the same as the fiscal year 2016 enacted level and \$7,000,000 less than the fiscal year 2017 budget request.

ETA is directed to submit a report to the Committees on Appropriations of the House of Representatives and the Senate, and the authorizing committees of jurisdiction, within 120 days of enactment on whether the Reintegration of Ex-Offenders program should require grantees to offer training and industry-recognized credentials that meet the needs of local, high-demand industries and establish formal partnerships and job-placement services with industry employers and what effects that policy change would have on the program.

Workforce Data Quality Initiative.—The Committee recommends \$6,000,000 for the Workforce Data Quality Initiative, which is the same as the fiscal year 2016 enacted level and \$34,000,000 less than the fiscal year 2017 budget request.

JOB CORPS

(INCLUDING TRANSFER OF FUNDS)

The Committee recommends \$1,700,330,000 for Job Corps, which is \$11,175,000 more than the fiscal year 2016 enacted level and \$54,260,000 less than the fiscal year 2017 budget request.

Job Corps is a residential education and vocational training program that helps young people ages 16 through 24 improve the quality of their lives through vocational and academic training.

The Committee continues to be concerned following a number of serious incidents about the safety and security of students on Job Corps campuses throughout the country. The Committee supports the Department's efforts to improve campus safety and urges ETA to continue to review and implement policies that will enhance safety throughout the Job Corps program.

The Committee directs the Department to continue to work with ETA and the IG to improve safety and security on Job Corps campuses and implement the recommendations of the IG report "Job Corps Needs to Improve Enforcement and Oversight of Student Disciplinary Policies to Better Protect Students and Staff at Centers" report No. 26-15-001-03-370 (February 27, 2015).

The Committee remains concerned about financial management of the Job Corps program and directs the Department to continue to work with ETA and the IG to improve financial and administrative oversight of the Job Corps program.

The Committee directs the Department to submit a comprehensive plan to the Committees on Appropriations of the House of Representatives and the Senate at least 60 days prior to initiating the closure of any existing Job Corps centers. The plan should identify the centers that will be closed, provide the financial and management rationale for closing each center, and include a detailed analysis the costs and anticipated savings that will result from closure.

The Committee encourages the Department to consider ways to upgrade the telecommunications infrastructure of Job Corps centers to provide students access to online learning and job search tools.

Operations.—For Job Corps Operations, the Committee recommends \$1,583,000,000, which is \$1,175,000 more than the fiscal year 2016 enacted level and \$25,535,000 less than the fiscal year 2017 budget request.

Construction, Rehabilitation and Acquisition.—The Committee recommends \$85,000,000 for construction, rehabilitation and acquisition activities of Job Corps centers, which is \$10,000,000 more than the fiscal year 2016 enacted level and \$20,000,000 less than the fiscal year 2017 budget request. The Committee expects additional funds will be used to improve Job Corps campus security.

Administration.—The Committee recommends \$32,330,000 for the administrative expenses of the Job Corps program, which is the same as the fiscal year 2016 enacted level and \$8,725,000 less than the fiscal year 2017 budget request.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

The Committee recommends \$434,371,000 for the Community Service Employment for Older Americans (CSEOA) program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request.

The CSEOA program provides grants to public and private non-profit organizations that subsidize part-time work in community service activities for unemployed persons aged 55 and older whose family income is below 125 percent of the poverty level.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

The Committee recommends \$849,000,000 for Federal Unemployment Benefits and Allowances, which is \$12,000,000 less than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request.

The Trade Adjustment Assistance program (TAA) provides assistance to workers adversely affected by international trade. TAA provides training, income support, wage subsidies for older workers, and job search and relocation allowances to groups of workers who file a petition and are certified as eligible to apply for such benefits due to job losses resulting from increases in imports or foreign trade.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

The Committee recommends \$3,489,169,000 for State Unemployment Insurance and Employment Service Operations. The total includes \$3,400,103,000 from the Employment Security Administration Account in the Unemployment Trust Fund and \$89,066,000 from the General Fund of the Treasury. These funds are used to support the administration of Federal and State unemployment compensation laws and to provide assistance to State agencies that operate the Public Employment Service.

The Committee is concerned that the Department's proposed rule related to States' authority to implement drug testing in the Unemployment Insurance (UI) program is more restrictive than Congress intended in the Middle Class Tax Relief and Job Creation Act of 2012. The Committee urges the Department to make appropriate changes to any final regulation to allow States to implement UI drug testing programs consistent with the intent of the Act.

Unemployment Insurance Compensation.—For Unemployment Insurance Compensation, the Committee recommends \$2,674,566,000, which is \$85,531,000 less than the fiscal year 2016 enacted level and \$118,600,000 less than the fiscal year 2017 budget request. The total includes \$2,660,019,000 for State Operations and \$14,547,000 for National Activities.

The recommendation for State UI Operations includes \$120,000,000 to conduct in-person reemployment and eligibility assessments (REA). The Committee remains supportive of the REA program as a means to reduce waste, fraud, abuse and to reduce the rate of improper payments in the UI system. The Committee recommendation will support the continuation and expansion of the REA program in fiscal year 2017.

As in previous years, the bill provides for contingency funding for increased workloads that States may face in the administration of UI. During fiscal year 2017, for every 100,000 increase in the total average weekly insured unemployment above 2,453,000, an additional \$28,600,000 shall be made available from the Unemployment Trust Fund.

Employment Service Operations.—The Committee recommends \$664,184,000, for the Employment Service (ES) grants to States, which is \$15,816,000 less than the fiscal year 2016 enacted level and the fiscal year 2017 budget request. The total includes \$642,771,000 from the Employment Security Administration Ac-

count in the Unemployment Trust Fund and \$21,413,000 from the General Fund of the Treasury.

ES grants are authorized by the Wagner-Peyser Act and financed through employer taxes. These grants help jobseekers and employers by matching individuals seeking employment to job vacancies.

The Committee recommends \$19,818,000 for ES National Activities, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request.

Foreign Labor Certification.—The Committee recommends \$62,948,000 for the Foreign Labor Certification (FLC) program, which is \$638,000 more than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. The recommendation includes \$48,666,000 for Federal administration activities and \$14,282,000 for grants to States.

The FLC program administers foreign visas including the H-2A and the H-2B temporary worker programs. These programs are essential to employers in industries that have cyclical peaks or that are seasonal in nature, including agriculture, tourism, and hospitality.

The Committee is concerned about recent delays in the processing of applications in the H-2A, H-2B, and PERM programs. The Department is directed to use all appropriate resources and authorities to prevent any backlogs of applications in Foreign Labor Certification programs in fiscal year 2017.

The Department is directed to implement Foreign Labor Certification programs in accordance with the law and to ensure that the laws and program policies in effect in fiscal year 2017 are enforced, including, if necessary, debarment of persistent violators as authorized.

One-Stop Career Centers/Labor Market Information.—The Committee recommends \$67,653,000 for One-Stop Career Center and Labor Market Information, which is the same as the fiscal year 2016 enacted level and \$7,500,000 less than the fiscal year 2017 budget request. The amount includes \$7,500,000 for the Department's occupational licensing initiative to identify and address areas where occupational licensing requirements create an unnecessary barrier to labor market entry and mobility, particularly for dislocated workers, transitioning servicemembers, veterans, and military spouses.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

The Committee recommends such sums as necessary for Advances to the Unemployment Trust Fund and Other Funds. The funds are made available to accounts authorized under Federal and State unemployment insurance laws and the Black Lung Disability Trust Fund when the balances in such accounts are insufficient.

PROGRAM ADMINISTRATION

The Committee recommends \$157,741,000 for Program Administration, which is \$3,182,000 more than the fiscal year 2016 enacted level and \$23,085,000 less than the Department's fiscal year 2017 budget request. The recommendation includes \$107,376,000 in funds from the General Fund of the Treasury and \$50,365,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION
SALARIES AND EXPENSES

The Committee recommends \$174,000,000 for the Employee Benefits Security Administration (EBSA). This recommendation is \$7,000,000 less than the fiscal year 2016 enacted level and \$31,761,000 less than the fiscal year 2017 budget request.

The EBSA assures the security of retirement, health and other workplace-related benefits of working Americans.

PENSION BENEFIT GUARANTY CORPORATION

The Committee includes an obligation limitation for administrative expenses of \$519,506,000 for the Pension Benefit Guaranty Corporation (PBGC). The limitation is \$87,707,000 more than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. The recommendation includes bill language that defines PBGC's discretionary authority to incur additional unforeseen and emergency administrative expenses related to its multi-employer plan insurance program.

The PBGC was established by Congress to insure the defined-benefit pension plans of working Americans.

The Committee recommendation includes a one-time provision, requested in the fiscal year 2017 budget, of \$98,500,000 for expenses associated with relocation and consolidation of PBGC headquarters over the next five years. The Committee expects the fiscal year 2018 budget request for PBGC to return to its base funding needs and that the consolidation of headquarters space will result in lower operating costs for PBGC in the future.

The Committee directs PBGC to submit reports required by the Employee Retirement Income Security Act of 1974 and the Pension Protection Act of 2006 in a timely manner.

WAGE AND HOUR DIVISION
SALARIES AND EXPENSES

The Committee recommends \$215,500,000 for the Wage and Hour Division (WHD), which is \$12,000,000 less than the fiscal year 2016 enacted level and \$61,099,000 less than the fiscal year 2017 budget request.

The WHD enforces Federal minimum wage, overtime pay, record-keeping, and child labor requirements of the Fair Labor Standards Act. WHD also has enforcement and other administrative responsibilities related to the Migrant and Seasonal Agricultural Worker Protection Act, the Employee Polygraph Protection Act, the Family and Medical Leave Act, the Davis Bacon Act and the Service Contract Act.

The revised policy relating to joint-employment under the Fair Labor Standards Act and Migrant and Seasonal Agricultural Worker Protection Act issued by WHD on January 20, 2016 is an example of the kind of policy change the Committee expects the WHD to make under the formal regulatory process as required by the Administrative Procedures Act (5 U.S.C. 551 et seq.). The Committee directs WHD to propose changes to existing regulatory policy

through the rulemaking process rather than through memoranda or other forms of “administrative interpretation.”

OFFICE OF LABOR-MANAGEMENT STANDARDS

SALARIES AND EXPENSES

The Committee recommends \$41,129,000 for the Office of Labor-Management Standards (OLMS), which is \$536,000 more than the fiscal year 2016 enacted level and \$4,562,000 less than the fiscal year 2017 budget request. The recommendation does not include funding for the proposed Electronic Labor Organization Reporting System (e.LORS) modernization project proposed in the fiscal year 2017 budget request.

OLMS administers the Labor-Management Reporting and Disclosure Act, which establishes safeguards for union democracy and union financial integrity, and requires public disclosure reporting by unions, union officers, employees of unions, labor relations consultants, employers, and surety companies.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

The Committee recommends \$100,500,000 for the Office of Federal Contract Compliance Programs (OFCCP). This recommendation is \$4,976,000 less than the fiscal year 2016 enacted level and \$13,669,000 less than the fiscal year 2017 budget request.

The OFCCP ensures equal employment opportunity in the Federal contracting community through enforcement, regulatory work, outreach and education to workers and their advocates.

The Committee remains concerned with OFCCP’s implementation of anti-discrimination policy by the overreliance upon statistical evaluation methods to identify contractors that will be subject to compliance evaluation reviews. Despite the concerns expressed by both the Committees on Appropriations of the House of Representatives and the Senate in 2015, OFCCP continues to rely too heavily on the use of statistical methods to target enforcement rather than seeking to fulfill its critical mission of increasing compliance with Federal law through a more comprehensive approach, such as identifying persistent violators, and assisting Federal contractors with compliance. Although OFCCP denies either the creation or enforcement of quotas, the agency’s requirements make clear that any contractor that does not meet the statistical definition of nondiscrimination can be subject to enforcement evaluations, which the Committee believes is effectively enforcement of a *de facto* quota.

The Committee is also concerned that once OFCCP targets contractors through the methodology described above, OFCCP compliance evaluations can take in excess of 150 days to complete. The Committee reminds OFCCP that taxpayer funds are being used to respond to the agency’s compliance evaluations and expects that OFCCP will consider the costs and burdens of these evaluations and expedite reviews accordingly.

The Committee directs OFCCP to review its anti-discrimination policies and procedures to ensure that contractors are fairly selected for compliance evaluations with no predetermined bias—sta-

tistical or otherwise. The Committee also directs OFCCP to revise its compliance evaluation procedures to reduce the costs and time required to complete compliance evaluations.

OFFICE OF WORKERS' COMPENSATION PROGRAMS

SALARIES AND EXPENSES

The Committee recommends \$119,177,000 for the Office of Workers' Compensation Programs (OWCP), which is \$3,676,000 more than the fiscal year 2016 enacted level and \$6,982,000 less than the fiscal year 2017 budget request. The recommendation includes \$117,000,000 in General Funds from the Treasury and the authority to expend \$2,177,000 from the Special Fund established by the Longshore and Harbor Workers' Compensation Act.

The OWCP administers the Federal Employees' Compensation Act (FECA), the Longshore and Harbor Workers' Compensation Act, the Energy Employees Occupational Illness Compensation Program Act, and the Black Lung Benefits Act. These programs provide eligible injured and disabled workers and their survivors with compensation, medical benefits, and services including rehabilitation, supervision of medical care, and technical and advisory counseling.

The Committee is concerned about backlogs of claims in OWCP programs. OWCP is urged to review case processing policies and procedures and to consider ways in which processing times can be brought more closely into alignment with agency goals.

The Committee is concerned about the rate of improper payments in OWCP programs, particularly in the FECA program. The IG found in its report, "DOL Could Do More to Reduce Improper Payments and Improve Reporting" report No. 03-16-002-13-001 (May 13, 2016), that the Department did not comply with requirements for reducing improper payments and has not implemented five prior-year recommendations. The Committee directs the Department to work with the IG to implement these recommendations and to continue to review and implement policies to reduce improper payments across OWCP programs.

SPECIAL BENEFITS

(INCLUDING TRANSFER OF FUNDS)

The Committee recommends \$220,000,000 for Special Benefits, which is \$10,000,000 more than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request.

These funds provide mandatory benefits under the Federal Employees' Compensation Act.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

The Committee recommends \$61,319,000 for Special Benefits for Disabled Coal Miners. This amount is in addition to the \$19,000,000 appropriated in fiscal year 2016 as an advance for the first quarter of fiscal year 2017. The total program level recommendation is \$80,319,000, which is \$9,983,000 less than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request.

These funds provide mandatory benefits to coal miners disabled by black lung disease, to their survivors and eligible dependents, and for necessary administrative costs.

The Committee recommendation also provides \$16,000,000 as an advance appropriation for the first quarter of fiscal year 2018, which is the same as the fiscal year 2017 budget request. These funds ensure uninterrupted payments to beneficiaries.

ADMINISTRATIVE EXPENSES, ENERGY EMPLOYEES OCCUPATIONAL
ILLNESS COMPENSATION FUND

The Committee recommends \$59,846,000 for the Energy Employees Occupational Illness Compensation Program, which is \$1,294,000 more than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request.

These funds provide mandatory benefits to eligible employees or survivors of employees of the Department of Energy (DOE); its contractors and subcontractors; companies that provided beryllium to DOE; atomic weapons employees 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; and uranium workers covered under the Radiation Exposure Compensation Act.

The Committee remains concerned about the backlog of claims under the Energy Employees Occupational Illness Compensation program and directs the Department to take necessary steps to bring claim processing times into alignment with agency goals.

BLACK LUNG DISABILITY TRUST FUND
(INCLUDING TRANSFER OF FUNDS)

The Committee recommends such sums as necessary for payment of benefits and interest on advances for the Black Lung Disability Trust Fund. The Committee recommends \$373,041,000 for the Black Lung Disability Trust Fund, which is \$31,574,000 more than the fiscal year 2016 enacted level and \$1,400,000 more than the fiscal year 2017 budget request.

The Black Lung Disability Trust Fund pays black lung compensation, medical and survivor benefits, and administrative expenses when no mine operator can be assigned liability for such benefits, or when mine employment ceased prior to 1970.

The Black Lung Disability Trust Fund is financed by an excise tax on coal, reimbursements from responsible mine operators, and short-term advances from the Treasury. The Emergency Economic Stabilization Act of 2008 authorized a restructuring of the Black Lung Disability Trust Fund debt and required that annual operating surpluses be used to pay down the debt until all remaining obligations are retired.

The Committee is concerned that administrative funding for the Black Lung Disability Trust Fund has been underestimated in the Department's budget request for two of the past three years. The Committee directs OWCP to review the budget formulation process for the program to ensure that budget estimates reflect the administrative funding needs for the program in the future.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
SALARIES AND EXPENSES

The Committee recommends \$534,442,000 for the Occupational Safety and Health Administration (OSHA). This recommendation is \$18,345,000 less than the fiscal year 2016 enacted level and \$60,581,000 less than the fiscal year 2017 budget request. OSHA enforces the Occupational Safety and Health Act of 1970.

The Committee strongly supports the mission of OSHA to promote a safe and healthy work place and protect workers from injury, illness, and death. The Committee continues to be concerned regarding the manner in which the mission is currently being implemented and urges OSHA to adopt an approach that more effectively balances enforcement with education, training, and compliance assistance. The Committee believes that OSHA should be building partnerships in pursuit of the mutual goal of safer workplaces. Instead, OSHA's overreliance on enforcement and penalties has fostered a toxic environment with the agency that undermines its goals and is at odds with Federal policies that support economic growth and job creation.

Safety and Health Standards.—The Committee recommends \$20,000,000 for Safety and Health Standards.

Federal Enforcement.—The Committee recommends \$193,000,000 for Federal Enforcement.

Whistleblower Programs.—The Committee recommends \$19,000,000 for Whistleblower Programs.

State Programs.—The Committee recommends \$102,000,000 for State Programs.

Technical Support.—The Committee recommends \$24,469,000 for Technical Support.

Compliance Assistance.—The Committee recommends \$130,000,000 for Federal and State compliance assistance programs. The Committee recommends \$72,000,000 for Federal Assistance. The Committee recommends \$58,000,000 for State Consultation Grants.

Training Grants.—No funding is provided for Training Grants. The Committee remains concerned that OSHA training grants are inefficient and ineffective.

The Committee directs that financial evaluations of grantees and the status of appropriated funds under this program be included in all OSHA evaluations of grantee performance.

Voluntary Protection Program/Safety and Health Achievement Recognition Program.—The Committee supports the Voluntary Protection Program (VPP) and the Safety and Health Achievement Recognition Program (SHARP) and urges OSHA to expand these vital programs as part of a comprehensive strategy realignment that focuses more on cooperative safety efforts and less on punitive enforcement.

The Committee supports the changes OSHA made to the size eligibility requirements of the SHARP program in 2015. These changes allow larger worksites already participating in the SHARP program to remain in the program or transition to the VPP as appropriate.

The Committee directs OSHA to provide information in the fiscal year 2018 budget request on the amount of funding used in the

past two fiscal years for the VPP and SHARP programs, the amount of funding proposed for the programs in fiscal year 2018, and to include written justifications of the budget request for these programs.

Whistleblower Provisions.—The Committee directs OSHA to issue whistleblower citations consistent with and not to exceed the authority provided in section 11(c) of the Occupational Safety and Health Act.

Improve Tracking of Workplace Injuries and Illnesses.—The Committee directs OSHA to ensure that no legally privileged or personally identifiable information is made publically available on the website, or other publication, that OSHA intends to use to post injury and illness data pursuant to the Improve Tracking of Workplace Injuries and Illnesses regulation published in the Federal Register on May 12, 2016 (81 Fed. Reg. 29623 et seq.).

Outreach Training Program.—The Committee directs OSHA to conduct a fair and open competition for any new or reissued request for proposals for the Outreach Training Program.

Lock-out/Tag-out Update.—The Committee supports OSHA's review of existing lock-out/tag-out standards in consideration of recent technological advancements in computer-based controls of hazardous energy and urges OSHA to propose appropriate updates to the standards as soon as practicable.

Anhydrous Ammonia/Ammonium Nitrate.—The Committee reiterates language in the House Report (114–195) and the Explanatory Statement accompanying the fiscal year 2016 Consolidated Appropriations Act related to the storage and handling of ammonium nitrate (AN) and anhydrous ammonia. OSHA is urged to propose any necessary changes to the storage and handling of AN under existing regulations for Explosives and Blasting Agents (29 CFR 1910.109) rather than adding AN to the list of chemicals regulated under OSHA's Process Safety Management Standards of Highly Hazardous Chemicals. OSHA is also expected to propose changes to the storage and handling of anhydrous ammonia through the formal regulatory process rather than by memoranda of "administrative interpretation." The Committee notes that the U.S. Chemical Safety Board (CSB), in a January 2016 report, found "no evidence to suggest that any detonation of AN in the United States has occurred at a facility compliant with OSHA's 1910.109(i) standard." The CSB also stated that these requirements do not offer sufficient safeguards for bulk storage of fertilizer grade ammonium nitrate. In addition, CSB found that while anhydrous ammonia storage tanks at the West Texas facility were damaged by the 2013 explosion, "the vessels did not catastrophically fail." In addition, in May 2016, the Bureau of Alcohol, Tobacco, Firearms and Explosives found that the West Texas explosion was a criminal act rather than non-compliance with existing standards for the storage and handling of AN or the result of insufficient standards for the storage and handling of AN or anhydrous ammonia. OSHA shall propose any necessary changes to existing regulations for the storage and handling of AN and anhydrous ammonia, based on scientific evidence, through the formal regulatory process as required by the Administrative Procedures Act (5 U.S.C. 551 et seq.). The revised enforcement policy relating to the exemption of retail facilities from coverage of the Process Safety Management of Highly Hazardous

Chemicals standard (29 CFR 191.0.119(a)(2)(i)) issued by the OSHA on July 22, 2015, shall not be enforced nor deemed by the Department of Labor to be in effect.

National/Regional/Local Emphasis Programs.—The Committee remains concerned that OSHA’s National, Regional, and Local Emphasis Programs target employers for no other reason than sharing a geographical area or industrial sector with an employer that has had an accident or otherwise come under OSHA scrutiny. The Committee directs OSHA to review its policies and consider changes that will better target its enforcement activities on entities that persistently violate OSHA standards and reduce the burden of enforcement on entities that are in compliance OSHA standards. The Explanatory Statement accompanying the fiscal year 2016 Consolidated Appropriations Act directed OSHA to notify the Committee on Appropriations of the House of Representatives and the Senate 10 days prior to the announcement of any new National, Regional or Local Emphasis Program including the circumstances and data used to determine the need for the launch of the new program. The Committee directs OSHA to continue to provide such notices in fiscal year 2017.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

The Committee recommends \$350,500,000 for the Mine Safety and Health Administration (MSHA), which is \$25,387,000 less than the fiscal year 2016 enacted level and \$46,872,000 less than the fiscal year 2017 budget request. MSHA enforces the Federal Mine Safety and Health Act in underground and surface coal mines and metal/non-metal mines.

The Committee continues bill language designating up to \$2,000,000 for mine rescue recovery activities, and provides for the retention of fees up to \$2,499,000 for the testing and certification of equipment.

The Committee includes \$10,537,000 for State assistance training grants and provides the authority to use such funds for the purchase and maintenance of equipment required by the “Lowering Miners’ Exposure to Respirable Coal Mine Dust, Including Continuous Personal Dust Monitors” regulation.

The Committee recognizes that enforcement is an important part of protecting the health and safety of miners; however, the Committee remains concerned about overreliance on enforcement strategies that disproportionately impact small businesses. The Committee believes that the Department should do everything within its authority to assist mine operators to comply with regulations without the threat of punitive enforcement actions.

The Committee appreciates the significant reductions in mining injury and illness rates that have been achieved in recent decades and remains a strong proponent for vigilant mine safety oversight. The Committee notes significant worker dislocations and mine closures as a result of economic conditions throughout the mining industry, and in coal mining in particular. The Committee reiterates its support for the ongoing effort to bring MSHA enforcement into proportion by redistributing resources and activities to the areas where mine production is currently occurring.

The Committee reiterates its support for advances MSHA has achieved in mine rescue communications technology. Considering changes in economic conditions throughout the mining industry in recent years, the Committee urges MSHA to review its mine rescue deployment capability and strategy including Federal, State, and private resources that can be used to respond to mine emergencies. MSHA should discuss any ongoing needs for rescue operations and funding in the fiscal year 2018 budget request.

The Committee understands that, as part of an effective enforcement strategy, MSHA needs ways to help it identify operators that consistently seek to evade applicable rules. The Committee urges MSHA to review and make any changes necessary to its Pattern of Violations policies to ensure that operators that receive violations are not at risk of being drawn into the Pattern of Violations system where no real pattern of evasion exists.

The Committee directs MSHA not to exceed statutory and regulatory requirements for inspecting coal mines not in operation.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

The Committee recommends \$609,000,000 for the Bureau of Labor Statistics (BLS), which is the same as the fiscal year 2016 enacted level and \$31,943,000 less than the fiscal year 2017 budget request. The recommendation includes \$544,000,000 from the General Fund of the Treasury and \$65,000,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

BLS is an independent national statistical agency that collects, processes, analyzes, and disseminates essential economic data to the Congress, Federal agencies, State and local governments, businesses, and the general public. Its principal surveys include the Consumer Price Index and the monthly unemployment series.

Employment and Unemployment Statistics.—The Committee recommends \$198,864,000 for Employment and Unemployment Statistics.

Labor Market Information.—The Committee recommends \$65,000,000 for Labor Market Information.

Prices and Cost of Living.—The Committee recommends \$213,548,000 for Prices and Cost of Living.

Compensation and Working Conditions.—The Committee recommends \$85,793,000 for Compensation and Working Conditions.

Productivity and Technology.—The Committee recommends \$10,795,000 for Productivity and Technology.

Executive Direction and Staff Services.—The Committee recommends \$35,000,000 for Executive Direction and Staff Services.

Report on the Effect of Free Trade Agreements.—The Committee directs the Bureau of Labor Statistics to submit to the Committees on Appropriations of the House of Representatives and the Senate, not later than 120 days of the date of enactment of this Act, a report detailing the impact to domestic labor markets due to changing flows in goods and services under each free trade agreement that entered into force with respect to the United States after December 31, 2006. The report shall include an analysis of the relative demand for and wages of college-educated workers and non-

college educated workers and the relative demand for and wages of manufacturing workers and non-manufacturing workers.

OFFICE OF DISABILITY EMPLOYMENT POLICY

SALARIES AND EXPENSES

The Committee recommends \$38,203,000 for the Office of Disability Employment Policy (ODEP), which is the same as the fiscal year 2016 enacted level and \$341,000 less than the fiscal year 2017 budget request. ODEP provides policy guidance and leadership to eliminate employment barriers to people with disabilities.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

(INCLUDING TRANSFER OF FUNDS)

The Committee recommends \$281,187,000 for Departmental Management, which is \$53,186,000 less than the fiscal year 2016 enacted level and \$106,738,000 less than the fiscal year 2017 budget request. The recommendation includes \$280,879,000 from the General Fund of the Treasury and \$308,000 from the Employment Security Administration Account in the Unemployment Trust Fund. The Departmental Management appropriation provides funds for the staff responsible for Departmental operations, management, and policy development. The appropriation also includes funding for several programs and activities that are not separate appropriations accounts.

Within 30 days of enactment of fiscal year 2017 appropriations the Department is directed to send a letter to the Committees on Appropriations of the House of Representatives and the Senate listing each affected contract entered into by the Federal government, including, but not limited to contracts with the Bureau of Land Management, National Park Service, and Forest Service, certifying the application of the exemption to the final rule “Establishing a Minimum Wage for Contractors” (79 Fed. Reg. 60634 et seq.) for seasonal recreational employees on Federal lands that was included in Sec. 110, division H of the Consolidated Appropriations Act, 2016 (P.L. 114–113).

Program Direction and Support.—The Committee recommends \$31,258,000 for Program Direction and Support.

No funds are provided to establish an Office of Labor Compliance or otherwise support implementation of the Fair Pay Safe Workplaces Executive Order as requested in the fiscal year 2017 budget.

Departmental Program Evaluation.—The Committee recommends \$9,000,000 for Departmental Program Evaluation.

Legal Services.—The Committee recommends \$120,000,000 for Legal Services.

International Labor Affairs.—The Committee recommends \$32,000,000 for International Labor Affairs (ILAB). This recommendation is intended to return ILAB to its original mission of research, advocacy, and technical assistance. No funding is provided for ILAB grants.

The Committee remains concerned that ILAB does not have the capacity to effectively manage a large and complex grant program.

The Committee is also concerned that lack of demand results in funding for projects that are at higher risk of not achieving ILAB's program goals. The Committee directs ILAB to continue to work with GAO to implement the recommendations in its May 2014 report, "International Labor Grants: Labor Should Improve Management of Key Award Documentation" and in its September 2014 report, "International Labor Grants: DOL's Use of Financial and Performance Monitoring Tools Needs to be Strengthened."

The Committee directs ILAB to maintain funding for its core activities of international research and analysis, and to fulfill Congressional and legal mandates, including the Trade Acts of 2000 and 2002 and the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 and to continue to carry out the administrative requirements of the labor provisions of free trade agreements.

Administration and Management.—The Committee recommends \$28,640,000 for Administration and Management.

Adjudication.—The Committee recommends \$34,000,000 for Adjudication.

Women's Bureau.—The Committee recommends \$14,000,000 for the Women's Bureau.

Civil Rights Activities.—The Committee recommends \$6,880,000 for Civil Rights Activities.

Chief Financial Officer.—The Committee recommends \$5,101,000 for the Chief Financial Officer.

VETERANS EMPLOYMENT AND TRAINING

The Committee recommends \$285,520,000 for the Veterans Employment and Training (VETS) program, which is \$14,410,000 more than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. The recommendation includes \$50,000,000 from the General Fund of the Treasury and \$235,520,000 from the Employment Security Administration Account in the Unemployment Trust Fund. The VETS program serves America's veterans and separating service members by preparing them for meaningful careers, providing employment resources and expertise, and protecting their employment rights.

The Committee continues to support the VETS program and encourages the Department to pursue opportunities to cooperate with other Federal, State and private enterprises to help the country better serve its veterans.

The Committee supports the Department's proposed expansion of the Homeless Veteran Program and urges the Department to leverage all appropriate resources to achieve the goal of eliminating veterans' homelessness.

The Committee directs VETS to work with the IG to resolve the issues and implement the recommendations in the March 29, 2016 report, "Jobs for Veterans State Grants Program: VETS Needs to Improve Financial Monitoring," Report Number 06-16-001-02-001.

State Grants.—The Committee recommends \$175,000,000 for State Grants.

Transition Assistance Program.—The Committee recommends \$14,600,000 for the Transition Assistance Program.

Homeless Veterans' Reintegration Program.—The Committee recommends \$50,000,000 for the Homeless Veterans' Reintegration Program.

National Veterans' Employment and Training Service Institute.—The Committee recommends \$3,414,000 for the National Veterans' Employment and Training Institute.

INFORMATION TECHNOLOGY MODERNIZATION

The Committee recommends \$33,698,000,000 for Information Technology (IT) Modernization which is \$3,920,000 more than the fiscal year 2016 enacted level and \$29,464,000 less than the fiscal year 2017 budget request.

While the Committee recognizes there are ongoing modernization needs with respect to the Department's information technology infrastructure, the Committee remains concerned that the Department does not have the capacity to effectively manage the large increase in IT modernization funds proposed in the fiscal year 2017 budget request.

The Committee directs the Department to establish a multi-year IT modernization plan consistent with the Department's capacity to effectively oversee projects and within available appropriations. The Committee directs the Department to assign a qualified project manager that is a full-time employee of the Department to each modernization project to ensure that all IT modernization projects are executed effectively, according to Departmental requirements, on time, and within budget.

OFFICE OF INSPECTOR GENERAL

The Committee recommends \$91,500,000 for the Office of Inspector General (OIG), which is \$5,200,000 more than the fiscal year 2016 enacted level and \$3,041,000 less than the fiscal year 2017 budget request. The recommendation includes \$85,840,000 from the General Fund of the Treasury and \$5,660,000 from the Employment Security Administration Account in the Unemployment Trust Fund. The OIG conducts audits of Department programs and operations in order to determine that they are in compliance with the applicable laws and regulations, that Department resources are being effectively used, and that they are achieving their intended results.

The Committee supports OIG efforts to reduce improper payments in the UI program and to continue to combat large-scale, multi-State fictitious and fraudulent employer and identity theft schemes to defraud the UI program.

GENERAL PROVISIONS

Sec. 101. The Committee continues a provision to prohibit the use of Job Corps funds for the salary of an individual at a rate in excess of Executive Level II.

(TRANSFER OF FUNDS)

Sec. 102. The Committee continues a provision providing the Secretary of Labor with the authority to transfer up to one percent of discretionary funds between appropriations, provided that no ap-

appropriation is increased by more than three percent by any such transfer.

Sec. 103. The Committee continues a prohibition on use of funds to purchase goods that are in any part produced by indentured children.

Sec. 104. The Committee modifies a provision related to grants made from funds available to the Department under the American Competitiveness and Workforce Improvement Act.

Sec. 105. The Committee continues a provision to prohibit recipients of funds provided to the Employment and Training Administration from using such funds for the compensation of any individual at a rate in excess of Executive Level II.

(TRANSFER OF FUNDS)

Sec. 106. The Committee continues a provision providing the Secretary of Labor with the authority to transfer funds made available to the Employment and Training Administration to Program Administration for technical assistance services.

(TRANSFER OF FUNDS)

Sec. 107. The Committee continues a provision allowing up to 0.75 percent of discretionary appropriations provided in this Act for specific Department of Labor 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.

Sec. 108. The Committee continues a provision relating to section 147 of the WIOA authorizing competitive procurement of certain Job Corps Civilian Conservation Centers.

Sec. 109. The Committee modifies a provision relating to the Department's Establishing a Minimum Wage for Contractors regulation.

Sec. 110. The Committee includes a new provision relating to the Department's Definition of the Term "Fiduciary"; Conflict of Interest Rule.—Retirement Investment Advice regulation.

Sec. 111. The Committee includes a new provision relating to the Department's Defining and Delimiting the Exemptions for Executive, Administrative, Professional, Outside Sales and Computer Employees regulation.

Sec. 112. The Committee modifies a provision relating to flexibility of H-2B nonimmigrant crossings.

Sec. 113. The Committee continues a provision relating to wage determinations in the H-2B program.

(RESCISSION)

Sec. 114. The Committee includes a new provision rescinding advance appropriations in the Dislocated Workers' National Reserve account.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

The Committee recommends \$6,165,540,000 for Health Resources and Services programs, which is \$218,518,000 below the fiscal year

2016 enacted level and \$168,859,000 above the fiscal year 2017 budget request. The Health Resources and Services Administration (HRSA) supports programs that provide health services to disadvantaged, medically underserved, and special populations; decrease infant mortality rates; assist in the education of health professionals; and provide technical assistance regarding the utilization of health resources and facilities.

The Committee does not include the requested bill language allowing the Administrator to transfer three percent or less of funds between any of the HRSA accounts.

PRIMARY HEALTH CARE

Health Centers

The Committee recommends \$1,491,422,000 for the Health Centers program, which is the same as the fiscal year 2016 enacted level and \$150,000,000 above the fiscal year 2017 budget request.

The Committee includes bill language providing up to \$99,893,000 for the Federal Tort Claims Act program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. The program provides medical malpractice liability protection to Federally supported health centers.

The Committee is supportive of ongoing efforts to expand the capacity of community health centers to offer a comprehensive, integrated range of services, through strategic investment in behavioral health, substance abuse, oral health and other services and capacity.

Diabetic Retinopathy. According to the National Eye Institute, diabetic retinopathy is highly treatable and even preventable for diabetic patients that receive early interventions. As one of the major side effects of diabetic patients, the rates of diabetic retinopathy diagnoses are increasing at the same rate as the spike in diabetes diagnoses, an unforeseen issue for urban healthcare institutions that should not be neglected. The Committee encourages HRSA to identify assistance to urban healthcare institutions that currently serve underserved populations for diabetic retinopathy and vision care.

Health Center Guaranteed Loan Program.—The Committee recognizes the need for capital resources at community health centers to meet increased demand and upgrade facilities. The Committee supports administrative changes to the HRSA Loan Guarantee Program designed to improve its efficiency and better align the program with other successful Federal loan guarantees, and to increase utilization of this tool to leverage outside resources to meet health centers' capital needs.

Perinatal Transmission of Hepatitis B.—The Committee is pleased that progress is now being made to develop and implement a strategic plan to reduce the rate of perinatal transmission of Hepatitis B. The Committee notes however, that HRSA has been urged to expand efforts to eliminate perinatal transmission of Hepatitis B for the past three fiscal years and little progress has been made. It is therefore expected that HRSA engage a pilot to test intervention strategies followed by the adoption of a best practices protocol in HRSA funded health care settings as soon as possible in fiscal year 2016.

Tuberculosis.—The Committee notes that the National Action Plan for Combating Drug Resistant Tuberculosis recommends the creation of health-care liaisons between State and local health departments and institutions, including health centers that serve hard to reach groups who are at risk for tuberculosis (TB). HRSA is directed to provide a report to the Committee on the coordination between community health centers and State and local TB control programs to help ensure appropriate identification, treatment, and prevention of TB among vulnerable populations.

Free Clinics Medical Malpractice

The Committee recommends \$400,000 for extension of Federal Tort Claims Act coverage for volunteer free clinic health care professionals, which is \$300,000 more than the fiscal year 2016 level and \$600,000 less than the fiscal year 2017 budget request. The program provides medical malpractice coverage to individuals involved in the operation of free clinics in order to expand access to health care services to low-income individuals in medically underserved areas. A free clinic must apply, consistent with the provisions applicable to community health centers, to have those individuals “deemed” an employee of the Public Health Service, and therefore eligible for coverage.

HEALTH WORKFORCE

Health Professions

The Committee recommends \$823,706,000 for Health Professions programs, which is \$36,811,000 above the fiscal year 2016 enacted level and \$306,961,000 above the fiscal year 2017 budget request. The Bureau of Health Professions supports grants for the development of the health workforce in fields challenged by a high need and insufficient supply of health professionals. Given that colleges and universities serve the dual role of training students and carrying out a majority of Federally funded biomedical research, the Committee believes that they serve as an ideal setting to expose future clinicians to the evidence base that underlies their intended profession.

In response to the opioid epidemic, the Committee encourages medical schools and teaching hospitals to enhance existing curricular content on substance abuse and pain management for future prescribers. The Committee supports efforts by HRSA, through its Title VII health professions programs, to provide educational and training grants to medical schools and teaching hospitals to develop innovative educational materials related to substance use disorders and pain management.

Within the total for Health Professions, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Health Professions Training for Diversity	
Centers of Excellence	\$21,711,000
Faculty Loan Repayment	1,190,000
Scholarships for Disadvantaged Students	45,970,000
Workforce Information and Analysis	4,663,000
Primary Care Training and Enhancement	38,924,000
Oral Health Training Programs	35,873,000

Budget Activity	FY 2017 Committee
Interdisciplinary, Community-based Linkages	
Area Health Education Centers	30,250,000
Geriatric Programs	38,737,000
Mental and Behavioral Health	9,916,000
Behavioral Health Workforce Education and Training	50,000,000
Public Health Workforce Development	17,000,000
Nursing Workforce Development	
Advanced Education Nursing	64,581,000
Nursing Workforce Diversity	15,343,000
Loan Repayment and Scholarship Program	83,135,000
Nurse Education, Practice, and Retention	39,913,000
Nurse Faculty Loan Program	26,500,000

Primary Care Training and Enhancement

Interprofessional Education.—The Committee is aware of a growing recognition that interprofessional clinical health programs represent the state of the art in health care. Further, the Committee believes inter-professional clinical care teams that include physicians, nurses and other disciplines (such as physician assistants, oral health practitioners, behavioral health professionals, allied health providers, other practitioners) can achieve better care, better population health, and lower costs. Further, the Committee shares HRSA's viewpoint that health organizations and professionals should be trained for a contemporary practice environment focused on new and more efficient models of care that include inter-professional and team-based care. The Committee also believes that implementation of interprofessional practice requires health students and faculty, as well as staff at the clinic site, to be prepared to work effectively side-by-side.

Accordingly, in carrying out the various workforce programs authorized by Title VII and VIII of the Public Health Service Act, and for which funding is provided in this bill, the Committee encourages the Bureau of Health Workforce to give preference to competitive applications that include an interprofessional education component in their programmatic activities, with special consideration for applicants who address student and faculty learning as well as clinical site readiness.

Oral Health Training Programs

The Committee recommends \$35,873,000 for Training in Oral Health Care programs, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. Within the funds provided, the Committee includes not less than \$10,000,000 for General Dentistry Programs and not less than \$10,000,000 for Pediatric Dentistry programs. These programs serve to increase the number of medical graduates from minority and disadvantaged backgrounds and to encourage students and residents to choose primary care fields and practice in underserved urban and rural areas. HRSA is directed to provide continuation funding for predoctoral and postdoctoral training grants initially awarded in fiscal year 2015 and continuation funding for section 748 Dental Faculty Loan Repayment grants initially awarded in fiscal year 2016.

Area Health Education Centers

The Committee is pleased with the local and national work of the Title VII Area Health Education Center (AHEC) Program, and encourages HRSA to engage external stakeholders, including current and former grantees of the program, in refining the focus and core activities of the program.

The Committee encourages HRSA to support AHEC oral health projects that establish primary points of service and address the need to help patients find treatment outside of hospital emergency rooms. The Committee is aware that some State dental associations have already initiated programs to refer emergency room patients to dental networks. HRSA is urged to work with these programs.

Mental and Behavioral Health

The Committee recommendation includes \$8,916,000 for the interprofessional Graduate Psychology Education Program to increase the number of health service psychologists (including doctoral-level clinical, counseling and school psychologists) trained to provide integrated services to high-need underserved populations in rural and urban communities. Recognizing the growing need for highly trained mental and behavioral health professionals to deliver evidence-based services to the rapidly aging population, the Committee encourages HRSA to invest in geropsychology training programs and to help integrate health service psychology trainees at Federally Qualified Health Centers. The Committee encourages HRSA to build on recent efforts to expand training to increase mental and behavioral health services for returning service members, veterans and their families, with a strong emphasis on veterans reintegrating into rural civilian communities.

Nursing Workforce Development

The Committee recognizes that the demand for a highly-educated and diverse registered nursing workforce is particularly critical in rural and underserved areas, and acknowledges that the Institute of Medicine's report, *Future of Nursing: Leading Change, Advancing Health* calls for a greater number of baccalaureate-prepared registered nurses by 2020 and promotes steps to foster greater diversity among the nursing workforce to reflect an increasingly diverse patient population. Therefore, the Committee encourages HRSA to support the recruitment of individuals underrepresented in the field of nursing through the Nursing Workforce Diversity program by prioritizing the use of evidence-based strategies, including holistic admissions in education programs.

Behavioral Health Workforce Education and Training

The Committee recommends \$50,000,000 for the Behavioral Health Workforce Education and Training Grant Program. Eligible entities for this program shall include accredited programs that train Master's level social workers, psychologists, counselors, marriage and family therapists, psychology doctoral interns, as well as behavioral health paraprofessionals. The Committee directs HRSA to share information concerning pending grant opportunity announcements with State licensing organizations and all the relevant professional associations.

Social workers are a vital part of the behavioral health workforce, and critical to closing the access gap to services. The Committee is concerned that schools and programs of social work were not eligible to apply for the fiscal year 2016 Behavioral Health Workforce Education and Training (BHWET) for Paraprofessionals and Professionals program, and directs HRSA to include such schools and programs in fiscal year 2017 funding opportunities for the BHWET program.

Children's Hospitals Graduate Medical Education

The Committee recommends \$300,000,000 for the Children's Hospitals Graduate Medical Education Payment Program, which is \$5,000,000 above the fiscal year 2016 enacted level and \$300,000,000 more than the fiscal year 2017 budget request. The Children's Hospitals Graduate Medical Education Payment Program helps eligible hospitals maintain graduate medical education programs, which support the training of residents to care for the pediatric population and enhance the supply of primary care and pediatric medical and surgical subspecialties.

National Practitioner Data Bank

The Committee assumes \$18,814,000 for the National Practitioner Data Bank for fiscal year 2017, which is the same as the fiscal year 2016 enacted level and \$2,223,000 less than the fiscal year 2017 budget request. The Committee recommendation and the fiscal year 2017 budget request assume that the data bank will be self-supporting. The Committee continues to include bill language to ensure that user fee collections cover the full costs of the data bank operations.

National Health Service Corps

The Committee recognizes that the Secretary retains the authority to include additional disciplines, such as optometry, in the National Health Service Corps (NHSC), as eligible recipients of scholarships and loan repayment through the program. There are critical needs in rural communities with underserved populations for optometry services, and recruitment of providers to offer those services is key to expanding capacity. The Committee therefore encourages the Secretary to consider the inclusion of optometry as an eligible discipline.

The Committee notes that access to optometry services can help prevent vision loss and encourages HRSA to explore funding opportunities for Schools of Optometry, optometry students, and optometrists within existing authorities and consider including optometrists as an eligible discipline in the State Loan Repayment Program.

The Committee recognizes that the NHSC is an essential tool for recruitment and retention of health professionals at community health centers, especially given recent expansions of the Health Centers program. The Committee encourages HRSA to increase the proportion of clinicians serving at health centers to improve alignment between these two programs and to best leverage investments in NHSC health professionals.

MATERNAL AND CHILD HEALTH

Maternal and Child Health Block Grant

The Committee recommends \$638,200,000 for the Maternal and Child Health (MCH) Block Grant, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. States use the MCH block grant to improve access to care for mothers, children, and their families; reduce infant mortality; provide pre- and post-natal care; support screening and health assessments for children; and provide systems of care for children with special health care needs.

The Committee continues bill language identifying specific amounts for Special Projects of Regional and National Significance (SPRANS). The Committee intends that the following amounts be provided within SPRANS:

Budget Activity	FY 2017 Committee
Set-aside for Oral Health	\$5,250,000
Set-aside for Epilepsy	3,642,000
Set-aside for Sickle Cell Disease	3,000,000
Set-aside for Fetal Alcohol Syndrome	477,000

Set-aside for Oral Health.—The Committee has included \$250,000 for demonstration projects to increase the implementation of integrating oral health and primary care practice. The projects should model the core clinical oral health competencies for non-dental providers that HRSA published and initially tested in its 2014 report, “Integration of Oral Health and Primary Care Practice.”

Fetal Alcohol Syndrome.—The Committee recommends continued funding for the Fetal Alcohol Syndrome initiative that addresses high-risk Alaska Native and American Indian populations through a Native American-focused collaborative.

Hemophilia Treatment Centers.—The Committee recommends level funding for Hemophilia Treatment Centers (HTCs). Hemophilia is a rare, chronic bleeding disorder affecting 20,000 people in the United States. Individuals with hemophilia require life-long infusions of expensive clotting factor therapies that replace missing or deficient blood clotting proteins, preventing debilitating and life-threatening internal bleeding. HTCs improve the health of these patients by providing diagnostic and educational services for these inherited conditions; developing wide-ranging, culturally sensitive and family-centered genetic services and an understanding of how these genetic conditions affect people’s health.

Maternal and Child Health Programs

In addition to the Maternal and Child Health Block Grant, the Maternal and Child Health Bureau at HRSA supports several programs to improve the health of all mothers, children, and their families. These programs support activities that develop systemic mechanisms for the prevention and treatment of sickle cell disease; provide information and research on and promote screening of autism and other developmental disorders; provide newborn and child screening of heritable disorders; provide grants to reduce infant mortality and improve perinatal outcomes; fund States to conduct

newborn hearing screening; and provide grants to improve existing emergency medical services.

Within the total for Maternal and Child Health Programs, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Sickle Cell Anemia Demonstration Program	\$4,455,000
Autism and Other Developmental Disorders	47,099,000
Heritable Disorders	13,883,000
Healthy Start	103,500,000
Universal Newborn Hearing	17,818,000
Emergency Medical Services for Children	20,162,000

Vision Health.—The Committee is concerned that vision disorders are among the leading cause of impaired health in childhood as one in four school-aged children has a vision problem significant enough to affect learning. The Committee recognizes that early detection can help prevent vision loss and blindness and understands many serious ocular conditions in children are treatable if diagnosed at an early stage. Therefore, to promote vision and eye health for the Nation’s children, the Committee encourages the development of public health infrastructure to support a comprehensive, multi-tiered continuum of vision care for young children.

Neonatal Abstinence Syndrome.—The Committee is alarmed by the drastic rise in the incidence of Neonatal Abstinence Syndrome (NAS), newborns suffering from withdrawal due to drug exposure during pregnancy. The Committee requests an update in the fiscal year 2018 budget request on HRSA efforts that address NAS.

Autism and Other Developmental Disorders

The Committee recommends \$47,099,000 for Autism and Other Developmental Disorders, this funding level is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. These programs seek to improve the health and well-being of children and adolescents with autism spectrum disorder and other developmental disabilities and to advance best practices for the early identification and treatment of autism and related developmental disabilities. Within the total, the Committee recommends \$30,043,000 for the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program. This funding level will allow LEND programs to maintain their capacity to train professionals to diagnose, treat, and provide interventions to individuals with autism spectrum disorder and expand the number of sites and professionals trained to diagnose, treat, and provide interventions to individuals with autism spectrum disorder authorized by the Combating Autism Act. The increase will help these programs initiate or expand their work in the area of interdisciplinary leadership training to meet the needs of children with Autism Spectrum Disorders and related developmental disabilities.

Heritable Disorders

The Committee recommends \$13,883,000 for the Heritable Disorders program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program provides grants to support State and local public health agencies with the enhancement, improvement, or expansion of their ability to

provide screening, counseling or health care services to newborns and children having or at risk for heritable disorders. Since the original Newborn Screening Saves Lives Act was signed into law, two additional screenings have been added to the Recommended Uniform Screening Panel—critical congenital heart disease and severe combined immunodeficiency. Programs funded through the Heritable Disorders program and programs established under the Newborn Screening Saves Lives Act (P.L. 110–204) play a critical role in assisting States in the adoption of additional screenings, enhancing provider and consumer education and ensuring coordinated follow-up care. The Committee encourages HRSA to increase assistance to States implementing new conditions added to the Recommended Uniform Screening Panel, including Severe Combined Immunodeficiency (SCID), Glycogen Storage Disease Type II (Pompe disease), Mucopolysaccharidosis Type I (MPS I) and X-linked Adrenoleukodystrophy (X-ALD).

Newborn Screening for Severe Combined Immunodeficiency.—The Committee provides level funding for Newborn Screening for SCID to assure that States are able to continue supporting wider implementation, education and awareness of Newborn Screening for SCID.

Thalassemia.—The Committee supports the important work HRSA has funded to establish expert recommendations for patient care in three key areas in thalassemia treatment and to aid the development of regional partnership networks related to thalassemia. Thalassemia is an inherited blood disorder that causes the body to make an abnormal form of hemoglobin. The Committee encourages HRSA to continue and expand work to address more issues related to this patient population.

Healthy Start

The Committee recommends \$103,500,000 for the Healthy Start program, which is the same as the fiscal year 2016 enacted level as well as the fiscal year 2017 budget request. The program provides discretionary grants to communities with high rates of infant mortality to support primary and preventive health care services for mothers and their infants.

Fetal Infant Mortality Review.—The Fetal Infant Mortality Review (FIMR) program is an important component of many Healthy Start and local health department initiatives that provide evidence-based interventions crucial to improving infant health in high risk communities. HRSA is encouraged to continue to support the FIMR program with Healthy Start funding while educating Healthy Start Programs on the successes of FIMR.

Transfer from Planned Home Birth to Hospital.—The Committee continues to note the rising rates for out of hospital births in the United States since 2004, and the subsequent importance of collaboration within an integrated maternity care system in order to achieve optimal mother-baby outcomes. The Committee believes that all women and families planning a home or birth center birth have a right to respectful, safe, and seamless consultation, referral, transport and transfer of care when necessary. Therefore the Committee directs HRSA to work with its partners, including those national organizations representing professionals who attend home, birthing center and hospital births, to develop a strategy for facili-

tating ongoing inter-professional dialogue and cooperation and universal adoption of the Best Practice Guidelines for Transfer from Planned Home Birth to Hospital, in order to achieve optimal mother-baby outcomes in all settings and with all providers. HRSA is directed to provide a report to the Committee with an update on its progress.

RYAN WHITE HIV/AIDS PROGRAM

Ryan White HIV/AIDS Program

The Committee recommends \$2,322,781,000 for the Ryan White HIV/AIDS Programs, which is the same as the fiscal year 2016 enacted level and \$9,000,000 below the fiscal year 2017 budget request.

The Ryan White HIV/AIDS programs fund activities to address the care and treatment of persons living with HIV/AIDS who are either uninsured or underinsured and need assistance to obtain treatment. The program provides grants to States and eligible metropolitan areas to improve the quality, availability, and coordination of health care and support services to include access to HIV-related medications; grants to service providers for early intervention outpatient services; grants to organizations to provide care to HIV infected women, infants, children, and youth; and grants to organizations to support the education and training of health care providers.

Within the total for Ryan White HIV/AIDS Programs, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Emergency Assistance	\$655,876,000
Comprehensive Care Programs	1,315,005,000
AIDS Drug Assistance Program	(900,313,000)
Early Intervention Program	205,079,000
Children, Youth, Women, and Families	75,088,000
AIDS Dental Services	13,122,000
Education and Training Centers	33,611,000

AIDS Drug Assistance Program.—The Committee recognizes the importance of HIV health care and support services, and supports granting Federal funds to States to address the growth in the number of clients in need of supportive services—including HIV service delivery, home and community-based care services for individuals with HIV disease, continuation of health insurance coverage for low-income persons with HIV disease, and State AIDS Drug Assistance Programs (ADAP)—that maintain persons in care. The Part B program provides 59 grants to States and territories.

The Committee continues to be encouraged by the progress of anti-retroviral therapy in reducing the mortality rates associated with HIV infection and impacting the transmission of HIV infections. The Committee supports continued funding for AIDS medications in ADAP. These funds ensure that low-income individuals maintain access to HIV/AIDS medications. Their importance increases as more individuals are identified through increased testing efforts by State and local health departments and seek treatment earlier in the progression of their HIV disease.

Ryan White Part D.—The Committee does not recommend combining Parts C and D of the Ryan White HIV/AIDS program. Populations served by Part D, namely pregnant women, infants, children, and youth (WICY), require different treatment than the standard adult patient served by the Part C program. These unique WICY populations require care providers with special expertise and intensive counseling oversight, making robust use of case managers who are vital to the success of the Part D programs. The Committee commends HRSA on the progress made to reduce viral transmission from mother to infant in the United States and believes the gains are attributable in large part to the hands-on approach taken by the Ryan White Part D recipients. HRSA should remain cognizant of the special needs of this population, and recognize that treating them in the same manner as adults will result in increased perinatal transmissions and poorer outcomes among HIV infected children and youth.

Dental Reimbursement Program.—The Ryan White Part F program provides for the Dental Reimbursement Program (DRP), 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. The Committee is concerned that although the program has provided oral health care to many people living with HIV/AIDS, it has not kept pace with the number of individuals in need. The Committee requests an update in the fiscal year 2018 budget request on the non-reimbursed costs covered by the DRP.

HEALTH CARE SYSTEMS

The Committee recommends \$109,193,000 for Health Care Systems, which is \$6,000,000 above the fiscal year 2016 enacted level and \$10,000,000 below the fiscal year 2017 budget request. The programs within Health Care Systems support national activities that enhance health care delivery in the United States. Activities include maintaining a national system to allocate and distribute donor organs to individuals awaiting transplant; building an inventory of cord blood units; maintaining a national system for the recruitment of bone marrow donors; operating the 340B drug discount system; and operating a national toll-free poison control hotline.

Within the total for Health Care Systems, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Organ Transplantation	\$23,549,000
National Cord Blood Inventory	16,266,000
C.W. Bill Young Cell Transplantation Program	22,109,000
Office of Pharmacy Affairs	10,238,000
Poison Control Centers	19,846,000
National Hansen's Disease Program	15,206,000
National Hansen's Disease—Buildings/Facilities	122,000
Hansen's Payment to Hawaii	1,857,000

Organ Donation.—The Committee is aware of the current insufficient rate of organ donation to meet nationwide need. Further, the Committee is concerned that in some circumstances there is signifi-

cant regional disparity in donation volume. The Committee urges HRSA to allocate resources toward increasing the organ donor pool and coordinate efforts by the Organ Procurement and Transplantation Network and the Centers for Medicare & Medicaid Services in regions with disproportionately low numbers of organ donors. The Committee directs HRSA to establish a coordinated initiative to increase the number of donated organs successfully procured and transplanted throughout the United States. The Committee requests an update in the fiscal year 2018 budget request on HRSA's efforts to increase organ donors, specifically new efforts undertaken that seek to address regional disparity. The Committee also requests a report within 120 days of enactment detailing a comprehensive strategy to encourage organ donation throughout the United States, including ways to share best practices from high donation areas to low donation areas.

National Cord Blood Inventory

The Committee recommends \$16,266,000 for the National Cord Blood Inventory, which is \$5,000,000 more than the fiscal year 2016 enacted level and \$5,000,000 more than the fiscal year 2017 budget request. The National Cord Blood Inventory program builds a genetically and ethnically diverse inventory of high-quality umbilical cord blood for transplantation.

Office of Pharmacy Affairs

The Committee recommends \$10,238,000 for the Office of Pharmacy Affairs (OPA), which is the same as the fiscal year 2016 enacted level and is \$7,000,000 below the fiscal year 2017 budget request. The Committee again rejects the budget request to establish a user fee. The Office of Pharmacy Affairs oversees the 340B Drug Pricing Program, which requires drug manufacturers to provide discounts on outpatient prescription drugs to certain safety net health care providers.

The Committee recognizes that OPA published the first, comprehensive program guidance for the 340B program, and expected this guidance to provide clarity for all stakeholders. The Committee is concerned about the large number of negative comments on the guidance. The Committee is also aware that the 340B statute requires HRSA to make 340B ceiling prices available to covered entities through a secure website, but that OPA has failed to meet its own deadlines to complete work on the secure website. The Committee urges OPA to complete the development of a secure website. The Committee directs OPA to include an update on the status of the secure website in the fiscal year 2018 budget request.

Poison Control Centers

The Committee recommends \$19,846,000 for Poison Control Centers, which is \$1,000,000 above the fiscal year 2016 enacted level and the fiscal year 2017 budget request. There is an acknowledged epidemic of prescription drug (opioid) abuse and heroin addiction in our country. According to the CDC, in 2013, the most recent year for which data are available, unintentional poisoning was the leading cause of unintentional injury deaths. Ninety-one percent of unintentional poisonings were caused by prescription drugs, primarily opioid analgesics. The Committee recognizes that Poison Control

Centers (PCCs) play a critical role in combatting opioid drug-related abuse and misuse from helping to define and trace the problem within a local and national context to responding to calls from healthcare providers seeking treatment advice for substance abuse patients. PCCs also provide vital public and health care provider education. The Committee recognizes the critical role of this proven national public health program and the value of its highly effective public-private/local-State-Federal partnership in helping the country address this opioid epidemic, as well as contributing significantly to Congressional goals of achieving the most efficient delivery of healthcare services to all citizens.

RURAL HEALTH

The Committee recommends \$169,571,000 for Rural Health programs, which is \$20,000,000 more than the fiscal year 2016 enacted level and \$25,409,000 more than the fiscal year 2017 budget request. Rural Health programs provide funding to improve access, quality, and coordination of care in rural communities; for research on rural health issues; for technical assistance and recruitment of health care providers; for screening activities for individuals affected by the mining, transport, and processing of uranium; for the outreach and treatment of coal miners and others with occupation-related respiratory and pulmonary impairments; and for the expansion of telehealth services.

Within the total for Rural Health activities, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Rural Outreach Programs	\$65,500,000
Rural Health Research	9,351,000
Rural Hospital Flexibility Grants	45,609,000
State Offices of Rural Health	10,511,000
Black Lung Clinics	7,766,000
Radiation Exposure Screening and Education	1,834,000
Telehealth	19,000,000
Rural Opioid Overdose Reversal Grant	10,000,000

Rural Outreach Programs.—The Committee directs HRSA to target new funds to rural communities with high rates of poverty, unemployment, and substance abuse.

Rural Hospital Flexibility Grants.—The Committee directs HRSA to issue new funding announcements for Critical Access Hospitals (CAHs) and give priority in grant awards to CAHs that serve rural communities with high rates of poverty, unemployment, and substance abuse.

Telehealth.—The Committee directs HRSA to give priority in making grant awards to small hospitals serving communities with high rates of poverty, unemployment, and substance abuse.

Training in Oral Health Care and Rural Health.—The Committee encourages HRSA to work with States to develop and facilitate public education programs that promote preventive oral health treatments and habits via increased oral health literacy in rural and underserved areas. The Committee believes that prevention-centered programs represent a cost effective way to address oral health access. The Committee also encourages the Office of Rural Health Policy to support these programs. Further, the Committee

encourages HRSA to include innovative public education programs as eligible for funding as part of the State Oral Health Workforce Improvement Program.

Rural Opioid Overdose Reversal Grant

The Committee is concerned about the increasing number of unintentional overdose deaths attributable to prescription and non-prescription opioids. HRSA is urged to take steps to encourage and support the use of funds for opioid safety education and training, including initiatives that improve access for licensed healthcare professionals, including paramedics, to emergency devices used to rapidly reverse the effects of opioid overdoses. Such initiatives should incorporate robust evidence-based intervention training, and facilitate linkage to treatment and recovery services.

FAMILY PLANNING

The Committee does not recommend funding for the Family Planning program, which is \$286,479,000 below the fiscal year 2016 enacted level and \$300,000,000 below the fiscal year 2017 budget request. The Family Planning program administers Title X of the Public Health Service Act.

PROGRAM MANAGEMENT

The Committee recommends \$155,000,000 for the cost of Federal staff and related activities to coordinate, direct, and manage the programs of HRSA, which is \$1,000,000 more than the fiscal year 2016 enacted level and \$2,061,000 below the fiscal year 2017 budget request.

The Committee is disturbed to learn that despite its directive in House Report (110–231) to establish a Chief Dental Officer (CDO) position, HRSA has not maintained the appointment. The Committee understands that since the beginning of 2012 the position has been downgraded to Senior Dental Advisor and moved several layers below HRSA leadership and decision makers. This has occurred in spite of the Administration's commitment in 2010 to establish the Oral Health Initiative, which highlighted several HRSA initiatives to improve access to oral health care, especially for needy populations. The Committee directs HRSA to restore the position of HRSA Chief Dental Officer with executive level authority and resources to oversee and lead HRSA dental programs and initiatives. The CDO is also expected to serve as the agency representative on oral health issues to international, national, State, and/or local government agencies, universities, oral health stakeholder organizations, etc.

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

The Committee estimates that \$240,000,000 will be released from the Vaccine Injury Compensation Trust Fund, which is \$3,000,000 more than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request.

The National Vaccine Injury Compensation Program provides a system of compensation for individuals with vaccine-associated injuries or deaths. Funds for claims from vaccines administered on or after October 1, 1988 are generated by a per-dose excise tax on

the sale of selected prescribed vaccines. Revenues raised by this tax are maintained in the Vaccine Injury Compensation Trust Fund.

Trust funds made available will support the liability costs of vaccines administered after September 30, 1988. They will also support the \$8,350,000 in costs incurred by HRSA in the operation of the program, which is \$850,000 more than the fiscal year 2016 enacted level and \$850,000 less than the fiscal year 2017 budget request.

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Committee recommends a program level of \$7,838,802,000 for the Centers for Disease Control and Prevention (CDC), which is \$605,399,000 more than the fiscal year 2016 enacted program level and \$799,598,000 more than the fiscal year 2017 budget request. This level includes \$6,930,502,000 in discretionary appropriated dollars in conjunction with \$908,300,000 in transfers from the Prevention and Public Health (PPH) Fund. CDC works with State, local and tribal health authorities and other non governmental health-related organizations to understand, control, and reduce public health problems.

In light of the recent crises with both Zika and Ebola, the Committee has included \$300,000,000 within the CDC to form a new Infectious Diseases Rapid Response Reserve Fund. This reserve, in which funds will be available until expended, will provide an immediate source of funding, fully paid for with annually appropriated dollars, that the Administration could tap into to quickly respond to a future, imminent infectious disease crisis that endangers American lives without waiting for Congress to act on a supplemental funding bill. Funds would be subject to all existing authorities and limitations.

The Committee recommendation increases support to State, local, and tribal public health departments for disease areas such as diabetes. The Committee recommendation also strengthens heart and stroke prevention activities and furthers efforts to reduce prescription drug overdose. The recommendation expands funding to build State, local, and tribal preparedness and response capacity through increased support for the public health preparedness infrastructure and state laboratory capacity. The Committee recommendation also supports flexible funds for States to address local and tribal public health issues through the Preventive Health and Health Services Block Grant. Globally, the recommendation continues support for the global polio eradication program.

On Zika, the Committee includes \$390,000,000 across CDC to support domestic and supplemental vector control activities; international and territorial Zika response efforts, and supports a block grant for States and local communities with high potential for local Zika transmission to ensure local officials have flexibility to address local needs.

The Committee expects that unless provided for differently in the bill or report, CDC will follow the policy, funding source, and levels described in the fiscal year 2017 budget request.

The Committee expects CDC to provide public health and preparedness goals with measures for each program in the fiscal year 2018 budget request. The Committee appreciates the new grant table provided in fiscal year 2017 budget request and requests CDC

note any year it changed a formula or plans to change a formula for grants and provide the percent of funding for grants with formula funding. The Committee requests a table in the fiscal year 2018 budget request and future budget requests with the percentage of funds used to support intramural activity for each program.

The Committee reinforces its expectation for CDC to work with State, local and tribal health officials to move forward with the plan for a single web-based data collection information technology platform for CDC programs to reduce the burden on States and to reduce CDC’s operational costs of its independent data collection actions. The Committee requests an update on these activities in the fiscal year 2018 budget request.

The Committee remains concerned with duplication of effort and overlapping of responsibilities between NIH and CDC and requests an update in the fiscal year 2018 budget request on how CDC programs coordinate with NIH Institutes and Centers (ICs) to share scientific gaps related to activities supported in NIH research portfolios.

IMMUNIZATION AND RESPIRATORY DISEASES

The Committee recommends \$748,066,000 for Immunization and Respiratory Diseases (IRD), which includes \$410,766,000 in discretionary appropriations, and \$337,300,000 in transfers from the PPH Fund. This level is \$50,339,000 less than the fiscal year 2016 enacted program level and equal to the fiscal year 2017 budget request program level.

Immunization grants are awarded to States and local agencies for planning, developing, and conducting childhood, adolescent, and adult immunization programs including enhancement of the vaccine delivery infrastructure. CDC directly maintains a stockpile of vaccines, supports consolidated purchase of vaccines for State and local health agencies, and conducts surveillance, investigations, and research into the safety and efficacy of new and presently used vaccines. The Committee encourages CDC to consider including vaccines produced through recombinant DNA technology.

Within the total for IRD, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Section 317 Immunization Program	\$560,508,000
<i>National Immunization Survey</i>	<i>12,864,000</i>
Influenza Planning and Response	187,558,000

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

The Committee recommends \$1,122,278,000 for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases (STD), and Tuberculosis (TB) prevention in discretionary appropriations, which is the same as the fiscal year 2016 enacted level and \$5,000,000 less than the fiscal year 2017 budget request.

CDC provides national leadership and support for HIV prevention research and the development, implementation, and evaluation of evidence-based HIV prevention programs serving persons affected by, or at risk for, HIV infection. Activities include surveil-

lance, epidemiologic and laboratory studies, and prevention activities. CDC provides funds to State, local and tribal health departments and community-based organizations to develop and implement integrated community prevention plans. The level does not provide support for the requested new pre-exposure demonstration.

Within the total for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Domestic HIV/AIDS Prevention and Research	\$788,712,000
<i>HIV Prevention by Health Departments</i>	397,161,000
<i>HIV Surveillance</i>	119,861,000
<i>Activities to Improve Program Effectiveness</i>	103,208,000
<i>National, Regional, Local, Community, and Other Orgs</i>	135,401,000
<i>School Health-HIV</i>	33,081,000
Viral Hepatitis	34,000,000
Sexually Transmitted Diseases	157,310,000
Tuberculosis	142,256,000

Hepatitis C (HCV).—The Committee understands the rates of new HCV infection among American Indians (AI) and Alaska Natives (AN) continue to rise, far surpassing other communities. The Committee directs CDC to consider the development of a grant program specifically for AI and AN tribes to support prevention and screening efforts. Furthermore, the Committee requests CDC work with the Indian Health Service on a targeted action plan to promote HCV prevention, increased screening, and increased access to treatment.

HIV Prevention Activities.—The Committee requests an update in the fiscal year 2018 budget request on steps CDC is taking and plans to take to improve testing rates and reduce late stage diagnosis. The update should include steps being taken to ensure prevention program funds reach the most at risk individuals to best ensure early detection with targeted interventions.

Viral Hepatitis Screening.—The Committee continues to support hepatitis screening activities and urges CDC to prioritize education programs in medically underserved and minority communities.

EMERGING AND ZONOTIC INFECTIOUS DISEASES

The Committee recommends \$677,522,000 for Emerging and Zoonotic Infectious Diseases (EZID), which includes \$625,522,000 in discretionary appropriations and \$52,000,000 made available from transfers from the PPH Fund. This level is \$97,637,000 more than the fiscal year 2016 enacted program level and \$48,037,000 more than the fiscal year 2017 budget request program level.

The EZID programs support the prevention and control of infectious diseases through surveillance, outbreak investigation and response, research, and prevention. The recommendation adds a new funding line dedicated to domestic Zika response and supplemental vector control for States and local communities to address vector-borne diseases. The request does not provide the increase requested for refugee support.

Within the total for EZID, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Core Infectious Diseases	\$490,950,000
<i>Domestic Zika Response and Supplemental Vector Control</i>	125,000,000
<i>Emerging Infectious Diseases</i>	125,000,000
<i>Lab Safety and Quality</i>	8,000,000
<i>Antibiotic Resistance Initiative</i>	160,000,000
<i>All Other Infectious Diseases</i>	29,840,000
<i>Vector-borne Diseases</i>	26,410,000
<i>Lyme Disease</i>	10,700,000
<i>Prion Disease</i>	6,000,000
Food Safety	52,000,000
National HealthCare Safety Network	21,000,000
Quarantine	31,572,000
Advanced Molecular Detection	30,000,000
Epidemiology and Laboratory Capacity	40,000,000
Healthcare-Associated Infections	12,000,000

Fungal Diseases (FD).—The Committee notes the threat of FD such as Cryptococcosis, Histoplasmosis, Aspergillosis, Candidiasis, and Valley Fever. The Committee requests a report in the fiscal year 2018 budget request on how CDC is continuing to monitor and evaluate efforts for early diagnosis and treatment for fungal infections in collaboration with other centers and agencies. The Committee urges CDC to work closely with NIH to identify research opportunities that can lead to improved diagnostics, treatments, and vaccines. The Committee expects CDC to conduct close coordination across all its fungal disease activities to support advances and development of the next generation of tools to address fungal diseases, and to be vigilant in monitoring and supporting early diagnosis and treatment.

Hand Hygiene.—The Committee reiterates its desire for CDC to improve hand hygiene habits to help prevent the spread of germs and infectious diseases. The Committee requests an update in the fiscal year 2018 budget request on CDC's efforts to incorporate the use of alcohol based hand rubs into hand hygiene programs outside healthcare, such as schools and restaurants, to reduce the risk of illness or infection.

CDC Laboratory Safety and Training.—The Committee requests CDC continue to provide the quarterly reports with the same information described in the fiscal year 2016 Consolidated Appropriations Act Explanatory Statement on this topic.

Lyme Disease.—The Committee for years has encouraged CDC to expand activity and coordination with other agencies to develop more sensitive and accurate tools and tests for Lyme disease. CDC is expected to share areas of research with NIH to coordinate on research efforts. The Committee requests a time line and implementation plan on activities that may lead to commercialization of these efforts in the fiscal year 2018 budget request.

Tick-Borne Illnesses.—The Committee is concerned about the rate of tick-borne illnesses across the country. The Committee requests an update in the fiscal year 2018 budget request on the prevalence of tick-borne illnesses, including information on the geographic distribution with a particular focus on Lyme disease and Rocky Mountain Spotted Fever. The Committee encourages CDC to review, in conjunction with primary care physicians, its website to ensure physician education programs on Lyme disease include sci-

entific resources and a process to allow treating physicians to provide feedback on CDC provided information.

Valley Fever.—The Committee continues to commend CDC and NIH on the joint efforts to combat Valley Fever, specifically by conducting a Randomized Controlled Trial (RCT) to identify an effective treatment. The Committee understands establishing and conducting a RCT is complex and recognizes the effort NIH and CDC have committed to this project. The Committee requests an update in the fiscal year 2018 budget request on these efforts. Further, the Committee encourages development of early diagnostic tests and supports efforts to increase awareness of this disease among medical professionals and the public.

Vector Borne Disease Program (VBDP).—The Committee continues to support the critical role CDC and its VBDP play to prepare for and fight emerging tropical diseases, such as Dengue, Chikungunya, and Zika. The groundwork laid in the CDC's efforts on Dengue and Chikungunya will be critical to fighting Zika.

Vector Control Guidelines to Reduce the Spread of Disease-Carrying Insects.—The Committee requests CDC develop and maintain an online guideline for use by States and local communities with a full scope of vector control options, tools, and other factors State and local jurisdictions may consider as they develop plans to carry out vector control activities to control Zika and other related diseases carried by insects. The Committee expects the document to be available online within 60 days after enactment and updated at least annually.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

The Committee recommends \$1,097,821,000 for Chronic Disease Prevention and Health Promotion (CDPHP), which includes \$896,321,000 in discretionary appropriations and \$201,500,000 made available from transfers from the PPH Fund. This level is \$79,275,000 less than the fiscal year 2016 enacted program level and \$19,324,000 less than the fiscal year 2017 budget request program level. The CDPHP programs provide support for State, tribal, and community programs on surveillance, prevention research, evaluation, and health promotion.

Within the total provided, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Tobacco	\$100,000,000
Nutrition, Physical Activity, and Obesity	49,920,000
<i>High Obesity Rate Counties</i>	10,000,000
School Health	15,400,000
Health Promotion	14,525,000
<i>Glaucoma</i>	3,300,000
<i>Visual Screening Education</i>	525,000
<i>Alzheimer's Disease</i>	4,000,000
<i>Inflammatory Bowel Disease</i>	750,000
<i>Interstitial Cystitis</i>	850,000
<i>Excessive Alcohol Use</i>	3,000,000
<i>Chronic Kidney Disease</i>	2,100,000
Prevention Research Centers	25,461,000
Heart Disease and Stroke	175,000,000
Diabetes	185,000,000
National Diabetes Prevention Program	25,000,000
Cancer Prevention and Control	352,515,000

Budget Activity	FY 2017 Committee
<i>Breast and Cervical Cancer</i>	210,000,000
<i>WISEWOMAN</i>	21,120,000
<i>Breast Cancer Awareness for Young Women</i>	4,960,000
<i>Cancer Registries</i>	49,440,000
<i>Colorectal Cancer</i>	39,515,000
<i>Comprehensive Cancer</i>	22,600,000
<i>Johanna's Law</i>	5,500,000
<i>Ovarian Cancer</i>	7,500,000
<i>Prostate Cancer</i>	13,000,000
Oral Health	18,000,000
Safe Motherhood/Infant Health	46,000,000
<i>Preterm Birth</i>	2,000,000
Other Chronic Diseases	25,000,000
<i>Arthritis</i>	11,000,000
<i>Epilepsy</i>	8,000,000
<i>National Lupus Patient Registry</i>	6,000,000
Racial and Ethnic Approach to Community Health	30,000,000
Million Hearts	4,000,000
National Early Child Care Collaboratives	4,000,000
Hospitals Promoting Breastfeeding	8,000,000
Good Health and Wellness in Indian Country	20,000,000

Atopic Dermatitis (AD).—The Committee understands AD is a severe and long-lasting form of eczema that is a potentially debilitating condition. The Committee understands gaps in data on AD exists that inhibit research. The Committee encourages CDC, in collaboration with the National Center for Health Statistics and NIH to coordinate on a report, to be included in the fiscal year 2018 budget request, on their efforts to identify the knowledge gaps related to AD and how they could support efforts to obtain data to fill these gaps.

Alzheimer's Disease.—The Committee provides an increase to support the Healthy Brain Initiative, of which the Committee expects the increase will be dedicated to assisting States in collecting cognitive decline and caregiving data through the Behavioral Risk Factor Surveillance System in all 50 States, the District of Columbia, and Puerto Rico. Additionally, the Committee requests the fiscal year 2018 budget request include a plan to implement the Healthy Brain Initiative's Public Health Roadmap for State and National Partnerships.

Burden of Disease.—The Committee reiterates the desire for CDPHP programs to expand the use of burden of disease as a significant consideration in resource decisions. Specifically, the request for applications should have applicants identify the level of community burden reduction expected with funding and funded applicants should track, monitor, and report reductions over time where possible.

Cancer Survivorship.—The Committee continues to encourage CDC, in coordination with NIH, to identify evidence-based physical activity and wellness programs that can be used throughout the health care and public health sector for cancer survivors. The Committee requests a joint CDC and NIH update in the fiscal year 2018 budget request on research and public health programs related to this issue.

Comprehensive Cancer.—The Committee increased support for Comprehensive Cancer and consolidates activity previously supported in the "Skin Cancer" and "Cancer Survivorship Resource

Center” programs to provide CDC with more flexibility to support these programs within a larger combined program.

Division of Diabetes Translation (DDT).—The Committee expects the DDT to address the diabetes epidemic through education to provide Americans with knowledge that leads to the prevention of diabetes. The Committee reiterates its support for the DDT to leverage Federal resources with public and private organizations to prevent and reduce diabetes in Americans. The Committee requests a report in the fiscal year 2018 budget request that describes the DDT’s plan and on-going actions to further use population-adjusted burden of disease as the key criteria in awarding funds. The Committee urges a significant focus of resources on efforts to expand State, local, and tribal community diabetes control and prevention activities. The Committee expects CDC will specifically evaluate how to ensure programs support rural communities with a high burden of disease that may have more limited access to other prevention and outreach programs to control or prevent diabetes. Additionally, the report shall describe how the DDT translates research into better prevention and care with its programs.

Division of Oral Health (DOH).—The Committee expects the DOH to distribute new waterline safety guidelines to dentist offices and clinics, to coordinate with NIH to conduct follow up research where needed, and for CDC to work with professional organizations to educate dentists and dental students of such guidelines.

Diabetes.—The Committee has provided a significant increase for Diabetes prevention and control activities. The Committee expects the increase to go directly to communities with the highest burden of disease to support scientifically validated risk factor reduction measures through competitive awards. The Committee requests a report in the fiscal year 2018 budget request on the amount of CDC diabetes support provided to State, local, and tribal communities and the expected impact on these communities.

Good Health and Wellness in Indian Country.—The Committee appreciates the new five-year cooperative agreement to develop a comprehensive approach to good health and wellness in Indian Country. This population is disproportionately affected by chronic disease compared to other racial and ethnic groups in the United States. The Committee notes the program support is in addition to and should not supplant existing funds provided by other CDC activities. CDC is expected to build on these existing programs within Indian Country to allow for a more comprehensive public health infrastructure in tribal communities and the ability to develop mechanisms to improve good health and wellness in Indian Country.

Heart Disease and Stroke.—The Committee provides an increase to support heart disease and stroke prevention at State, local and tribal public health departments. The Committee expects the increase to go directly to communities with the highest burden of disease to support scientifically validated risk factor reduction measures through competitive awards. The Committee requests a report in the fiscal year 2018 budget request on how the heart disease and stroke funds provided to communities are expected to impact those with the highest disease burden.

Preterm Birth.—The Committee commends CDC for funding six State-based perinatal collaboratives that focus on improving birth outcomes and improving maternal health and safety using known

prevention strategies including reducing early elective deliveries. The Committee encourages CDC to consider, through support, coordination with other center programs, States, and public-private partnerships, ways to identify, measure, and evaluate the effectiveness of the program to increase the number of States receiving assistance for perinatal collaboratives.

Prostate Cancer.—The Committee encourages CDC and NIH to examine how to develop a joint public-private partnership to reduce the prevalence of prostate cancer in African-American men. Specifically, CDC and NIH should consider how to develop support via coordinated meritorious scientific competitive research and public health outreach awards. The Committee requests CDC and NIH provide a joint report on this potential type of effort with a notional timeline and expected outcome measures in the fiscal year 2018 budget request on these efforts.

Tobacco Prevention.—The Committee notes CDC supports tobacco use and prevention activities throughout numerous programs like the prevention research centers and chronic disease prevention activities. The Committee provides funding in the tobacco line to focus primarily on underage smoking.

Lung Cancer.—The Committee directs the CDC tobacco program to ensure its activity includes a program to expand the knowledge to high-risk populations on the value of early detection of lung cancer through screening. The activity should work in conjunction with local public health departments, medical providers, insurers, and other public/private partners to ensure appropriate education and awareness is targeted through measurable means to high-risk communities. The Committee requests an update in the fiscal year 2018 budget request on the education and coordination activities CDC is supporting with other Federal and non-Federal partners to encourage screening in high-risk groups.

Inflammatory Bowel Disease (IBD).—The Committee continues to support IBD epidemiology activity and requests an update in the fiscal year 2018 budget request on these efforts. Further, the Committee encourages CDC to continue exploring the disease burden and communicate findings to patients and providers in an effort to improve and inform best public health practices.

National Diabetes Prevention Program (NDPP).—The Committee was disappointed that not all new fiscal year 2016 funds were competitively awarded to new awards as requested in the fiscal year 2017 Consolidated Appropriation Act Explanatory Statement. The Committee continues to strongly support the successful NDPP and directs all new funds provided in fiscal year 2016 and 2017 support an increase in the number of new competitively awarded program providers. Specifically, the focus should be on rural providers where the risk and burden of diabetes is greater, and where the program has the potential for the biggest impact. The Committee understands models exist for pairing the capacity of existing program providers with program delivery areas that lack sufficient resources to operate the program. The Committee requests an update in the fiscal year 2018 budget request on how these resources are being used for the provided purposes, how observable weight measure is being maintained, and how peer-reviewed science compares virtual providers to face-to-face providers. The Committee requests CDC include long-term public health measures and how this program co-

ordinates with other CDC and Department of Health and Human Services (HHS) programs. The Committee also requests the total amount of Federal, public and private sector funds leveraged to support the NDDP annually in the fiscal year 2018 budget request and in future budget requests.

Obesity.—The Committee continues support for the rural extension and outreach services program to support grants for rural counties with an obesity prevalence of over 40 percent. The Committee expects support for childhood obesity interventions based on scientific evidence to support measurable outcomes through evidenced-based obesity research, intervention, and prevention programs. The program should include a special focus on areas with the highest population-adjusted burden of obesity and with comorbidities like hypertension, cardiac disease and diabetes. The Committee understands the need to maximize impact of these funds, for this reason and to assure coordination with other activities, CDC should allocate maximum dollars to State programs.

Pulmonary Hypertension (PH).—The Committee encourages CDC to continue to support education, outreach, and awareness to promote early diagnosis of PH.

Special Interest Projects (SIPs).—The Committee requests an update in the fiscal year 2018 budget request showing the steps taken to competitively award SIPs. The Committee continues to support CDC’s important work on excessive drinking. However, the Committee notes the work on monitoring of youth exposure to alcohol advertising and the level of risk faced by youth from exposure to alcohol advertising may be duplicative with work ongoing in other Federal agencies, such as the Federal Trade Commission (FTC) and NIH. The Committee requests an update in the fiscal year 2018 budget request on steps CDC is taking to reduce overlap and duplication in this area.

BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

The Committee recommends \$135,310,000 for Birth Defects and Developmental Disabilities (BDDD) program level in discretionary appropriations, which is \$300,000 less than the fiscal year 2016 enacted level and the fiscal year 2017 budget request program level. This program collects, analyzes, and makes available data on the incidence and causes of birth defects and developmental disabilities.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Child Health and Development	\$65,800,000
<i>Birth Defects</i>	19,000,000
<i>Fetal Death</i>	900,000
<i>Fetal Alcohol Syndrome</i>	11,000,000
<i>Folic Acid</i>	3,150,000
<i>Infant Health</i>	8,650,000
<i>Autism</i>	23,100,000
Health and Development for People with Disabilities	54,710,000
<i>Disability & Health incl. Child Development</i>	22,050,000
<i>Tourette Syndrome</i>	2,000,000
<i>Early Hearing Detection and Intervention</i>	10,760,000
<i>Muscular Dystrophy</i>	6,000,000
<i>Attention Deficit Hyperactivity Disorder</i>	1,900,000

Budget Activity	FY 2017 Committee
<i>Fragile X</i>	2,000,000
<i>Spina Bifida</i>	6,000,000
<i>Congenital Heart Failure</i>	4,000,000
Blood Disorders	14,800,000
<i>Public Health Approach to Blood Disorders</i>	4,400,000
<i>Hemophilia Activities</i>	3,400,000
<i>Hemophilia Treatment Centers</i>	5,000,000
<i>Thalassemia Blood Disorders</i>	2,000,000

Duchenne Muscular Dystrophy (DMD).—The Committee continues to support on-going activities to improve DMD newborn screening outreach. The Committee encourages CDC to examine how its centers, divisions, and public-private organizations can better leverage Federal funds to increase education, knowledge, and other outreach activities to foster screening. Additionally, the Committee requests an update in the fiscal year 2018 budget request on these efforts. It should include information on steps CDC is taking or plans to take to disseminate information on newborn screening and care for adults and newborns with Duchenne and for other forms of muscular dystrophy.

Fragile X (FXD).—The Committee appreciates that CDC has recognized the public health impact of FXD and its efforts to identify and define this population. The Committee encourages CDC to systematically coordinate with NIH and the FXD Clinical and Research Consortium. The Committee understands a recent public-private partnership meeting resulted in a focus on longitudinal data to characterize the natural history of Fragile X and encourages CDC to actively coordinate with NIH to support research through NIH’s peer review process while CDC focuses on public health translational aspects. The Committee requests CDC and NIH provide a joint update in the fiscal year 2018 budget request on how the agencies support cross-agency opportunities to accelerate high quality data driven science to reduce the burden of both FXD and autism.

Surveillance.—The Committee expects CDC and NIH to jointly expand their coordination and sharing of CDC’s birth defects surveillance and NIH’s research portfolio to accelerate understanding of birth defects. The Committee specifically expects CDC and NIH to work closely on surveillance related to potential Zika virus-related birth defects and future NIH supported research. The NIH and CDC coordination should include microcephaly surveillance, technical assistance, and research, as appropriate. The Committee requests an update in the fiscal year 2018 budget request on the Birth Defects Study to Evaluate Pregnancy Exposures, which seeks to identify birth defects causes and risk factors.

Thalassemia.—The Committee continues support for CDC’s Thalassemia activities. The Committee requests an update in the fiscal year 2018 budget request on how the program supports communications strategies, educational tools to enhance public and provider awareness, and knowledge about Thalassemia prevention and treatment practices.

PUBLIC HEALTH SCIENTIFIC SERVICES

The Committee recommends \$485,397,000 for the Public Health Scientific Services (PHSS) program level with discretionary funds, which includes funds for the National Center for Health Statistics. The level is \$6,200,000 less than the fiscal year 2016 enacted program level and \$15,234,000 less than the fiscal year 2017 budget request program level.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Health Statistics	\$160,397,000
Surveillance, Epidemiology, and Informatics	280,000,000
<i>Laboratory Training and Oversight</i>	5,000,000
Public Health Workforce	45,000,000

Public Health Preparedness.—State and local public health response capabilities are critical for effective all-hazards response. In local jurisdictions, these capabilities are used routinely for isolated events and local disease outbreaks, as well as outbreaks of national significance, creating a proficiency in local public health systems nationwide. State and local public health departments closely coordinate public health and healthcare system emergency preparedness and response capabilities and routinely test response systems in tandem. Continued erosion of State public health and healthcare system response infrastructure, including redirection of funding into disease specific response efforts at the Federal level, threaten to significantly weaken response capacity at the State and local level. Funding should continue to be provided to develop and maintain State public health and healthcare response infrastructure as an all-hazards, capability driven approach. The Committee expects CDC to continue robust support for the public health preparedness program.

ENVIRONMENTAL HEALTH

The Committee recommends \$160,800,000 for Environmental Health (EH), which includes \$143,300,000 in discretionary appropriations and \$17,500,000 made available from transfer from the PPH Fund. This level is \$21,503,000 less than the fiscal year 2016 enacted level and the fiscal year 2017 budget request program level. The EH program focuses on preventing disability, disease, and death caused by environmental factors through laboratory and field research.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Environmental Health Laboratory	\$56,300,000
<i>Newborn Screening Quality Assurance Program</i>	8,500,000
<i>Newborn Screening/Severe Combined Immunodeficiency Diseases</i>	1,300,000
Environmental Health Activities	24,000,000
<i>Environmental Health Activities</i>	15,000,000
<i>Safe Water</i>	9,000,000
<i>Amyotrophic Lateral Sclerosis (ALS) Registry</i>	10,000,000
Environmental and Health Outcome Tracking Network	24,000,000

Budget Activity	FY 2017 Committee
Asthma	29,000,000
Childhood Lead Poisoning	17,500,000

Algal Blooms.—The Committee supports the work that CDC is doing to conduct surveillance for and report health concerns related to harmful algal blooms and urges CDC to continue this work and (1) to provide more outreach to State and local public health officials to use these surveillance and reporting systems and (2) to work with other agencies, including EPA, NOAA, and USGS, to integrate disparate sets of data to allow for a broader understanding of the spatial and temporal dynamics of the environmental and health impacts of harmful algal blooms.

Asthma.—The Committee encourages CDC to explore methods to increase the number of States carrying out programmatic activities. The Committee encourages CDC to use a population-adjusted burden of disease criteria as a significant factor for new competitive awards. The Committee requests a report in the fiscal year 2018 budget request detailing the competitive process.

Newborn Screening Quality Assurance Program.—The Committee understands HHS recommendations are based on evaluations conducted by the Advisory Committee on Heritable Disorders in Newborns and Children with approved conditions compiled in a “Recommended Uniform Screening Panel” (RUSP). Most States screen for the overwhelming majority of the disorders listed on the RUSP but it can take several years for States to add new conditions. The Committee requests CDC provide an update in the fiscal year 2018 budget request on actions planned and on-going to work with States on ways to ensure screening of infants for diseases for which there is a preventable and/or effective treatment. Further, the update should note what steps can be taken to encourage States to adopt and implement new RUSP conditions within one year of their addition.

Vitamin D.—The Committee is aware some epidemiological studies connect the lack of vitamin D to increased risk of death from cardiovascular disease, colon cancer, breast cancer, and other diseases. In 2010, a report by the Institute of Medicine (IOM) found that the recommended daily intakes of vitamin D supplements did not provide any health benefit other bone health. The Committee directs CDC to charter a National Academies of Sciences comprehensive study on the link between vitamin D and other health benefits of sun exposure; vitamin D supplements’ efficacy compared to non-burning sunshine; and the issue of sunburns as the trigger for melanoma as opposed to non-burning sunshine. The report shall include recommendations for follow-on research where a lack of evidence is available and public health recommendations, if based on sound high quality peer-reviewed scientific evidence.

Climate Change.—The Committee does not provide support for CDC’s Climate Change program. The Committee provides funding for programs that allow CDC to focus on more direct public health activities.

INJURY PREVENTION AND CONTROL

The Committee recommends \$261,059,000 for Injury Prevention and Control (IPC) program level in discretionary funds, which is \$25,000,000 more than the fiscal year 2016 enacted program level and \$7,570,000 less than the fiscal year 2017 budget request program level. The program supports intramural research, injury control research centers, extramural research grants, and technical assistance to State, local, and tribal health departments to prevent premature death and disability and to reduce human suffering and medical costs caused by injury and violence.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Intentional Injury	\$97,730,000
<i>Domestic Violence and Sexual Violence</i>	32,700,000
<i>Child Maltreatment</i>	7,250,000
<i>Youth Violence Prevention</i>	15,100,000
<i>Domestic Violence Community Projects</i>	5,500,000
<i>Rape Prevention</i>	44,430,000
National Violent Death Reporting System	16,000,000
Unintentional Injury	8,800,000
<i>Traumatic Brain Injury</i>	6,750,000
<i>Elderly Falls</i>	2,050,000
Injury Prevention Activities	28,950,000
Prescription Drug Overdose	90,000,000
Rx Guidelines Distribution	5,000,000
Illicit Opioid Use Risk Factors	5,579,000
Injury Control Research Centers	9,000,000

Gun Research.—The Committee continues the general provision to prevent any funds from being used to advocate or promote gun control. The Committee does not include funding for the proposed Gun Violence Prevention Research.

Injury Control Research Centers.—The Committee provides support within the Injury Prevention Activities line to support activities such as core operations, evaluation of injury control interventions, and training activities within the injury control research centers.

Prescription Drug Overdose (PDO) Prevention Activity.—The Committee commends CDC for its leadership on combatting prescription and opioid drug overdoses. The Committee provides an increase and expects the Director to implement these activities based on population-adjusted burden of disease criteria, including mortality data (age adjusted rate), as significant criteria when distributing funds for the State PDO Prevention activities. The Committee assumes these funds will be distributed via a competitive mechanism and not merely a mathematical formula or standard allocation to each State. Further, the Committee strongly encourages CDC to support local prevention activity to determine the effectiveness of naltrexone in treating heroin and prescription drug abuse and reducing diversion of buprenorphine for illicit purposes.

Mandatory Funds.—The Committee does not provide support for the requested mandatory funded initiatives.

National Vital Statistics System (NVSS).—The Committee continues support for the NVSS which provides data on births, deaths, and fetal deaths. The Committee is aware most States now or will

soon have operational electronic birth and death registration systems, an essential tool in monitoring public health and fighting waste, fraud, and abuse in Federal entitlement programs. The Committee requests CDC ensure the modernization of the CDC system to ensure interoperability with state systems.

Sepsis.—The Committee encourages CDC to significantly and materially increase its public awareness, outreach, and education efforts on sepsis, including health provider outreach and other related activities to improve diagnosis and treatment of sepsis.

Traumatic Brain Injury (TBI).—The Committee continues to support CDC’s TBI efforts and encourages the Director to prioritize efforts on American children and youth education, outreach, and similar public health activities.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

The Committee recommends \$329,100,000 for the National Institute for Occupational Safety and Health (NIOSH) program level with discretionary appropriations, which is \$10,021,000 less than the fiscal year 2016 enacted program level and \$43,479,000 more than the fiscal year 2017 budget request program level. NIOSH conducts applied research, develops criteria for occupational safety and health standards, and provides technical services to government, labor and industry, including training for the prevention of work-related diseases and injuries. This appropriation supports surveillance, health hazard evaluations, intramural and extramural research, instrument and methods development, dissemination, and training grants.

Within the total for NISOH, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
National Occupational Research Agenda	\$116,500,000
<i>Agricultural, Forestry, and Fishing</i>	26,000,000
Education and Research Centers	29,500,000
Personal Protective Technology	20,000,000
Mining Research	62,000,000
National Mesothelioma Registry and Tissue Bank	1,100,000
Other Occupational Safety and Health Research	100,000,000

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM

The Committee recommends \$55,358,000 for CDC to administer the mandatory Energy Employees Occupational Illness Compensation Program Act (EEOICPA), which is the same as the fiscal year 2016 enacted funding level and the fiscal year 2017 budget request. EEOICPA provides compensation to employees or survivors of employees of Department of Energy facilities and private contractors who have been diagnosed with a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work. NIOSH estimates occupational radiation exposure for cancer cases, considers and issues determinations for adding classes of workers to the Special Exposure Cohort, and provides administrative support to the Advisory Board on Radiation and Worker Health.

GLOBAL HEALTH

The Committee recommends \$556,721,000 for Global Health (GH) with discretionary appropriations, which is \$129,600,000 more than the fiscal year 2016 enacted level and \$114,600,000 more than the fiscal year 2017 budget request. Through its GH activities, CDC coordinates, cooperates, participates with, and provides consultation to other nations, Federal agencies, and international organizations to prevent and contain diseases and environmental health problems and to develop and apply health promotion activities. In cooperation with ministries of health and other appropriate organizations, CDC tracks and assesses evolving global health issues and identifies and develops activities to apply CDC's technical expertise to be of maximum public health benefit.

The Committee adds a new funding line dedicated to international and territorial Zika response to address vector-borne disease control to prevent the spread of Zika in the United States and its territories. The Committee expects these funds to supplement, not supplant, existing vector control activities and to be part of a CDC-wide plan that works with States and territories to prevent Zika from impacting Americans.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Global AIDS Program	\$128,421,000
Global Immunization Program	224,000,000
<i>Polio Eradication</i>	<i>174,000,000</i>
<i>Other Global/Measles</i>	<i>50,000,000</i>
Parasitic Diseases and Malaria	24,500,000
Global Disease Detection and Emergency Response	45,000,000
Global Public Health Capacity Development	9,800,000
International and Territorial Zika Response	125,000,000

Global Health Strategy.—The Committee requests an update on how CDC, the Food and Drug Administration, and NIH jointly coordinate global health research activities with specific measurable metrics used to track the progress toward agreed upon global health goals.

Global Public Health.—The Committee requests a separate detailed operating plan for all international activities funded through all CDC programs be included in the fiscal year 2018 budget request and future budget requests.

Neglected Fungal Diseases (NFD).—The Committee encourages CDC to continue to monitor and evaluate efforts for NFD in collaboration with other centers and agencies. The Committee encourages CDC to work closely with Office of Global AIDS Coordinator (OGAC) on the early diagnosis and treatment strategies for NFD. The Committee requests an update in the fiscal year 2018 budget request on the activities it is undertaking with OGAC to expand early diagnosis strategies for NFD.

Polio Infrastructure.—The Committee notes the value of the polio eradication infrastructure as a tool to strengthen global immunization programs. The Committee understands the infrastructure and international collaboration can serve as a catalyst to support other future public health immunization programs. The Committee re-

quests a report in the fiscal year 2018 budget request describing the processes and policies in-place to leverage the polio investments to expand global public health immunization gains. The report should identify a list of potential diseases and criteria CDC's partners can consider if a follow-on eradication project is appropriate. It should include the potential criteria, diseases, impact, cost, timeline, and steps required to leverage the infrastructure for another eradication—if feasible.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

The Committee recommends \$1,485,800,000 for Public Health Preparedness and Response (PHPR) in discretionary appropriations, which is \$80,800,000 more than the fiscal year 2016 enacted level and \$83,634,000 more than the fiscal year 2017 budget request. CDC distributes grants to State, local, tribal, and territorial public health agencies. The PHPR supports capabilities and infrastructure upgrades to respond to all potential hazards, including acts of terrorism, infectious disease outbreaks, or natural disasters. Funds are used for needs assessments, response planning, support training, strengthening epidemiology and surveillance, and upgrade laboratory capacity and communications systems. Activities support the establishment of procedures and response systems, and build the infrastructure necessary to respond to a variety of disaster scenarios.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
State and Local Preparedness and Response Capability	\$714,000,000
<i>Public Health Emergency Preparedness Cooperative Agreement</i>	705,000,000
<i>Academic Centers for Public Health Preparedness</i>	9,000,000
CDC Preparedness and Response	161,800,000
<i>BioSense</i>	23,000,000
<i>Select Agent</i>	5,000,000
<i>All Other CDC Preparedness and Response</i>	133,800,000
Strategic National Stockpile (SNS)	610,000,000

Health Care Resources in an Emergency.—The Committee is aware that CDC and the Assistant Secretary for Preparedness and Response (ASPR) will issue new five-year guidance for the joint Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) grants to States. The Committee expects the guidance will further advance the cross-agency program alignment with grant conditions that make meaningful progress on secure communications, improved real-time resource reporting (e.g. available bed types, types of facilities like dialysis, emergency rooms, etc.) to strengthen the reporting of health care resources and improve patient tracking. Further, CDC and ASPR are expected to expand cross-agency coordination activities to improve health care preparedness and response capacity between the PEHP and HPP programs.

Public Health Emergency Preparedness (PHEP) Cooperative Agreement Program.—The Committee has increased funding to restore PHEP capacity lost based on the Secretary's decision to transfer funds from this preparedness program in 2016. CDC should work to ensure States have the tools to quickly detect, monitor, and

respond to health threats. The Committee requests CDC explain in the fiscal year 2018 budget request how State PHEP funding is supporting capacity building at the State, tribal, and local levels. The CDC is expected to track PHEP capacity goals via the PHEP index capabilities tool and work with participants to agree on cooperative agreement objectives for each State. The Committee requests an update in the fiscal year 2018 budget request on how CDC is implementing the PHEP index capacity measures.

SNS Replenishment of Medical Countermeasures.—The Committee is concerned the budget request for the SNS is inadequate for acquisition and replenishment of the vaccines and other medical countermeasures with limited or no commercial markets but necessary for emergency response. The Committee is equally concerned with CDC's management of these public-private partnerships relationships. The CDC should increase efforts to work closely with their business partners on planning, developing requirements, and execution of current contracts to take into consideration business continuity. The Committee recognizes the significant government investment in the development and approval of these countermeasures and notes it is critical for HHS to support appropriate acquisition, replenishment and assure business continuity within the public-private partnerships that develop and support a manufacturing base for these countermeasures. The Committee recommendation therefore includes an increase to the SNS.

BUILDINGS AND FACILITIES

(INCLUDING TRANSFER OF FUNDS)

The Committee recommends \$10,000,000 for CDC buildings and facilities in discretionary appropriations, which is equal to the fiscal year 2016 enacted level and is \$21,221,000 less than the fiscal year 2017 budget request level. In addition, the Committee continues the language from fiscal year 2016 to allow CDC to retain unobligated funds in the Individual Learning Accounts from departed employees to support the replacement of the underground and surface coalmine safety and health research capacity facility.

The Committee requests an update in the fiscal year 2018 budget request on the facility support for the NIOSH Taft and Hamilton facilities that are becoming obsolete.

Underground Mine Safety.—The Committee appreciates CDC's steps to re-establish the mine explosive research capacity. The Committee directs CDC to move forward as quickly as feasible to bring back on-line this capability needed to support mine safety research. The Committee requests an updated plan and timeline to expedite the construction schedule and an estimate of the cost for construction, equipment and machinery in the fiscal year 2018 budget request. The Committee does not expect CDC to redirect existing resources intended for a new mine safety research center to other CDC facility projects and expects this funding to remain available for this project.

CDC-WIDE ACTIVITIES AND PROGRAM SUPPORT

The Committee recommends \$713,570,000 for CDC-Wide Activities and Program Support, which includes \$413,570,000 in discretionary funds and \$300,000,000 made available from transfers from

the PPH Fund. This level is \$440,000,000 more than the fiscal year 2016 comparable enacted program level and \$600,000,000 more than the fiscal year 2017 budget request program level. This activity supports several cross-cutting areas within CDC. Included is CDC’s leadership and management function, which funds the CDC Office of the Director.

In light of the recent crises with both Zika and Ebola, the Committee has included \$300,000,000 within the CDC to form a new Infectious Diseases Rapid Response Reserve Fund. This reserve, in which funds will be available until expended, will provide an immediate source of funding, fully paid for with annually appropriated dollars, that the Administration could tap into to quickly respond to a future, imminent infectious disease crisis that endangers American lives without waiting for Congress to act on a supplemental funding bill. Funds would be subject to all existing authorities and limitations.

The Committee adds a new funding line of Zika block grants specific for States to support counties with high potential for local Zika transmission with flexible funds to support vector-borne disease control and to respond to, prepare for, or prevent the spread of Zika in the United States. The Committee expects these funds to supplement, not supplant, existing vector control activities. The Committee expects CDC to coordinate with State, local, and tribal public health officials to develop the criteria for this program. The Committee expects criteria to include measurable objectives related to the Federal, State, and local plans. The Committee requests a report within 30 days after enactment on the coordinated criteria and process CDC will use in the upcoming year for awarding grants to States with counties that have the highest potential for local transmission. The report should include the projected funding level expected for each State, counties within a State, and tribal areas that meet these criteria. The Committee anticipates the composition of recipients in this program to change over time. The Committee expects the CDC PHHSBG program office to provide the oversight, reporting, and program management of this new program within the Public Health Leadership and Support funding line but not from these new funds.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Preventive Health and Health Services Block Grant	\$160,000,000
Block Grant—Counties with High Potential for Local Zika Transmission	140,000,000
Infectious Disease Rapid Response Reserve Fund	300,000,000
Public Health Leadership and Support	113,570,000

Preventive Health and Health Services Block Grant (PHHSBG)

The Committee rejects the Administration’s proposed elimination of the PHHSBG. The Committee restores it to a level of \$160,000,000. The Committee expects CDC to provide these flexible funds to State public health agencies. States should work with local and tribal public health agencies to use these resources to address its most critical public health needs through measurable evidence-based activities.

Public Health Leadership and Support

The Committee expects the fiscal year 2018 budget include specific details of each budget activity supported with these funds, including functions, mission, full time employees, bonus, travel costs, and other typical object class data and information for each separate activity supported through the Public Health Leadership and Support funding line. For each office and function, the Committee expects the budget to describe clearly what the prior year funds supported, the current year projections, and proposed budget year policy for each activity.

Advocacy Restrictions.—The Committee requests an update in the fiscal year 2018 budget request describing CDC's current mechanisms and process to prevent advocacy violations. Further, CDC should describe its on-going efforts to educate its staff and grant recipients to prevent violations.

Burden of Disease Review.—The Committee appreciates CDC's efforts to provide information online about the health profiles for all 3,143 counties in the United States and willingness to start engaging in how CDC can expand the use of burden of disease as a more significant factor for funding allocations and awards. The Committee requests a timeline and update in the fiscal year 2018 budget request on actions to more broadly use burden of disease (adjusted for population as appropriate) as a significant program factor for funding allocations and awards in CDC public health programs and activities.

Director's Discretionary Funds (DDF).—The Committee requests, within 30 days after the end of each quarter, a quarterly report on DDF obligations and each activity supported with a description of the activity, and how it supports a high priority. Further, the quarterly reports should be posted online via the CDC website within 30 days after being released to the Committee.

Service Contract Inventories.—The Consolidated Appropriations Act, 2010, requires agencies to annually submit to the Office of Management and Budget (OMB) an inventory of service contracts by December 31 of each year. The Committee requests CDC provide an update in the fiscal year 2018 budget request summarizing the latest annual report submitted to OMB.

Standard of CDC Excellence.—The CDC should be an example of excellence and should meet the highest standards in safety, quality, and compliance. The Committee expects CDC to review its policies and begin tangible steps to adopt commonly accepted best practices and rules governing research and laboratory practice programs. CDC is expected to ensure appropriate regulatory requirements are uniformly applied and to meet or exceed minimum requirements for any research or laboratory facility. The Committee expects CDC to adhere to all regulatory requirements in all CDC operations.

State Public Health Laboratories.—State public health laboratories play an integral role in public health surveillance activities including outbreak detection, disease surveillance, case finding, and local identification of select agents. This critical infrastructure serves the needs of the local community while participating in and providing necessary information to scalable laboratory networks and surveillance systems. Advancements in laboratory technology have enhanced the capabilities of State laboratories and broadened

their role in local protection of community health threats. While certain rare, exceptionally low volume and cost prohibitive testing capabilities may be developed and maintained through national or regional laboratory networks, investments in State laboratories must continue as a first line of defense for our public health system. The Committee expects CDC to continue and enhance public health funding for State public health laboratory testing technology, training and infrastructure.

Sodium Reduction Activity grants.—The Committee notes CDC has identified sodium, among three other nutrients, for an updated Dietary Reference Intake (DRI). The Committee is concerned CDC has put out a request for proposals for grants targeting sodium reduction activities that may not be consistent with completed DRI. Bill language is included directing completion of a DRI on sodium before funds are spent on population-wide sodium reduction activities.

Updates.—In addition the specific items of interest noted above, the Committee requests general updates in the fiscal year 2018 budget request for each of the listed topics, the updates should describe both ongoing and planned efforts:

- Cancer Survivorship;
- Catheter Associated Urinary Tract Infections;
- Chronic Obstructive Pulmonary Disease;
- Chronic Pain;
- Concussion Surveillance;
- Cross-Border Disease Control;
- Early Childcare Collaboratives;
- Fragile X;
- Harmonization of Lab Tests;
- High Obesity Counties Program Dissemination of Results;
- Immunization Information Systems;
- Inflammatory Bowel Diseases;
- Malaria and Parasitic Disease Program;
- Mississippi Delta Health Collaborative;
- Muscular Dystrophy Surveillance;
- Musculoskeletal Health;
- National Mesothelioma Patient Registry;
- Physical Activity and Disability;
- Prevalence of Hydrocephalus;
- Primary Immunodeficiency;
- Public Health Approach to Blood Disorders;
- Sepsis;
- Spina Bifida;
- Tribal Epidemiology Centers;
- Tuberculosis (TB) & TB Elimination;
- Tuberous Sclerosis Complex; and
- Vision Health Initiative.

NATIONAL INSTITUTES OF HEALTH

The Committee recommends \$33,334,000,000 for the National Institutes of Health (NIH), which is \$1,250,000,000 above the fiscal year 2016 enacted level, \$2,250,000,000 above the fiscal year 2017 budget request. This level includes \$32,542,402,000 in discretionary appropriations and \$791,598,000,000 in PHS Act section 241 eval-

uation set-aside (TAP) transfers. Consistent with the fiscal year 2016 appropriations, all of the TAP funds received by NIH are allocated to the National Institute of General Medical Sciences (NIGMS). This continues to ensure the TAP transfers are a net benefit to NIH.

The core mission of NIH is to invest in basic biomedical research to uncover new knowledge that can lead to better health and disease cures for everyone. NIH has historically enjoyed a great deal of flexibility from Congress, as the Committee has not directed spending for particular diseases or research out of respect for the scientific process.

The recommendation provides an increase of \$100,000,000 for the Precision Medicine Initiative (PMI); an increase of \$350,000,000 for Alzheimer's disease research; an increase of \$45,000,000 for the Brain Research through Application of Innovative Neurotechnologies (BRAIN) Initiative; and increases to every Institute and Center (IC) to support innovative extramural basic research to advance fundamental knowledge and speed the development of new therapies and diagnostics to improve the health of all Americans.

The Committee strongly supports the goals of the Cancer Moonshot initiative, to find cures for cancer and to reduce cancer mortality in the United States. While death rates have declined for all cancers combined, the disease continues to have a devastating impact on too many families. In fiscal year 2016, NIH expected to spend \$5,700,000,000 on cancer research. The Committee continues the \$195,000,000 used in fiscal year 2016 for this initiative. The Committee looks forward to the Cancer Moonshot spending details once the taskforce completes its work at the end of the calendar year.

The Committee expects the 3.9 percent increase of funds over the fiscal year 2016 level to support a success rate of no less than 20 percent with at least 11,175 new Research Project Grants (RPGs). The Committee strongly urges NIH to restore extramural support to at least 90 percent of all NIH funding. Further, NIH shall continue its focus on emerging investigators and first-time renewals of these young investigators with actions to significantly reduce the average age of an NIH-supported new investigator. NIH is expected to support a consistent NIH-wide inflationary policy across all ICs that is no less than the general increase provided to all ICs (2.5 percent) for non-competing grants. The Committee expects NIH to support an increased number of Ruth L. Kirschstein National Research Service Awards and other training grants in proportion to at least the general IC level funding increase. NIH is also expected to provide a stipend level increase to training grantees that is consistent with any fiscal year 2017 Federal employee pay raise.

The Committee appreciates the NIH-wide portfolio analysis and strategic planning process. The Committee anticipates NIH will use these tools to ensure grants are connected to the core mission and priorities prior to grant award. Further, NIH is directed to ensure funded projects adhere to the scope of the original award.

The bill continues to provide specific funding levels for the Clinical and Translational Science Awards (CTSA) program, the Institutional Development Awards (IDeA) program, Cures Acceleration Network, Common Fund (CF), and the follow-on to the National Children's Study (NCS) with bill language.

NATIONAL CANCER INSTITUTE (NCI)

Mission.—NCI conducts and supports basic and applied cancer research in early detection, diagnosis, prevention, treatment, and rehabilitation. NCI provides training support for research scientists, clinicians and educators, and maintains a national network of cancer centers, clinical cooperative groups, and community clinical oncology programs, along with cancer prevention and control initiatives and outreach programs to rapidly translate basic research findings into clinical practice. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

Breast Cancer.—The Committee understands a new Food and Drug Administration approved technology is available for breast cancer screening, called tomosynthesis (TM). The Committee encourages NCI to continue their vital research to help provide breast cancer patients and their physicians with a clear, informed picture of how breast cancer imaging should be considered for women's health. The Committee requests an update describing planned and on-going research related to TM technology and if any cohort studies are on-going and planned on TM imaging.

Colorectal Cancer.—The Committee encourages support of meritorious scientific research on colorectal cancer to better understand the biology of young-onset colorectal cancer. The Committee encourages additional research on the developmental pathway of colorectal cancer among patients with inflammatory bowel diseases.

Deadliest Cancers.—While overall cancer incidence and death rates are declining, the Committee is concerned that there are a group of cancers, defined in statute as recalcitrant cancers, whose five-year survival rates remains below 50 percent. Estimates are that half of cancer deaths are caused by eight site-specific cancers that meet this definition: pancreatic, liver, ovarian, myeloma, brain, stomach, esophagus and lung. The Committee applauds the NCI for launching the Molecular Analysis for Therapy Choice (MATCH), a potentially ground-breaking trial that analyzes patients' tumors to determine whether they contain genetic abnormalities for which a targeted drug exists and assigns treatment based on the abnormality. The goal for MATCH is for at least 25 percent of the patients enrolled in the trial to have rare cancers. Given the growing toll recalcitrant cancers take on society, and the enormous potential MATCH offers for our Nation's deadliest cancers, the Committee strongly urges NCI to increase the set-aside goal and to broaden it to include recalcitrant cancers.

Immunotherapy for Childhood Cancers.—The Committee encourages NCI to continue to further explore new interventions, such as immunotherapy, as a promising new treatment strategy for children with cancer.

International Agency for Research on Cancer (IARC).—The Committee recognizes that understanding the relationship among chemical agents and other hazardous substances and cancer is an important area of research. The Committee requests an update on NIH support for the IARC on Cancer Monographs on the Evaluation of Carcinogenic Risks to Humans.

Melanoma.—The Committee encourages consideration of a coordinated effort to analyze bio specimens across clinical trials. The Committee continues to encourage efforts to use advances in genomic, proteomic and digital imaging technologies for early detection research to understand genetic changes and mechanisms that underlie clinical dormancy. The Committee encourages NCI to consider convening a multisector, multidisciplinary strategic planning committee to provide recommendations and chart a collaborative path forward to support evidence for melanoma screening. The Committee requests an update on melanoma activities ongoing and planned in the fiscal year 2018 budget request.

NCI Designated Cancer Centers.—The Committee requests an update in the fiscal year 2018 budget request on how NCI supports or plans to support IDeA States to broaden NCI's designated cancer center representation within these States.

NCI's PMI.—The Committee continues support for pediatric oncology research, including clinical studies for children with brain tumors, pediatric preclinical testing program, evaluating new agents for treating pediatric malignancies, and the pediatric Molecular Analysis for Therapy Choice (MATCH) study. The Committee is pleased a goal of the NCI MATCH trial is for at least 25 percent of the total patients enrolled in the trial to have rare cancers, and that results of NCI's recent interim analysis demonstrate the goal is exceeded. The Committee encourages NCI to continue to prioritize rare cancers in the MATCH trial. The Committee requests NCI provide an update on its plans to utilize the PMI and MATCH to identify and test more effective, less toxic treatments, and to improve the targeting of treatments for children battling brain cancer in the fiscal year 2018 budget request.

Ovarian Cancer.—The Committee requests serious consideration be given to Ovarian Cancer in any "Moonshot" effort given the emerging genomics-driven immunotherapies success. The Committee requests NCI provide an update in the fiscal year 2018 budget request on the on-going and planned research in this area.

Pancreatic Cancer.—In 2014, NCI announced the development of the Scientific Framework for Pancreatic Ductal Adenocarcinoma (PDAC), as called for by the Recalcitrant Cancer Research Act. The Committee requests an update in the fiscal year 2018 budget request on the actions taken to implement the four recommendations to expanding pancreatic cancer research: understanding the biological relationship between PDAC and diabetes mellitus; evaluating longitudinal screening protocols for biomarkers for early detection of PDAC and its precursors; studying new therapeutic strategies in immunotherapy; and developing new treatment approaches that interfere with RAS oncogene-dependent signaling pathways.

Prostate Cancer.—The Committee is aware of NCI's ongoing investment in prostate cancer research, but is concerned that prostate cancer lacks treatments for men with advancing disease as well as adequate diagnostic and imaging methodologies common in other hormone-driven cancers with similar disease burden. The Committee encourages NCI to coordinate with other Federal agencies, including the Department of Defense, private research foundations, and other stakeholders. Further, the Committee encourages NIH and CDC to consider how to develop a joint public/private partnership aimed at reducing the prevalence of prostate cancer in

African American men. The Committee requests NIH and CDC provide a joint response on this type of effort in the fiscal year 2018 budget request.

Radiation Oncology.—The Committee encourages support for high quality meritorious radiation oncology research. The Committee requests an update in the fiscal year 2018 budget request on efforts to support radiation therapy's role in the development and adoption of new combination therapies.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)

Mission.—NHLBI provides leadership for a national research program in diseases of the heart, blood vessels, lungs, and blood, in blood resources, and in sleep disorders through support of basic, clinical, and population-based research. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

Chronic Obstructive Pulmonary Disease (COPD).—The Committee expects CDC and NIH to work together to complete the COPD action plan on a timely basis and report on the implementation of the recommendations of the plan in the fiscal year 2018 budget request.

Heart Disease.—The Committee is aware of the enormous burden heart disease inflicts on our Nation's population and economy, particularly as the population ages. The Committee requests an update in the fiscal year 2018 budget request on the IC's strategic vision for heart research.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH
(NIDCR)

Mission.—The mission of NIDCR is to improve the Nation's oral, dental and craniofacial health through research and research training. NIDCR accomplishes its mission by performing and supporting basic and clinical research; conducting and funding research training and career development programs to ensure that there is an adequate number of talented, well-prepared, and diverse investigators; and coordinating and assisting relevant research and research-related activities. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

Biomaterials.—The Committee understands biomaterials are an important section of biomedical research. The Committee encourages NIDCR to consider efforts to encourage an increased focus on the development and innovation of dental materials.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY
DISEASES (NIDDK)

Mission.—NIDDK supports research in three major disease categories: diabetes, endocrinology, and metabolic diseases; digestive diseases and nutrition; and kidney, urologic, and hematologic diseases. NIDDK supports a coordinated program of fundamental and clinical research and demonstration projects relating to the causes, prevention, diagnosis, and treatment of diseases within these cat-

egories. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

Gestational Diabetes.—The Committee continues to recognize the importance of research related to gestational diabetes and encourages continued support for highly meritorious research on gestational diabetes.

Inflammatory Bowel Disease (IBD).—The Committee continues to express support for the IBD genetics consortium. The Committee also encourages continued support of meritorious research on pediatric IBD.

Pediatric Kidney Disease.—The Committee continues to encourage NIDDK to work collaboratively with other ICs, including NICHD and NHLBI to encourage multi-disciplinary research for children and young adults with kidney disease.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE
(NINDS)

Mission.—NINDS supports and conducts basic, translational, and clinical neurological research and research training to increase understanding of the brain and improve the prevention and treatment of neurological and neuromuscular disorders. The NINDS mission encompasses over 600 disorders, including stroke, head and spinal cord injury, epilepsy, multiple sclerosis, and neurodegenerative disorders such as Parkinson's disease. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative.—The Committee provides a \$45,000,000 increase for a total of \$195,000,000 to NINDS, NICHD, NEI, NIA, NIDCD, NIAAA, NIDA, NIMH, NIBIB, and NCCIH on the same pro-rata basis as provided in the past. The Committee recognizes initiatives of this nature must maintain adequate funding to assure achievement of the goals and plan milestones. The Committee expects NIH to ensure the fiscal year 2018 budget request provides an appropriate level of funding to keep on track toward the plan's milestones. Further, the Committee encourages the distribution of a reasonable portion of BRAIN research resources through co-funded projects in the IDeA program.

Concussive and Subconcussive.—The Committee encourages NINDS to work with the private sector to explore the use of tools to monitor head impacts and help diagnose, treat and prevent concussions in youth sports. In particular, the Committee encourages NINDS to consider meritorious research related to head impact sensor technology, including biomechanical, which may assist diagnosis.

Hydrocephalus Research.—The Committee requests an update on the scientific workshop on the current status of hydrocephalus specific research. The Committee requests the fiscal year 2018 budget request include a summary of the key recommendations and other findings from the workshop.

Mucopolysaccharide (MPS).—The Committee encourages high quality research on MPS to better understand and treat MPS and

related diseases. The Committee encourages basic research to develop treatments for neurological, chronic inflammation, cardiovascular and skeletal manifestations of MPS.

Stroke.—The Committee recognizes the burden strokes place on our Nation and economy. The Committee encourages support of highly meritorious stroke research. The Committee requests a report in the fiscal year 2018 budget request on how NIH and the IC are planning for enhanced research opportunities.

Traumatic Brain Injury (TBI).—The Committee encourages research related to technologies using biomarkers to distinguish trauma to the brain. The Committee requests an update in the fiscal year 2018 budget request on TBI research.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

Mission.—NIAID supports and conducts basic, applied, and clinical research and research training programs in infectious, immunologic, and allergic diseases. NIAID-supported research includes research on HIV/AIDS, malaria, tuberculosis, sexually transmitted infections, neglected tropical diseases, emerging and re-emerging infectious diseases, asthma, allergic and autoimmune diseases, and transplantation. The goals of NIAID research are to increase the understanding of disease pathogenesis and the immune system, to improve disease diagnosis, to develop new and improved drugs to treat such diseases, and to develop new and improved vaccines and other approaches to prevent such diseases, many of which significantly affect public health. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

Antimicrobial Resistance.—The Committee continues to support the research on mechanisms of drug resistance, bacterial pathogenesis, and infection control; developing new or repurposing existing antimicrobials; and exploring approaches to prevention including bacterial vaccines and other strategies. The Committee encourages NIH to coordinate with CDC to determine how data in the CDC resistant pathogens database can be leveraged to improve future research. The Committee requests an update in the fiscal year 2018 budget request on how NIAID is working with CDC and other Federal partners in this field of research.

Autoimmune Research.—The Committee notes recent research breakthroughs that are leading to the development of potential treatment options for autoimmune conditions, including alopecia areata, and encourages NIAID to support cross-cutting autoimmune research projects. The Committee encourages NIAID to work with NINDS and other ICs on these efforts. Further, the Committee requests an update in the fiscal year 2018 budget request on the latest state-of-the-science for autoimmune neuropathies research into conditions like Guillain-Barre syndrome (GBS) and chronic inflammatory demyelinating polyneuropathy (CIDP), and the status of a cross-cutting research plan for this portfolio.

National Strategy for Combating Antibiotic Resistant Bacteria (CARB).—The Committee directs the Department to continue to collaborate with the Department of Defense, United States Department of Agriculture, Department of Veterans Affairs, and the Food

and Drug Administration, to develop and maintain the National Database of Resistant Pathogens; broaden and sustain efforts to track and store data on AbR genes and the mobile genetic elements from AbR bacteria and metadata. Geographic information systems describing where the AbR are isolated is also essential to monitor emerging AbR and to assess their threat to public health and develop mitigation strategies. The Committee further directs consideration of best evidence on the environmental locations for the influx of antibiotic resistance into bacteria of medical importance, and surveillance methodologies that ensure the greatest chance of detecting the influx of new antibiotic resistance elements as early as possible. The Committee requests a comprehensive update in the fiscal year 2018 budget request on the progress being made in areas described above and advancements being made on the CARB national strategy initiative.

Tick-Borne Disease.—The Committee encourages NIH, in coordination with CDC, to intensify research on tick-borne diseases, including research that will increase understanding of the full range of Lyme disease processes and the physiology of *Borrelia burgdorferi* and *Borrelia mayonii*, including the mechanisms of persistent infection and to intensify basic research that can be used to focus on the development of more sensitive and accurate diagnostic tests for Lyme and tick-borne diseases.

Valley Fever.—The Committee continues to commend NIH and CDC on the joint efforts to combat Valley Fever, specifically by conducting a Randomized Controlled Trial (RCT) to identify an effective treatment for Valley Fever. The Committee understands establishing and conducting an RCT is complex and recognizes the effort NIH and CDC have committed to this project. The Committee encourages NIH to finalize the RCT so patients in endemic areas can begin to enroll in the trial this year. Further, the Committee encourages the development of a vaccine.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)

Mission.—NIGMS supports research and research training in the basic biomedical sciences. Institute grantees, working in such fields as cell biology, biophysics, genetics, developmental biology, pharmacology, physiology, biological chemistry, bioinformatics, and computational biology study normal biological processes to better understand what goes wrong when disease occurs. In this way, NIGMS supports the development of new knowledge, theories, and technologies that can then be applied to the disease-targeted studies supported by other NIH components. NIGMS-supported basic research advances also find applications in the biotechnology and pharmaceutical industries. The Institute's training programs help develop scientists needed in industry and academia and increase the diversity of the biomedical workforce. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through the various other HHS outreach programs.

Institutional Development Award (IDeA).—The Committee has provided \$333,340,000 for the IDeA program, or a floor of 1 percent of the NIH budget. The Committee recognizes that the NIH IDeA program funds almost half the States in the Nation, yet had re-

ceived less than one percent of the NIH budget until last year. The Committee expects one percent to be the minimum threshold for this program. Further, the Committee notes the NIH Centers of Biomedical Research Excellence (COBRE) are proven to successfully increase the number of new scientists at institutions in States eligible for IDeA. NIH policy has limited the number of COBRE institutions in IDeA States. The Committee expects NIH and NIGMS Directors to jointly review this policy toward developing a plan to expand the number of competitively awarded COBREs. The Committee requests a summary of the outcome of the review in the fiscal year 2018 budget request. The Committee continues to expect the NIH Director to ensure all CTSA grantees actively solicit interaction with IDeA designated States. Further, the Committee requests all ICs co-fund and report in the budget request how much each IC's funds are supporting IDeA State grants to further improve the distribution of innovation across the country.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH
AND HUMAN DEVELOPMENT (NICHD)

Mission.—The NICHD conducts and supports basic, translational, and clinical research on the reproductive, developmental, and behavioral processes that determine and maintain—and rehabilitation that restores and improves—the health and well-being of children, adults, families and populations. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through the various other HHS outreach programs.

Rehabilitation Research.—The Committee recognizes the significant challenges faced by patients with neurological impairments who live in rural areas, where access to assistive devices, medical advice, and community resources can be limited. The Committee encourages the National Center for Medical Rehabilitation Research to provide greater support for research efforts that involve the combination of patient navigators and assistive health technology, particularly in underserved rural settings.

NATIONAL EYE INSTITUTE (NEI)

Mission.—NEI conducts and supports basic and clinical research, research training, and other programs with respect to blinding eye diseases, visual disorders, and mechanisms of visual function, preservation of sight, and the special health problems and needs of individuals who are visually impaired or blind. The Committee expects NEI to systematically coordinate closely with other HHS agencies to share new scientific information, specifically aimed at the prevention of blindness and increase awareness to the community and providers through various other HHS outreach programs.

Accelerate Cures Related to Retina Disease.—The Committee requests an update on the new challenge program to advance the speed of basic research to cure retina disease in the fiscal year 2018 budget request.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (NIEHS)

Mission.—The mission of NIEHS is to prevent and reduce the burden of human illness and disability by understanding how the environment influences the development and progression of human disease. In addition, NIEHS is responsible for the research of the National Toxicology Program whose mission is to coordinate toxicity testing across the Federal government and to evaluate substances of public health concern. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

Bisphenol A Toxicity.—The Committee is aware of the ongoing debate on toxicity exposure from Bisphenol A (BPA) amongst the National Toxicology Program (NTP), NIEHS, and Food and Drug Administration (FDA). The program includes the 2008 Draft Assessment of Bisphenol A for Use in Food Contact Applications, which reviewed the available data on the toxicity of BPA, performed by FDA staff at the Agency's National Center for Toxicological Research. The Committee requests NIEHS coordinate with FDA to publish the results of relevant studies as soon as the data analysis is completed. The Committee requests NIH publish a jointly agreed upon FDA/NIEHS/NTP timeline for publishing the most recent study results from the interagency consortium in the fiscal year 2018 budget request.

NATIONAL INSTITUTE ON AGING (NIA)

Mission.—NIA supports and conducts biomedical, social and behavioral research with respect to the aging process and the diseases and other special problems and needs of older Americans. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

Alzheimer's Disease.—The Committee recommends an increase of \$350,000,000 within NIA to support a total of at least \$1,260,000,000 on Alzheimer's disease research. In recognition that Alzheimer's disease poses a serious threat to the Nation's long-term health and economic stability, the Committee expects this increase to be directed to research on Alzheimer's. The NIA should continue to address the research goals set forth in the National Plan to Address Alzheimer's Disease, as well as the recommendations from the Alzheimer's Disease Research Summit in 2015. The Committee has been encouraged by recent advances in the area of prevention, with respect to using drug therapy to reverse cellular and genetic changes associated with cognitive decline. The Committee understands that similarly exciting research is also underway to prevent cognitive impairment and Alzheimer's disease. A broad approach is critical to future progress, and the NIA is encouraged to continue exploring multiple avenues of prevention research—including both pharmacological and non-pharmacological approaches—and a broad range of potential therapeutic targets. The Committee requests an update on the progress in the fiscal year 2018 budget request that specifically notes how NIH is using population cohort studies within the National Plan. The Committee expects NIA to continue to

support Alzheimer's research with meritorious IDeA program researchers in a manner that does not count against any NIH-COBRE policy limit. The Committee is encouraged from the positive feedback of stakeholders on the willingness of NIA and other ICs to work with such groups to develop new mechanisms to supplement and not supplant funding for Alzheimer's research using meritorious research proposals submitted to but not funded by the NIA or NIH to further leverage non-NIH funding. The Committees encourages the further use of this mechanism across NIH.

Trisomy 21.—The committee encourages NIH to undertake a multi-year study to examine the molecular, cellular, and physiological mechanisms that predestine individuals born with a third copy of human chromosome 21 to either live with—or be protected from—a range of diseases that cause nearly 60 percent of U.S. deaths.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES (NIAMS)

Mission.—NIAMS conducts and supports basic and clinical research and on the more than 100 forms of arthritis; osteoporosis and other bone diseases; muscle biology and muscle diseases; orthopedic disorders, such as back pain and sports injuries; and numerous skin diseases. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

Epidermolysis Bullosa (EB).—The Committee recognizes the promising scientific gains made in pursuit of treatments for EB and applauds the private partners working to advance research towards practical treatments for EB. Further research in this area holds great promise in terms of treatments for EB and for other skin and connective-tissue disorders. The Committee encourages NIH continue to support such research through expert-led scientific conference awards through NIAMS and NCATs. The Committee further encourages NIH to leverage Federal funds with public-private partnerships in the areas of EB and related disorders.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS (NIDCD)

Mission.—NIDCD funds and conducts research in human communication. Included in its program areas are research and research training in the normal and disordered mechanisms of hearing, balance, smell, taste, voice, speech and language. The Institute addresses special biomedical and behavioral problems associated with people who have communication impairments or disorders. In addition, NIDCD is actively involved in health promotion and disease prevention, and supports efforts to create devices that substitute for lost and impaired sensory and communication functions. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through the various other HHS outreach programs.

NATIONAL INSTITUTE OF NURSING RESEARCH (NINR)

Mission.—NINR supports and conducts scientific research and research training to reduce the burden of illness and disability; improve health-related quality of life; enhance end-of-life and palliative care; and establish better approaches to promote health and prevent disease. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA)

Mission.—NIAAA supports research to generate new knowledge to answer crucial questions about why people drink; why some individuals are vulnerable to alcohol dependence or alcohol-related diseases and others are not; the relationship between genetic and environmental factors involved in alcoholism; the mechanisms whereby alcohol produces its disabling effects, including organ damage; how to prevent alcohol abuse and associated damage, especially in the underage population; and how alcoholism treatment can be improved. NIAAA addresses these questions through a program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through the various other HHS outreach programs.

Evidence Based Intervention.—The Committee encourages consideration of research that may result in evidence-based intervention on proven theory and tested methodologies to reduce alcohol use and abuse in adolescent students in high school.

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

Mission.—NIDA-supported science addresses questions about drug abuse and addiction, which range from its causes and consequences to its prevention and treatment. NIDA research explores how drugs of abuse affect the brain and behavior and develops effective prevention and treatment strategies. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

Adolescent Behavioral and Cognitive Development (ABCD).—The Committee continues to applaud the collaborative research on addictions and the launch of the ABCD study. Unique in its scope and duration, the study will recruit 10,000 youth before they begin using alcohol, marijuana, nicotine and other drugs, and follow them over 10 years into early adulthood to assess how substance use affects the trajectory of the developing brain. The Committee commends the study design, which will use advanced brain imaging as well as psychological and behavioral research tools to evaluate brain structure and function and track substance use, academic achievement, IQ, cognitive skills, and mental health over time. The Committee requests NIDA provide an update on the comprehensive study.

Marijuana Research.—The Committee is concerned that marijuana public policies in the States are being changed without the benefit of scientific research to help guide those decisions. NIDA is encouraged to continue supporting a full range of research on the effects of marijuana and its components, including research focused on policy change and implementation across the country. The Committee requests a report in the fiscal year 2018 budget request on these efforts.

Opioid Drug Abuse.—The Committee is concerned about the escalating epidemic of prescription opioid and heroin use, addiction and overdose in the United States. The Committee appreciates the important role that research can and should play in the various Federal initiatives aimed at this crisis. The Committee urges NIDA to continue supporting research on medications to alleviate pain, including the development of those with reduced abuse liability. In addition, the Committee urges NIDA, as appropriate, to work with private companies on innovative research and to provide an update in the fiscal year 2018 budget request on what is known on the transition from opioid analgesics to heroin abuse and addiction within affected populations.

Safe Prescribing.—The Committee notes 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. The Committee encourages NIDA to continue its work with Federal partners to further engage the medical community, including physicians-in-training, medical students and resident physicians in primary care specialties (e.g. internal medicine, family practice, and pediatrics), to help provide the tools and skills needed to incorporate drug abuse screening and treatment into their clinical practices. The Committee also encourages NIDA and CDC to develop strategies for increasing participation in its online continuing medical education courses on safe prescribing for pain and managing patients who abuse prescription opioids.

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

Mission.—NIMH is responsible for basic and clinical research to improve diagnosis, treatments, and overall quality of care for persons with mental illnesses. Disorders of high priority to NIMH include schizophrenia; depression and manic depressive illness; obsessive-compulsive disorder; anxiety disorders and other mental and behavioral disorders that occur across the lifespan, which include childhood mental disorders such as autism and attention-deficit/hyperactivity disorder; eating disorders; and other illnesses. NIMH supports and conducts fundamental research in neuroscience, genetics, and behavioral science. In addition to laboratory and controlled clinical studies, NIMH supports research on the mental health needs of special populations and health services research. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI)

Mission.—NHGRI provides leadership for the development of resources and technology to accelerate genome research and its application to human health. NHGRI-supported activities include basic and translational research to understand the sequence and function of both human and non-human genomes, human genetic variation, and the genetic and environmental basis of disease. Also central to NHGRI research goals are training programs and a strong focus on the ethical, legal, and social implications of genomic science and medicine. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING
(NIBIB)

Mission.—The NIBIB mission is to improve human health by leading the development and accelerating the application of biomedical technologies. The Institute is committed to integrating the engineering and physical sciences with the life sciences to advance basic research and medical care. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES
(NIMHD)

Mission.—NIMHD conducts and supports research, training, and other programs aimed at reducing the disproportionately high incidence and prevalence of disease, burden of illness and mortality experienced by certain American populations, including racial and ethnic minorities and other groups, such as the urban and rural poor, with disparate health status. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

Research Centers in Minority Institutions (RCMI).—The Committee expects the RCMI program will receive no less than \$58,177,388, which is the fiscal year 2016 enacted level plus the general increase provided to NIMHD.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH
(NCCIH)

Mission.—NCCIH was established to stimulate, develop, and support rigorous and relevant research of high quality and open, objective inquiry into the safety and effectiveness of complementary and alternative medicine (CAM) practices and to train individuals to apply the tools of exacting science to CAM systems and modalities in order to provide health care professionals and the American public with reliable information about these practices. The Committee expects the Center to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)

Mission.—NCATS was established to advance translational sciences, coordinating and developing resources that leverage basic research in support of translational science and developing partnerships and working cooperatively to foster synergy in ways that do not create duplication, redundancy, and competition with industry activities. NCATS also includes the Office of Rare Disease Research (ORD) that was established in recognition of the need to provide a focal point of attention and coordination at NIH for research on rare diseases. ORD works within the authorized mission of NCATS to provide an increased focus on rare disease research and orphan product development; develop a centralized database on rare diseases research; and stimulate rare disease research by supporting scientific workshops and symposia to identify research opportunities. The Committee expects the NCATS to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through the various other HHS outreach programs.

Academic Partnerships to Support Clinical Development.—The Committee understands the importance and partnerships between NIH's intramural research program and academic based entities to transition intramural research ideas into development efforts. As such, the Committee encourages the center to support such partnerships and provide a report on the center's efforts in the fiscal year 2018 budget request.

Clinical and Translational Science Awards (CTSA).—The Committee encourages NCATS to explore methods to further integrate the CTSA program into more collaboration with other ICs that can provide greater support for the CTSA hubs and network.

JOHN E. FOGARTY INTERNATIONAL CENTER (FIC)

Mission.—FIC was established to improve the health of the people of the United States and other nations through international collaborations in the biomedical sciences. In support of this mission, the FIC pursues the following four goals: (1) mobilize international research efforts against global health threats; (2) advance science through international cooperation; (3) develop human resources to meet global research challenges; and (4) provide leadership in international science policy and research strategies. The Committee urges FIC to systematically coordinate closely with other HHS agencies on any efforts to disseminate research results in a manner that uses the various existing HHS outreach programs.

NATIONAL LIBRARY OF MEDICINE (NLM)

Mission.—The NLM collects and organizes information important to biomedicine; serves as a national information resource for medical education, research, and health service activities; enhances access to biomedical literature through electronic services; serves the public by providing electronic access to reliable health information for consumers; supports and directs the national network of libraries of medicine; provides grants for research in biomedical communications, medical library development, and training health information specialists; conducts and supports research in biomedical

informatics and computational biology; and creates information resources for genomics, molecular biology, toxicology, medical images, environmental health, emergency preparedness and response, and health services research. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

OFFICE OF THE DIRECTOR (OD)

Mission.—The OD provides leadership to the NIH research enterprise and coordinates and directs initiatives that cross-cut NIH. OD is responsible for the development and management of intramural and extramural research and research training policy, the review of program quality and effectiveness, the coordination of selected NIH-wide program activities, and the administration of centralized support activities essential to the operations of NIH. The Committee expects OD to establish a systematic process with the ICs and HHS agencies to coordinate the dissemination of research results in a manner that uses existing HHS outreach programs and prevents duplication from NIH organizations to allow better focus of NIH IC funds to support research efforts.

Within the total provided to the OD, the Committee expects the Director to provide the OD scientific functions an increase that is at least equal to the general increase provided to all IC. The Committee expects the Director to ensure all ICs continue to support the pathways to independence program, which provides new investigators with mentored grants that convert into independent research project grants. In addition, the Committee continues to support an increase in new innovator awards, director's pioneer awards, and the transformative R01 program through the Common Fund (CF).

The Committee continues the bill language for specific funds authorized by the Gabriella Miller Kids First Research Act within the CF to support the third year of the 10-year Pediatric Research Initiative. The Committee urges the Director to use a portion of the \$10,000,000 made available to the Director's Discretionary Fund (DDF) to support additional pediatric research. The Committee requests, within 30 days after the end of each fiscal year quarter, a quarterly report on DDF obligations for each activity supported. The report should include a description of the program, which ICs are to provide continuation costs, and how this research serves a high priority for pediatric diseases. The quarterly reports shall be posted on-line via the NIH web-site within 30 days after being released to the Committee.

Common Fund (CF).—The Committee recommends \$775,639,000 for the CF, including the \$12,600,000 provided to support the Gabriella Miller Kids First Research Act, and a \$100,000,000 increase for PMI for a total of \$230,000,000 in the CF for PMI. NIH is expected to continue the longstanding CF policy for projects to be short-term, high-impact awards, with no projects receiving funding for more than 10 years. The Committee expects NIH to support only biomedical research.

Capstone Awards.—The Committee continues to expect NIH to pursue the establishment of the capstone awards. The program is expected to promote partnerships between senior and junior inves-

tigators, provide opportunities to acquire skills to transition to a new role, and other purposes. The Committee expects the Director of NIH to consult with the IC Directors, patient advocacy groups, and industry leaders. The Committee requests an update and timeline on the development, duration, and amount for capstone awards in the fiscal year 2018 budget request.

Operating Plan.—The Committee continues the understanding that the IC mechanism tables serve as the NIH operating plans for available resources and requests NIH continue to provide quarterly updates of these mechanism operating plans to the Committee on Appropriations of the House of Representatives and the Senate.

Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI)

The mission of DPCPSI is to coordinate and facilitate trans-NIH research initiatives and emerging areas of scientific opportunities and public health challenges. The Division houses these NIH offices: the Office of Research on Women’s Health; the Office of AIDS Research; the Office of Dietary Supplements; the Office of Behavioral and Social Sciences Research; the Office of Disease Prevention; and the Office of Research Infrastructure Programs. The Committee directs the Director of DPCPSI to develop a trans-NIH strategic approach to improve coordination and facilitation of trans-NIH research with measurable objectives. The Director should also take specific steps with the ICs to reduce duplication and increase effectiveness and efficiency of research.

Gabriella Miller Kids First Research Act.—The Committee encourages NIH to prioritize research relating to childhood cancer within the Kids First program and requests an update in the fiscal year 2018 budget request on the 10-year program, planned activities, and on-going research.

Office of Research on Women’s Health

The Office of Research on Women’s Health (ORWH) works in collaboration with the ICs to promote and foster efforts to address gaps in knowledge related to women’s health through the enhancement and expansion of funded research and/or the initiation of new investigative studies. ORWH is responsible for supporting the inclusion of women in clinical research funded by NIH, including the development of a computerized tracking system and the implementation of guidelines on such inclusion. ORWH is also involved in promoting programs to increase the number of women in biomedical science careers, and in the development of women’s health and gender factors as a focus in biology.

Office of AIDS Research

The Office of AIDS Research (OAR) is authorized to manage trans-NIH AIDS research. The Director of OAR and the Director of NIH jointly determine the total for AIDS research within the NIH appropriation based on scientific need and meritorious scientific opportunity relative to NIH’s overall plan. The Committee encourages the Office to use a strategic focus of resources allocated to AIDS towards the highest quality peer reviewed project aimed at finding cures, creating a vaccine, and developing better treatments for the disease.

Office of Dietary Supplements

The Office of Dietary Supplements (ODS) was established in recognition that dietary supplements can have an important impact on prevention and health maintenance. In collaboration with other NIH institutes and centers and other Federal agencies, ODS works to strengthen knowledge about dietary supplements by supporting and coordinating scientific research in the field.

Office of Behavioral and Social Sciences Research

The Office of Behavioral and Social Sciences Research (OBSSR) provides leadership and direction for the development of a trans-NIH plan to increase the scope of and support for behavioral and social sciences research and in defining an overall strategy for the integration of these disciplines across NIH institutes and centers; develops initiatives to stimulate research in the behavioral and social sciences arena and to integrate a bio-behavioral perspective across the research areas of NIH; and promotes studies to evaluate the contributions of behavioral, social and lifestyle determinants in the development, course, treatment, and prevention of illness and related public health problems.

Office of Science Education

The Office of Science Education (OSE) plans, develops, and coordinates a comprehensive science education program to strengthen and enhance efforts of the NIH to attract young people to biomedical and behavioral science careers and to improve science literacy in both adults and children. The Office develops curriculum supplements and other educational materials; maintains a website as a central source of information about NIH science education resources; establishes national model programs in public science education, and promotes science education reform as outlined in the National Science Education Standards and related guidelines.

Office of Disease Prevention

The Office of Disease Prevention (ODP) assesses, facilitates, stimulates research into disease prevention and health promotion in collaboration with NIH and other public and private partners, and disseminates the results of this research to improve public health. ODP produces evidence-based consensus statements addressing controversial medical issues. The Committee expects ODP to disseminate consensus statements and disease prevention and health promotion information through appropriate HHS outreach programs.

Office of Research Infrastructure Programs

The Office of Research Infrastructure Programs (ORIP) provides support for research and a variety of research infrastructure needs, including animal models and facilities; research models, biological materials, and human biospecimens; training and career development for veterinarians engaged in research; the acquisition of state-of-the-art instrumentation through the Shared and High-End Instrumentation Programs; research resources grants to expand, re-model, renovate, or alter existing research facilities or to construct new research facilities; and coordinates science education activities.

Multi-institute Research Issues

Adolescents and Young Adults.—The Committee encourages an NIH-wide emphasis on understanding and addressing substance use and substance use disorders among adolescents and young adults as a specific population. The Committee encourages NIH to identify and coordinate its efforts in this area and provide an update in the fiscal year 2018 budget requests on actions to further these desires.

Angelman Syndrome.—The Committee recognizes the promising scientific gains made in the pursuit of treatments for Angelman Syndrome. The Committee applauds the contributions of the Angelman Syndrome Natural History Study, funded by NIH, and the private partners working to advance the growing body of Angelman Syndrome research towards practical treatments. The Committee encourages NIH to consider research on the roles of the UBE3A gene in brain functions and explore innovative new treatments. The Committee urges NIH to explore how public-private partnerships can be leveraged to support translational research in this area.

Basic Biomedical Research.—The purpose of basic research is to discover the nature and mechanics of disease and identify potential therapeutic avenues likely to lead to the prevention and treatment of human disease. Without this early scientific investigation, future development of treatments and cures would be impossible. Basic biomedical research must remain a key component of both the intramural and extramural research portfolio at the NIH. The Committee also requests NIH take actions to ensure the percentage of funding in the extramural research program on basic research does not fall below 55 percent of NIH resources.

Biomarkers.—Biomarkers are a defined characteristic that is measured as an indicator of normal biological processes, pathogenic processes, or responses to an exposure or intervention, including therapeutic interventions. Biomarkers play an important role in precision medicine by helping to understand disease processes, the effectiveness of interventions, and in targeting therapy to patients. The Committee encourages NIDDK to accelerate the discovery and validation of biomarkers to aid in designing and conducting clinical trials to prevent, treat, and cure Type 1 diabetes. The Committee also encourages NIDDK to work with NIAID to develop biomarkers specifically related to immune interventions for multiple autoimmune diseases, including Type I diabetes.

Children in NIH Research.—The Committee appreciates the comments made by NIH in its fiscal year 2017 budget justification to pursue a plan to collect and report the number of human subjects included in NIH research by age. The Committee requests an update in the fiscal year 2018 budget request on progress and a timeline to further this effort.

Clinical Trials.—The recent GAO report (GAO-16-304) provides recommendations to enhance stewardship of the clinical trials across NIH with additional data. The Committee requests an update in the fiscal year 2018 budget request on the steps taken, planned, and timeline to complete the establishment of the process to collect, analyze, and review the data needed to enhance stewardship of NIH clinical trials as recommended in the GAO report.

Coordination.—The Committee remains concerned regarding the duplication of efforts and overlapping of responsibilities and funding priorities between the NIH, CDC, and AHRQ. The Committee encourages NIH, AHRQ, and CDC to coordinate further on cross-cutting initiatives, ensuring that each funds programs within its respective core mission. The Committee requests an update in the fiscal year 2018 budget request on how each NIH program coordinates with CDC and AHRQ.

Diabetes Complications.—Diabetes causes many damaging and expensive complications. Cardiovascular disease death rates are 1.7 times higher among adults with diabetes than adults without diabetes, and diabetes is the primary cause of kidney failure in 44 percent of new cases. The Committee urges NIDDK and NHLBI to devote additional resources for kidney disease and cardiovascular events as they relate to diabetes so that we can prevent onset of these costly and burdensome complications on patients and the U.S. economy.

Duchenne Muscular Dystrophy (DMD).—The Committee encourages the ICs to consider strategies that could lead to the development of combination therapies. The Committee requests an update on current and planned research across NIH for DMD and timeline for the next state-of-the-science in the fiscal year 2018 budget request.

Enhanced Reporting on Research Spending.—The Committee appreciates the initial steps taken by NIH to make public on an annual basis, enhanced Research, Condition, and Disease Categorization spending data with the number of Americans affected by each category of disease according to CDC or other Federally sourced data. The Committee requests an update on the plan to maintain and provide data for the remaining categories, where such data exists, in the fiscal year 2018 budget request.

Focal Segmental Glomerulosclerosis (FSGS).—The Committee understands the APOL1 gene plays a role in the onset of FSGS and subsequent end stage renal disease in African Americans. The Committee encourages NIMHD to explore collaboration on high quality peer reviewed research with NIDDK.

Fragile X Research.—The Committee encourages the ICs 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. The Committee commends NIH for its previous work to create and update the NIH Research Plan on Fragile X Syndrome and Associated Disorders, last updated in 2012, and encourages NICHD to reconvene this group before the end of fiscal year 2017 to update and publish a revised research plan.

Gut Microbiome.—The Committee encourages expanded research on predictors and modifiable factors that can improve early interventions and treatments, particularly among pediatric and young adult populations.

Imaging.—The Committee notes the critical value of imaging research to support the NIH research portfolio. The Committee requests NIH provide an overview of imaging research throughout

NIH with a description of how gaps are identified, and of the plans to address these gaps.

Kidney Cancer.—The Committee is concerned that the amount of meritorious scientific research on kidney cancer is not commensurate with the growing number of diagnoses, and encourages NCI to support a Specialized Program of Research Excellence in kidney cancer and other research programs for subtypes of kidney cancer, such as papillary and chromophobe, as well as diagnostic tests for early detection of the disease. The Committee requests an update in the fiscal year 2018 budget request on these efforts.

New Initiatives.—The Committee reiterates its requests for NIH to expand the initiative table provided in the fiscal year 2017 budget request, in the fiscal year 2018 budget request, and future budget requests to display the current year plus five-year planned funding levels for each initiative already listed and proposed in the current budget. The table should identify the planned budget level provided; a list of participating ICs; the linkage to the NIH-wide strategic plan; and percentage of the funds focused on basic science, as a minimum, for each initiative.

Minority Researchers.—The Committee requests an update in the fiscal year 2018 budget request identifying the metrics, impact of Building Infrastructure Leading to Diversity initiative, and other programs designed to encourage minority researchers.

Mitochondrial Disease.—The Committee commends NCI for its work in establishing a Mitochondrial Model Organisms and Cellular Systems Working Group and for its work to identify needs, barriers and opportunities pertaining to mitochondrial biology relevant to addressing mechanistic questions in cancer. The Committee understands numerous ICs are involved in a variety research efforts related to mitochondrial disease and dysfunction. The Committee requests an update on the steps NIH has taken, on-going, and planned in the fiscal year 2018 budget request.

Muscular Dystrophy (MD).—The Committee understands the MD Action Plan was updated in 2015. The Committee encourages NIH consider meritorious research projects aligned to the updated plan. The Committee requests an update in the fiscal year 2018 budget request on activities NIH is planning to facilitate clinical trial and research infrastructure to improve performance of clinical trial endpoints and validate biomarkers of the disease. The Committee encourages NIH, in coordination with FDA and other agencies, to consider a Duchenne follow-on meeting to examine the current state-of-the-science of exon skipping and targeted therapeutics.

National Children's Study (NCS) Follow-On.—The Committee is encouraged by the progress to develop a research program to succeed the NCS to improve children's health. NIH launched the Environmental influences on Child Health Outcomes (ECHO) program as a component of the NCS follow-on study with the potential to coordinate multiple longitudinal studies. The Committee expects NIH to ensure ECHO's plan collects data and provides analysis for at least a 15-year period as envisioned by the NCS. NIH should prioritize coordination and oversight of the NCS follow-on research activity. The Committee requests an update on steps NIH has taken to establish a Federal advisory committee with outside pediatric experts and a variety of stakeholders to coordinate efforts across NIH. The Committee notes concern with ECHO's reliance on

existing cohort studies that may limit research findings on the impact of maternal prenatal exposures on children's health. NIH is urged to ensure ECHO grantees or other NCS follow-on activities collect data on a wide variety of chemical, biological, and other related maternal prenatal data to improve children's health outcomes. The Committee requests a detailed report within 90 days after enactment on the establishment of a Federal advisory committee, the goals, objectives, milestones, projected funding estimates, and program's progress.

Neurofibromatosis (NF).—The Committee continues to support NF research and treatment at multiple NIH ICs, including NCI, NINDS, NIDCD, NHLBI, NICHD and NEI. Children and adults with NF are at risk for the development of many forms of cancer. The Committee encourages NCI to continue its NF research portfolio in fundamental basic science, translational research and clinical trials focused on NF. The Committee encourages all the funded ICs to continue to explore meritorious research. The Committee appreciates NCI support to centers, clinical trials consortia, pre-clinical mouse models consortia and other NF-associated tumor sequencing efforts. The Committee encourages NIDCD activities in NF2 basic and clinical research. Further, the Committee understands NF1 may cause vision loss and encourages NEI to explore research in NF1.

Partnerships to Find Private Support for Unfunded Applications.—The Committee commends NIH for its leadership to move forward with and expand the request for NIH to develop a new mechanism for public-private organizations to directly fund high quality unfunded applications from one IC to all ICs. The program will not only benefit applicants by helping connect them with potential funders, it allows the private funders to take advantage of NIH's peer review system and reduce researcher application drafting time. The Committee requests that in fiscal year 2018 budget request, and future year budget requests, NIH report the annual number of applications supported and total annual dollar level of support provided through this mechanism to expanded research.

Pediatric Rare Diseases.—The Committee is encouraged by the work of the Rare Disease Clinical Research Network (RDCRN). The Committee encourages NIH to have ICs consider how they can work with RDCRN to create a pediatric rare disease center of excellence model. Further, the Committee suggests NIH evaluate how the National Pediatric Research Network Act and the Gabriella Miller Kids First Research Act activity would benefit from a single Program Management Office (PMO) to improve the coordination of pediatric research efforts.

Precision Medicine Initiative (PMI) and Pediatrics.—The Committee recommendation includes a \$100,000,000 increase within the CF for PMI for a total of \$300,000,000 across NIH for PMI. The Committee is aware that the Advisory Committee to the Director (ACD) in its final report supported the inclusion of children in the PMI cohort program and recommends that NIH consider how to best incorporate necessary safeguards to ensure appropriate enrollment, retention and protections for children. The Committee encourages NIH to ensure the process of awarding funds for the PMI cohort appropriately represents the pediatric populations. Further, the Committee requests an update in the fiscal year 2018 budget

request on specific steps taken in the PMI to ensure the research cohort includes children in sufficient numbers and of appropriate diversity to make meaningful studies possible.

Prioritization of Funding.—The Committee commends NIH for including formal consideration of disease burden as a “crucial” factor for aligning its research priorities within the new NIH-Wide Strategic Plan. The Committee expects NIH to prioritize Federal funds for medical research on discovery over outreach and education. NIH is expected to use the scientific strategic plan to prioritize funding. The Committee requests a report in the fiscal year 2018 budget request on how the NIH-wide strategic plan was reviewed and used to allocate resources for the fiscal year 2018 budget request and used during fiscal year 2017 to better focus resources to diseases with the significant opportunity to improve the current or future health of the American population.

Red Team.—The Committee commends the NIH Advisory Committee to the Director (ACD) for recognizing and chartering a review due to the lapses in safety and compliance in the sterile manufacturing components of the NIH pharmacy. The investigation into the event led to an appreciation of broader organizational deficiencies relating to priorities, quality, compliance, and accountability. The public report identifies issues related to a lack of a culture and practice of safety; leadership issues related to clinical care quality, oversight, and compliance; and specific issues with sterile processing. The Committee agrees with the ACD that the implementation of Red Team’s recommendations should greatly reduce risks, increase assurance of participant safety, and improve research quality. In addition, the Committee supports the steps NIH has started such as starting the process to replace the leadership of the NIH Clinical Center (CC), establish a comprehensive oversight/compliance office, and strengthen the board of the CC. The Committee agrees NIH should issue a policy and begin tangible steps to adopt commonly accepted best practices and rules governing hospitals, clinical research, and laboratory programs, ensure appropriate regulatory requirements are uniformly applied, meeting and exceeding minimum requirements for any research facility or laboratory. The intramural research program (IRP), not limited to the CC, should seek voluntary accreditation associated with quality and safety. The NIH IRP should be an example of excellence and should meet the highest standards in safety, quality, and compliance. The Committee expects quarterly updates on the creation and use of CC patient safety and quality measures, selection and implementation of the voluntary adherence to regulatory requirements. NIH should also provide plans and quarterly progress on steps to improve leadership, culture of patient safety, and research quality throughout the IRP and CC. Finally, the Committee expects NIH to fund the costs of implementing these recommendations from within existing IRP resources and not from shifting extramural resources towards these efforts.

Reproducibility of Scientific Methods.—The Committee requests an update on the progress made and the plan for additional activities in the fiscal year 2018 budget request.

Stimulating Peripheral Activity to Relieve Conditions (SPARC).—The Committee notes bioelectronic medicine, electrically stimulating specific neural circuits, could soon offer a new treatment

model for multiple medical conditions. The Committee supports NIB efforts to better understand, model, and decode the numerous neural circuits associated with the peripheral nervous system, ultimately leading to the creation of a Peripheral Nervous System Atlas. This could include the development of tools to pinpoint promising intervention points available for such therapy. The Committee encourages NIH to continue ongoing work in the SPARC program, to include the efforts to functional mapping of neural circuits.

Undiagnosed Disease Program (UDP).—The Committee is pleased NIH has expanded access of the UDP and created a database for all physicians and patients to share information. The Committee requests an update in the fiscal year 2018 budget request on the UDP with specific performance of Undiagnosed Disease and the Match Maker Exchange.

Usher Syndrome.—The Committee continues to urge NIH to prioritize Usher syndrome research at NEI and NIDCD. The Committee requests an update in the fiscal year 2018 budget request on steps NIH has taken to date and future plans to accelerate treatment options and improve patient outcomes.

Women's Health Research.—The Committee appreciates the efforts undertaken by NIH, specifically, the Office of Women's Health, to ensure policies related to gender and sex in clinical and pre-clinical research are in-place. The Committee requests an update in the fiscal year 2018 budget request on how the ICs are implementing the changes, the impact of these new guidelines, the plans to improve public availability of this data, and the status of implementing GAO recommendations related to this issue.

Young Investigators.—The Committee expects NIH to report on actions it has taken to lower the median age at which investigators receive their first R01 awards annually in the fiscal year 2018 budget request and future budget requests. In addition, the NIH shall submit an accompanying plan outlining concrete steps to lower the median age at which individuals receive their first R01 award within 180 days of enactment. The Committee further expects NIH to convene a working group consisting of stakeholders from academia, young researchers, industry leaders, and government officials to move forward on this goal.

Updates.—In addition to the specific items of interest above, the Committee requests general updates in the fiscal year 2018 budget request for each of the listed disease, condition, or topic to describe the latest efforts ongoing and planned:

- Administrative Burden Workgroup;
- Alopecia Areata Research;
- Amyloidosis;
- Antibiotic Resistance;
- Asthma;
- Chronic Pain Conditions;
- Chronic Kidney Disease;
- Community Based Health Research;
- Demographic Research;
- Diabetes and Diabetes Care;
- Dystonia;
- Environmental Exposures;
- Evaluation of the Basic Behavioral and Social Science

Opportunity Network;
 Evidence Based Programs to Prevent Obesity;
 Genomic Research and Alcohol Dependence;
 Glomerular Diseases;
 Grant Review;
 Hyperimmune Globulin;
 Kennedy's Disease;
 Kidney Cancer;
 Liver Cancer;
 Liver Disease;
 Lung Disease;
 Hereditary Hemorrhagic Telangiectasia;
 Hepatitis Research Related to Minorities;
 Inflammatory Bowel Diseases;
 Lung Cancer;
 Lymphangioliomyomatosis;
 Microbicides research;
 Muscular Dystrophy Action Plan;
 Multiple Sclerosis Research;
 Myotonic Dystrophy Research;
 NIH Workforce Study;
 NIDAMeD;
 National Pediatric Research Network;
 New Innovative Awards;
 Pediatric Cancer Research Funding;
 Pediatric Inflammatory Bowel Disease Safety Registry;
 Peripheral Neuropathies;
 Preterm Birth and Prevention of Preterm Birth;
 Science, Technology, Education and Mathematics;
 Sickle Cell Trait Research;
 Spina Bifida;
 Spinal Muscular Atrophy;
 Study Sections Pediatric Expertise;
 Trisomy;
 Tuberous Sclerosis Complex;
 Tuberculosis and;
 Zika Therapeutic Treatment Research.

BUILDINGS AND FACILITIES

Mission.—The Buildings and Facilities appropriation provides for the design, construction, improvement, and major repair of clinical, laboratory, and office buildings and supporting facilities essential to the mission of the National Institutes of Health. The funds in this appropriation support the buildings on the main NIH campus in Bethesda, Maryland; the Animal Center in Poolesville, Maryland; the National Institute of Environmental Health Sciences facility in Research Triangle Park, North Carolina; and other smaller facilities throughout the United States.

The Committee provides bill language to allow for the demolition of buildings 18, 18T, and 32 that NIH has noted are beyond service life and too expensive to maintain. NIH expects the one-year authority to provide long-term maintenance and building savings. The Committee requests an update in the fiscal year 2018 budget request on the projected 10-year savings of these three projects and does not expect this authority to be used beyond these three spe-

cific projects. Further, the Committee notes NIH has a significant backlog of maintenance and repairs. The Committee requests NIH and HHS develop a coordinated plan to address the backlog with the Office of Management and Budget in the fiscal year 2018 budget request.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Committee recommends \$4,211,103,000 for the Substance Abuse and Mental Health Services Administration (SAMHSA), which is \$431,167,000 more than the fiscal year 2016 enacted program level and \$480,955,000 more than the fiscal year 2017 budget request program level.

The Committee includes bill language directing the Administrator of SAMHSA and the Secretary to exempt the Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant as a source for the Public Health Service Act section 241 evaluation set-aside in fiscal year 2017.

The Committee does not include the requested bill language allowing the Administrator to transfer three percent or less of funds between any of the SAMHSA accounts.

MENTAL HEALTH

The Committee recommends \$1,147,667,000 for Mental Health Services, which is \$19,320,000 below the fiscal year 2016 enacted program level and \$11,099,000 below the fiscal year 2017 budget request program level.

Within the total provided for Mental Health Programs of Regional and National Significance, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Capacity:	
Seclusion and Restraint	\$1,147,000
National Child Traumatic Stress Network	46,887,000
Project Aware State Grants	49,902,000
Mental Health First Aid	14,963,000
Healthy Transitions	19,951,000
Children and Family Programs	7,229,000
Consumer and Family Network Grants	4,954,000
Mental Health System Transformation and Health Reform	3,779,000
Project LAUNCH	34,555,000
Primary and Behavioral Health Care Integration	26,004,000
Suicide Prevention:	
National Strategy for Suicide Prevention	4,000,000
Zero Suicide	20,800,000
American Indian and Alaska Native Set-Aside	5,200,000
Suicide Lifeline	7,198,000
Garrett Lee Smith—Youth Suicide Prevention:	
State Grants	35,427,000
Campus Grants	6,488,000
American Indian and Alaska Native Suicide Prevention	2,931,000
Tribal Behavioral Health Grants	16,000,000
Homeless Prevention Programs	30,696,000
Minority AIDS	15,935,000
Criminal and Juvenile Justice Programs	4,269,000
Assisted Outpatient Treatment	15,000,000
Science and Service:	
Garrett Lee Smith—Suicide Prevention Resource Center	5,988,000
Practice Improvement and Training	7,828,000
Consumer and Consumer Support Technical Assistance Centers	1,918,000

Budget Activity	FY 2017 Committee
Primary and Behavioral Health Care Integration Technical Assistance	1,991,000
Disaster Response	1,953,000
Homelessness	2,296,000

Mental Health Block Grant

The Committee recommends a total of \$532,571,000 for the Mental Health Block Grant, which is the same as the fiscal year 2016 enacted program level and the fiscal year 2017 budget request program level. The block grant provides funds to States to support mental illness prevention, treatment, and rehabilitation services. Funds are allocated according to a statutory formula among the States that have submitted approved annual plans.

The Committee continues the ten percent set-aside within the Mental Health Block Grant for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee expects SAMHSA to continue its collaboration with the National Institute of Mental Health to encourage States to use this block grant funding to support programs that demonstrate strong evidence of effectiveness.

Children's Mental Health

The Committee recommends \$119,026,000 for the Children's Mental Health program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. Funding for this program supports grants and technical assistance for community-based services for children and adolescents with serious emotional, behavioral, or mental disorders. The program assists States and local jurisdictions in developing integrated systems of community care.

The Committee remains deeply concerned about the safe, appropriate and effective use of psychotropic medications in children, particularly children in foster care settings. A 2012 GAO report found that an estimated 18 percent of foster children are prescribed psychotropic medications, compared with 4.8 percent of privately insured children. Given that little is known about the impact of these drugs on growth and development, the Committee supports SAMHSA to explore treatment approaches that rely more on psychosocial interventions that can be used instead of, or in combination with, psychotropic medications.

Projects for Assistance in Transition from Homelessness

The Committee recommends \$64,635,000 for the Projects for Assistance in Transition from Homelessness (PATH) program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. The PATH program supports grants to States and territories to provide assistance to individuals suffering from severe mental illness and/or substance abuse disorders and who are homeless or at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.

Protection and Advocacy for Individuals with Mental Illness

The Committee recommends \$36,146,000 for the Protection and Advocacy for Individuals with Mental Illness program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program serves to 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. Funds are allocated to States according to a formula based on population and relative per capita incomes.

SUBSTANCE ABUSE TREATMENT

The Committee recommends \$2,189,402,000 for Substance Abuse Treatment programs, which is \$6,022,000 less than the fiscal year 2016 enacted program level and \$3,054,000 more than the fiscal year 2017 budget request program level.

Within the total provided for Programs of Regional and National Significance, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Capacity:	
Opioid Treatment Programs and Regulatory Activities	\$8,724,000
Screening, Brief Intervention, Referral, and Treatment	28,000,000
<i>PHS Evaluation Funds</i>	2,000,000
Targeted Capacity Expansion—General	11,223,000
Medication-Assisted Treatment for Prescription Drug and Opioid Addiction	50,080,000
Pregnant and Postpartum Women	15,931,000
Recovery Community Services Program	2,434,000
Children and Families	29,605,000
Treatment Systems for Homeless	36,386,000
Minority AIDS	58,859,000
Criminal Justice Activities	78,000,000
Science and Service:	
Addiction Technology Transfer Centers	8,081,000

Targeted Capacity Expansion.—The Committee recommends \$61,303,000 for Targeted Capacity Expansion activities. Of this amount, \$50,080,000 is for services that address prescription drug abuse and heroin use in high-risk communities. This funding level will provide funding for 45 States. SAMHSA should target States with the highest rates of admissions and that have demonstrated a dramatic increase in admissions for the treatment of opioid use disorders. The United States has seen a 500 percent increase in admissions for treatment for prescription drug abuse since 2000. Moreover, according to a recent study, in the past two years, 28 States saw an increase in admissions for treatment for heroin dependence. The Center for Substance Abuse Treatment 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 and prioritize treatment regimens that are less susceptible to diversion for illicit purposes.

Criminal Justice Activities

The Committee provides \$78,000,000 for the Criminal Justice Activities program and expects that no less than \$60,000,000 will be used exclusively for Drug Court activities.

Drug Treatment Courts.—The Committee continues to direct SAMHSA to ensure that all funding appropriated for Drug Treat-

ment Courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA is directed to ensure that all drug treatment court grant recipients work directly with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.

Drug Testing for Opioid Treatment Programs.—Drug testing plays a key role in the delivery of safe and effective substance abuse treatment programs. Providers utilize these tests to identify the type of substance abuse, to determine a proper treatment plan, to continue on-going evaluations, and to prevent drug diversion. The Committee requests SAMHSA ensure that all opioid treatment programs are implementing drug tests at a frequency necessary to implement a safe and an effective program.

Overdose Fatality Prevention.—The agreement reflects strong concerns about the increasing number of unintentional overdose deaths attributable to prescription and nonprescription opioids. SAMHSA is urged to take steps to encourage and support the use of Substance Abuse and Prevention Block Grant funds for opioid safety education and training, including initiatives that improve access for licensed healthcare professionals, including paramedics, to emergency devices used to rapidly reverse the effects of opioid overdoses. Such initiatives should incorporate robust evidence based intervention training, and facilitate linkage to treatment and recovery services.

Viral Hepatitis Screening.—The Committee applauds SAMHSA for encouraging grantees to screen for viral hepatitis including the use of innovative strategies like rapid testing. The Committee notes the disproportionate impact of viral hepatitis among minority populations and the co-infection rate among individuals with HIV/AIDS. The committee urges SAMHSA to work with Minority AIDS grantees to incorporate hepatitis screening into programmatic activities.

Substance Abuse Prevention and Treatment Block Grant

The Committee recommends a program level of \$1,858,079,000, which is the same as the fiscal year 2016 enacted program level and the fiscal year 2017 budget request program level. The Substance Abuse Prevention and Treatment Block Grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. The Committee recognizes the critical role the block grant plays in State systems across the country.

SUBSTANCE ABUSE PREVENTION

The Committee recommends \$711,148,000 for the Substance Abuse Prevention programs, which is \$499,929,000 more than the fiscal year 2016 enacted level and \$500,000,000 more than the fiscal year 2017 budget request.

Within the total provided for Programs of Regional and National Significance, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Capacity:	
Strategic Prevention Framework	\$109,484,000
Strategic Prevention Framework Rx	0
<i>PHS Evaluation Funds</i>	10,000,000
Grants to Prevent Prescription Drug and Opioid Overdose Related Deaths	5,000,000
<i>PHS Evaluation Funds</i>	7,000,000
Minority AIDS	41,205,000
Federal Drug-Free Workplace	4,894,000
Sober Truth on Preventing Underage Drinking:	
National Adult-Oriented Media Public Service Campaign	1,000,000
Community Based Coalition Enhancement Grants	5,000,000
Interagency Coordinating Committee to Prevent Underage Drinking	1,000,000
Tribal Behavioral Health Grants	15,000,000
Science and Service:	
Center for the Application of Prevention Technologies	7,493,000
Science and Service Program Coordination	4,072,000

Strategic Prevention Framework State Incentive Grant and Partnerships for Success.—The Committee intends that the Strategic Prevention Framework State Incentive Grant and Partnership for Success programs continue to focus exclusively on: addressing State- and community-level indicators of alcohol, tobacco, and drug use; targeting and implementing appropriate universal prevention strategies, building infrastructure and capacity, and preventing substance use and abuse.

Grants to Prevent Prescription Drug and Opioid Overdose Related Deaths.—The Committee recommends \$12,000,000 for discretionary grants to States to prevent prescription drug and opioid overdose related deaths. This program will help States equip and train first responders with the use of devices that rapidly reverse the effects of opioids. 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. Furthermore, the agreement provides \$10,000,000 for the Strategic Prevention Framework Rx program to increase awareness of opioid abuse and misuse in communities. SAMHSA shall collaborate with CDC to implement the most effective outreach strategy and to reduce duplication of activities.

Oral Fluid Drug Screening Guidelines.—The Committee is pleased with SAMHSA's recommendation of oral fluid as an alternative specimen for drug testing, and commends the agency for progress made to issue oral fluid guidelines for the Federal Drug-Free Workplace testing program. The Committee urges SAMHSA to implement the guidelines expeditiously in partnership with key stakeholders and other agencies.

Comprehensive Opioid Response.—The Committee recommends \$500,000,000 for Comprehensive Opioid Response grants. SAMHSA, in coordination with CDC, may award funds to eligible states, units of local government, territories or Indian Tribes, which may, in turn, sub-grant to non-governmental organizations as appropriate. Funds may be used to plan for and implement an integrated opioid abuse response initiative that incorporates prevention and education, treatment, and recovery services. Eligible activities are as follows: (1) Prevention and education efforts concerning heroin and opioid use, treatment, and recovery; (2) Education of physicians, residents, medical students, and other medical

providers who prescribe controlled substances on the prescription drug monitoring program of the State, on the CDC Guideline for Prescribing Opioids for Chronic Pain, and on the treatment of addiction; (3) Expanding prescription drug and opioid addiction treatment programs of the State. This includes the expansion of abstinence-based and medication assistance treatment programs that incorporate training for treatment and recovery support providers; behavioral health therapy for individuals who are in treatment for prescription drug and opioid addiction; screening for and clinically appropriate treatment of hepatitis C and HIV; and screening, early intervention, and referral to treatment for teenagers and young adults in primary care, middle schools, high schools, universities, school-based health centers, and other community-based health care settings; and (4) Developing, implementing, and expanding programs to prevent overdose death from prescription medications and opioids that incorporate a referral to treatment services. Priority shall be given to States with the highest burden of opioid-related overdoses. SAMHSA is directed to brief the Committee no less than 30 days before issuing a funding announcement regarding the criteria for grant awards. In addition, SAMHSA is directed to brief the Committee no less than 30 days before awarding a grant.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

The Committee recommends \$162,886,000 for Health Surveillance and Program Support, which is \$43,420,000 below the fiscal year 2016 enacted program level and \$11,000,000 below the fiscal year 2017 budget request program level.

Within the total provided for Health Surveillance and Program Support, the Committee recommends the following amounts:

Budget Activity	FY 2017 Committee
Health Surveillance	\$16,830,000
<i>PHS Evaluation Funds</i>	30,428,000
Program Support	77,559,000
Public Awareness and Support	13,482,000
Performance and Quality Information Systems	12,918,000
Minority Fellowship Program	11,669,000
Behavioral Health Workforce Data	0
<i>PHS Evaluation Funds</i>	1,000,000

Minority Fellowship Program.—The Committee understands there is a workforce shortage among children’s mental health providers. The Committee is concerned that the National Minority Fellowship Program unnecessarily excludes related psychiatric subspecialists from programmatic eligibility. The Committee requests SAMHSA review internal eligibility criterion and provide an update in the fiscal year 2018 budget request.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

HEALTHCARE RESEARCH AND QUALITY

The Committee recommends \$280,240,000 in discretionary funds for the Agency for Healthcare Research and Quality (AHRQ), which is \$53,760,000 less than the fiscal year 2016 enacted level and \$189,452,000 less than the fiscal year 2017 budget request level. The recommendation does not include any requested evaluation

set-aside funds available under section 241 of the Public Health Service Act or Patient-Centered Outcomes Research support. Within the total for AHRQ, the agreement includes the following amounts:

Budget Activity	FY 2017 Committee
Patient-Centered Health Research	\$0
Prevention/Care Management	7,400,000
Health Information Technology (IT)	15,740,000
<i>Health IT to Improve Quality</i>	<i>13,740,000</i>
Patient Safety Research	64,600,000
<i>Healthcare-Associated Infections (HAI) Prevention</i>	<i>36,000,000</i>
<i>Combating Antibiotic-Resistant Bacteria (non-add within HAI)</i>	<i>10,000,000</i>
<i>Section 933 Grants</i>	<i>4,600,000</i>
<i>Patient Safety and Medical Errors</i>	<i>19,000,000</i>
<i>Patient Safety Organizations</i>	<i>5,000,000</i>
Crosscutting Activities Related to Quality, Effectiveness and Efficiency Research	58,500,000
<i>Health Services Contract/IAA Research</i>	<i>11,000,000</i>
<i>Investigator-Initiated Research Grants</i>	<i>47,500,000</i>
Medical Expenditure Panel Survey	65,000,000
Program Management	69,000,000

The agreement expects AHRQ to focus on its traditional health services research mission, such as patient safety and healthcare associated infections. The Committee expects AHRQ to review its continuation portfolio including an evaluation of available funds in determining the level of and allocation of continuations. AHRQ should coordinate with other HHS Operating Divisions (OpDivs) to determine how duplicative operations can be realigned to OpDivs with overlapping activities.

Duplicative Activity.—The Committee notes that over time other HHS agencies have expanded into AHRQ’s mission area. Therefore, AHRQ’s mission and areas of research are duplicated in other HHS agencies. For example, NIH estimates that in fiscal year 2017 it will spend almost \$1,500,000,000 on health services research, about five times AHRQ’s total budget request. CDC, like AHRQ, conducts Prevention Research and Care Management activities. The Office of National Coordinator for Health Information Technology (ONC) and CMS are both supporting Health IT activity. The Committee directs the Secretary to work with all other HHS OpDivs to determine where they have activities that overlap with AHRQ in an effort to consolidate, reduce duplication, and reduce overlap of mission areas across the OpDivs. The review should include a plan to streamline all OpDiv mission focus areas to improve the effectiveness, consolidate operations, and reduce duplicative and related overhead costs to taxpayers.

Investigator-Initiated Research.—The Committee provides support for investigator-initiated research. Investigator-initiated research should not be targeted to any specific area of health services research and should be merit based from the best unsolicited ideas from the research community within the AHRQ patient safety and medical error mission.

Tick-borne Diseases.—The Committee encourages AHRQ to determine when the last time a bibliography of peer-reviewed tick-borne diseases literature was last completed and to work with CDC and NIH to determine how best to develop a tool for use by the scientific community, treating physicians, and the public. The review

should also evaluate the science related to persistent infection with borrelia burgdorferi or other types of borrelia.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

The Committee recommends \$262,003,967,000 for the Federal share of current law State Medicaid costs, which is \$18,458,557,000 more than fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. This amount does not include \$115,582,502,000, which was provided as advance funding for the first quarter of fiscal year 2016. In addition, the Committee recommends an advance appropriation of \$125,219,452,000 for program costs in the first quarter of fiscal year 2018. The Committee continues indefinite budget authority bill language for unanticipated costs in fiscal year 2017. Federal Medicaid grants reimburse States for a portion of their expenditures in providing health care for individuals whose income and resources fall below specified levels. Subject to certain minimum requirements, States are provided certain limited authority within the law to set eligibility, coverage, and payment levels.

PAYMENTS TO THE HEALTH CARE TRUST FUNDS

The Committee recommends \$299,187,700,000 for the Payments to the Health Care Trust Funds account, which supports Medicare Part B and prescription drug benefits in fiscal year 2017. This amount is \$16,015,900,000 more than the fiscal year 2016 enacted level and equal to the fiscal year 2017 budget request. This entitlement account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare Part B benefits, and Medicare drug benefits and administration, as well as other reimbursements to the Federal Hospital Insurance Trust Fund for benefits and related to administrative costs, which have not been financed by payroll taxes or premium contributions. The Committee continues bill language providing indefinite authority to pay the general revenue portion of the Medicare Part B premium match and providing resources for the Medicare Part D drug benefit program in the event that the annual appropriations is insufficient.

PROGRAM MANAGEMENT

The Committee makes available \$3,093,690,000 in trust funds for Federal Administration of the Medicare and Medicaid programs, which is \$576,054,000 less than the fiscal year 2016 enacted Program Management level and \$1,015,859,000 less than the fiscal year 2017 budget request. This activity supports the two largest Federal health care programs, Medicare and Medicaid, along with the Children's Health Insurance Program (CHIP) and the Medicare prescription drug program. The Committee does not support the consumer information and insurance oversight functions. The Committee provides resources in the program operations line to support the Medicare current beneficiary survey. The bill includes language to prohibit funding the research, demonstration, and evaluation line within the Program Management account.

Program Operations

The Committee recommends \$1,985,823,000 for Program Operations to support activities used to administer the Medicare program, primarily to pay contractors to process providers' claims, to fund beneficiary outreach and education, to maintain information technology (IT) infrastructure needed to support various claims processing systems and to continue programmatic improvements.

Access to Home Health Care.—The Committee is aware that the current requirement that home health plans be solely certified by a physician has resulted in problems with access to home health care. The Committee urges CMS to ensure access to home health care by considering methods to waive the requirement that home health plans be solely certified by a physician. The Committee also requests CMS consider the entire record of documentation and not require a subjective component regarding an individual in determining whether home health services meet the requirements for coverage. The Committee requests CMS take authorized steps to address the backlog of face-to-face appeals like allowing comparable documentation to satisfy the face-to-face requirements, such as those recently referred from the hospital setting, to be exempt from the face-to-face requirement. The Committee requests an update in the fiscal year 2018 budget request on these efforts.

Adult Immunization Quality Measures.—The Committee recognizes the importance of quality measurement tools to ensuring accountability and improvements in care delivery and patient outcomes, including reducing racial and ethnic health disparities. The Committee requests a report in the fiscal year 2018 budget request on steps the agency has taken to improve outcome quality measures applicable to adult immunization under the Medicare and Medicaid programs.

Cancer Hospitals.—The Committee notes concern that CMS prevents certain cancer hospitals from increasing their bed capacity and encourages CMS to re-evaluate this policy.

Clarify Third Party Payment of Qualified Health Plan Premiums.—The Committee remains concerned about the CMS interim final rule, Third Party Payment of Qualified Health Plan Premiums, which facilitated marketplace insurance plans prohibiting the established practice of health insurance premium assistance by non-profit organizations. The Committee encourages CMS to clarify that premium assistance should continue to be accepted from qualified non-profit organizations along with related State and Federal assistance programs.

Colorectal Cancer Screening.—The Committee understands that regardless of the fact that colorectal cancer screening by colonoscopy has an A grade from the U.S. Preventive Services Task Force, CMS has determined that it does not have authority to waive Medicare beneficiary coinsurance for a colorectal cancer screening colonoscopy when a polyp or other tissue is removed during the preventive screening. The Committee requests an update in the fiscal year 2018 budget request outlining the rationale for this determination, to include why CMS believes it does not have the waiver authority.

Critical Access Hospitals (CAH).—The Committee continues to note concerns about the proposal to eliminate CAH status from facilities located less than 10 miles from another hospital and reduc-

ing the reimbursement rate from 101 to 100 percent on the hospitals to properly provide care to local residents. The Committee expects CMS to take steps to eliminate negative impact of the proposed rate reduction on CAH ability to fully operate if the reduction is implemented prior to implementation.

CMS Test Environment for Testing Industry Solutions.—The Committee requests an update in the fiscal year 2018 budget request on the how it is using this initiative to test IT solutions.

Durable Medical Equipment, Prosthetics, Orthotics and Suppliers (DMEPOS).—The Committee encourages speedy implementation of the DMEPOS bid surety bonds requirement to take effect on January 1, 2017. The Committee requests an update in the fiscal 2018 budget request on the expected impact of this requirement in the 2017 competitions.

Evaluation and Management (E&M) Codes.—The Committee requests CMS provide an update in the fiscal year 2018 budget request on planned or on-going research related to E&M codes.

Fraud, Waste, and Abuse.—The Committee requests an update in the fiscal year 2018 request on the CMS process, across all operations, to ensure CMS maintains a focus on preventing improper payments and paying claims right the first time. The Committee requests the update include the metric to measure prevention in lieu of the “pay and chase” measures typically reported by CMS.

Genetic Testing.—To help eliminate the abuse of opioids, the FDA recently implemented stricter black box advisories requiring pharmacogenetics testing prior to prescribing many opioid based pain medications. The Committee is concerned the Medicare Administrative Contractors (MACs) changed their coverage policy and are denying reimbursements for these pharmacogenetics tests despite its requirement by the FDA. As a result, providers cannot order these tests and patients are at risk of serious adverse reactions. The Committee urges CMS to review this coverage determination and allow patients to access pharmacogenetics testing for opioid-based pain medications. The Committee requests an update in the fiscal year 2018 budget request on the justification for this new coverage decision including the impact on patient safety, cost, and provider compliance with FDA regulations.

Indian Health Care.—The Committee supports the CMS plan to establish a Tribal Resources Center and requests a timeline in the fiscal year 2018 budget request on the opening and expected goals and objectives for fiscal years 2017 and 2018.

Medicare 1115 Waivers.—The Committee is concerned about extended deliberations regarding the home and community-based waiver application. For example, the Wisconsin Department of Health Services in December 2014 submitted a waiver application and a resolution still has not been provided. The Committee encourages CMS to engage more fully the State and tribal stakeholders in an effort to resolve the issue prior to the end of the fiscal year. The Committee requests an update in the fiscal year 2018 budget request on the process and the number days it takes on average, along with the longest and shortest time to make a determination on such a waiver. Further, it should describe steps CMS is taking to reduce the final decision timeframe.

Medicare Prosthetic Coverage.—The Committee is aware of the draft Local Coverage Determination (LCD) Lower Limb Prostheses.

The Committee is aware of concerns raised that the draft LCD could impose hardships or barriers to access to prosthetic care for, seniors, veterans, and others requiring artificial limbs. The Committee encourages CMS to consider the intended and unintended consequences of the draft LCD and further consult with clinicians, patient groups, and the prosthetics field prior to moving forward with the draft policy.

National Diabetes Prevention Program (NDPP).—The Committee understands the CMS Office of the Actuary certified expansion of the NDPP would reduce net Medicare spending and improve the quality of care without limiting coverage or benefits. The Committee requests CMS provide an update in the fiscal year 2018 budget request on the feasibility of establishing a certification process for NDPP providers within CMS. Further, the update should discuss the feasibility of establishing a new provider class of practitioners for the NDPP to allow for the lowest cost and effective delivery method.

Out of Network Emergency Care.—The Committee is concerned 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 (80 Fed. Reg. 72191). Therefore, the Committee requests CCIIO publish guidance, which may come in the form of Frequently Asked Questions, clarifying what constitutes the UCR amount using a transparent and fair standard, such as an independent unbiased charge database.

Quality Improvement.—The Committee is concerned about the inconsistency of how health care practices and facilities focus on quality improvement. The Committee requests the Secretary conduct a cross-agency review of the programs, agencies, and offices that are conducted in conjunction with public and private organizations to evaluate the effectiveness of these approaches to promote quality metrics that drive continuous quality improvement within hospitals, health care facilities, and health care systems. The review should include all CMS and Innovation Center programs, as well as those conducted throughout other HHS agencies. Further, the review should examine how these efforts address pediatric neurodevelopmental disabilities, including autism. The review should include recommendations and a public report posted on an HHS website. The Committee requests a time line and approach for the review to be included in the fiscal year 2018 budget request.

Pediatric End-Stage Renal Disease.—The Committee encourages CMS to examine the pediatric case-mix adjuster for the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS). Specifically, the Committee requests CMS examine Medicare claims and cost data along with data from CROWNWeb to determine the cost of dialysis treatment for Medicare ESRD pediatric patients compared to non-pediatrics Medicare patients to ensure the appropriate reimbursement mix-adjustment formula is being utilized in the PPS for pediatrics. The Committee requests an update on this issue with the analysis in the fiscal year 2018 budget request.

Pharmacy Benefit Managers (PBMs).—The Committee understands CMS fails to conduct oversight on the updating of the PBMs Maximum Allowable Cost (MAC) lists and that when not updated correctly, errors in the PBM MAC lists can lead to increased costs

for the government, taxpayers, and most importantly seniors. The Committee requests an update in the fiscal year 2018 budget request on the process CMS uses to oversee that the PBM MAC lists are updated as required.

Readmission Rates.—The Committee is supportive of CMS' efforts to reduce readmission rates among high-risk seniors living in communities challenged by poverty, poor health and literacy, and health disparities or non-compliance with treatment regimens. In particular, flexible, community-based multi-payer arrangements have encouraged health and social service providers to combine efforts in tailoring services to these at-risk populations. The Committee encourages CMS to work with community-based organizations to help identify best practices.

Rural Health Clinics (RHC).—The Committee request CMS provide a report within 120 days of enactment on State Medicaid payment methodologies for facilities designated as RHC. The report should identify any State, which uses a methodology that includes a reconciliation process that may result in the recoupment of funds from a RHC. For each State so identified, the report shall: (1) describe the legal basis for recoupment and the conditions governing it, including any Federal requirements; (2) estimate the proportion of any potential recoupment that would be owed by the State to the Federal government; and (3) describe any options available under Federal law to retroactively eliminate, reduce, or otherwise mitigate the impact of such recoupment on RHC, including the actions necessary to pursue such options.

Recovery Audit Contractors (RACs).—The Committee understands that although the RACs significantly reduced the number of audits recently, the number of audits is expected to increase. The Committee agrees that true fraud, waste, and abuse must be addressed; however, the existing audit process continues to result in unintended consequences of reduced patient access to care. A reasonable balance must be found to eliminate true fraud and abuse while not slowing payment to providers so significantly. The bill language redirects all offsetting collections derived from the RACs to tackle this challenge with additional resources to educate health care providers on how to reduce errors and on the program integrity and compliance audits; for the Office of Medicare Hearings and Appeals (OMHA) to reduce its backlog; and to establish a process to provide feedback between OMHA, CMS, and CMS' contractors to reduce unintended claims, speed appeals, and reduce the number of claims elevated to OMHA. Further, the Committee reiterates its request for CMS to publish in the fiscal year 2018 budget request, and future budget requests, a CMS actuarial report that estimates the dollar level of improper payments by year and the actual and estimated recovery of each year's improper payments, and the percentage of each year's recovered level compared to the estimate of improper payments.

Risk Corridors.—The Committee continues the fiscal year 2015 bill language to prevent the CMS Program Management appropriation account from being used to support risk corridors payments.

Robotic Stereotactic Radiosurgery.—The Committee was encouraged by CMS' decision to reverse the National Correct Coding Initiative procedure edit regarding CPT codes 77295 and 77300 used in the provision of robotic radiosurgery (retroactive to January 1,

2016). The Committee remains concerned that the cuts CMS continues to make to robotic stereotactic radiosurgery threatens its viability. The Committee continues to urge CMS to make no further changes to these services (G0339 and G0340) in the freestanding center setting for three years as noted in House Report (114-195).

Skilled Nursing Facilities (SNF).—The Committee is concerned with a proposed CMS regulation that would restrict or prohibit pre-dispute arbitration agreements in skilled nursing facilities. The Committee understands the Federal Arbitration Act requires Congress to provide statutory language imparting authority on an agency to regulate or prohibit arbitration. The Committee is unaware of any such statutory authority and discourages CMS from implementing any regulation to prohibit or otherwise restrict the use of pre-dispute arbitration at skilled nursing or long-term care facilities in compliance with the Federal Arbitration Act.

Standard Plan Design and Plan Limitation.—The Committee is concerned about recent proposals and considerations from CMS on Federally Facilitated Exchanges, which could further destabilize the individual market and limit beneficiary choice. In the proposed 2017 notice of benefit and payment parameters, CMS proposes to introduce standard plan designs and is considering making these standard plan designs a requirement for future years. Additionally, CMS appears to be considering limiting the number of offerings from plans on the Exchanges for future years. The Committee requests CMS provide justification in the fiscal year 2018 budget request analyzing the impact from the proposals on plan participation, premiums, and formulary and network design for 2017 and the impact each would have on consumers.

Therapeutic Foster Care (TFC) Services National Academy of Sciences (NAS) Review.—The Committee is deeply concerned about the lack of a uniform definition within the Medicaid program for therapeutic foster care services. A uniformed TFC definition can improve the ability for more consistent care and treatment. The Committee directs CMS to charter a NAS review within 90 days of enactment of this Act for the development of an operational TFC definition for the Medicaid program. Further, the review should examine advantages and challenges of a uniform definition, and include a list of potential services and interventions to treat mental illness and trauma that could be considered within the scope of the uniform definition. The Committee expects the report will be completed within 12 months after enactment of this Act.

Federal Administration

The Committee recommends \$710,533,000 to support Federal Administrative activities related to the Medicare and Medicaid programs, which is \$22,000,000 less than the fiscal year 2016 enacted level and \$25,317,000 less than the fiscal year 2017 budget request. The Federal Administration funding supports CMS staff, along with operating and administrative expenses for planning, developing, managing, and evaluating healthcare financing programs and policies.

The Committee appreciates the information in the CMS budget request. However, the Committee expects CMS to provide the additional items and enhanced Congressional notice described in the explanatory statement accompanying the fiscal year 2016 Appro-

priations Act. The Committee reminds HHS and CMS to ensure that all tables include the prior year actual, current year request level, current year actual (based on the operating plan) and budget request year level.

HEALTH CARE FRAUD AND ABUSE CONTROL ACCOUNT

The Committee recommends includes \$681,000,000, to be transferred from the Medicare trust funds, for the Health Care Fraud and Abuse Control Account (HCFAC) activities. This includes a base amount of \$311,000,000 and an additional \$370,000,000 through a discretionary budget cap adjustment authorized under section 251(b) of the Balanced Budget and Emergency Deficit Control Act of 1985. The HCFAC funds support activities conducted by CMS, the HHS Office of Inspector General, and the Department of Justice. This level is equal to the fiscal year 2016 enacted level and \$44,000,000 less than the fiscal year 2017 budget request. This funding is in addition to other mandatory funding provided through authorizing legislation. The funding will provide resources to continue efforts for Medicaid program integrity activities, for safeguarding the Medicare prescription drug benefit and the Medicare Advantage program, and for program integrity efforts carried out by the Department of Justice. The Committee continues to include bill language to ensure the Secretary fully funds the Senior Medicare Patrol Program administered by the Administration for Community Living from the level provided in this account.

Part B Ambulance Providers.—The Committee supports measures, including moratoriums, to curb and prevent waste, fraud and abuse, but these must be measured against community needs for emergency services.

Program Integrity Activities.—For several years now, the Committee has requested CMS improve consistency, transparency, and processing of appeals. The Committee has and continues to request CMS use offsetting collections from the RAC program to further educate health care providers on how to reduce errors to reduce the backlog of appeals and resolve audits in a timely manner. The Committee reiterates these requests and further directs CMS to provide a quarterly report on how the overall process of appeals, including all entities involved in the appeals process are making the necessary changes to improve the system. CMS should detail in the report all the actions the agency has specifically taken to improve the process of audits and appeals. The Committee also requests a description in the fiscal year 2018 budget request on the adoption of a policy similar to Social Security appeals that would require Medicare’s Administrative Law Judges (ALJs) to follow Medicare payment policies. Further, the Committee requests the Secretary consider ways to sample and consolidate similar claims for administrative efficiency, expedite procedures for claims with no material fact in dispute, rules to require ALJs to rule according to Medicare policy if they do not violate the law, the impact of sending claims back to the first level of appeal when new evidence is introduced, and the impact of creating Medicare Magistrates to streamline the appeal resolution process.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

The Committee recommends \$3,010,631,000 for the Child Support Enforcement and Family Support programs, which is \$65,725,000 more than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. The Committee also recommends \$1,400,000,000 in advance funding, as requested, for the first quarter of fiscal year 2018 to ensure timely payments for Child Support Enforcement programs. These programs support state-administered programs of financial assistance and services for low-income families to promote their economic security and self-sufficiency.

LOW INCOME HOME ENERGY ASSISTANCE

The Committee recommends \$3,490,304,000 for the Low Income Home Energy Assistance Program, which is \$100,000,000 above the fiscal year 2016 enacted level and \$490,000,000 more than the fiscal year 2017 budget request. Within the amount provided, the Committee recommends \$3,490,304,000 exclusively for the State formula grants. The Committee recommends an increase of \$100,000,000 for allocation under the formula authorized in 1984.

Within the amount available for formula grants, the Committee recommends up to \$2,988,000 for program integrity initiatives. The funding will allow technical assistance on both the State and Federal level for program training, and monitoring of program activities for compliance with internal controls, policies, and procedures.

REFUGEE AND ENTRANT ASSISTANCE

The Committee recommends \$1,674,691,000 for Refugee and Entrant Assistance programs, which is the same as the fiscal year 2016 enacted level and \$575,169,000 below the fiscal year 2017 budget request.

The Office of Refugee Resettlement (ORR) programs are designed to help refugees, asylees, Cuban and Haitian entrants, and trafficking victims become employed and self-sufficient. These programs also provide for care of unaccompanied immigrant children in Federal custody and victims of torture.

Within the total, the Committee recommends the following:

Budget Activity	FY 2017 Committee
Transitional and Medical Services	\$490,000,000
Victims of Trafficking	18,755,000
Social Services	155,000,000
Preventive Health	4,600,000
Targeted Assistance	47,601,000
Unaccompanied Children	948,000,000
Victims of Torture	10,735,000

Refugees and Unaccompanied Children

Healthcare and Education Costs Related to Illegal Immigration.—The Committee is concerned with the significant healthcare and education costs to State and local communities resulting from illegal immigration. In addition, the Committee is concerned about

the response time from previous inquiries on this matter; the Committee urges the Departments of Education and Health and Human Services to provide timely and informative assistance when requested. The Committee further directs the Departments of Education and Health and Human Services to provide all available Federal resources to assist State and local governments with these increased costs that are a direct result of Federal law or policy. The Committee further directs the Departments to provide a report to the House Appropriations Subcommittee on Labor, Health and Human Services, and Education, the Subcommittee on Commerce, Justice, Science and the Subcommittee on Homeland Security within 90 days of enactment on the costs borne by State and local governments and the Federal government for providing health and education services to individuals without legal immigration status. The report should cover the costs incurred over the course of fiscal years 2014–2016 and include projected costs for fiscal years 2017 through 2021. The report shall also include an accounting of what Federal resources have been directed and what Federal resources will be directed in each year to cover these added expenses.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT
BLOCK GRANT

The Committee recommends \$2,801,000,000 for the discretionary portion of the Child Care and Development Fund, the Child Care and Development Block Grant, which is \$40,000,000 more than the fiscal year 2016 enacted level and \$160,672,000 below the fiscal year 2017 budget request. The Child Care and Development Block Grant provides funds according to a formula to States, territories, and tribes to provide financial assistance to help low-income working families and families engaged in training or education activities access child care and to improve the quality of child care for all children.

SOCIAL SERVICES BLOCK GRANT

The Committee recommends \$1,700,000,000 for the Social Services Block Grant, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. States receive grants by formula. States have the flexibility to determine what services and activities are supported, provided they are targeted at a broad set of goals, including reducing or eliminating poverty, achieving or maintaining self-sufficiency, and preventing neglect, abuse, or exploitation of children and adults.

CHILDREN AND FAMILIES SERVICES PROGRAMS

The Children and Families Services programs fund activities serving children, youth, families, the developmentally disabled, Native Americans, victims of child abuse and neglect and domestic violence, and other vulnerable populations.

Within the total, the Committee recommends the following:

Budget Activity	FY 2017 Committee
Programs for Children, Youth, and Families:	
Head Start	\$9,309,724,000
Preschool Development Grants	250,000,000

Budget Activity	FY 2017 Committee
Runaway/Homeless Youth	101,980,000
Abuse of Runaway Youth Prevention	17,141,000
State Child Abuse Prevention	25,310,000
Discretionary Child Abuse Prevention	34,200,000
Community-based Child Abuse Prevention	39,764,000
Child Welfare Services	268,735,000
Child Welfare Training	17,984,000
Adoption Opportunities	39,100,000
Adoption Incentives	37,943,000
Social Services/Income Maintenance Research	6,512,000
Native American Programs	53,100,000
Community Services:	
Community Services Block Grant	715,000,000
Economic Development	29,883,000
Rural Community Facilities	7,500,000
Individual Development Account Initiative	18,950,000
Domestic Violence Hotline	8,250,000
Family Violence/Battered Women's Shelters	151,000,000
Independent Living Training Vouchers	43,257,000
Disaster Human Services Case Management	1,864,000
Program Direction	205,699,000

Head Start

The Committee recommends \$9,309,724,000 for the Head Start program, which is \$141,629,000 more than the fiscal year 2016 enacted level and \$292,000,000 below the fiscal year 2017 budget request. Within the total for Head Start, the Committee recommends a cost-of-living adjustment and includes \$25,000,000 for the Designation Renewal System. Additionally, the Committee recommends \$645,000,000 for Early Head Start (EHS) grants within the total for fiscal year 2017, which is \$10,000,000 more than the fiscal year 2016 enacted level and the same as the budget request.

The Committee supports efforts to strengthen and grow Head Start and Early Head Start and to continue quality improvement through increasing the number of teachers with bachelor's degrees, reforming monitoring systems and implementing recompetition. The Committee includes a \$141,629,000 increase for a cost-of-living adjustment to support and strengthen workforce quality and stability and to assist Head Start programs in meeting rising costs. Of that \$141,629,000, \$10,000,000 is reserved for the Early Head Start expansion and Early Head Start-Child Care Partnership grantees for a cost-of-living adjustment. The Committee is pleased with the efficiencies realized through announcing Birth through Five grants, aligning Early Head Start and Head Start grants together, and encourages ACF to expand this process where possible.

Preschool Development Grants

The Committee recommends \$250,000,000 for Preschool Development Grants, which is the same as the fiscal year 2016 enacted level, and \$100,000,000 below the fiscal year 2017 budget request. This program provides grants to states to build state and local capacity to provide preschool for 4-year-olds from low- and moderate-income families. Research confirms that high-quality preschool improves school readiness and long-term academic success of children by supporting their academic and social-emotional skills. Support for this grant is an important step to building a globally competitive 21st century workforce.

The Every Student Succeeds Act requires the Department of Health and Human Services to work jointly with the Department of Education in the administration of the program. Within 90 days of enactment, the Committee requests a report to be submitted to the House of Representatives Committees on Appropriations and Education and the Workforce outlining the role of each Department in the administration of the program.

Child Abuse Discretionary Activities

Within the funding for Child Abuse Discretionary Activities, the Committee recommends continued funding for the Quality Improvement Center for Research-Based Infant-Toddler Court Teams program. These funds support efforts that bring together the court system, child welfare agencies, health professionals, and community leaders to improve current practices in the child welfare system and make better-informed decisions on behalf of the child.

Native American Programs

The Committee recommends \$53,100,000 for Native American Programs, which is \$3,100,000 more than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. Within the total, the Committee recommendation includes \$12,000,000 for Native American language preservation activities, including the requested \$3,000,000 for the Generation Indigenous initiative focused on improving Native American language instruction across the educational continuum and no less than \$4,000,000 for language immersion programs authorized by section 803C(b)(7)(A)–(C) of the Native American Programs Act, as amended by the Esther Martinez Native American Language Preservation Act of 2006. The Committee strongly encourages the Administration for Children and Families (ACF) to give priority to grantees with rigorous immersion programs.

Community Services

The Committee recommends \$771,333,000 for the Community Services programs, which is \$1,000,000 more than the fiscal year 2016 enacted level and \$78,383,000 more than the fiscal year 2017 budget request.

Community Services Block Grant

The Committee is concerned funds are not reaching local agencies and community residents promptly. The Committee urges ACF to take all necessary action to ensure funds are made available as soon as possible to States and annual allocation amounts are made public as soon as can be accomplished. The Committee further encourages ACF to engage with stakeholders on the requirements, challenges, and implementation of new data collection and Federal reporting initiatives. The Committee requests an update on these efforts.

Community Economic Development Grants

The Committee recommends \$29,883,000 for Community Economic Development (CED) grants. Community Development Corporations (CDCs) use CED grants to lend and invest in private businesses that create jobs for low-income people. Program guide-

lines require that low-income individuals fill at least 75 percent of the jobs created from CED funded projects. The CED program is the only Federal economic development program that requires such targeted job creation. Using CED funds, CDCs have created hundreds of jobs and improved economic opportunity in urban and rural communities across the country. Under CED grants, CDCs provide financial assistance for economic development activities designed to address the economic needs of low-income individuals by creating employment and business development opportunities. CDCs use CED funds with other sources of public and private capital to finance commercial and industrial facilities, small businesses, and mixed use projects. CDCs leverage \$9 in private capital to every \$1 in Federal funds for projects in communities with high poverty and unemployment rates.

Rural Community Facilities

The Committee again rejects the proposed elimination of the Rural Community Facilities program. The Committee recommends \$7,500,000 for the Rural Community Facilities program, which is \$1,000,000 more than the fiscal year 2016 enacted level, and \$7,500,000 more than the fiscal year 2017 budget request. Grantees work with small communities on drinking water and wastewater issues. Rural communities are often unincorporated and therefore ineligible to qualify for financing for the technical assistance, authorized under the Department of Agriculture. In addition, some communities do not have central systems that would make them eligible for technical assistance provided through the Environmental Protection Agency.

Family Violence Prevention and Battered Women's Shelters

The Committee recommends \$151,000,000 for the Family Violence Prevention and Battered Women's Shelters programs, which is \$1,000,000 more than the fiscal year 2016 enacted level and is the same as the fiscal year 2017 budget request. The Family Violence Prevention and Services Act programs provide funding to support the prevention of incidents of family violence, domestic violence, and dating violence, and provide the immediate shelter and supportive services for adult and youth victims (and their dependents).

PROMOTING SAFE AND STABLE FAMILIES

The Committee recommends \$325,000,000 in mandatory funds for the Promoting Safe and Stable Families program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. The Committee also recommends \$79,765,000 in discretionary funds for this program, which is \$20,000,000 more than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. This program enables each State to operate a coordinated program of family preservation services, community-based family support services, time-limited reunification services, and adoption promotion and support services. States receive funds based on their share of children in all States receiving food stamp benefits.

The Committee recommends \$20,000,000 to increase the capacity of tribes to administer child welfare services, as requested in the

fiscal year 2017 budget request. American Indian and Alaska Native children are disproportionately represented at two times their population in state child welfare systems nationally. Among individual state foster care systems they are overrepresented at as much as ten times their population rate. This funding will address this disproportionality by investing in tribal child welfare systems and provide culturally appropriate services to tribal families.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

The Committee recommends \$5,764,000,000 for payments to States for foster care and adoption assistance, which is \$466,000,000 more than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. The Committee also recommends an advance appropriation of \$2,500,000,000 for the first quarter of fiscal year 2018 to ensure timely completion of first quarter grant awards.

Within the total, the Committee recommends \$4,992,000,000 for the Foster Care program, which is \$219,900,000 above the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. This program provides funds to States for foster care maintenance payments for children living in foster care. These funds also reimburse States for administrative costs to manage the program and training for staff and parents.

Within the total, the Committee recommends \$2,780,000,000 for Adoption Assistance, which is \$217,100,000 more than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. This program provides funds to States to subsidize families who adopt children with special needs, such as older children, a member of a minority or sibling group, or children with physical, mental, and emotional disabilities. In addition, the program provides training for adoptive parents and State administrative staff. This annually appropriated entitlement provides alternatives to long, inappropriate stays in foster care by developing permanent placements with families.

Within the total, the Committee recommends \$152,000,000 for the Kinship Guardianship Assistance program, which is \$29,000,000 more than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. This program provides subsidies to a relative taking legal guardianship of a child for whom being returned home or adoption are not appropriate permanency options.

Finally, within the total, the Committee recommends \$140,000,000 for the Independent Living program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program assists foster children age 16 or older to make successful transitions to independence. Funds support a variety of services, including educational assistance, career exploration, vocational training, job placement, life skills training, home management, health services, substance abuse prevention, preventive health activities, and room and board. Each State receives funds based on the number of children on whose behalf the State receives Federal Foster Care Payments.

ADMINISTRATION FOR COMMUNITY LIVING
AGING AND DISABILITY SERVICES PROGRAMS

The Committee recommends a total program level of \$2,003,975,000 for the Administration for Community Living (ACL), which is \$11,425,000 more than the fiscal year 2016 enacted program level and \$17,019,000 below the fiscal year 2017 budget request program level. Of the funds provided, \$22,700,000 shall be transferred from the Prevention and Public Health Fund and \$52,115,000 shall be transferred from the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds. The Committee recommends level funding for the Senior Medicare Patrol Program, which is provided under the Health Care Fraud and Control Abuse Account.

The Committee understands ACL has proposed to expand the administrative capacity of grant programs by shifting funds from grants to support new staff. The Committee recognizes this additional capacity may enhance program oversight and performance. However, the Committee's intent for appropriating these funds is to expand program dollars available for grants, not to expand ACL's administrative capacity. The Committee is concerned about the programmatic impact a shift in funds will have on grantees. The Committee directs ACL to maintain the fiscal year 2015 funding for the grants for all programs, and where there were increases provided in fiscal year 2016, the Committee directs ACL to increase grants by the same amount. The Committee requests additional detail in the fiscal year 2018 budget request under each program for any proposed reduction in the amount for grants, including the amount of the reduction for grants and the increase proposed for administrative staff.

Home and Community-Based Supportive Services

The Committee recommends \$353,049,000 for Home and Community-Based Supportive Services, which is \$5,325,000 more than the fiscal year 2016 enacted level and \$4,675,000 below the fiscal year 2017 budget request. This program provides formula grants to States and territories to fund a wide range of social services that enable seniors to remain independent in their homes for as long as possible.

Preventive Health Services

The Committee recommends \$19,963,000 for Preventive Health Services, which is \$115,000 more than the fiscal year 2016 enacted level and fiscal year 2017 budget request. This program funds activities that help seniors remain healthy and avoid chronic diseases.

Protection of Vulnerable Older Americans

The Committee recommends \$20,823,000 for programs that protect vulnerable older Americans, which is \$165,000 more than the fiscal year 2016 enacted level and fiscal year 2017 budget request. These programs provide grants to States for protection of vulnerable older Americans through the Long-Term Care Ombudsman and Prevention of Elder Abuse and Neglect programs.

Family Caregiver Support Services

The Committee recommends \$150,911,000 for the National Caregiver Support program, which is \$325,000 more than the fiscal year 2016 enacted level and fiscal year 2017 budget request. This program supports a multifaceted support system in each State for family caregivers.

Native American Caregiver Support Services

The Committee recommends \$7,556,000 for the Native American Caregiver Support program, which is \$25,000 more than the fiscal year 2016 enacted level and fiscal year 2017 budget request. 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 disabilities.

Congregate and Home-Delivered Nutrition Services

The Committee recommends \$454,091,000 for Congregate Nutrition Services, which is \$5,749,000 more than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. The Committee further recommends \$234,397,000 for Home-Delivered Meal Services, which is \$8,055,000 more the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. These programs help older Americans remain healthy and independent in their communities by providing meals and related services in a variety of settings (including congregate facilities such as senior centers) and via home-delivery to older adults who are homebound due to illness, disability, or geographic isolation.

Nutrition Services Incentives Program

The Committee recommends \$160,069,000 for the Nutrition Services Incentives Program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This funding augments programs that provide congregate and home-delivered meals to older adults.

Native American Nutrition and Supportive Services

The Committee recommends \$31,208,000 for Native American Nutrition and Supportive Services, which is \$50,000 above the fiscal year 2016 enacted level and fiscal year 2017 budget request. This program provides grants to tribes to promote the delivery of nutrition and home and community-based supportive services to Native American, Alaskan Native, and Native Hawaiian elders.

Aging Network Support Activities

The Committee recommends \$9,961,000 for the Aging Network Support Activities, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program supports activities that expand public understanding of aging and the aging process. The total amount includes \$2,500,000 to help provide supportive services for aging Holocaust survivors living in the United States.

National Alzheimer's Call Center.—Within funding for the Aging Network Support Activities, the Committee continues funding for 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 200 languages, for persons with Alzheimer's disease, their family members and informal caregivers.

Alzheimer's Disease Programs

The Committee recommends \$20,454,000 for Alzheimer's Disease Programs, which is \$954,000 more than the 2016 enacted program level and fiscal year 2017 program level budget request. These programs provide competitive matching grants to a limited number of States to encourage program innovation and coordination of public and private services for people with Alzheimer's disease and their families. The Committee recommends \$10,500,000 from the Prevention and Public Health Fund for the Alzheimer's Disease Initiative—Specialized Supportive Services. The Committee recommends \$5,754,000 for the Alzheimer's Disease Supportive Services Program. The Committee recommends \$4,200,000 from the Prevention and Public Health Fund for the Alzheimer's Disease Outreach Campaign.

Lifespan Respite Care

The Committee recommends \$4,000,000 for Lifespan Respite Care, which is \$640,000 more than the fiscal year 2016 enacted level and \$1,000,000 below the fiscal year 2017 budget request. The program focuses on easing the burdens of caregiving by providing grants to eligible State organizations to improve the quality of, and access to, respite care for family caregivers.

Elder Falls

The Committee recommends \$5,000,000 for the Elder Falls program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. Fall prevention grants support the promotion and dissemination of prevention tools to be delivered in community settings.

Chronic Disease Self-Management Program

The Committee recommends \$8,000,000 for Chronic Disease Self-Management program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program supports grants to States for low-cost, evidence-based prevention models that use state-of-the-art techniques to help those with chronic conditions address issues related to the management of their disease.

Elder Rights Support Activities

The Committee recommends \$11,874,000 for Elder Rights Support Activities, which is the same as the fiscal year 2016 enacted level and \$2,000,000 below the fiscal year 2017 budget request. This program supports efforts that provide information, training, and technical assistance to legal and aging services organizations towards the end of preventing and detecting elder abuse and neglect.

Aging and Disability Resource Centers

The Committee recommends \$6,119,000 for Aging and Disability Resource Centers, which is the same as the fiscal year 2016 en-

acted level and \$2,000,000 below the fiscal year 2017 budget request. These centers provide information, counseling and access for individuals to learn about the services and support options available to seniors and the disabled so they may retain their independence.

State Health Insurance Program

The Committee recommends \$52,115,000 for the State Health Insurance program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program provides accurate and understandable health insurance information to Medicare beneficiaries and their families.

Paralysis Resource Center

The Committee does not recommend specific funding for the Paralysis Resource Center. Other programs administered by ACL can conduct the responsibilities of the Paralysis Resource Center by providing information and referral services to people living with paralysis.

Limb Loss Resource Center

The Committee does not recommend specific funding for the Limb Loss Resource Center. Other programs administered by ACL can conduct the responsibilities of the Limb Loss Resource Center by providing information and referral services to people dealing with limb loss.

Traumatic Brain Injury

The Committee recommends \$9,321,000 for the Traumatic Brain Injury program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. The program provides grants to States for the development of a comprehensive, coordinated family and person-centered service system at the state and community level for individuals who sustain a traumatic brain injury.

Developmental Disabilities State Councils

The Committee recommends \$73,215,000 for State Councils on Developmental Disabilities, which is \$215,000 more than the fiscal year 2016 enacted level and fiscal year 2017 budget request. The State Councils work to develop, improve and expand the system of services and supports for people with developmental disabilities.

Developmental Disabilities Protection and Advocacy

The Committee recommends \$38,949,000 for Developmental Disabilities Protection and Advocacy, which is \$215,000 more than the fiscal year 2016 enacted level and fiscal year 2017 budget request. This formula grant program provides funding to States to establish and maintain protection and advocacy systems to protect the legal rights of persons with developmental disabilities.

Olmstead v. L.C. 527 U.S. 581 (1999).—The Committee notes that the Developmental Disabilities Assistance and Bill of Rights Act of 2000 does not require closure of long-term care facilities for persons unable to care for themselves. The Committee notes that the 1999 U.S. Supreme Court decision in *Olmstead v. L.C.* does not

mandate deinstitutionalization. “We emphasize that nothing in the Americans with Disabilities Act or its implementing regulations condones termination of institutional settings for persons unable to handle or benefit from community settings . . . Nor is there any Federal requirement that community-based treatment be imposed on patients who do not desire it.” *Olmstead v. L.C.* 119 S. Ct. 2176, 2187 (1999). The Committee asks for a report on the current Olmstead enforcement activities within ACL.

Medicaid Licensed Intermediate Care Facilities.—There is a nationwide trend towards deinstitutionalization of patients with intellectual or developmental disabilities in favor of community based settings. The Department is strongly urged to continue to factor the needs and desire of patients, their families, caregivers, and other stakeholders, as well as the need to provide proper settings for care, into its enforcement of the Developmental Disabilities Act. The Committee maintains bill language requiring notification of affected individuals of their legal rights in this regard.

Voting Access for Individuals with Disabilities

The Committee recommends \$5,013,000 for the Voting Access for Individuals with Disabilities program, which is \$50,000 more than the fiscal year 2016 enacted level and fiscal year 2017 budget request. The Voting Access for Individuals with Disabilities program authorized by the Help America Vote Act provides formula grants to ensure full participation in the electoral process for individuals with disabilities, including registering to vote, casting a vote, and accessing polling places.

Developmental Disabilities Projects of National Significance

The Committee recommends \$10,000,000 for Developmental Disabilities Projects of National Significance, which is the same as the 2016 enacted level and the fiscal year 2017 budget request. This program funds grants and contracts that develop new technologies and demonstrate innovative methods to support the independence, productivity, and integration of the disabled into the community.

University Centers for Excellence in Developmental Disabilities

The Committee recommends \$38,869,000 for University Centers for Excellence in Developmental Disabilities (UCEDD), which is \$250,000 more than the fiscal year 2016 enacted level and fiscal year 2017 budget request.

The Committee continues to support the UCEDD network of 67 centers that offer interdisciplinary education, research and public services within a university system or public or non-profit entity associated with a university. The funding provided will allow Centers to assist states to initiate collaborative research, education, training, and service efforts to assist youth with disabilities to successfully transition from school to postsecondary education, and/or integrated employment. The funding will also allow the Centers to continue to address critical and emerging national needs, such as addressing the needs of the rising numbers of individuals on the autism spectrum; demonstrating cost effective long term services and supports for adults with disabilities and those aging with disabilities; supporting returning veterans; and providing technical as-

sistance to strengthen and support the national network of Centers and to disseminate research and best practices nationwide.

Independent Living

The Committee recommends \$102,835,000 for the Independent Living program, of which \$22,993,000 is for the Independent Living State Grants program and \$79,842,000 is for the Centers for Independent Living program. This funding level is \$1,652,000 above the fiscal year 2016 enacted level and fiscal year 2017 budget request. Independent Living programs maximize the leadership, empowerment, independence and productivity of individuals with disabilities.

Muscular Dystrophy.—The Committee is aware that ACL is included in the Muscular Dystrophy Coordinating Committee under the Muscular Dystrophy CARE Act Amendments enacted in September 2014. The Committee supports programs and initiatives focused on the transitions of persons with Duchenne into adulthood. The Committee requests a report on ACL's plans to conduct comprehensive studies focused on demonstrating the cost-effectiveness of independent living programs and supports for persons living with various forms of muscular dystrophy.

National Institute on Disability, Independent Living, and Rehabilitation Research

The Committee recommends \$103,970,000 for the National Institute on Disability, Independent Living, and Rehabilitation Research, which is the same as the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. The National Institute serves to generate knowledge and promote its effective use to enhance the abilities of people with disabilities to perform activities of their choice in the community and to expand society's capacity to provide full opportunities for its citizens with disabilities.

Assistive Technology

The Committee recommends \$34,150,000 for Assistive Technology, which is \$150,000 more than the fiscal year 2016 enacted level and \$2,150,000 more than the fiscal year 2017 budget request. Of this amount, the Committee provides \$2,000,000 for competitive grants to support existing and new alternative financing programs that provide for the purchase of assistive technology (AT) devices. This funding is intended to support the expansion of existing programs and the creation of new programs that allow greater access to affordable financing to help people with disabilities purchase the specialized technologies required to live independently, to succeed at school and work and to otherwise live active and productive lives. Programs that have previously received funding are eligible to compete but must report on how the prior funding has been used, including the number of loans extended and individuals served, funding leveraged, and asset development programs created. The Committee intends for applicants to incorporate credit-building activities into their programs, including financial education and information about other possible funding sources. Successful applicants must emphasize consumer choice and control and build programs that will provide financing for the full array of AT devices and services and ensure that all people, regardless of type

of disability or health condition, age, level of income, and residence have access to the program. Assistive Technology programs maximize the ability of individuals with disabilities of all ages and their family members, guardians, advocates, and authorized representatives to obtain AT devices and AT services.

Program Administration

The Committee recommends \$38,063,000 for Program Administration, which is \$2,000,000 below the fiscal year 2016 enacted level and \$3,000,000 less than the fiscal year 2017 budget request. This funding supports Federal administrative costs associated with administering ACL programs.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

The Committee recommends a program level total of \$423,037,000 for General Departmental Management, which is \$97,800,000 below the fiscal year 2016 enacted level and \$121,853,000 below the fiscal year 2017 budget request. Of the funds provided, \$58,028,000 shall be derived from evaluation set-aside funds available under section 241 of the Public Health Service Act, which is \$6,800,000 below the fiscal year 2016 enacted level and \$8,050,000 below the fiscal year 2017 budget request.

This appropriation supports activities that are associated with the Secretary's roles as policy officer and general manager of the Department of Health and Human Services. The Office of the Secretary also implements administration and Congressional directives, and provides assistance, direction and coordination to the headquarters, regions, and field organizations of the department. In addition, this funding supports the Office of the Surgeon General and several other health promotion and disease prevention activities that are centrally administered. The Committee recommendation does not include funding for the proposed HHS "Idea Lab" or the Digital Services Team.

Abuse Deterrent Opioids.—A recent study indicates that hospitalizations related to opioid abuse and dependence significantly increased from 2002 to 2012, and associated inpatient charges almost quadrupled over the same time period, reaching almost \$15 billion for hospitalizations related to opioid abuse and dependence and more than \$700 million for those related to associated infection in 2012. Considering that Medicaid was the most common primary payer for both types of hospitalizations, the Committee supports actions that Centers for Medicare and Medicaid Services can take to address this challenge in Medicare and Medicaid. Among the strategies to reduce abuse, misuse and diversion of these medications is the availability of Abuse Deterrent Opioids (ADO) approved by the U.S. Food and Drug Administration. The Committee directs HHS to submit a report to the Committee on Appropriations regarding beneficiary access to ADOs and actions that Congress and the Administration can take to reduce barriers.

Administrative and Overhead Costs.—The Committee remains concerned by the amount of funds being spent on administrative costs throughout the Department, and the fact that the Department routinely skims program funds "off the top" of appropriated

line items to support central grants management staff and other indirect costs. Although these costs are capped at approximately 10 percent for most grants and contracts, this practice greatly reduces the resources available to projects in the field. Last year, the Committee directed the Department to include in the annual budget justification for fiscal year 2017, and each year thereafter, the amount and percentage of administrative and overhead costs spent by the Department for each program line item. The Committee notes that this directive was not complied with in the fiscal year 2017 budget submission and reiterates its directive to include this information in fiscal year 2018.

International Public Health Leadership.—The Committee recognizes the importance of U.S. leadership in international health policy discussions and directs the Secretary of the Department of Health and Human Services to ensure that all such policy recommendations are drafted only after a transparent and inclusive public comment process has been established. Furthermore, all policy recommendations should be derived from sound science and well established data and should also include a thorough cost and benefit analysis. Policy recommendations must also take into account the perspectives of all relevant U.S. agencies and must be consistent with U.S. international trade obligations.

Mental Health Inpatient Care.—The Committee understands the critical need for access to mental health services, especially for those suffering from serious mental illness. The Committee believes additional information is needed to determine the best-suited form of assistance that States require to address geographic disparities in access to mental health treatment. Therefore, the Committee directs the Secretary of Health and Human Services to research access to mental health services, especially access to inpatient service for those suffering from serious mental illness, and to research options for assisting State, local, and tribal governments in ensuring equitable access to mental health services. The Secretary should include options that address regions with low numbers of inpatient beds. The Committee directs the Secretary to provide a report within 120 days of enactment of this Act.

Tribal Advisory Committee.—The Committee appreciates the Secretary's Tribal Advisory Committee as a tool to facilitate intergovernmental interaction with the tribal governments. The Committee requests the Secretary use this and the HHS Tribal Consultation process to examine ways to better integrate, prioritize, and streamline grants, contracts, and other funding mechanisms for tribes that support programs such as public health, mental health, and dental care, among others. The review should examine how funds can be better coordinated or provided directly to tribes in a manner that supports the tribal, Federal, and State objectives where all three have an interest. Further, the Committee expects the Secretary to use the review to consider improved methods to prioritize and coordinate funds made available to tribes to meet the objectives of the tribally led health assessments. Finally, the Committee requests the Secretary explore alternative approaches to better maximize the health prevention activities that examine the various HHS-wide programs, mechanisms, and flexibilities in consultation with the Tribal Advisory Committee process.

Quick Health Data Online System.—The Committee directs the Secretary to continue the operation of the Quick Health Data Online System. The ongoing and upgraded version of the data query system should include all variables previously available, and access data from relevant datasets beyond HHS. User-friendly data queries should have the capacity to seek information by sex and by race/ethnicity simultaneously, at the State and county levels.

Office of the Assistant Secretary for Health

Breastfeeding and Medications.—Nearly 4 million women in the United States give birth each year, and 3 million breastfeed their infants. Almost all of those women will take a medication during this time. However, not much is known about the effects of those medications on the woman or baby. The Committee asks the Secretary to create a task force consisting of all HHS agencies—including NIH, FDA and CDC, among others, public stakeholders including healthcare professionals, consumers, and industry representatives to meet several times throughout the year and report to Congress on the following: existing Federal research and programs related to medications during pregnancy and lactation—both public and private; a list of disease states in which pregnant and lactating women may take prescription medications; appropriate research endpoints for clinical trials in pregnancy; and recommendations for future steps in ensuring the safety and efficacy of drugs in pregnancy and lactation, among other appropriate topics.

Embryo Adoption Awareness Campaign.—The Committee recommends \$1,000,000 for the Embryo Adoption Awareness Campaign, the same as the fiscal year 2016 enacted level. The budget request did not include funding for this program. These funds will be used to educate Americans about the existence of frozen human embryos (resulting from in-vitro fertilization), which may be available for donation/adoption to help other couples build their families. The Committee includes bill language permitting these funds also to be used to provide medical and administrative services to individuals adopting embryos, deemed necessary for such adoptions, consistent with the Code of Federal Regulations.

HIV/AIDS in Minority Communities.—The Committee recommendation includes \$53,900,000 for specific program activities to address the high-priority HIV prevention and treatment needs of minority communities, the same as the fiscal year 2016 level and the fiscal year 2017 budget request. These funds are provided to promote an effective, culturally competent and linguistically appropriate public health response to the HIV/AIDS epidemic.

Pulmonary Hypertension (PH).—The Committee is concerned that most PH patients are not diagnosed for many years until the condition has reached a catastrophic stage, which leads to significant disability, greatly increased mortality, and the need for costly and dramatic medical interventions, such as heart-lung transplantation. Considering the availability of effective therapies for early-stage PH, HHS is encouraged to work across agencies and with the patient and professional community to prepare recommendations to improve early diagnosis and treatment of PH.

Sexual Risk Avoidance.—The Committee provides \$20,000,000 in budget authority for sexual risk avoidance programs, which is

\$10,000,000 above the fiscal year 2016 level and \$20,000,000 above the fiscal year 2017 budget request.

In implementing these funds, it is the intent of the Committee that HHS provide substantive and practical technical assistance to grantees so they place meaningful emphasis on Sexual Risk Avoidance (SRA) in all educational messaging to teens. The Committee notes that such technical assistance should be provided in the following venues: during National and regional conferences, webinars and one-on-one conversations with funded projects. The Committee further intends that SRA-credentialed experts consult with grantees and HHS staff with oversight of these programs on methodologies and best practices in SRA for teens. The Committee also encourages all operating divisions at HHS that implement or inform youth programs to consistently implement a public health model that stresses risk avoidance or works to return individuals to a lifestyle without risk, particularly as it relates to sexual risk.

Tick-Borne Diseases.—The Committee directs the Secretary to create a Tick-Borne Diseases Advisory Committee (TBDAC) to enhance interagency coordination and communication and minimize overlap regarding efforts to address tick-borne diseases; identify opportunities to coordinate efforts with other Federal agencies and private organizations addressing such diseases; ensure interagency coordination and communication with constituency groups; ensure that a broad spectrum of scientific viewpoints is represented in public health policy decisions and that information disseminated to the public and physicians is balanced; and advise relevant Federal agencies on priorities related to the Lyme and tick-borne diseases. The Secretary should appoint voting members to the Committee who should represent a diversity of scientific perspectives, and specifically should consist of members of the scientific community, representatives of tick-borne voluntary organizations, health care providers, individuals who have been diagnosed with a tick-borne disease or their family members, and representatives of State and local health departments and/or their organizations. The TBDAC should submit a report to the Committee on Appropriations by September 30, 2017.

Unique Patient Health Identifier.—The Committee is aware that one of the most significant challenges inhibiting the safe and secure electronic exchange of health information is the lack of a consistent patient data matching strategy. With the passage of the HITECH Act, a clear mandate was placed on the Nation's healthcare community to adopt electronic health records and health exchange capability. Although the Committee continues to carry a prohibition against HHS using funds to promulgate or adopt any final standard providing for the assignment of a unique health identifier for an individual until such activity is authorized, the Committee notes that this limitation does not prohibit HHS from examining the issues around patient matching. Accordingly, the Committee encourages the Secretary, acting through the Office of the National Coordinator for Health Information Technology and CMS, to provide technical assistance to private-sector led initiatives to develop a coordinated national strategy that will promote patient safety by accurately identifying patients to their health information.

Office of Minority Health

The Committee provides \$56,670,000 for the Office of Minority Health (OMH), which is the same as the fiscal year 2016 enacted level and the same as the budget request. The OMH works with U.S. Public Health Service agencies and other agencies of the Department to address the health status and quality of life for racial and ethnic minority populations in the United States. OMH develops and implements new policies; partners with States, tribes, and communities through cooperative agreements; supports research, demonstration, and evaluation projects; and disseminates information.

The agreement continues to provide \$2,000,000 for Lupus activities at OMH. The Committee continues to support the OMH National Health Education Lupus Program and its efforts to develop a clinical trial education action plan for lupus and implementation of the action plan. The action plan will focus on developing public-private and community partnerships, evaluate current minority clinical trial education and participation programs, and development of a research plan for creating new clinical trial education models in lupus to inform the development of the broader actionable lupus clinical trial education plan.

The Committee has historically supported OMH cooperative agreements with historically black medical schools. As trusted community partners, these institutions have an extensive history of making contributions to end health disparities. The Committee requests a report on the cooperative agreements with a focus on how these grants enable constructive programmatic activity that benefits the communities and geographic locations of the schools.

The Committee recognizes advancements in the treatment and management of hepatitis and encourages OMH to pursue community collaborations that promote awareness and outreach to improve testing, diagnosis, and treatment.

Office of Women's Health

The Committee includes \$32,140,000 for the Office of Women's Health, the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request.

Faith Based Center

The Committee includes \$1,299,000 for the Faith Based Center, the same as fiscal year 2016 enacted level and \$83,000 below the fiscal year 2017 budget request.

OFFICE OF MEDICARE HEARINGS AND APPEALS

The Committee provides \$107,381,000 for the Office of Medicare Hearings and Appeals (OMHA), which is the same as the fiscal year 2016 enacted level and \$12,619,000 below the fiscal year 2017 budget request. This Office supports hearings at the administrative law judge level, the third level of Medicare claims appeals. The Committee has included language allowing for an additional \$2,000,000 to be transferred from the Office for Civil Rights to OMHA upon certain conditions.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH
INFORMATION TECHNOLOGY

The Committee provides \$65,367,000 for the Office of the National Coordinator for Health Information Technology (ONC), which is \$5,000,000 above the fiscal year 2016 enacted level and \$16,633,000 below the fiscal year 2017 budget request. The budget proposed to fund this entire office from the evaluation tap.

Prescription Drug Monitoring.—The Committee understands that the spread of the prescription drug epidemic throughout the Nation has made the creation, implementation, and use of State Prescription Drug Monitoring Programs (PDMPs) and their ability to operate in concert with Electronic Health Records (EHR) and electronic prescribing (e-prescribing) systems more important than ever. In furthering this goal, the Committee encourages ONC to continue its support for pilot programs to find usability challenges among PDMP, EHR, and e-prescribing systems; develop and award challenge awards to private entities for health information technology innovation; and offer targeted technical assistance to help medical professionals use PDMP, EHR, and e-prescribing systems. The Committee further encourages ONC to collaborate and coordinate its efforts toward creation, implementation, and use of PDMPs with partner agencies such as the Substance Abuse and Mental Health Services Administration within HHS and the Bureau of Justice Assistance within the Department of Justice.

Immunization Information Systems.—The threat of the disease outbreaks and the ongoing work to target outreach to under immunized communities underscores the importance of maintaining robust immunization information systems (IIS). However, despite widespread availability of state and jurisdictional IIS' and their frequent use by pediatric providers, only 32 percent of adults 18 and over have immunization records in an IIS. The Committee encourages ONC to continue pilots to explore ways to increase the usage of IIS by adults.

OFFICE OF INSPECTOR GENERAL

The Committee recommends \$85,000,000 for the Office of Inspector General (OIG), which is \$10,000,000 more than the fiscal year 2016 enacted level and equal to the fiscal year 2017 budget request. In addition, within the Health Care Fraud and Abuse Control (HCFAC) program discretionary appropriations for fiscal year 2017, the Committee provides the OIG with \$67,200,000. Mandatory appropriations for this office also are contained in the HCFAC program and the Health Insurance Portability and Accountability Act of 1996. Total funds provided in this bill and other appropriations are estimated to be \$152,200,000 in fiscal year 2017.

The Department's programs touch the lives of virtually every American, so too does the oversight responsibility of the OIG. The OIG was created to protect the integrity of departmental programs as well as the health and welfare of beneficiaries served by those programs. Through a comprehensive program of audits, investigations, inspections and program evaluations, the OIG attempts to reduce the incidence of fraud, waste, abuse and mismanagement, and to promote economy, efficiency and effectiveness throughout the Department.

The Committee expects the OIG to continue to increase its support for discretionary funded HHS activities within resources provided. The Committee understands the OIG is responsible for more than 300 programs that spend more than \$900 billion. The diversity and complexity of these HHS programs—ranging from health care insurance and clinical research to epidemiology, public health services and education—have increased over the past decade, which increased the importance and challenge of providing oversight. The Committee encourages the OIG's to continue to improve its annual budget request and looks forward to a revised format with more details and performance measures related to discretionary oversight. Further, the Committee expects the OIG to continue its oversight of Affordable Care Act and describe the activity in the fiscal year 2017 work plan.

Within the total provided, the Committee provides sufficient funding for the OIG to monitor HHS compliance with the provision that prohibits the use of Federal funding for lobbying campaigns. The Committee remains concerned that certain HHS operating divisions have skirted the prohibition on using taxpayer funding to lobby State and or local governments. As such, the Committee requests that the OIG monitor grantee activities to ensure that no taxpayer resources are used for lobbying.

Top-25 Unimplemented Recommendations.—The agreement again requests that within 90 days of enactment the OIG provide a revised top-25 unimplemented recommendations report under the same terms and condition as described in the explanatory statement accompanying the Consolidated Appropriations Act of 2014.

Health Reform Oversight.—The Committee appreciates the joint efforts of the OIG to work with the Department of the Treasury Inspector General for Tax Administration on reconciliation of the Advance Premium Tax Credit. The Committee encourages more and broader collaboration on other aspects of health reform and other HHS programs that may touch Treasury jurisdictions to reduce, fraud, overpayments, and enhance government operations.

OFFICE FOR CIVIL RIGHTS

The Committee provides \$38,798,000 for the Office for Civil Rights (OCR), which is the same as the fiscal year 2016 enacted level and \$3,907,000 below the budget request. The OCR is responsible for enforcing civil rights statutes that prohibit discrimination in health and human services programs. OCR implements the civil rights laws through a compliance program designed to generate voluntary compliance among all HHS recipients.

Protected Health Information.—The Committee is concerned about the breadth and consequences of the February 25, 2016 HIPAA guidance regarding access to protected health information (PHI) issued by the Office for Civil Rights in the form of Frequently Asked Questions. In particular, OCR's issuance of the guidance without notice and formal, comment rulemaking newly regulates that covered entities and business associates must use one of three restrictive methods to calculate the reasonable, cost-based fee that they may charge an individual for providing PHI, one of which is an arbitrary "flat fee" option of \$6.50. The guidance also expressly mandates that covered entities and business associates must apply this restrictive calculation scheme not only to an indi-

vidual's requests for personal access to his or her own PHI or an individual's request to direct records to third parties for patient-care and research, but also for commercial uses unrelated to patient care and research. This mandate could result in a significant shift of costs onto patient care for the production of such commercial requests.

The Committee urges that OCR delay the enforcement of the guidance and eliminate, or at the very least modify, the three methods to calculate the reasonable, cost-based fee that may be charged the individual; and clarify that the reasonable, cost-based fee applies only to patient access and patient requests directing transmittal of PHI to third parties for patient care and research.

RETIREMENT PAY AND MEDICAL BENEFITS FOR
COMMISSIONED OFFICERS

The Committee provides for retirement pay and medical benefits of Public Health Service Commissioned Officers, for payments under the Retired Serviceman's Family Protection Plan, and for medical care of dependents and retired personnel. Total costs are estimated to be \$630,408,000 for fiscal year 2017, which is \$44,220,000 above the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

The Committee provides \$1,631,258,000 for the Public Health and Social Services Emergency Fund to support a comprehensive program to prepare for and respond to the health and medical consequences of all public health emergencies, including bioterrorism, and support the cybersecurity efforts of the Department of Health and Human Services. This amount is \$98,300,000 more than the fiscal year 2016 level and \$200,141,000 more than the fiscal year 2017 budget request.

Office of the Assistant Secretary for Preparedness and Response

The Committee provides \$1,494,928,000 for activities administered by the Office of the Assistant Secretary for Preparedness and Response (ASPR). This amount is \$98,300,000 more than the fiscal year 2016 enacted level and \$253,150,000 more than the fiscal year 2017 budget request. ASPR is responsible for coordinating national policies and plans for medical and public health preparedness and for administering a variety of public health preparedness programs, including the National Disaster Medical System, the Hospital Preparedness Cooperative Agreement Grants Program, Project BioShield, and the Office of Biomedical Advanced Research and Development Authority.

Burn Patient Management in Mass Casualty Event.—The Committee directs ASPR to provide a report in the fiscal year 2018 budget request on the current and on-going efforts to improve the logistics of burn patient triage and transfer in the event of a mass casualty event. The Committee understands the ability to maximize efficiency and effectiveness of triage and that subsequent care would be critical to the management of an overwhelming surge in burn patient volume and intensity. Specifically, the report should note the on-going and planned research from across HHS related to treatment and systems capability like the development of a net-

work platform for reporting immediate and surge burn bed availability to match patient acuity or critical providers into the network.

Regional Treatment Centers.—The Committee is aware that HHS has created a regional treatment network for future infectious disease outbreaks through a tier system using Ebola funds. The Committee requests a report on the Department's plans, including funding and timetables, for each tier outlining capabilities for infrastructure, training, and other key parameters such as waste management. HHS should make a public version of the report available on the HHS website.

Biomedical Advanced Research and Development Authority

The Committee provides \$520,000,000 for the Office of Biomedical Advanced Research and Development Authority (BARDA), which is \$8,300,000 more than fiscal year 2016 enacted level and the fiscal year 2017 budget request. In addition, the Committee provides \$600,000,000 for Project BioShield, which is \$90,000,000 more than the fiscal year 2016 enacted level and \$250,000,000 more than the fiscal year 2017 budget request. The funds support acquisitions of medical countermeasures to address Chemical, Biological, Radiological, and Nuclear (CBRN) threats.

The Committee remains committed to ensuring the Nation is adequately prepared against CBRN attacks. Public-private partnerships to develop MCMs is required to successfully prepare and defend the Nation against these threats. The Committee supports the goal of market development where there is little or no commercial market. The funds allow for sustained management and funding of critical priorities, facilitate flexible and rapid response to emerging threats, and prevent the loss of resources from year to year, especially when the country is facing such tight budget constraints while threats persist.

The Committee recommends \$72,000,000 for the ASPR's pandemic influenza program. This funding can support research and development of next generation influenza MCMs, preparedness testing and evaluation, and stockpiling.

Biomedical Advanced Research and Development Authority 90-Day Review.—The Committee recognizes BARDA as a critical link in the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) to enhance the capability of the United States government to develop MCMs for natural and intentional threats to public health. The process relies on inherent Federal capabilities and critical capabilities with private sector partners that are the linchpin to develop needed MCMs, including vaccines, therapeutics, diagnostics, and non-pharmaceutical countermeasures, against a broad array of public health threats, whether natural or intentional in origin. The Committee requests ASPR conduct a comprehensive 90-day review to assess whether: 1) The current structure meets the appropriate capabilities to ensure preparedness; 2) The structure of the capability response platform, such as the Centers for Innovation in Advanced Development and Manufacturing, are appropriate for future advanced technological platforms needs; 3) The current mix of technological capabilities are in place to address potential gaps in the medical countermeasure enterprise and to ensure rapid deployment of medical countermeasures; and 4) BARDA

has the correct measures and indicators in place to assure it leverages the resources of PHEMCE, private sector, and other Federal agencies and can report these indicators on a regular basis to the Secretary and other Federal leaders to provide them with an accurate risk assessment of the ability to respond and known limitations. The report shall include recommendations for policy changes, capability adjustments, and other appropriate actions. The report should be provided to the Committees on Appropriations and appropriate authorizing committees, with a public version to be published on the HHS website within 15 days of being submitted to Congress.

Antibiotic Resistance.—BARDA is directed to work closely with CDC and NIAID on the government-wide antibiotic resistance activity. The Committee requests an update in the fiscal year 2018 budget request on the joint BARDA, NIAID, and CDC goals and measurable objectives to ensure the best leveraging of the funds provided to CDC and NIAID for this effort.

GENERAL PROVISIONS

PREVENTION AND PUBLIC HEALTH FUND

The Committee continues a provision that directs the transfer of the Prevention and Public Health (PPH) Fund. In fiscal year 2017, the level appropriated for the fund is \$931,000,000 after accounting for sequestration. The agreement includes bill language in section 221 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:

Agency	Budget Activity	FY 2017 Committee
ACL	Alzheimer’s Disease Prevention Education and Outreach	\$14,700,000
ACL	Chronic Disease Self-Management	8,000,000
CDC	Breast Feeding Grants (Hospitals Promoting Breastfeeding)	8,000,000
CDC	Diabetes	80,000,000
CDC	Epidemiology and Laboratory Capacity Grants	40,000,000
CDC	Healthcare Associated Infections	12,000,000
CDC	Heart Disease and Stroke Prevention Program	75,500,000
CDC	Million Hearts Program	4,000,000
CDC	Preventive Health and Health Services Block Grants	160,000,000
CDC	Racial and Ethnic Approaches to Community Health	30,000,000
CDC	Section 317 Immunization Grants	337,300,000
CDC	Lead Poisoning Prevention	17,500,000
CDC	Early Care Collaboratives	4,000,000
CDC	Block Grant—Counties with High Potential for Local Zika Transmission	140,000,000

Sec. 201. The Committee continues a provision to limit the amount available for official reception and representation expenses.

Sec. 202. The Committee continues a provision to limit the salary of an individual through an HHS grant or other extramural mechanism to not more than the rate of Executive Level II.

Sec. 203. The Committee continues a provision to prohibit the Secretary from using evaluation set-aside funds until the Committees on Appropriations of the House of Representatives and the Senate receive a report detailing the planned use of such funds.

Sec. 204. The Committee modifies a provision regarding the enacted level for the PHS evaluation set-aside, reducing it to 2.4 percent.

(TRANSFER OF FUNDS)

Sec. 205. The Committee continues a provision permitting the Secretary of HHS to transfer up to one percent of any discretionary funds between appropriations, provided that no appropriation is increased by more than three percent by any such transfer to meet emergency needs. Notification must be provided to the Committees on Appropriations at the program, project, and activity level in advance of any such transfer.

Sec. 206. The Committee continues the 60 day flexibility for National Health Service Corps contract terminations.

Sec. 207. The Committee continues a provision to prohibit the use of Title X funds unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

Sec. 208. The Committee continues a provision stating that no provider of services under Title X shall be exempt from any state law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Sec. 209. The Committee continues a provision related to the Medicare Advantage program.

Sec. 210. The Committee continues a provision prohibiting funds from being used to advocate or promote gun control.

Sec. 211. The Committee continues a provision to allow funding for HHS international HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad to be spent under the State Department Basic Authorities Act of 1956.

Sec. 212. The Committee continues a provision authorizing certain international health activities.

(TRANSFER OF FUNDS)

Sec. 213. The Committee continues a provision to provide the Director of NIH, jointly with the Director of the Office of AIDS Research, the authority to transfer up to three percent of human immunodeficiency virus funds.

(TRANSFER OF FUNDS)

Sec. 214. The Committee continues a provision that makes NIH funds for human immunodeficiency virus research available to the Office of AIDS Research.

Sec. 215. The Committee continues a provision granting authority to the Office of the Director of the NIH to enter directly into transactions in order to implement the NIH Common Fund for medical research and permitting the Director to utilize peer review procedures, as appropriate, to obtain assessments of scientific and technical merit.

Sec. 216. The Committee continues a provision clarifying that funds appropriated to NIH institutes and centers may be used for minor repairs or improvements to their buildings, up to \$3,500,000 per project with a total limit for NIH of \$45,000,000.

(TRANSFER OF FUNDS)

Sec. 217. The Committee continues a provision transferring one percent of the funding made available for National Institutes of Health National Research Service Awards to the Health Resources and Services Administration.

Sec. 218. The Committee continues a provision relating to payments for research organisms.

Sec. 219. The Committee continues the Biomedical Advanced Research and Development Authority ten year contract authority.

Sec. 220. The Committee continues a provision relating to publicly accessible information regarding uses of funds under section 4002 of Public Law 111–148.

(TRANSFER OF FUNDS)

Sec. 221. The Committee continues language directing the spending of the Prevention and Public Health fund.

Sec. 222. The Committee continues language requiring HHS to include certain information concerning the number of full-time Federal employees and contractors working on the Affordable Care Act in the fiscal year 2017 budget request.

Sec. 223. The Committee continues specific report requirements for CMS's marketplaces activities in the fiscal year 2017 budget request.

Sec. 224. The Committee continues certain Congressional notification requirements.

Sec. 225. The Committee continues a provision prohibiting CMS Program Management account from being used to support risk corridor payments.

(RESCISSION)

Sec. 226. The Committee includes a new provision rescinding amounts in the Nonrecurring Expenses Fund.

Sec. 227. The Committee includes a new provision prohibiting funds from being used for patient-centered outcomes research.

Sec. 228. The Committee includes a new provision prohibiting funds from being used for Title X family planning activities.

Sec. 229. The Committee includes a new provision to prevent funding of the Navigator program.

Sec. 230. The Committee includes a new provision requiring HHS to submit an analysis of the impact of section 2713 of the PHS Act on discretionary programs.

(TRANSFER OF FUNDS)

Sec. 231. The Committee includes a new provision creating an Infectious Disease Rapid Response Reserve Fund and specifies the purposes and circumstances under which such fund may be accessed.

TITLE III—DEPARTMENT OF EDUCATION

EDUCATION FOR THE DISADVANTAGED

The Committee recommends \$15,986,790,000 for the Education for the Disadvantaged programs, which is \$30,000,000 below the fiscal year 2016 enacted level and \$57,000,000 below the fiscal year

2017 budget request. Of the total amount available, \$4,897,006,000 is appropriated for fiscal year 2017 for obligation on or after July 1, 2017 and \$11,041,177,000 is appropriated for fiscal year 2017 for obligation on or after October 1, 2017. This appropriation account includes compensatory education programs authorized under title I and subpart 2 of part B of title II of the Elementary and Secondary Education Act of 1965 (ESEA) and section 418A of the Higher Education Act.

Grants to Local Educational Agencies

For fiscal year 2017, the Committee recommends \$15,359,802,000 for Title I grants to Local Educational Agencies (LEAs, or school districts), which is \$450,000,000 above the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. Title I grants provide supplemental education funding for activities that offer extra academic support to help students from low-income families and in high-poverty schools to meet State academic standards.

Of the amounts provided for Title I programs, \$6,909,401,000 is available for Basic Grants to LEAs, which is \$450,000,000 above the fiscal year 2016 enacted level and the fiscal year 2017 budget request. Basic grants are awarded to school districts with at least 10 low-income children who make up more than two percent of the school-age population.

Within the amount for Title I Basic Grants, up to \$3,984,000 is made available to the Secretary of Education on October 1, 2016, to obtain annually-updated LEA-level poverty data from the Bureau of the Census.

The Committee recommends \$1,362,301,000 for Title I Concentration Grants, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. Concentration Grants target funds to school districts in which the number of low-income children exceeds 6,500 or 15 percent of the total school-age population.

The Committee recommends \$3,544,050,000 for Title I Targeted Grants, which is the same as the fiscal year 2016 enacted level and \$225,000,000 below the fiscal year 2017 budget request. Targeted Grants provide higher payments to school districts with high numbers or percentages of low-income students.

The Committee recommends \$3,544,050,000 for Title I Education Finance Incentive Grants (EFIGs), which is the same as the fiscal year 2016 enacted level and \$225,000,000 below the fiscal year 2017 budget request. EFIGs provide payments to States and school districts that incorporate “equity” and “effort” factors to improve the equity of State funding systems.

Title I State Plan.—The Every Student Succeeds Act (ESSA) shifted control over many decisions regarding public K–12 education from the Federal to the State and local level. Despite this clear direction from Congress, the Department is overstepping its bounds in the implementation of the law. For example, the Congressional Research Service issued a report stating that a new Department regulation regarding “supplement not supplant” policy exceeds the underlying statute. The Committee is concerned that the Department may also improperly intervene in the implementation of other areas of the law, such as the review of Title I State plans. The Committee notes that there are specific criteria in ESSA

for denying approval of State plans and that the Department should not take this process as an opportunity to exert undue control over States and school districts.

School Improvement Grants

The Committee recommends no funding for School Improvement Grants, which is \$450,000,000 below the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. The ESSA eliminated the authorization for this program and replaced it with a set-aside within Title I for school improvement activities.

Comprehensive Literacy Development Grants

The Committee recommends \$160,000,000 for Comprehensive Literacy Development Grants, which is \$30,000,000 below the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program makes competitive grants to States to subgrant to school districts and/or early childhood education programs to improve literacy instruction for disadvantaged children.

Innovative Approaches to Literacy

The Committee recommends no funding for Innovative Approaches to Literacy, which is \$27,000,000 below the 2016 enacted level and the fiscal year 2017 budget request. This program was funded in the Fund for the Improvement of Education (FIE) in fiscal year 2016. This program provides competitive grants to support school libraries. The Committee has chosen to focus resources on core formula-based education programs instead of narrowly-focused competitive grants such as this one.

State Agency Programs: Migrant

The Committee recommends \$374,751,000 for the State Agency Program for Migrant Education, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program supports special educational and related services for children of migrant agricultural workers and fishermen, including: (1) supplementary academic education; (2) remedial or compensatory instruction; (3) English for limited English proficient students; (4) testing; (5) guidance counseling; and (6) other activities to promote coordination of services across States for migrant children whose education is interrupted by frequent moves.

State Agency Programs: Neglected and Delinquent

For the State Agency Program for Neglected and Delinquent Children, the Committee recommends \$47,614,000, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This formula grant program supports educational services for children and youth under age 21 in state-run institutions, attending community day programs, and in correctional facilities. A portion of these funds is provided for projects that support the successful re-entry of youth offenders into postsecondary and vocational programs.

Special Programs for Migrant Students

The Committee recommends \$44,623,000 for the Special Programs for Migrant Students, which is the same as the fiscal year

2016 enacted level and the fiscal year 2017 budget request. These programs make grants to colleges, universities, and nonprofit organizations to support educational programs designed for students who are engaged in migrant and other seasonal farm work. The High School Equivalency Program (HEP) recruits migrant students age 16 and over and provides academic and support services to help those students obtain a high school equivalency certificate and subsequently to gain employment or admission to a postsecondary institution or training program. The College Assistance Migrant Program (CAMP) provides tutoring and counseling services to first-year, undergraduate migrant students and assists those students in obtaining student financial aid for their remaining undergraduate years. The Committee recommendation assumes the allocation of funds between HEP and CAMP as proposed by the Administration.

IMPACT AID

The Committee recommends \$1,328,603,000 for Federal Impact Aid programs, which is \$23,000,000 above the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This account supports payments to school districts affected by Federal activities, such as those that educate children whose families are connected with the military or who live on Indian land.

Basic Support Payments

The Committee recommends \$1,191,233,000 for Basic Support Payments to LEAs, which is \$23,000,000 above the fiscal year 2016 enacted level and the fiscal year 2017 budget request. Basic Support Payments compensate school districts for lost tax revenue and are made on behalf of Federally-connected children, such as children of members of the uniformed services who live on Federal property.

Payments for Children with Disabilities

The Committee recommends \$48,316,000 for Payments for Children with Disabilities, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. These payments compensate school districts for the increased costs of serving Federally-connected children with disabilities.

Facilities Maintenance

The Committee recommends \$4,835,000 for Facilities Maintenance, which is the same as the fiscal year 2016 enacted level and \$66,813,000 below the fiscal year 2017 budget request. These capital payments are authorized for maintenance of certain facilities owned by the Department.

Construction

The Committee recommends \$17,406,000 for the Construction program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program provides competitive grants for building and renovating school facilities to school districts that educate Federally-connected students or have Federally-owned land.

Payments for Federal Property

The Committee recommends \$66,813,000 for Payments for Federal Property, which is the same as the fiscal year 2016 enacted level and \$66,813,000 above the fiscal year 2017 budget request. Funds are awarded to school districts to compensate for lost tax revenue as the result of Federal acquisition of real property since 1938.

SCHOOL IMPROVEMENT PROGRAMS

The Committee recommends \$4,799,912,000 for School Improvement Programs, which is \$366,283,000 above the fiscal year 2016 enacted level and \$241,503,000 above the fiscal year 2017 budget request. The School Improvement account includes programs authorized under Titles I, II, IV, VI, and VII of the ESEA; the McKinney-Vento Homeless Assistance Act; Title IV–A of the Civil Rights Act; section 203 of the Educational Technical Assistance Act of 2002; and section 105 of the Compact of Free Association Amendments Act of 2003.

Supporting Effective Instruction State Grants

The Committee recommends \$1,949,830,000 for Supporting Effective Instruction State Grants, which is \$400,000,000 below the fiscal year 2016 enacted level and \$300,170,000 below the fiscal year 2017 budget request. These grants provide States and school districts with a flexible source of funding to strengthen the skills and knowledge of teachers, principals, and administrators to enable them to improve student achievement.

Mathematics and Science Partnerships

The Committee recommends no funding for Mathematics and Science Partnerships, which is \$152,717,000 below the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. The ESSA eliminated the authorization for this program.

Supplemental Education Grants

The Committee recommends \$16,699,000 for Supplemental Education Grants to the Federated States of Micronesia and the Republic of the Marshall Islands, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. The Compact of Free Association Amendments Act of 2003 (P.L. 108–188) authorizes these entities to receive funding for general education assistance. The Committee recommendation includes a consolidated amount for Supplemental Education Grants because the underlying statute determines the allocation between Micronesia and the Marshall Islands.

21st Century Community Learning Centers

The Committee recommends \$1,166,673,000 for 21st Century Community Learning Centers, which is the same as the fiscal year 2016 enacted level and \$166,673,000 above the fiscal year 2017 budget request. This program awards formula grants to States, which in turn distribute funds on a competitive basis to local school districts, nonprofit organizations, and other public entities. Funds

may be used to provide activities that compliment and reinforce the regular school-day program for participating students.

State Assessments

The Committee recommends \$300,000,000 for State Assessments, which is \$78,000,000 below the fiscal year 2016 enacted level and \$103,000,000 below the fiscal year 2017 budget request. Funds are available to develop and implement academic standards and assessments. The program includes a set-aside for audits to identify and eliminate low-quality or duplicative assessments.

Education for Homeless Children and Youth

The Committee recommends \$70,000,000 for the Education for Homeless Children and Youth program, which is the same as the fiscal year 2016 enacted level and \$15,000,000 below the fiscal year 2017 budget request. The Committee recognizes that without an education, these at-risk children and youth are unlikely to obtain the skills they need to become productive adults contributing to the economy and their communities. Grants are allocated to States in proportion to the total each State receives under the Title I program.

Training and Advisory Services

The Committee recommends \$6,575,000 for Training and Advisory Services authorized by Title IV–A of the Civil Rights Act, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. Title IV-A authorizes technical assistance and training services for school districts to address problems associated with desegregation on the basis of race, sex, or national origin. The Department awards three-year grants to regional Equity Assistance Centers (EACs) located in each of the 10 Department of Education regions. The EACs provide services to school districts upon request. Typical activities include disseminating information on successful education practices and legal requirements related to nondiscrimination on the basis of race, sex, and national origin in educational programs.

Education for Native Hawaiians

The Committee recommends \$33,397,000 for the Education for Native Hawaiian program, which is the same as the fiscal year 2016 level and the fiscal year 2017 budget request. Funds are used to provide competitive awards for supplemental education services to the Native Hawaiian population. The Committee does not include bill language allowing these funds to be used for construction.

Alaska Native Education Equity

The Committee recommends \$32,453,000 for the Alaska Native Education Equity program, which is the same as the fiscal year 2016 level and the fiscal year 2017 budget request. Funds are used to provide competitive awards for supplemental education services to the Alaska Native population. The Committee does not include bill language allowing these funds to be used for construction.

Rural Education

The Committee recommends \$175,840,000 for Rural Education programs, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. There are two programs to assist rural school districts with improving teaching and learning in their schools: the Small, Rural Schools Achievement program, which provides funds to rural districts that serve a small number of students; and the Rural and Low-Income Schools program that provides funds to rural districts that serve concentrations of poor students, regardless of the number of students served by the district. Funds appropriated for Rural Education shall be divided equally between these two programs.

Comprehensive Centers

The Committee recommends \$48,445,000 for Comprehensive Centers, which is \$3,000,000 below the fiscal year 2016 enacted level and \$7,000,000 below the fiscal year 2017 budget request. This grant program currently supports 22 comprehensive centers, including 15 regional centers that provide training, technical assistance, and professional development to build State capacity to provide high-quality education to all students. The remaining seven centers specialize in particular content areas. The Committee includes bill language directing the Secretary to ensure that the Bureau of Indian Education (BIE) has access to services provided under this section.

Student Support and Academic Enrichment State Grants

The Committee recommends \$1,000,000,000 for Student Support and Academic Enrichment (SSAE) State Grants, which is \$500,000,000 above the fiscal year 2017 budget request. The ESSA eliminated several narrowly-focused competitive grant programs and replaced them with this new formula grant program. States and school districts have flexibility to focus these resources on locally-determined priorities to provide students with access to a well-rounded education, including rigorous coursework, and to improve school conditions and the use of technology. The Committee does not include bill language proposed in the budget request to allow States to make subgrants to school districts on a competitive basis.

STEM and Computer Science Education.—The Committee notes that funds available under this program may be used by States and school districts to provide or strengthen instruction in STEM fields, including computer science.

Non-Cognitive Factors.—The Committee notes that programs designed to support non-cognitive factors such as critical thinking skills, social skills, work ethic, problem solving, and community responsibility are an eligible use of funds under SSAE grants supporting a well-rounded education.

Needs Assessments.—In conducting a needs assessment for SSAE grants pursuant to section 4106(d), the Committee encourages States to work with school districts in identifying already available and appropriate local data and metrics, which may include incidence and prevalence of the issues and behaviors that are appropriate to be addressed by the program, such as drug use and bullying.

School Counselors.—The Committee recognizes that school-employed counseling professionals play a critical role in addressing barriers to learning and promoting academic success. These professionals guide students through academic, social, emotional and behavioral challenges, as well as the college admission process and career development, preparing them for fulfilling lives as responsible members of their communities. School counseling programs help students make individual choices geared to their unique abilities, interests and goals. The most recent data from the National Center for Education Statistics shows that the current school counselor-to-student ratio is now 1:491, the highest it has been since 1999 even though this kind of guidance is in demand now more than ever. The Committee notes that supporting school counselors is an allowable use of SSAE funds and encourages States and school districts to support school counseling programs.

Physical Education.—The Committee believes that physical education is a foundation for healthy, active lifestyles and an important part of a well-rounded public education. The Department is encouraged to provide guidance to States and school districts on all available funding for physical education under ESSA.

INDIAN EDUCATION

The Committee recommends \$174,939,000 for Indian Education, which is \$31,000,000 above the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. This account supports programs authorized by part A of title VI of the ESEA.

Grants to Local Educational Agencies

The Committee recommends \$100,381,000 for Grants to Local Educational Agencies, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program provides assistance through formula grants to school districts and schools supported or operated by the Bureau of Indian Education. The purpose of this program is to improve elementary and secondary school programs that serve Indian students, including preschool children. Grantees must develop a comprehensive plan and ensure that the programs they carry out will help Indian students reach the same challenging standards that apply to all students. This program supplements the regular school program to help Indian children sharpen their academic skills, bolster their self-confidence, and participate in enrichment activities that would otherwise be unavailable.

Special Programs for Indian Children

The Committee recommends \$67,993,000 for Special Programs for Indian Children, which \$30,000,000 above the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. These programs make competitive awards to improve the quality of education for American Indian students. The program also funds the American Indian Teacher Corps and the American Indian Administrator Corps to recruit and support American Indians as teachers and school administrators.

Within the total, the Committee recommends \$53,452,000 for Native Youth Community Projects, \$30,562,000 above the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget re-

quest. This program makes competitive awards to support culturally-relevant coordinated strategies to improve the college- and career-readiness of Native American youth.

National Activities

The Committee recommends \$6,565,000 for National Activities, which is \$1,000,000 above the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. Funds under this authority support (1) research, evaluation and data collection to provide information about the educational status of Indian students and the effectiveness of Indian education programs; (2) grants to support Native language immersion schools and programs; and (3) grants to tribes for education administrative planning, development, and coordination.

State-Tribal Education Partnership.—The Committee recommends continued funding for the State-Tribal Education Partnership (STEP) program. This program makes grants to tribes to build capacity to assume certain State responsibilities for the administration of ESEA programs. Indian educators have long called for tribal-State-Federal partnerships to involve Indian tribes in educating their students and to improve American Indian education outcomes. STEP programs have, and will continue to, assist State and tribal governments to continue delivering the highest quality education for Indian students.

Language Immersion Program.—Within the total for National Activities, the Committee includes \$1,200,000 for a Native American and Alaska Native Language Immersion Program, the same as the fiscal year 2017 budget request. This program, which was authorized in ESSA, will make grants to maintain and promote the use of Native languages, support Native language education and development, and provide professional development to teachers.

INNOVATION AND IMPROVEMENT

The Committee recommends \$632,938,000 for Innovation and Improvement programs, which is \$548,288,000 below the fiscal year 2016 enacted level and \$778,618,000 below the fiscal year 2017 budget request. This appropriation account includes programs authorized under portions of Titles II and IV of the ESEA.

Education Innovation and Research

The Committee recommends no funding for the Education Innovation and Research program. This amount is \$120,000,000 below the fiscal year 2016 enacted level and \$180,000,000 below the fiscal year 2017 budget request. This program makes competitive grants to support the replication and scaling-up of evidence-based education innovations. Given budget constraints, the Committee has chosen instead to focus resources on core formula grant programs.

Teacher and School Leader Incentive Grants

The Committee recommends \$200,000,000 for the Teacher and School Leader Incentive Grants program, which is \$30,000,000 below the fiscal year 2016 enacted level and \$50,000,000 below the fiscal year 2017 budget request. This program provides grants to States, school districts, and partnerships to develop, implement,

improve, or expand human capital management systems or performance-based compensation systems in schools.

American History and Civics Academies

The Committee recommends \$1,815,000 for American History and Civics Academies, the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program was funded in FIE in fiscal year 2016. This program makes competitive grants to institutions of higher education (IHEs), nonprofit organizations, museums, libraries, and research centers to improve the quality of American history and civics education by providing intensive workshops for teachers and students.

American History and Civics National Activities

The Committee recommends \$6,500,000 for American History and Civics National Activities. This program was authorized in ESSA and was not funded in fiscal year 2016 or included in the fiscal year 2017 budget request. The Committee recognizes the importance of improving the quality of instruction in American history, civics, and geography, particularly for schools in underserved rural and urban communities. In recognition of the fact that no one size fits all in effective education, and that a variety of approaches are required to meet the range of student and community needs, these competitive grants will support multiple grantees in making available a menu of innovative, effective approaches to teaching American history, civics and government, and geography. These validated approaches will be available to schools and school districts for their consideration and voluntary use, based on the approach that best meets the needs of the students and community.

Supporting Effective Educator Development

The Committee recommends \$53,710,000 for the Supporting Effective Educator Development (SEED) grant program, \$46,120,000 below the fiscal year 2016 level and \$46,290,000 below the fiscal year 2017 budget request. This program was funded as a set-aside of the State Grants for Improving Teacher Quality program in fiscal year 2016 and was established as a standalone program in ESSA. SEED provides competitive grants to IHEs, national nonprofit organizations, BIE, and partnerships to support alternative certification and other professional development and enrichment activities for teachers, principals, and other school leaders. Funds are included to support fully continuation costs for grants made in prior years.

School Leader Recruitment and Support

The Committee recommends no funding for School Leader Recruitment and Support, which is \$16,368,000 below the fiscal year 2016 enacted level and \$30,000,000 below the fiscal year 2017 budget request. This program provides competitive grants to improve the recruitment, preparation, and retention of principals and other school leaders. The Committee includes funding for similar activities within other programs, such as Supporting Effective Instruction State Grants and SEED.

Science, Technology, Engineering, and Math (STEM) Master Teacher Corps

The Committee recommends no funding for STEM Master Teacher Corps. The fiscal year 2017 budget request includes \$10,000,000 for this new program that would support State efforts to identify and retain STEM teachers. The Committee has included funding elsewhere in this bill to support teacher preparation and retention.

Teach to Lead

The Committee recommends no funding for Teach to Lead. The fiscal year 2017 budget request includes \$10,000,000 for this new program, which would award one grant to conduct a national competition for teacher-led projects to improve student outcomes. The Committee has chosen to focus resources on programs that give States and school districts the flexibility to make improvements that best suit local needs.

Charter Schools Grants

The Committee recommends \$333,172,000 for Charter Schools Grants, which is the same as the fiscal year 2016 enacted level and \$16,828,000 below the fiscal year 2017 budget request.

In exchange for a commitment to increase student achievement, charter schools are exempt from many statutory and regulatory requirements. The Charter Schools Grants program awards grants to State educational agencies (SEAs) or, if a State's SEA chooses not to participate, to charter school developers to support the development and initial implementation of public charter schools. State Facilities Incentive Grants and Credit Enhancement for Charter School Facilities awards help charter schools obtain adequate school facilities. These programs work in tandem to support the development and operation of charter schools.

The Committee recommends an allocation of funds within this program that aligns with ESSA. In particular, the recommendation increases funds for grants to States and to charter school developers in States that do not receive a State grant, and reduces funds for grants to Charter Management Organizations for replication and expansion of charter school models.

Magnet Schools Assistance

The Committee recommends no funding for the Magnet Schools Assistance program, which is \$96,647,000 below the fiscal year 2016 enacted level and \$115,000,000 below the fiscal year 2017 budget request. This program makes competitive grants to support the establishment and operation of magnet schools that are a part of a court-ordered or Federally-approved voluntary desegregation plan.

Stronger Together

The Committee recommends no funding for Stronger Together grants. The fiscal year 2017 budget request includes \$120,000,000 for this new, unauthorized program that would make competitive grants to support voluntary community efforts to increase socio-economic diversity in schools.

Next Generation High Schools

The Committee recommends no funding for the Next Generation High Schools program. The fiscal year 2017 budget request includes \$80,000,000 for this new activity, which would make grants to school districts for whole school redesign of the high school experience. The Committee has chosen to focus resources on core formula grants instead of new programs.

Computer Science for All Development Grants

The Committee recommends no funding for Computer Science for All Development Grants. The fiscal year 2017 budget request includes \$100,000,000 for this new, unauthorized program that would make competitive grants to States to improve access to and the quality of computer science instruction.

The Committee recognizes the importance of funding K–12 computer science education to enhance American competitiveness. Only about one quarter of all the K–12 schools in the United States offer high-quality computer science instruction that includes programming and coding. Supporting education in the science, technology, engineering, and mathematics (STEM) fields, particularly computer science, will help to ensure that our nation continues to lead in innovation. However, while the Committee believes that computer science instruction helps to prepare and inspire students to pursue further education and careers in technology, it does not believe that a new, competitive Federal grant program is the best way to support this goal. The Committee notes that funds are available elsewhere in the bill, including in the Student Support and Academic Enrichment State Grants program, for States and school districts to support computer science education.

Ready to Learn Programming

The Committee recommends \$25,741,000 for Ready to Learn Programming, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program supports the development and distribution of educational video programming for preschool and elementary school children and their parents, caregivers, and teachers.

Advanced Placement Program

The Committee recommends no funding for the Advanced Placement program, which is \$28,483,000 below the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. The ESSA eliminated the authorization for this program.

Preschool Development Grants

The Committee recommends no funding within the Department of Education for Preschool Development Grants (PDGs), which is \$250,000,000 below the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. This program was funded in FIE in fiscal year 2016. The Committee recommends that this program be funded in the Department of Health and Human Services (HHS), consistent with ESSA and as requested in the fiscal year 2017 budget. The Committee encourages the Department of Education to transition PDGs to HHS in an efficient and timely manner.

Arts in Education

The Committee recommends no funding for Arts in Education, \$27,000,000 below the fiscal year 2016 level and the fiscal year 2017 budget request. This program provides competitive grants to support professional development and the development of instructional materials and programming that integrate the arts into the curricula. States and school districts may use funds from the SSAE grants to support arts education.

Non-Cognitive Skills Initiative

The Committee recommends no funding for the Non-Cognitive Skills Initiative, which is \$3,000,000 below the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. The authorization for this program was eliminated in ESSA.

Javits Gifted and Talented Education

The Committee recommends \$12,000,000 for the Javits Gifted and Talented Education Program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program was funded in FIE in fiscal year 2016. This program makes grants and contracts to States, school districts, and other organizations to support a coordinated program of research, demonstration projects, innovative strategies, and other activities to help schools identify gifted and talented students and meet their special educational needs.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

The Committee recommends \$73,254,000 for Safe Schools and Citizenship Education programs, which is \$171,561,000 below the fiscal year 2016 enacted level and \$154,746,000 below the fiscal year 2017 budget request. This appropriation account includes programs authorized under parts of Title IV of the ESEA.

Promise Neighborhoods

The Committee recommends \$63,254,000 for Promise Neighborhoods, which is \$10,000,000 below the fiscal year 2016 enacted level and \$64,746,000 below the fiscal year 2017 budget request. Promise Neighborhoods supports grants to nonprofit, community-based organizations for the development of comprehensive neighborhood programs designed to combat the effects of poverty and improve educational outcomes for children and youth, from birth through college.

School Safety National Activities

The Committee recommends no funding for School Safety National Activities, which is \$75,000,000 below the fiscal year 2016 enacted level and \$90,000,000 below the fiscal year 2017 budget request. This program includes a variety of competitive grants that aim to increase students' safety and well-being. The Committee instead includes robust funding for SSAE State Grants to expand flexible funding to all States and school districts that can be used for the same activities and purposes.

Elementary and Secondary School Counseling

The Committee recommends no funding for Elementary and Secondary School Counseling, which is \$49,561,000 below the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. The ESSA eliminated the authorization for this program.

Carol M. White Physical Education Program

The Committee recommends no funding for the Carol M. White Physical Education program, which is \$47,000,000 below the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. The ESSA eliminated the authorization for this program.

Full-Service Community Schools

The Committee recommends \$10,000,000 for Full-Service Community Schools, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program was funded in FIE in fiscal year 2016. This program makes competitive grants to support school-based comprehensive services for students, families, and communities.

ENGLISH LANGUAGE ACQUISITION

The Committee recommends \$737,400,000 for the English Language Acquisition program, which is the same as the fiscal year 2016 enacted level and \$63,000,000 below the fiscal year 2017 budget request. Of this amount provided for the 2017-2018 academic year, funds are appropriated for obligation on or after July 1, 2017 and available through September 30, 2018.

This program provides formula grants to States to serve Limited English Proficient (LEP) students. Grants are based on each State's share of the national LEP and recent immigrant student population. Funds under this account also support professional development to increase the pool of teachers prepared to serve LEP students as well as evaluation activities. The bill continues language to calculate all State awards based on a three-year average of data from the American Community Survey.

The Committee recommends no funds for the pilot program on multigenerational approaches that was proposed in the fiscal year 2017 budget request.

SPECIAL EDUCATION

The Committee recommends \$13,406,517,000 for programs authorized under the Individuals with Disabilities Education Act (IDEA) for children with disabilities. This is \$429,659,000 above the fiscal year 2016 enacted level and \$339,659,000 above the fiscal year 2017 budget request. Of the total amount available, \$3,956,259,000 is available for obligation on July 1, 2017, and \$9,283,383,000 is available for obligation on October 1, 2017. These grants help States and localities pay for a free appropriate education for 6.7 million students with disabilities aged 3 through 21 years.

Grants to States

The Committee recommends \$12,412,848,000 for Part B Grants to States, which is \$500,000,000 above the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program provides formula grants to assist States in meeting the costs of providing special education and related services to children with disabilities. States generally transfer most of the funds to LEAs; however, they can reserve some funds for program monitoring, technical assistance, and other related activities. In order to be eligible for funds, States must make free appropriate public education available to all children with disabilities.

The Committee continues to include bill language excluding any amount by which a State's allocation is reduced for failure to meet the maintenance of effort threshold from being used to calculate the State's allocation under section 611(d) of the IDEA in subsequent years. The Committee also continues to include bill language directing the Secretary to distribute any reduction in a State's allocation under said section to all other States based on the formula established under section 611(d), excluding those States that are penalized.

Preschool Grants

The Committee recommends \$368,238,000 for Preschool Grants, which is the same as the fiscal year 2016 enacted level and \$35,000,000 below the budget request. These funds provide additional assistance to States to help them make free, appropriate public education available to children with disabilities ages three through five.

The Committee does not include bill language proposed in the fiscal year 2017 budget request to reserve funds for coordination and early intervention services for children who are otherwise ineligible for IDEA-funded services.

Grants for Infants and Families

The Committee recommends \$458,556,000 for Grants for Infants and Families, which is the same as the fiscal year 2016 enacted level and \$45,000,000 below the fiscal year 2017 budget request. These funds provide additional assistance to States to help them make free, appropriate public education available to children with disabilities from birth through age two.

The Committee does not include bill language proposed in the fiscal year 2017 budget request to reserve funds for demonstration projects for children who are otherwise ineligible for IDEA-funded services.

IDEA National Activities

The Committee recommends \$166,875,000 for the IDEA National Activities program, which is \$70,341,000 below the fiscal year 2016 enacted level and \$80,341,000 below the fiscal year 2017 budget request. The IDEA National Activities programs support State efforts to improve early intervention and education results for children with disabilities.

State Personnel Development.—The Committee recommends \$18,414,000 for State Personnel Development, which is \$23,216,000 below the fiscal year 2016 enacted level and the fiscal year 2017

budget request. This program supports grants to States to assist with improving personnel preparation and professional development related to early intervention and educational and transition services that improve outcomes for students with disabilities. Funds are included to fully support continuation costs for grants made in prior years.

Technical Assistance and Dissemination.—The Committee recommends \$43,088,000 for Technical Assistance and Dissemination, which is \$11,340,000 below the fiscal year 2016 enacted level and \$21,340,000 below the fiscal year 2017 budget request. This program provides funding for technical assistance, demonstration projects, and information dissemination. These funds support efforts by State and local educational agencies, IHEs, and other entities to build State and local capacity to make systemic changes and improve results for children with disabilities. Funds are included to fully support continuation costs for grants made in prior years.

Personnel Preparation.—The Committee recommends \$61,692,000 for Personnel Preparation, which is \$22,008,000 below the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program supports competitive awards to help address State-identified needs for qualified personnel to work with children with disabilities, and to ensure that those personnel have the necessary skills and knowledge to serve children with special needs. Awards focus on addressing the need for leadership and personnel to serve low-incidence populations. Funds are included to fully support continuation costs for grants made in prior years.

Parent Information Centers.—The Committee recommends \$27,411,000 for Parent Information Centers, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. 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. Technical assistance is also provided under this program for developing, assisting, and coordinating centers receiving assistance under this program.

Educational Technology, Media, and Materials.—The Committee recommends \$16,270,000 for Educational Technology, Media, and Materials, which is \$13,777,000 below the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of educational value to children with disabilities. Funds are included to fully support continuation costs for grants made in prior years.

The Committee recognizes the ongoing progress made with the tools and services provided under the Educational Technology, Media and Materials Program that has allowed more than 380,000 students with disabilities free access to more than 325,000 books in multiple digitally accessible formats. The Committee strongly encourages continued effort to expand this program's reach to K-12 students in underserved areas.

REHABILITATION SERVICES

The Committee recommends \$3,534,027,000 for Rehabilitation Services, which is \$4,422,000 above the fiscal year 2016 enacted level and \$7,362,000 below the fiscal year 2017 budget request. The programs in this account are authorized by the Rehabilitation Act of 1973 and the Helen Keller National Center Act.

Vocational Rehabilitation State Grants

The Committee recommends \$3,398,554,000 for Vocational Rehabilitation (VR) State Grants, which is \$6,784,000 above the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request.

This program supports basic vocational rehabilitation services through formula grants to the States. These grants support a wide range of services designed to help persons with physical and mental disabilities prepare for and engage in gainful employment to the extent of their capabilities. Emphasis is placed on providing vocational rehabilitation services to persons with the most significant disabilities. The Committee's recommendation provides the cost-of-living adjustment for Vocational Rehabilitation Grants to States, as authorized.

The Committee does not include bill language allowing Vocational Rehabilitation State grant unmatched funds in excess of any funds requested during the reallotment process to be available for the Promoting Readiness of Minors in Supplemental Security Income program.

Client Assistance State Grants

The Committee recommends \$13,000,000 for Client Assistance State Grants, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. Client Assistance State Grants support services for eligible individuals and applicants of the VR State Grants program, and other programs, projects, and services funded under the Rehabilitation Act. These formula grants are used to help persons with disabilities overcome problems with the service delivery system and improve their understanding of services available to them under the Rehabilitation Act.

Training

The Committee recommends \$27,826,000 for the Training program, which is \$2,362,000 below the fiscal year 2016 enacted level and the fiscal year 2017 budget request. The program supports long-term and short-term training, in-service personnel training, and training of interpreters for deaf persons. Projects in a broad array of disciplines are funded to ensure that skilled personnel are available to serve the vocational needs of persons with disabilities. Funds are included to fully support continuation costs for grants made in prior years.

Demonstration and Training Programs

The Committee recommends \$5,796,000 for Demonstration and Training Programs, which is the same as the fiscal year 2016 enacted level the fiscal year 2017 budget request. These programs authorize competitive grants to public and private organizations to

support demonstrations, direct services, and related activities for persons with disabilities.

Protection and Advocacy of Individual Rights

The Committee recommends \$17,650,000 for Protection and Advocacy of Individual Rights, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. Grants are awarded to entities that have the authority to pursue legal, administrative, and other appropriate remedies to protect and advocate for the rights of persons with disabilities.

Supported Employment State Grants

The Committee recommends \$27,548,000 for Supported Employment State Grants, which is the same as the fiscal year 2016 enacted level and \$3,000,000 below the fiscal year 2017 budget request. These formula grants assist States in developing collaborative programs with public agencies and nonprofit agencies for training and post-employment services leading to supported employment. In supported employment programs, persons with the most significant disabilities are given special supervision and assistance to enable them to work in an integrated setting.

Independent Living Services for Older Individuals Who Are Blind

The Committee recommends \$33,317,000 for Independent Living Services for Older Individuals Who Are Blind, which is the same as the fiscal year 2016 enacted level and \$2,000,000 below the fiscal year 2017 budget request. Funds are distributed to States according to a formula based on the population of individuals who are 55 or older, and provide support for services to persons 55 years old or over whose severe visual impairment makes gainful employment extremely difficult to obtain, but for whom independent living goals are feasible.

Helen Keller National Center

The Committee recommends \$10,336,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. These funds are used for the operation of a national center that provides intensive services for deaf-blind individuals and their families at Sands Point, New York, and a network of ten regional offices that provide referral, counseling, transition services, and technical assistance to service providers.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

The Committee recommends \$216,722,000 for Special Institutions for Persons with Disabilities, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request.

AMERICAN PRINTING HOUSE FOR THE BLIND

The Committee recommends \$25,431,000 for the American Printing House for the Blind, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This funding subsidizes the production of educational materials for legally blind persons enrolled in pre-college programs. The Printing House, which is chartered by the Commonwealth of Kentucky, manufac-

tures and maintains an inventory of educational materials in accessible formats that are distributed free of charge to schools and States based on the number of blind students in each State. The Printing House also conducts research and field activities to inform educators about the availability of materials and how to use them.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

The Committee recommends \$70,016,000 for the National Technical Institute for the Deaf, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. Congress established the National Technical Institute for the Deaf in 1965 to provide a residential facility for postsecondary technical training and education for deaf persons with the purpose of promoting the employment of these individuals. The Institute also conducts applied research and provides training in various aspects of deafness. The Secretary of Education administers these activities through a contract with the Rochester Institute of Technology in Rochester, New York.

GALLAUDET UNIVERSITY

The Committee recommends \$121,275,000 for Gallaudet University, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request.

Gallaudet is a private, non-profit educational institution Federally chartered in 1864 providing elementary, secondary, undergraduate, and continuing education for deaf persons. In addition, the University offers graduate programs in fields related to deafness for deaf and hearing students, conducts research on deafness, and provides public service programs for deaf persons.

CAREER, TECHNICAL, AND ADULT EDUCATION

The Committee recommends \$1,720,686,000 for Career, Technical, and Adult Education programs, which is the same as the fiscal year 2016 enacted level and \$88,000,000 below the fiscal year 2017 budget request. This account includes vocational education programs authorized by the Carl D. Perkins Career and Technical Education Act of 2006 and the Adult Education and Family Literacy Act (AEFLA).

Career and Technical Education: State Grants

The Committee recommends \$1,117,598,000 for Career and Technical Education: State Grants, which is the same as the fiscal year 2016 enacted level and \$75,000,000 below the fiscal year 2017 budget request. Funds are made available for obligation on October 1, 2017.

State Grants support a variety of career and technical education programs developed in accordance with the State plan. The Act focuses Federal resources on institutions with high concentrations of low-income students. The populations assisted by State Grants range from secondary students in pre-vocational courses to adults who need retraining to adapt to changing technological and labor markets. Funding for State Grants will continue support for state-of-the-art career and technical training to approximately 6 million

students in secondary schools and more than 4 million students in community and technical colleges.

The Committee includes no funding for the American Technical Training Fund. The fiscal year 2017 budget request includes \$75,000,000 for this new activity.

National Programs

The Committee recommends \$7,421,000 for National Programs, which is the same as the fiscal year 2016 enacted level and \$2,000,000 below the fiscal year 2017 budget request. This authority supports the conduct and dissemination of research in career and technical education. It also includes support for the National Centers for Research and Dissemination in Career and Technical Education and other discretionary research.

Adult Basic and Literacy Education State Grants

The Committee recommends \$581,955,000 for Adult Basic and Literacy Education State Grants, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. State formula grants, authorized under the AEFLA, support programs to enable all adults to acquire basic literacy skills, to enable those who so desire to complete secondary education, and to make available to adults the means to become more employable, productive, and responsible citizens.

Adult Education National Leadership Activities

The Committee recommends \$13,712,000 for National Leadership Activities, which is the same as the fiscal year 2016 enacted level and \$11,000,000 below the fiscal year 2017 budget request. This program supports applied research, development, dissemination, evaluation, and program improvement efforts to strengthen the quality of adult education services.

STUDENT FINANCIAL ASSISTANCE

The Committee recommends \$22,888,210,000 for Student Financial Assistance programs, which is \$1,310,000,000 below the fiscal year 2016 enacted level and the fiscal year 2017 budget request.

Pell Grants

The Committee recommends \$21,165,352,000 for the Pell Grant program, which is \$1,310,000,000 below the fiscal year 2016 enacted level and the fiscal year 2017 budget request. These funds will support Pell grants to students for the 2017–2018 academic year.

The Pell Grant program costs have come in below estimates for the past few years, resulting in a surplus of funding for the program. Because of this, the Congressional Budget Office estimates that the budget authority provided in this bill is sufficient to maintain the discretionary portion of the maximum Pell Grant award at \$4,860. When combined with the mandatory add-on of \$1,075, this will result in a \$5,935 maximum Pell Grant in the 2017–2018 academic year.

Pell Grants help to ensure access to higher educational opportunities for low- and middle-income students by providing need-based financial assistance. Grants are determined according to a statu-

tory formula, which considers income, assets, household size, and the number of family members in college, among other factors. Pell Grants are the foundation of Federal postsecondary student aid programs.

Federal Supplemental Educational Opportunity Grants

The Committee recommends \$733,130,000 for this program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. Supplemental Educational Opportunity Grants (SEOG) provide funds to postsecondary institutions for need-based grants of up to \$4,000 to undergraduate students, with priority given to students who are Pell-eligible. Approximately 71 percent of dependent recipients have annual family incomes under \$30,000 and nearly 76 percent of independent SEOG recipients have annual family incomes under \$20,000. Institutions must contribute a 25 percent match toward their SEOG allocation.

Federal Work-Study

The Committee recommends \$989,728,000 for the Federal Work-Study program, which is the same as the fiscal year 2016 enacted level and the budget request. Federal Work-Study funds are provided through institutions to students who work part-time. The funds assist with paying for the cost of education. Approximately 3,300 colleges and universities receive funding, according to a statutory formula, and may allocate it for job location and job development centers. Work-study jobs must pay at least the Federal minimum wage and institutions must provide 25 percent of student earnings.

Within the total funding level for the Federal Work-Study program, the Committee recommends \$8,390,000 for the Work Colleges program, which is the same as the fiscal year 2016 enacted level. The Work Colleges program is authorized under section 448 of the HEA and supports institutions that require all resident students to participate in a work-learning program.

STUDENT AID ADMINISTRATION

The Committee recommends \$1,551,854,000 for Student Aid Administration (SAA), which is the same as the fiscal year 2016 enacted level and \$80,136,000 below the fiscal year 2017 budget request. Programs administered under this account include Pell Grants, campus-based programs, Teacher Education Assistance for College and Higher Education grants, and Federal student loan programs.

Salaries and Expenses.—Within the total provided for Student Aid Administration, the Committee recommends \$696,643,000 for salaries and expenses, which is the same as the 2016 enacted level and \$35,709,000 below the fiscal year 2017 budget request.

Loan Servicing Activities.—Within the total provided for SAA, the Committee recommends \$855,211,000 for Loan Servicing Activities, which is the same as the 2016 enacted level and \$44,427,000 below the fiscal year 2017 budget request.

Loan Origination.—The Committee is concerned that the Department has unnecessarily restricted consumer choice by only permitting student and parent loan borrowers to select from among the four Title IV Additional Servicers when choosing a servicer for

their consolidation loans. The Committee directs the Department to permit borrowers to choose from among all 10 Federal student loan servicers. The Committee directs the Department to brief the Committees on Appropriations of the House of Representatives and the Senate within 30 days of enactment of this Act on how it plans to carry out this directive.

Third Party Servicers.—The Committee is concerned that the Department has not provided adequate information to student loan counseling and default management providers impacted by new third-party servicer requirements. Last year, the Department released a Dear Colleague Letter (GEN-15-01) expanding the definition of ‘third-party servicer’ and the reporting requirements for those institutions and providers that manage parts of the financial aid system and provide specialized support services to students. To date, the Department has not issued any guidance, such as an audit guide, that would explain who is a third-party servicer and what is expected of them. The Committee directs the Department to develop and submit to the Committee a plan for how it intends to implement the third-party servicer requirements, including who is a third-party service provider, how the regulations will seek to minimize compliance costs, and how the regulations will refrain from creating unnecessary barriers to helping student and parent borrowers.

Nonprofit Organizations.—With respect to the upcoming procurement for servicing of student loans owned by the Department, the Committee directs the Department to develop and submit to the Committees on Appropriations of the House of Representatives and the Senate a plan under which it will give credit for subcontracting with small businesses, including State-based nonprofit organizations with expertise in assisting borrowers in the repayment of their student loans, that provide value-added services but do not meet the formal definition of a “small business” because they are State or nonprofit entities.

Student Loan Debt.—Total U.S. student loan debt continues to increase, surpassing \$1.2 trillion in 2015. The Committee recognizes that rising student debt is a growing burden for students, borrowers, and the economy overall. The Committee encourages the Department to explore creative solutions to help reduce the burden student debt will impose on the U.S. economy.

Physician Assistant Education Access.—The Committee encourages the Secretary of Education to investigate the impact that lower Federal Direct Unsubsidized Stafford Loan borrowing limits for physician assistant students compared to other health professions have on access to physician assistant education, overall student loan debt upon graduation, and impact on physician assistant employment in underserved and rural communities.

HIGHER EDUCATION

The Committee recommends \$1,976,666,000 for Higher Education programs, which is \$5,519,000 below the fiscal year 2016 enacted level and \$212,534,000 below the fiscal year 2017 budget request.

Strengthening Institutions

The Committee recommends \$86,534,000 for the Part A, Strengthening Institutions program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program provides competitive grants for general operating subsidies to institutions with low average educational and general expenditures per student and significant percentages of low-income students. Funds may be used for faculty and academic program development, management, joint use of libraries and laboratories, acquisition of equipment, and student services.

Strengthening Hispanic-Serving Institutions

The Committee recommends \$107,795,000 for the Hispanic-Serving Institutions program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. The Hispanic-Serving Institutions program provides operating subsidies to schools that serve at least 25 percent Hispanic students. Funds may be used for faculty and academic program development, management, joint use of libraries and laboratories, acquisition of equipment, and student services.

Promoting Postbaccalaureate Opportunities for Hispanic Americans

The Committee recommends \$9,671,000 for the Promoting Postbaccalaureate Opportunities for Hispanic Americans program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program provides expanded postbaccalaureate educational opportunities for the academic attainment of Hispanic and low-income students. In addition, it expands academic offerings and enhances program quality at IHEs educating the majority of Hispanic college students.

Strengthening Historically Black Colleges and Universities

The Committee recommends \$244,694,000 for Strengthening Historically Black Colleges and Universities (HBCUs), which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program provides operating subsidies to accredited, historically black colleges and universities that were established prior to 1964, with the principal mission of educating black Americans. Funds are distributed through a formula grant based on the enrollment of Pell Grant recipients, number of graduates, and the number of graduates entering graduate or professional schools in which blacks are underrepresented.

Strengthening Historically Black Graduate Institutions

The Committee recommends \$63,281,000 for the Strengthening Historically Black Graduate Institutions program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. The program provides five-year grants to 18 post-secondary institutions that are specified in section 326(e)(1) of the Higher Education Act. Funds may be used to build endowments, provide scholarships and fellowships, and to assist students with the enrollment and completion of postbaccalaureate and professional degrees.

Strengthening Predominantly Black Institutions

The Committee recommends \$9,942,000 for the Strengthening Predominantly Black Institutions (PBIs) program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program provides grants to PBIs to increase their capacity to serve the academic needs of students.

Strengthening Asian American and Native American Pacific-Islander-Serving Institutions

The Committee recommends \$3,348,000 for the Asian American Pacific Islander program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program provides grants to undergraduate institutions that have an undergraduate student enrollment of at least 10 percent Asian American or Native American Pacific Islander.

Strengthening Alaska Native and Native Hawaiian-Serving Institutions

The Committee recommends \$13,802,000 for the Strengthening Alaska Native and Native Hawaiian-Serving Institutions program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request, to provide competitive grants to improve capacity to serve Alaska Native and Native Hawaiian students.

Native American-Serving NonTribal Institutions

The Committee recommends \$3,348,000 for the Native American-Serving NonTribal Institutions program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program makes grants to IHEs at which enrollment is at least 10 percent Native American students and that are not Tribally Controlled Colleges or Universities.

Strengthening Tribally Controlled Colleges and Universities

The Committee recommends \$27,599,000 for the Strengthening Tribally Controlled Colleges and Universities (TCCUs) program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program makes grants to TCCUs to increase their capacity to serve the academic needs of students.

International Education and Foreign Language Studies

Domestic Programs.—The Committee recommends \$65,103,000 for the Domestic Programs of the International Education and Foreign Languages Studies (IEFLS) program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. Authorized by title VI of the Higher Education Act, these programs include national resource centers, foreign language and area studies fellowships, undergraduate international studies and foreign language programs, international research and studies projects, business and international education projects, international business education centers, language resource centers, American overseas research centers, and technological innovation and cooperation for foreign information access.

Overseas Programs.—The Committee recommends \$7,061,000 for the Overseas Programs of IEFLS, which is the same as the fiscal year 2016 enacted level and \$4,893,000 above the fiscal year 2017 budget request. Funding for these programs support group projects, faculty research, special bilateral research, and doctoral dissertation research conducted abroad.

HBCU and Minority-Serving Institutions Innovation for Completion Fund

The Committee does not recommend funding for this program. The fiscal year 2017 budget request includes \$30,000,000 for this new activity. The Committee continues to support HBCUs and Minority-Serving Institutions through Aid for Institutional Development, and supports efforts to improve college access and completion at these and other institutions through increased funding for TRIO programs.

Fund for the Improvement of Postsecondary Education

The Committee recommends no funding for the Fund for the Improvement of Postsecondary Education (FIPSE), which is the same as the fiscal year 2016 enacted level and \$100,000,000 below the fiscal year 2017 budget request. The budget request proposes to allocate all FIPSE funds for the First in the World program, which makes competitive grants for the replication and scaling-up of innovations in access to and completion of postsecondary education programs. Instead, the Committee continues to make significant investments in increasing college access and completion throughout the country through TRIO programs.

Postsecondary Programs for Students with Intellectual Disabilities

The Committee recommends \$11,800,000 for Postsecondary Programs for Students with Intellectual Disabilities, which is the same as the fiscal year 2016 level and the fiscal year 2017 budget request. This program supports grants to create model transition programs into higher education for students with intellectual disabilities.

Minority Science and Engineering Improvement

The Committee recommends \$9,648,000 for the Minority Science and Engineering Improvement Program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program awards grants to improve mathematics, science, and engineering programs at institutions serving primarily minority students and to increase the number of minority students who pursue advanced degrees and careers in those fields.

Tribally Controlled Postsecondary Career and Technical Institutions

The Committee recommends \$8,286,000 for this program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program provides competitive grants to tribally controlled postsecondary career and technical institutions to provide career and technical education to Native American students.

Federal TRIO Programs

The Committee recommends \$960,000,000 for TRIO programs, which is \$60,000,000 above the fiscal year 2016 enacted level and the fiscal year 2017 budget request. The TRIO programs provide a variety of outreach and support services to encourage low-income, often first-generation college students to enter and complete college. Discretionary grants of up to four or five years are awarded competitively to IHEs and other nonprofit organizations. At least two-thirds of the eligible participants in TRIO must be low-income, first-generation college students.

The Committee does not include funding for the TRIO demonstration project proposed in the budget request.

The Committee is disappointed with the Department's decision to sharply limit the ability of current TRIO grantees to partake of the increased funding provided in the fiscal year 2016 omnibus. In limiting additional funding only to grantees who agreed to spend the funds for a few narrow purposes dictated by the Department, the Department disregarded Congress' direction to allocate funds to all current grantees. As a result, grantees who could have taken the opportunity to use additional funds to conduct more college tours, provide salary increases for program staff, or make other program enhancements were not able to do so. The Department is directed to allocate fiscal year 2017 TRIO funding such that all current grantees receive an increase in their grant award. The Committee expects the Department to adhere to this direction and not impose additional requirements as a condition for grantees to receive these funds. Additionally, the Department is also directed to increase the number of new grants provided for those programs that will conduct a new competition this year.

Additionally, the Committee directs the Department to announce the grant competitions and award the grants for this program in a timely manner, as well as provide sufficient time for grantees to prepare their applications.

Gaining Early Awareness and Readiness for Undergraduate Programs

The Committee recommends \$344,754,000 for Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP), which is \$22,000,000 above the fiscal year 2016 enacted level and the fiscal year 2017 budget request. GEAR UP provides grants to States and partnerships of low-income middle and high schools, IHEs, and community organizations to target entire grades of students and give them the skills, encouragement, and scholarships to successfully pursue postsecondary education.

The Committee continues bill language allowing the Department to maintain the GEAR UP evaluation set-aside at 1.5 percent to work with the GEAR UP community and grantees to standardize data collection, including through the use of third-party data systems.

The Committee directs the Department to conduct a new grant competition for this program in fiscal year 2017.

Graduate Assistance in Areas of National Need

The Committee recommends no funding for the Graduate Assistance in Areas of National Need program, which is \$29,293,000

below the fiscal year 2016 enacted level and the fiscal year 2017 budget request. The program awards grants to IHEs to provide fellowships to economically disadvantaged students who have demonstrated academic excellence and who are pursuing graduate education in designated areas of national need, such as the sciences, mathematics, engineering, and nursing. This program duplicates the efforts of other Federally funded programs that support fellowships in these disciplines within the Department and other agencies.

Teacher and Principal Pathways

The Committee recommends no funding for Teacher and Principal Pathways. The budget request includes \$125,000,000 for this new activity, which would fund competitive grants to IHEs and nonprofit organizations to create or expand pathways into the teaching profession or into school leadership. There are other funding streams within the Department that support teacher preparation and training.

Teacher Quality Partnership Grants

The Committee recommends no funding for Teacher Quality Partnerships, which is \$43,092,000 below the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request.

Child Care Access Means Parents in School

The Committee recommends no funding for the Child Care Access Means Parents in School program, which is \$15,134,000 below the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program makes competitive grants to colleges and universities to support or establish a campus-based childcare program primarily serving the needs of low-income students enrolled at the institution. Given budget constraints, the Committee chose to reduce investment in narrowly focused grant programs such as this one.

HOWARD UNIVERSITY

The Committee recommends \$221,821,000 for Howard University, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request.

Howard University is a "Research I" university located in the District of Columbia. Howard University provides undergraduate liberal arts, graduate and professional instruction to over 10,000 students from all 50 States.

Within the amount provided, the Committee recommends \$27,325,000 for the Howard University Hospital, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. The hospital serves as a major acute and ambulatory care center for the District of Columbia, and functions as a major teaching facility.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

The Committee recommends \$435,000 for the Federal administration of the College Housing and Academic Facilities Loan program, the Higher Educational Facilities Loans program, and the College Housing Loans program, which is the same as the fiscal

year 2016 enacted level and \$22,000 below the fiscal year 2017 budget request. Previously, these programs helped to ensure that postsecondary institutions were able to make necessary capital improvements to maintain and increase their ability to provide a high-quality education. Since 1994, no new loans have been made, and the Department's role has been to manage the outstanding loans.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING
PROGRAM ACCOUNT

The Committee recommends \$20,484,000 for the HBCU Capital Financing program, which is the same as the fiscal year 2016 enacted level and \$15,000 below the fiscal year 2017 budget request. Funds are available through September 30, 2017. This program is authorized under part D of Title III of the HEA and makes capital available for repair and renovation of facilities at historically black colleges and universities. In exceptional circumstances, capital provided under the program can be used for construction or acquisition of facilities.

Within the total provided for this program, the Committee recommendation includes \$334,000 for the administrative expenses to carry out this program and \$20,150,000 for loan subsidy costs that will be sufficient to guarantee up to \$282,213,000 in new loans in fiscal year 2017. Funds will also be used to continue technical assistance services to help HBCUs improve their financial stability and access to capital markets.

INSTITUTE OF EDUCATION SCIENCES

The Committee recommends \$536,049,000 for the Institute of Education Sciences, which is \$81,966,000 below the fiscal year 2016 enacted level and \$157,769,000 below the fiscal year 2017 budget request. This account supports education research, statistics, dissemination, evaluation, and assessment activities.

Research, Development, and Dissemination

The Committee recommends \$154,473,000 for Research, Development, and Dissemination, which is \$40,527,000 below the fiscal year 2016 enacted level and \$54,800,000 below the fiscal year 2017 budget request. This budget account supports research, development, and national dissemination 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. Funds are included to fully support continuation costs for grants made in prior years.

Statistics

The Committee recommends \$103,060,000 for the activities of the National Center for Education Statistics (NCES), which is \$8,940,000 below the fiscal year 2016 enacted level and \$22,300,000 below the fiscal year 2017 budget request. Statistics activities are authorized under title I of the Education Sciences Reform Act of 2002. The Center collects, analyzes, and reports statistics on all levels of education in the United States. Activities are carried out directly and through grants and contracts and include projections of enrollments, teacher supply and demand, and edu-

cational expenditures. NCES also provides technical assistance to State and local educational agencies and postsecondary institutions.

Regional Educational Laboratories

The Committee recommends \$54,423,000 for Regional Educational Laboratories, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program support a network of ten laboratories that promote the use and development of knowledge and evidence to increase student learning and further school improvement efforts. Funds are included to fully support continuation costs for grants made in prior years.

Research in Special Education

The Committee recommends \$49,300,000 for Research in Special Education, which is \$4,700,000 below the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program supports competitive awards to produce and advance the use of knowledge to improve services and results for children with disabilities. The program focuses on producing new knowledge, integrating research and practice, and improving the use of knowledge.

Special Education Studies and Evaluations

The Committee recommends \$10,818,000 for Special Education Studies and Evaluations, which is the same as the fiscal year 2016 enacted level and \$2,182,000 below the fiscal year 2017 budget request. This program awards competitive grants, contracts and cooperative agreements to assess the implementation of the IDEA and the effectiveness of State and local efforts to provide special education and early intervention programs and services to infants, toddlers, and children with disabilities. Funds are included to fully support continuation costs for grants made in prior years.

Statewide Data Systems

The Committee recommends \$27,230,000 for Statewide Data Systems, which is \$7,309,000 below the fiscal year 2016 enacted level and \$53,787,000 below the fiscal year 2017 budget request. Competitive grants under this authority are made to SEAs to help them manage, analyze, disaggregate and use student data consistent with the ESEA.

Assessment

The Committee recommends \$136,745,000 for Assessment, which is \$20,490,000 below the fiscal year 2016 enacted level and \$20,000,000 below the fiscal year 2017 budget request. This amount includes \$7,745,000 for the National Assessment Governing Board (NAGB), which is \$490,000 below the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request.

The National Assessment of Educational Progress (NAEP) is the only nationally representative and continuing survey of educational ability and achievement of American students. The primary goal of the Assessment is to determine and report the status and trends of the knowledge and skills of students, subject by subject. Subject areas assessed in the past have included reading, writing, mathematics, science, and history, as well as citizenship, literature, art,

and music. The NAEP is operated by contractors through competitive awards made by the NCEES. The NAGB formulates the policy guidelines for the program.

DEPARTMENTAL MANAGEMENT

The Committee recommends \$591,256,000 for Departmental Management, which is \$7,000,000 below the fiscal year 2016 enacted level and \$83,220,000 below the fiscal year 2017 budget request. These activities are authorized by the Department of Education Organization Act (P.L. 96–88) and include costs associated with the management and operation of the Department as well as separate costs associated with the Office for Civil Rights and the Office of Inspector General.

Program Administration

The Committee recommends \$432,000,000 for Program Administration, which is the same as the fiscal year 2016 enacted level and \$42,827,000 below the fiscal year 2017 budget request. These funds support the staff and other costs of administering programs and activities at the Department. Items include personnel compensation, health, retirement, and other benefits as well as travel, rent, telephones, utilities, postage fees, data processing, printing, equipment, supplies, technology training, consultants, and other contractual services. Within the total, the Committee includes \$1,000,000 for building modernization.

Free Speech Zones.—The Committee is concerned about the proliferation of colleges and universities that are limiting protests, speeches, distribution of literature, petitions, and other expressive activities to “free speech zones”. The Committee notes that the outdoor areas of campuses of public IHEs are traditional public forums. The Committee therefore believes that public IHEs may maintain and enforce reasonable time, place, and manner restrictions in service of a significant institutional interest only when such restrictions employ clear, published, content- and viewpoint-neutral criteria and provide for ample alternative means of expression. Any such restrictions must allow for members of the university community to spontaneously and contemporaneously distribute literature and assemble.

Campus Religious Organizations and Nondiscrimination Policies on Campus.—Many colleges and universities have nondiscrimination policies that prohibit student groups from discriminating on the basis of gender, sexual orientation, or race, among other factors. Often these policies also prohibit discrimination in who organizations may consider for leadership positions. However, many IHEs are misusing these nondiscrimination policies in a way that has a chilling effect on religious organizations. Specifically, some institutions are barring religious student groups that require candidates for leadership positions to adhere to the same faith as the organization. This is clearly not an example of the type of behavior that these policies are intended to stop. Many institutions make exceptions to their nondiscrimination policies for fraternities and sororities, which are exclusive to men and women respectively, and they can make an exception for religious organizations as well if they choose. The Department is encouraged to offer guidance to

academic institutions that they should allow religious organizations to choose leadership based on faith.

Educational Materials on Human Trafficking.—The Committee encourages the Department to develop educational materials regarding all forms of human trafficking, including sex and labor trafficking, to ensure that educators are aware of how to identify and treat all types of trafficking, and to undertake a study to examine the appropriate role of educators and the education system in preventing, identifying, and supporting child trafficking victims.

Illegal Immigration.—The Department is directed to expeditiously provide a report of its official findings regarding the significant healthcare and education costs to State and local communities resulting from illegal immigration. The Committee is concerned about the lack of response from last year’s inquiry regarding this specific matter and urges the Office of the Secretary to provide timely and informative assistance upon request. The Committee directs the Department to provide all available Federal resources to assist State and local governments with these increased costs that are a direct result of Federal law or policy. The Committee directs the Department, in conjunction with the Office of Refugee Resettlement, to report to the House Appropriations Committees on Labor, Health and Human Services, the Committee on Commerce, Justice, Science and the Committee on Homeland Security within 90 days of passage of this Act on the costs borne by local, State, and Federal governments for providing health and education services to people in the United States without a legal immigration status in fiscal years 2014–2016, and a projected cost for fiscal years 2017 through 2021. The report shall also include an accounting of what Federal resources have been directed, and what Federal resources will be directed, in each year to cover these added expenses.

Funding Review.—The Committee is concerned about any use of Federal funds to support activities that are in conflict with Congress’s support for the security of Israel. As such, the Committee encourages the Department of Education to take measures to ensure that none of the funds provided within this bill be used to facilitate or support any activities or policies, written or oral, that prohibit interaction with particular academic persons or institutions from a particular country due to an association that the person or institution has with that country.

OFFICE FOR CIVIL RIGHTS

The Committee recommends \$100,000,000 for the Office for Civil Rights, which is \$7,000,000 below the fiscal year 2016 enacted level and \$37,708,000 below the fiscal year 2017 budget request. The Office for Civil Rights is responsible for enforcing laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions that receive funds from the Department. These laws extend to 50 State educational agencies, 18,200 LEAs, and nearly 7,200 IHEs, including proprietary schools. They also extend to 80 State rehabilitation agencies, libraries, museums, and other institutions receiving Federal funds.

The Committee is deeply concerned segregation in public elementary and secondary schools and its well documented adverse impact on children. For example, a recent report from the Government Accountability Office indicates that a high percentage of Black and

Hispanic students are racially and economically concentrated in public elementary and secondary schools. Specifically, 65 percent of all high poverty schools are populated by at least 75 percent of students of color. Therefore, the Committee requests that the Secretary of Education, in coordination with the Office of Civil Rights, not later than 6 months after the date of enactment of this Act, submit to Congress a report detailing recommendations on how to address the adverse impacts of segregation, including designating school monitors under title VI of the Civil Rights Act of 1964, to ensure that every student has the opportunity for an equal education.

OFFICE OF INSPECTOR GENERAL

The Committee recommends \$59,256,000 for the Office of Inspector General, which is the same as the fiscal year 2016 enacted level and \$2,685,000 below the fiscal year 2017 budget request. This Office has authority to inquire into all program and administrative activities of the Department as well as into related activities of grant and contract recipients. It conducts audits and investigations to determine compliance with applicable laws and regulations, to check alleged fraud and abuse, efficiency of operations, and effectiveness of results.

GENERAL PROVISIONS

Sec. 301. The Committee continues a provision that prohibits funds in this act from being used for the transportation of students or teachers in order to overcome racial imbalances or to carry out a plan of racial desegregation.

Sec. 302. The Committee continues a provision that prohibits funds in this act from being used to require the transportation of any student to a school other than the school which is nearest the student's home in order to comply with Title VI of the Civil Rights Act of 1964.

Sec. 303. The Committee continues a provision that prohibits funds in this act from being used to prevent the implementation of programs of voluntary prayer and meditation in public schools.

(TRANSFER OF FUNDS)

Sec. 304. The Committee continues a provision providing the Secretary of Education with the authority to transfer up to one percent of discretionary funds between appropriations, provided that no appropriation is increased by more than three percent by any such transfer. This transfer authority is available only to meet emergency needs, and may not be used to create any new program or fund a project or activity that is not otherwise funded in this act. All transfers are subject to notification to the Committees on Appropriations of the House of Representatives and the Senate.

Sec. 305. The Committee continues to include a provision that permits Palau to continue participating in Department of Education and other programs pending formal ratification of a new compact agreement.

Sec. 306. The Committee amends a provision allowing ESEA funds consolidated for evaluation purposes to be available from July 1, 2017 through September 30, 2018.

Sec. 307. The Committee includes a provision allowing certain institutions to continue to use endowment income for student scholarships.

Sec. 308. The Committee continues to include a provision extending the authorization of the National Advisory Committee on Institutional Quality and Integrity.

Sec. 309. The Committee continues to include a provision extending the authority to provide account maintenance fees to guaranty agencies for Federal student loans.

Sec. 310. The Committee includes a provision that prohibits the Department from moving forward with regulations that would define “gainful employment” and “credit hour”, dictate how States must authorize or license IHEs within the State, and regulate teacher preparation programs.

Sec. 311. The bill includes language prohibiting funds from being used to implement on a retrospective basis the Dear Colleague Letter dated July 10, 2015 (GEN 15–14) regarding the imposition of collection costs by guaranty agencies upon certain defaulted borrowers.

Sec. 312. The Committee includes a provision renaming various offices in the Department, as proposed in the budget request.

Sec. 313. The Committee includes language prohibiting funds from being used to withhold Federal financial assistance to public education institutions subject to the May 13, 2016 Dear Colleague Letter published by the Departments of Education and Justice until an appropriate court determines violations have occurred.

TITLE IV—RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

SALARIES AND EXPENSES

The Committee recommends \$8,597,000 for the Committee for Purchase From People Who Are Blind or Severely Disabled, which is \$2,406,000 more than the fiscal year 2016 enacted level and \$2,015,000 below the fiscal year 2017 budget request. The Committee believes greater oversight is necessary to ensure the program is operating in accordance with statutory requirements that blind or other severely disabled individuals provide at least 75 percent of hours or direct labor required for the production or provision of the products or services to Federal government agencies. To provide the AbilityOne Commission with greater oversight capacity, the Committee continues bill language requiring AbilityOne to enter into contracts with central nonprofit agencies. This will enable AbilityOne to increase auditing, oversight and reporting functions in accordance with standard Federal procurement policies.

Committee For Purchase From People Who Are Blind or Severely Disabled—Requested Reports.—The Committee for Purchase From People Who Are Blind or Severely Disabled shall submit in an electronic format quarterly reports, due at the end of each calendar month after the end of the fiscal year quarter, to the Committees on Oversight and Government Reform and Education and the Workforce of the House of Representatives, Committees on Homeland Security and Governmental Affairs and Health, Education,

Labor, and Pensions of the Senate, and Committees on Appropriations of the House of Representatives and the Senate. The first report (Report 1) will include information on CNA Fees. The report shall include the following:

1. Each fee charged pursuant to section 51—3.5 of title 41, Code of Federal Regulations
2. Each organization charged a fee pursuant to section 51—3.5 of title 41, Code of Federal Regulations
3. For each fee charged, for each Government order, please include the following information:
 - a. name of the nonprofit agency,
 - b. description of product or service ordered,
 - c. ordering government agency,
 - d. order price (total),
 - e. contract award ID associated with any order, where applicable,
 - f. a subtotal row for fees and amounts under 3.d., and
 - g. cumulative totals for the fiscal year.

The second report (Report 2) will include information on CNA Expenditures. Each CNA designated pursuant to section 8503(c) of title 41, United States Code shall submit, in an electronic format, a report on expenditures, due at the end of each calendar month after the end of the fiscal year quarter, to the Committees on Oversight and Government Reform and Education and the Workforce of the House of Representatives, Committees on Homeland Security and Governmental Affairs and Health, Education, Labor, and Pensions of the Senate, and Committees on Appropriations of the House of Representatives and the Senate. The report shall include the total amount obligated by the CNA in the previous quarter for each of the following:

1. Employee salaries (total), including executive salaries,
2. Employee benefits, including executive benefits,
3. Executive salaries,
4. Executive benefits,
5. Total travel expenses,
6. Executive travel,
7. Lobbying,
8. Advertising and promotion,
9. CNA reserve level,
10. Funds spent to support the efforts of the Committee For Purchase From People Who Are Blind or Severely Disabled, including a description of the activities, services, and products supplied to the Committee For Purchase From People Who Are Blind or Severely Disabled, and
11. Cumulative totals for the fiscal year and the total amount for all spending under items 1–10.

Office of Inspector General.—The Committee recommends no less than \$1,000,000 for the Office of Inspector General.

ADMINISTRATIVE PROVISION

Sec. 401. The Committee continues bill language requesting quarterly reports.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE
 OPERATING EXPENSES

The Committee recommends \$787,929,000 to the Corporation for National and Community Service (Corporation) to carry out activities authorized under the Domestic Volunteer Service Act of 1973 and the National and Community Service Act of 1990. This funding level is the same as the fiscal year 2016 enacted level and \$6,679,000 below the fiscal year 2017 budget request.

Volunteers in Service to America (VISTA)

The Committee recommends \$92,364,000 for VISTA, the same as the fiscal year 2016 enacted level and \$3,516,000 below the fiscal year 2017 budget request. This program provides capacity building for small, community-based organizations 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, the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. Senior Corps is 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. The breakout of funding by program is as follows:

National Senior Volunteer Corps	FY 2017 Committee
Foster Grandparents Program	\$107,702,000
Senior Companion Program	45,512,000
Retired Senior Volunteer Program	48,903,000

AmeriCorps State and National Grants

The Committee recommends \$386,010,000 for AmeriCorps State and National Grants, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program provides funds to local and national organizations and agencies to address community needs in education, public safety, health, and the environment. Within the amount provided, the Committee expects the Corporation to maintain funding for competitive grants at the fiscal year 2015 level.

The Committee is very concerned about the lack of oversight within the Corporation that allowed an AmeriCorps subgrantee to participate in activities prohibited by the Serve America Act for years. The Committee appreciates the Corporation’s prompt efforts to refer the issue to the Office of Inspector General, suspend the subgrantee’s activities, and review other current AmeriCorps grantees to identify whether any other prohibited activities occurred. However, further reforms and improvements are necessary to prevent such violations from happening among AmeriCorps and other grantees in the future. The Committee is encouraged by the Corporation’s decision to hire a Chief Risk Officer and expects that the Corporation will provide sufficient resources and authority to this

office to enable it to make a meaningful contribution to improving grant oversight. Additionally, the Committee looks forward to reviewing the findings and recommendations of the forthcoming GAO study of the Corporation's grant oversight practices and expects that the Corporation will take these recommendations seriously and incorporate them as appropriate into the agency's improvement plan. Within 90 days of enactment, the Corporation is directed to brief the Committees on Appropriations of the House of Representatives and the Senate on the steps it will take to improve its risk-based oversight of grantees.

Innovation, Assistance, and Other Activities

The Committee recommends \$57,400,000 for this program, which is the same as the fiscal year 2016 enacted level and \$201,000 below the fiscal year 2017 budget request. Within this total, \$50,000,000 is included for the Social Innovation Fund and \$3,800,000 is included for the Volunteer Generation Fund.

Evaluation

The Committee recommends \$4,000,000 for this program, which is the same as the fiscal year 2016 enacted level and \$2,000,000 below the fiscal year 2017 budget request. These funds support research on program effectiveness.

National Civilian Community Corps

The Committee recommends \$30,000,000 for this program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program supports residential, team-based service opportunities for individuals aged 18–24.

State Commission Administrative Grants

The Committee recommends \$16,038,000 for this program, which is the same as the fiscal year 2016 enacted level and \$962,000 below the fiscal year 2017 budget request. Funds are used for formula grants to support State oversight of service programs.

PAYMENT TO THE NATIONAL SERVICE TRUST

The Committee recommends \$205,792,000 for payments to the National Service Trust, \$14,208,000 below the fiscal year 2016 enacted level and \$1,050,000 below the fiscal year 2017 budget request. The National Service Trust makes payments for 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 the Corporation.

SALARIES AND EXPENSES

The Committee recommends \$81,737,000 for Salaries and Expenses, the same as the fiscal year 2016 enacted level and \$7,593,000 below the fiscal year 2017 budget request. The Committee expects the Corporation to provide sufficient resources to the newly-created Office of the Chief Risk Officer to strengthen the Corporation's oversight of its grant portfolio.

OFFICE OF INSPECTOR GENERAL

The Committee recommends \$6,300,000 for the Office of Inspector General, \$1,050,000 above the fiscal year 2016 enacted level and \$200,000 above the fiscal year 2017 budget request.

ADMINISTRATIVE PROVISIONS

Sec. 402. The Committee continues bill language that combines separate matching requirements for AmeriCorps grants.

Sec. 403. The Committee continues bill language related to National Service Trust minimum share requirements.

Sec. 404. The Committee continues bill language related to donations.

Sec. 405. The Committee continues bill language related to veterans.

Sec. 406. The Committee continues bill language related to criminal history background checks.

CORPORATION FOR PUBLIC BROADCASTING

The Committee recommends \$445,000,000 for the Corporation for Public Broadcasting in fiscal year 2019. This appropriation will fund content development, community services, and other local station and system needs for the Corporation for Public Broadcasting. In addition, the Committee recommends \$10,000,000 for the public broadcasting interconnection system, which is \$30,000,000 below the fiscal year 2016 enacted level and \$40,000,000 below the fiscal year 2017 budget request.

According to the Public Broadcasting Act, one of the greatest priorities of public broadcasting is to address “the needs of unserved and underserved audiences, particularly children and minorities.” Programming that reflects the histories and perspectives of diverse racial and ethnic communities is a core value and responsibility of public broadcasting, therefore the Committee supports continued investment in the National Minority Consortia to help accomplish this goal.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

The Committee recommends \$46,488,000 for the Federal Mediation and Conciliation Service, which is \$2,260,000 less than the fiscal year 2016 enacted level and \$4,250,000 less than the fiscal year 2017 budget request.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

The Committee recommends \$17,184,000 for the Federal Mine Safety and Health Review Commission, which is \$99,000 more than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request.

INSTITUTE FOR MUSEUM AND LIBRARY SERVICES
OFFICE OF MUSEUM AND LIBRARY SERVICES: GRANTS AND
ADMINISTRATION

The Committee recommends \$230,000,000 for the Institute of Museum and Library Services (IMLS), which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. Within the total for IMLS, the Committee recommends the following amounts:

Budget Activity	This Bill	This Bill compared to—	
		FY 2016	FY 2017 Budget Request
Library Services Technology Act:			
Grants to States	\$155,863,000	74,000	1,015,000
Native American Library Services	4,063,000	0	202,000
National Leadership: Libraries	13,092,000	0	– 628,000
Laura Bush 21st Century Librarian	10,000,000	0	– 0
Museum Services Act:			
Museums for America	21,149,000	0	– 949,000
21st Century Museum Professionals	0	0	0
Conservation Project Support	0	0	0
Native American/Hawaiian Museum Services	972,000	0	48,000
National Leadership: Museums	7,741,000	0	– 1,379,000
African American History and Culture Act:			
Museum Grants for African American History and Culture	1,407,000	– 74,000	0
Museum and Library Services Act General Provisions:			
Research, Analysis and Data Collection	1,713,000	0	– 207,000
Program Administration	14,000,000	0	0

Library Services and Technology

The Grants to State Library Agencies program provides funds to State Library Administrative Agencies using a population-based formula.

Program Administration

The Committee recommends \$14,000,000 for Program Administration, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. These funds provide administrative and management support for all programs administered by IMLS. Funds are included for office relocation and renovation. The Committee also includes \$1,713,000 for IMLS' activities in policy, research, and data collection, including functions formerly conducted by the National Commission on Libraries and Information Science.

MEDICARE PAYMENT ADVISORY COMMISSION

SALARIES AND EXPENSES

The Committee recommends \$12,000,000 for the Medicare Payment Advisory Commission, which is \$75,000 more than the fiscal year 2016 enacted level and \$234,000 less than the fiscal year 2017 budget request.

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

The Committee provides \$7,000,000 for the Medicaid & CHIP Payment and Access Commission, which is \$765,000 less than the fiscal year 2016 enacted level and \$1,700,000 below the fiscal year 2017 budget request.

Medicaid and CHIP Payment and Access Commission (MACPAC).—The Committee appreciates that MACPAC has provided recommendations to Congress on issues intended to improve Medicaid and the Children’s Health Insurance Program (CHIP). However, in a period of program growth and change, the Committee notes that many of MACPAC’s recommendations could increase program costs, but do not include recommendations for offsetting such costs. As such, the Committee requests that future recommendations that would increase costs for Medicaid or CHIP be accompanied by specific recommendations for legislative changes that are estimated to produce changes in health-care related budget authority, outlays, or revenues to offset the increased costs.

NATIONAL COUNCIL ON DISABILITY

SALARIES AND EXPENSES

The Committee recommends \$3,250,000 for the National Council on Disability, which is the same as the fiscal year 2016 enacted level and \$218,000 below the fiscal year 2017 budget request.

Olmstead v. L.C. 527 U.S. 581 (1999).—The Committee notes that the Developmental Disabilities Assistance and Bill of Rights Act of 2000 does not require closure of long-term care facilities for persons unable to care for themselves. The Committee notes that the 1999 U.S. Supreme Court decision in *Olmstead v. L.C.* does not mandate deinstitutionalization. “We emphasize that nothing in the Americans with Disabilities Act or its implementing regulations condones termination of institutional settings for persons unable to handle or benefit from community settings . . . Nor is there any federal requirement that community-based treatment be imposed on patients who do not desire it.” *Olmstead v. L.C.* 119 S. Ct. 2176, 2187 (1999). The Committee asks for a report on the current *Olmstead* enforcement activities within the National Council on Disability.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

The Committee recommends \$215,000,000 for the National Labor Relations Board, which is \$59,224,000 less than the fiscal year 2016 enacted level and \$59,695,000 less than the fiscal year 2017 budget request.

ADMINISTRATIVE PROVISIONS

Sec. 407. The Committee continues a provision relating to electronic voting for purposes of collective bargaining.

Sec. 408. The Committee includes a new provision relating to regulation of representation-case procedures.

Sec. 409. The Committee includes a new provision relating to jurisdiction over Indian tribes.

Sec. 410. The Committee includes a new provision relating to joint-employer standards.

Sec. 411. The Committee includes a new provision relating to bargaining unit standards.

NATIONAL MEDIATION BOARD

SALARIES AND EXPENSES

The Committee recommends \$13,300,000 for the National Mediation Board, which is \$70,000 more than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

The Committee recommends \$12,975,000 for the Occupational Safety and Health Review Commission, which is \$336,000 more than the fiscal year 2016 enacted level and \$436,000 less than the fiscal year 2017 budget request.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

The Committee recommends \$25,000,000 for dual benefits, which is \$4,000,000 less than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request. This appropriation is authorized by the Railroad Retirement Act of 1974 to fund vested dual benefits received by railroad retirees who, under prior law, would have become covered by both the railroad retirement system and the Social Security system because railroad retirement was not fully coordinated with social security from 1937 to 1974. The Committee includes a provision permitting a portion of these funds to be derived from income tax receipts on dual benefits as authorized by law. The Railroad Retirement Board estimates that approximately \$2,000,000 may be derived in this manner.

FEDERAL PAYMENT TO THE RAILROAD RETIREMENT ACCOUNTS

The Committee recommends \$150,000 for the interest earned on unnegotiated checks, which is the equal to the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request.

LIMITATION ON ADMINISTRATION

The Committee recommends a consolidated limitation of \$111,225,000 on the expenditure of Railroad Retirement and Railroad Unemployment Trust Funds for administrative expenses of the Railroad Retirement Board (RRB), which is the same as the fiscal year 2016 enacted level and \$11,274,000 below the fiscal year 2017 budget request.

The Committee maintains its position that the financial statements and audit of the National Railroad Retirement Investment Trust should remain separate from the financial statements and audit of the RRB. The Committee notes that the Railroad Retirement and Survivors' Improvement Act of 2001 mandates that the

Trust function independently from the RRB. Further, the Act specifically requires a separate audit of the Trust by a nongovernmental auditor and requires that the results of this audit be included in the Trust's Annual Management Report to Congress. The Committee expects that the Trust shall be administered and audited solely in conformance with the Railroad Retirement and Survivors' Improvement Act of 2001.

LIMITATION ON THE OFFICE OF INSPECTOR GENERAL

The Committee recommends authority to expend \$8,437,000 from the Railroad Retirement and Railroad Unemployment Insurance Trust Funds for the Office of Inspector General, which is equal to the fiscal year 2016 enacted level and \$2,062,000 below the fiscal year 2017 budget request.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

The Committee recommends \$11,400,000 for mandatory payments necessary to compensate the Old Age and Survivors Insurance (OASI) Trust Fund and the Disability Insurance (DI) Trust Fund, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This appropriation provides reimbursement to the Social Security trust funds for non-trust fund activities.

SUPPLEMENTAL SECURITY INCOME PROGRAM

The Committee recommends \$43,162,469,000 for the Supplemental Security Income (SSI) program, which is \$3,143,264,000 below the fiscal year 2016 enacted level and \$662,399,000 below the fiscal year 2017 budget request. The Committee recommends \$15,000,000,000 in advance funding for the first quarter of fiscal year 2018, as requested.

Research and Demonstration

Within the appropriation for SSI, the Committee recommends \$58,000,000 for the research and demonstration activities, which is \$43,000,000 less than the fiscal year 2016 enacted level and the same as the fiscal year 2017 budget request.

Administration

Within the appropriation for SSI, the Committee recommends \$4,573,733,000, which is \$75,000,000 below the fiscal year 2016 enacted level and \$660,399,000 below the fiscal year 2017 budget request level for payment to the Social Security trust funds for SSI's share of the base administrative expenses of the Social Security Administration (SSA).

LIMITATION ON ADMINISTRATIVE EXPENSES

The Committee recommends \$10,348,945,000 for the Limitation on Administrative Expenses (LAE) account to be funded from the Social Security and Medicare trust funds, which is \$250,000,000 less than the fiscal year 2016 enacted level and \$772,055,000 below the fiscal year 2017 budget request. The fiscal year 2016 Consoli-

dated Appropriations Act included \$150,000,000 for renovations of SSA headquarters at the Altmeyer building. These one-time expenses are not included for fiscal year 2017. In fiscal year 2016, SSA plans to use \$100,000,000 from their administrative expenses funding for program integrity activities despite having targeted program integrity funds available for the same purpose. Funds for program integrity activities, which have other specific funding, are not included in the funding level for administrative expenses in fiscal year 2017. The LAE funds support SSA operational costs to administer the Old Age and Survivors Insurance (OASI), Disability Insurance (DI), and Supplemental Security Income programs, and to support the Centers for Medicare and Medicaid Services in administering their programs.

Update to the Social Security Statement.—The Social Security benefit calculation is based on an individual’s earnings history. Beginning in 1978, SSA has both covered and non covered earnings data. The Committee directs SSA to include both covered and non covered earnings information in the Social Security Statement, in order to allow Americans to confirm the accuracy of agency records from 1978 and later.

Report on Medical Listings.—SSA employs medical listings to make disability determinations, many of which have not been updated for decades. The Committee directs SSA to provide a report within 60 days of enactment to the House of Representatives Committee on Appropriations Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies and the Committee on Ways and Means Subcommittee on Social Security regarding the number of years since the last update and when the agency expects to conduct all of the updates.

Report on LAE Expenditures.—The Committee directs SSA to include in the fiscal year 2018 budget request the amount of funding for the following categories for fiscal years 2016–2018:

- Personnel costs by General Schedule grade, Administrative Law Judge personnel costs, Senior Executive Service personnel costs, reemployed annuitant personnel costs, including the number of Full-Time Equivalent for each General Schedule grade, Administrative Law Judge, and Senior Executive Service
- Personnel costs by region, including the number of General Schedule grade, Administrative Law Judge, and Senior Executive Service Full-Time Equivalent for each region
- Information technology costs broken out by hardware/software technology and upgrade/maintenance costs
- Physical infrastructure costs by region and office function
- Overall costs for personnel, time and dollars for the administrative expenses and program operation expenses for the following programs:
 - OASI
 - DI
 - SSI
 - Other SSA missions, including return to work efforts
 - Program integrity work broken out by OASI, DI and SSI as well as types of spending (data matching, predictive data work and data analytics)

- Disability Determination Services State costs and Federal staff costs—separated from other SSA administered program costs

Office of Disability Adjudication and Review (ODAR).—The Committee is aware that some locations average twice the processing time of others and that it can take up to two years to process. This degree of differential processing times is a concern to the Committee. The Social Security Administration is directed to include in the fiscal year 2018 budget request steps taken to reduce the processing times at offices that average over 600 days.

Information Technology.—The Social Security Administration is requested to submit to the Committee an information technology (IT) modernization plan in the fiscal year 2018 budget request. The plan shall include: a complete list of any new systems and significant improvements of existing systems proposed for development; the projected cost of each development project each year to completion including the total estimated cost of development; the estimated annual operations and maintenance costs for each system once development is complete; and a timeline and estimated maintenance cost savings of any legacy systems that will no longer be necessary and are proposed to be eliminated. The plan should also include an assessment of SSA’s IT management controls, including how the systems integrate into SSA’s enterprise architecture; an analysis of SSA’s project management capabilities; and a review of SSA’s IT investment and human capital management practices. The requested plan shall address IT funding provided in this Act and any other spending authority planned for or proposed to be used for such purposes.

Muscular Dystrophy.—The Committee is aware that SSA was added to the Muscular Dystrophy Coordinating Committee through the Muscular Dystrophy CARE Act Amendments enacted in September 2014. The Committee requests that the agency provide relevant data within the fiscal year 2018 budget request on the rate at which persons with Duchenne and Becker Muscular Dystrophy utilize SSA programs, particularly those focused on promoting employment and community independence such as the Ticket to Work program.

Administrative Law Judge Hiring.—SSA’s National Hearing Centers (NHCs) provide the SSA with invaluable flexibility and support to address the hearings backlog. Understanding the value of this flexibility and support, the Committee directs SSA to ensure that its upcoming Administrative Law Judge (ALJ) hiring allocates no less than 25 percent of those newly hired ALJs to NHCs.

Administrative Law Judge Data Publication.—The Committee expects SSA to publish the same performance and decisional statistics for Administrative Appeals Judge (when holding hearings under SSA’s “CARES” plan) as it does for Administrative Law Judges in its public use data files.

Disability Fraud Rate Baseline.—The SSA has committed significant resources to fighting fraud in the Disability Insurance program. To understand if these efforts are effective, the Committee directs the SSA Commissioner to work with the Office of Inspector General to establish a disability fraud rate baseline no later than September 30, 2017.

Social Security Advisory Board

The Committee recommends that not less than \$2,300,000 of the LAE funding be available for the Social Security Advisory Board, which is the same as the fiscal year 2016 enacted level and \$200,000 below the fiscal year 2017 budget request. The Committee requests the Social Security Advisory Board include additional information regarding the work of the Social Security Advisory Board and Federal administrative expenses in the fiscal year 2018 budget request.

User Fees

In addition to the other amounts provided, the Committee recommends \$124,000,000 for administrative activities funded from user fees. Of this amount, \$123,000,000 is derived from fees collected from States that request SSA to administer State SSI supplementary payments.

Continuing Disability Reviews and Redeterminations

The Committee recommends \$1,426,000,000 for program integrity activities. In the wake of multiple large-scale disability fraud cases, the Committee believes that successful program integrity activities are vital to maintaining the public's support for benefit payments to recipients deserving of assistance.

OFFICE OF THE INSPECTOR GENERAL

(INCLUDING TRANSFER OF FUNDS)

The Committee recommends \$105,500,000 for the Office of Inspector General, of which the bill provides authority to expend \$75,713,000 from the OASI and DI trust funds. This funding level is the same as the fiscal year 2016 enacted level and \$5,287,000 below the fiscal year 2017 budget request.

TITLE V—GENERAL PROVISIONS

(TRANSFER OF FUNDS)

Sec. 501. The Committee continues a provision allowing the Secretaries of Labor, Health and Human Services, and Education to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations to be used for the same purposes and for the same periods of time for which they were originally appropriated.

Sec. 502. The Committee continues a provision prohibiting the obligation of funds beyond the current fiscal year unless expressly so provided.

Sec. 503. The Committee continues a provision prohibiting funds from being used to support or defeat legislation.

Sec. 504. The Committee continues a provision limiting the amount available for official reception and representation expenses for the Secretaries of Labor and Education, the Director of the Federal Mediation and Conciliation Service, and the Chairman of the National Mediation Board.

Sec. 505. The Committee continues a provision requiring grantees receiving Federal funds to clearly state the percentage of the

total cost of the program or project that will be financed with Federal money.

Sec. 506. The Committee continues a provision prohibiting the use of funds for any abortion.

Sec. 507. The Committee continues a provision providing exceptions to section 506 and a provision prohibiting funds from being made available to a Federal agency or program, or to a State or local government, if such agency, program or government discriminates against institutional or individual health care entities because they do not provide, pay for, provide coverage of, or refer for abortions.

Sec. 508. The Committee continues a provision prohibiting use of funds for certain research involving human embryos.

Sec. 509. The Committee continues a provision prohibiting use of funds for any activity that promotes the legalization of any drug or substance included in schedule I of the schedules of controlled substances.

Sec. 510. The Committee continues a provision prohibiting use of funds to promulgate or adopt any final standard providing for a unique health identifier until legislation is enacted specifically approving the standard.

Sec. 511. The Committee continues a provision related to annual reports to the Secretary of Labor.

Sec. 512. The Committee continues a provision prohibiting transfer of funds made available in this Act except by authority provided in this Act or another appropriations Act.

Sec. 513. The Committee continues a provision to limit funds in the bill for public libraries to those that comply with the requirements of the Children's Internet Protection Act.

Sec. 514. The Committee continues a provision regarding procedures for reprogramming of funds.

Sec. 515. The Committee continues a provision pertaining to appointments to scientific advisory committees.

Sec. 516. The Committee continues a provision requiring each department and related agency funded through this Act to submit an operating plan within 45 days of enactment, detailing any funding allocations that are different than those specified in this Act, the accompanying detailed table, or budget request.

Sec. 517. The Committee continues a provision requiring the Secretaries of Labor, Health and Human Services, and Education to submit a quarterly report to the Committees on Appropriations of the House of Representatives and the Senate containing certain information on noncompetitive contracts, grants, and cooperative agreements exceeding \$500,000 in value.

Sec. 518. The Committee continues a provision prohibiting the use of funds to process claims for credit for quarters of coverage based on work performed under a Social Security number that was not the claimant's number, where the performance of such work under such number has formed the basis for a conviction of the claimant of a violation of section 208(a)(6) or (7) of the Social Security Act.

Sec. 519. The Committee continues a provision prohibiting the use of funds to implement a Social Security totalization agreement with Mexico.

Sec. 520. The Committee continues a provision related to needle exchange.

Sec. 521. The Committee continues a provision prohibiting the use of funds for the downloading or exchanging of pornography.

Sec. 522. The Committee continues a provision that prohibits funding from going to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.

Sec. 523. The Committee continues a provision relating to reporting requirements for conference expenditures.

Sec. 524. The Committee continues a provision relating to disclosure of U.S. taxpayer funding for programs used in advertising.

Sec. 525. The Committee continues provision requesting quarterly reports on the status of balances of appropriations from the Departments of Labor, Health and Human Services and Education and the Social Security Administration.

Sec. 526. The Committee includes a new provision prohibiting use of funds to implement, administer, enforce or further the provisions of Public Law 111-148 and portions of Public Law 111-152 with certain exceptions.

(RESCISSION)

Sec. 527. The Committee rescinds \$15,000,000 provided under section 3403 [Independent Payment Advisory Board] of Public Law 111-148.

(RESCISSION)

Sec. 528. The Committee rescinds \$7,000,000,000 provided under section 3021(a) [Center for Medicare and Medicaid Innovation] of Public Law 111-148.

(RESCISSION)

Sec. 529. The Committee rescinds \$150,000,000 provided under section 6301(e) [Patient-Centered Outcomes Research Trust Fund] of Public Law 111-148.

(RESCISSION)

Sec. 530. The Committee modifies a provision relating to the Children's Health Insurance Program.

(RESCISSION)

Sec. 531. The Committee modifies a provision relating to the Child Enrollment Contingency Fund.

(RESCISSION)

Sec. 532. The Committee continues a provision relating to Children's Health Insurance Performance Bonus Payments.

Sec. 533. The Committee includes a new provision relating to nondiscrimination with respect to health care entities that refuse to participate in abortions and providing conscience protections with regard to requirements for coverage of specific items and services.

SPENDING REDUCTION ACCOUNT

Sec. 534. The Committee includes a Spending Reduction Account.

HOUSE OF REPRESENTATIVES REPORTING REQUIREMENTS

The following materials are submitted in accordance with various requirements of the Rules of the House of Representatives:

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the following is a statement of general performance goals and objectives for which this measure authorizes funding: The Committee on Appropriations considers program performance, including a program’s success in developing and attaining outcome-related goals and objectives, in developing funding recommendations.

RESCISSION OF FUNDS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following lists the rescissions of unexpended balances included in the accompanying bill:

RESCISSIONS RECOMMENDED IN THE BILL

Account	Amount
Department of Labor	
Dislocated Workers National Reserve	\$200,000,000
Department of Health and Human Services	
Nonrecurring Expenses Fund	Unobligated Balances
Independent Payment Advisory Board	15,000,000
Center for Medicaid & Medicaid Innovation	7,000,000,000
Patient-Centered Outcomes Research Trust Fund	150,000,000
Child Enrollment Contingency Fund	570,000,000
Children’s Health Insurance Program	541,900,000
Performance Bonus Payments	195,640,000

TRANSFER OF FUNDS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following lists the transfers of unexpended balances included in the accompanying bill:

TITLE I—DEPARTMENT OF LABOR

Language is included under “Job Corps” permitting the transfer of funds for Job Corps Center construction, rehabilitation and acquisition to meet the operational needs of Job Corps Centers or to achieve administrative efficiencies.

Language is included under “Special Benefits” which provides for the transfer of such sums as necessary from the “Postal Service” account.

Language is included under “Black Lung Disability Trust Fund” which provides for the transfer of funds to the “Department of Labor, Office of Workers’ Compensation Program, Salaries and Expenses.”

Language is included under “Black Lung Disability Trust Fund” which provides for the transfer of funds to the “Department of Labor, Departmental Management, Salaries and Expenses.”

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of Labor, Departmental Management, Office of Inspector General."

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of the Treasury."

Language is included under "Departmental Management, Salary and Expenses" authorizing the transfer of funds available for program evaluation to any other account within the Department to carry out evaluation activities.

A general provision is included that allows not to exceed one percent of any discretionary appropriations to be transferred between an appropriation of the Department of Labor, provided that no such appropriation is increased by more than three percent by such transfer.

A general provision is included authorizes the transfer of funds to the "Employment and Training that Administration" for technical assistance services to grantees to "Program Administration."

A general provision is included that provides for the transfer of up to 0.75 percent of funds from each appropriation to carry out evaluations of any of the programs or activities from "Training and Employment Services", "Job Corps", "Community Service Employment for Older Americans," "State Unemployment Insurance and Employment Service Operations", "Employee Benefits Security Administration", "Office of Workers' Compensation Programs", "Wage and Hour Division", "Office of Federal Contract Compliance Programs", "Office of Labor-Management Standards", "Occupational Safety and Health Administration", "Mine Safety and Health Administration", Office of Disability Employment Policy, "Bureau of International Affairs" and "Women's Bureau" within the Departmental Management, Salaries and Expenses" account, and "Veterans Employment and Training" for use by the Office of the Chief Evaluation Officer.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

Language is included under "Centers for Disease Control and Prevention, Buildings and Facilities" to allow the transfer of prior year unobligated Individual Learning Account funds to be transferred to this account to carry out the purpose of this account.

Language is included under "Administration for Children and Families—Refugee and Entrant Assistance" permitting transfers pursuant to a general provision to increase an appropriation under this heading by ten percent.

Language is included under "Administration for Community Living, Aging and Disability Services Programs" for transfer to the Secretary of Agriculture to carry out section 311 of the Older Americans Act of 1965.

A general provision is included that allows not to exceed one percent of any discretionary funds to be transferred between appropriation accounts of the "Department of Health and Human Services", provided that no appropriation account is increased by more than three percent by such transfer.

A general provision is included that allows the transfer of up to three percent among the institutes and centers of the "National In-

stitutes of Health” from amounts identified as pertaining to the human immunodeficiency virus.

A general provision is included that allows the transfer of funding determined to be related to the human immunodeficiency virus to the “Office of AIDS Research”.

A general provision is included that transfers one percent of the amount made available for “National Research Service Awards” at the “National Institutes of Health” to the “Health Resources and Services Administration”.

A general provision is included to direct the transfer of the “Prevention and Public Health Fund” as specified in the committee report accompanying this Act.

A new general provision is included to create an Infectious Disease Rapid Response Reserve Fund and specify the purposes and circumstances under which such fund may be accessed.

TITLE III—DEPARTMENT OF EDUCATION

A general provision is included that allows not to exceed one percent of any discretionary funds to be transferred between appropriation accounts of the Department of Education, provided that no appropriation account is increased by more than three percent by such transfer.

TITLE IV—RELATED AGENCIES

Language is included under Payment to the National Service Trust authorizing the transfer of funds from the “Corporation for National and Community Service, Operating Expenses” to support the activities of national service participants.

Language is included under “Social Security Administration” authorizing the transfer of up to three percent of the Social Security Administration’s “Limitation on Administration Expenses” account to be available for purposes of the Office of Inspector General.

TITLE V—GENERAL PROVISIONS

A general provision is included that allows the Secretaries of Labor, Health and Human Services, and Education to transfer balances of prior appropriation to accounts corresponding to current appropriations.

DISCLOSURE OF EARMARKS AND CONGRESSIONALLY DIRECTED SPENDING ITEMS

Neither the bill nor the report contains any Congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

COMPLIANCE WITH RULE XIII, CL. 3(e) (RAMSEYER RULE)

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

CONSOLIDATED APPROPRIATIONS ACT, 2008

(Public Law 110-161)

AN ACT Making appropriations for the Department of State, foreign operations, and related programs for the fiscal year ending September 30, 2008, and for other purposes.

* * * * *

DIVISION G—DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2008

* * * * *

TITLE II

DEPARTMENT OF HEALTH AND HUMAN SERVICES APPROPRIATIONS ACT, 2008

* * * * *

GENERAL PROVISIONS

* * * * *

【Sec. 223. There is hereby established in the Treasury of the United States a fund to be known as the “Nonrecurring expenses fund” (the Fund): *Provided*, That unobligated balances of expired discretionary funds appropriated in this or any succeeding fiscal year from the General Fund of the Treasury to the Department of Health and Human Services by this or any other Act may be transferred (not later than the end of the fifth fiscal year after the last fiscal year for which such funds are available for the purposes for which appropriated) into the Fund: *Provided further*, That amounts deposited in the Fund shall be available until expended, and in addition to such other funds as may be available for such purposes, for capital acquisition necessary for the operation of the Department, including facilities infrastructure and information technology infrastructure, subject to approval by the Office of Management and Budget: *Provided further*, That amounts in the Fund may be obligated only after the Committees on Appropriations of the House of Representatives and the Senate are notified at least 15 days in advance of the planned use of funds.】

* * * * *

HIGHER EDUCATION ACT OF 1965

* * * * *

TITLE I—GENERAL PROVISIONS

* * * * *

PART B—ADDITIONAL GENERAL PROVISIONS

* * * * *

SEC. 114. NATIONAL ADVISORY COMMITTEE ON INSTITUTIONAL QUALITY AND INTEGRITY.

(a) **ESTABLISHMENT.**—There is established in the Department a National Advisory Committee on Institutional Quality and Integrity (in this section referred to as the “Committee”) to assess the process of accreditation and the institutional eligibility and certification of institutions of higher education (as defined in section 102) under title IV.

(b) **MEMBERSHIP.**—

(1) **IN GENERAL.**—The Committee shall have 18 members, of which—

(A) six members shall be appointed by the Secretary;

(B) six members shall be appointed by the Speaker of the House of Representatives, three of whom shall be appointed on the recommendation of the majority leader of the House of Representatives, and three of whom shall be appointed on the recommendation of the minority leader of the House of Representatives; and

(C) six members shall be appointed by the President pro tempore of the Senate, three of whom shall be appointed on the recommendation of the majority leader of the Senate, and three of whom shall be appointed on the recommendation of the minority leader of the Senate.

(2) **QUALIFICATIONS.**—Individuals shall be appointed as members of the Committee—

(A) on the basis of the individuals’ experience, integrity, impartiality, and good judgment;

(B) from among individuals who are representatives of, or knowledgeable concerning, education and training beyond secondary education, representing all sectors and types of institutions of higher education (as defined in section 102); and

(C) on the basis of the individuals’ technical qualifications, professional standing, and demonstrated knowledge in the fields of accreditation and administration in higher education.

(3) **TERMS OF MEMBERS.**—Except as provided in paragraph (5), the term of office of each member of the Committee shall be for six years, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which the member’s predecessor was appointed shall be appointed for the remainder of such term.

(4) **VACANCY.**—A vacancy on the Committee shall be filled in the same manner as the original appointment was made not later than 90 days after the vacancy occurs. If a vacancy occurs in a position to be filled by the Secretary, the Secretary shall publish a Federal Register notice soliciting nominations for the position not later than 30 days after being notified of the vacancy.

(5) **INITIAL TERMS.**—The terms of office for the initial members of the Committee shall be—

(A) three years for members appointed under paragraph (1)(A);

(B) four years for members appointed under paragraph (1)(B); and

- (C) six years for members appointed under paragraph (1)(C).
- (6) CHAIRPERSON.—The members of the Committee shall select a chairperson from among the members.
- (c) FUNCTIONS.—The Committee shall—
- (1) advise the Secretary with respect to establishment and enforcement of the standards of accrediting agencies or associations under subpart 2 of part H of title IV;
 - (2) advise the Secretary with respect to the recognition of a specific accrediting agency or association;
 - (3) advise the Secretary with respect to the preparation and publication of the list of nationally recognized accrediting agencies and associations;
 - (4) advise the Secretary with respect to the eligibility and certification process for institutions of higher education under title IV, together with recommendations for improvements in such process;
 - (5) advise the Secretary with respect to the relationship between—
 - (A) accreditation of institutions of higher education and the certification and eligibility of such institutions; and
 - (B) State licensing responsibilities with respect to such institutions; and
 - (6) carry out such other advisory functions relating to accreditation and institutional eligibility as the Secretary may prescribe by regulation.
- (d) MEETING PROCEDURES.—
- (1) SCHEDULE.—
 - (A) BIENNIAL MEETINGS.—The Committee shall meet not less often than twice each year, at the call of the Chairperson.
 - (B) PUBLICATION OF DATE.—The Committee shall submit the date and location of each meeting in advance to the Secretary, and the Secretary shall publish such information in the Federal Register not later than 30 days before the meeting.
 - (2) AGENDA.—
 - (A) ESTABLISHMENT.—The agenda for a meeting of the Committee shall be established by the Chairperson and shall be submitted to the members of the Committee upon notification of the meeting.
 - (B) OPPORTUNITY FOR PUBLIC COMMENT.—The agenda shall include, at a minimum, opportunity for public comment during the Committee's deliberations.
 - (3) SECRETARY'S DESIGNEE.—The Secretary shall designate an employee of the Department to serve as the Secretary's designee to the Committee, and the Chairperson shall invite the Secretary's designee to attend all meetings of the Committee.
 - (4) FEDERAL ADVISORY COMMITTEE ACT.—The Federal Advisory Committee Act (5 U.S.C. App.) shall apply to the Committee, except that section 14 of such Act shall not apply.
- (e) REPORT AND NOTICE.—
- (1) NOTICE.—The Secretary shall annually publish in the Federal Register—

(A) a list containing, for each member of the Committee—

- (i) the member’s name;
- (ii) the date of the expiration of the member’s term of office; and
- (iii) the name of the individual described in subsection (b)(1) who appointed the member; and

(B) a solicitation of nominations for each expiring term of office on the Committee of a member appointed by the Secretary.

(2) REPORT.—Not later than the last day of each fiscal year, the Committee shall make available an annual report to the Secretary, the authorizing committees, and the public. The annual report shall contain—

(A) a detailed summary of the agenda and activities of, and the findings and recommendations made by, the Committee during the fiscal year preceding the fiscal year in which the report is made;

(B) a list of the date and location of each meeting during the fiscal year preceding the fiscal year in which the report is made;

(C) a list of the members of the Committee; and

(D) a list of the functions of the Committee, including any additional functions established by the Secretary through regulation.

(f) TERMINATION.—The Committee shall terminate on September 30, ~~2016~~ 2017.

* * * * *

TITLE IV—STUDENT ASSISTANCE

* * * * *

PART D—WILLIAM D. FORD FEDERAL DIRECT LOAN PROGRAM

* * * * *

SEC. 458. FUNDS FOR ADMINISTRATIVE EXPENSES.

(a) ADMINISTRATIVE EXPENSES.—

(1) MANDATORY FUNDS FOR FISCAL YEAR 2006.—For fiscal year 2006, there shall be available to the Secretary, from funds not otherwise appropriated, funds to be obligated for—

(A) administrative costs under this part and part B, including the costs of the direct student loan programs under this part; and

(B) account maintenance fees payable to guaranty agencies under part B and calculated in accordance with subsections (b) and (c), not to exceed (from such funds not otherwise appropriated) \$820,000 in fiscal year 2006.

(3) AUTHORIZATION FOR ADMINISTRATIVE COSTS BEGINNING IN FISCAL YEARS 2007 THROUGH 2014.—For each of the fiscal years 2007 through 2014, there are authorized to be appropriated such sums as may be necessary for administrative costs under

this part and part B, including the costs of the direct student loan programs under this part.

(4) CONTINUING MANDATORY FUNDS FOR ACCOUNT MAINTENANCE FEES.—For each of the fiscal years 2007 through [2016] 2017, there shall be available to the Secretary, from funds not otherwise appropriated, funds to be obligated for account maintenance fees payable to guaranty agencies under part B and calculated in accordance with subsection (b).

(5) ACCOUNT MAINTENANCE FEES.—Account maintenance fees under paragraph (3) shall be paid quarterly and deposited in the Agency Operating Fund established under section 422B.

(6) TECHNICAL ASSISTANCE TO INSTITUTIONS OF HIGHER EDUCATION.—

(A) PROVISION OF ASSISTANCE.—The Secretary shall provide institutions of higher education participating, or seeking to participate, in the loan programs under this part with technical assistance in establishing and administering such programs.

(B) FUNDS.—There are authorized to be appropriated, and there are appropriated, to carry out this paragraph (in addition to any other amounts appropriated to carry out this paragraph and out of any money in the Treasury not otherwise appropriated), \$50,000,000 for fiscal year 2010.

(C) DEFINITION.—In this paragraph, the term “assistance” means the provision of technical support, training, materials, technical assistance, and financial assistance.

(7) ADDITIONAL PAYMENTS.—

(A) PROVISION OF ASSISTANCE.—The Secretary shall provide payments to loan servicers for retaining jobs at locations in the United States where such servicers were operating under part B on January 1, 2010.

(B) FUNDS.—There are authorized to be appropriated, and there are appropriated, to carry out this paragraph (in addition to any other amounts appropriated to carry out this paragraph and out of any money in the Treasury not otherwise appropriated), \$25,000,000 for each of the fiscal years 2010 and 2011.

(8) CARRYOVER.—The Secretary may carry over funds made available under this section to a subsequent fiscal year.

(b) CALCULATION BASIS.—Account maintenance fees payable to guaranty agencies under subsection (a)(4) shall be calculated on the basis of 0.06 percent of the original principal amount of outstanding loans on which insurance was issued under part B.

(c) BUDGET JUSTIFICATION.—No funds may be expended under this section unless the Secretary includes in the Department of Education’s annual budget justification to Congress a detailed description of the specific activities for which the funds made available by this section have been used in the prior and current years (if applicable), the activities and costs planned for the budget year, and the projection of activities and costs for each remaining year for which administrative expenses under this section are made available.

* * * * *

PATIENT PROTECTION AND AFFORDABLE CARE ACT

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Patient Protection and Affordable Care Act”.

(b) **TABLE OF CONTENTS.**—The table of contents of this Act is as follows:

*	*	*	*	*	*	*
TITLE I—QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS						
*	*	*	*	*	*	*
Subtitle G—Miscellaneous Provisions						
*	*	*	*	*	*	*
Sec. 1562. Conforming amendments.						
Sec. 1563. Sense of the Senate promoting fiscal responsibility.						
*	*	*	*	*	*	*

**TITLE I—QUALITY, AFFORDABLE
HEALTH CARE FOR ALL AMERICANS**

* * * * *

Subtitle G—Miscellaneous Provisions

* * * * *

SEC. [1563.] 1564. CONFORMING AMENDMENTS.

(a) **APPLICABILITY.**—Section 2735 of the Public Health Service Act (42 U.S.C. 300gg–21), as so redesignated by section 1001(4), is amended—

- (1) by striking subsection (a);
- (2) in subsection (b)—
 - (A) in paragraph (1), by striking “1 through 3” and inserting “1 and 2”; and
 - (B) in paragraph (2)—
 - (i) in subparagraph (A), by striking “subparagraph (D)” and inserting “subparagraph (D) or (E)”;
 - (ii) by striking “1 through 3” and inserting “1 and 2”; and
 - (iii) by adding at the end the following:

“(E) ELECTION NOT APPLICABLE.—The election described in subparagraph (A) shall not be available with respect to the provisions of subparts I and II.”;
- (3) in subsection (c), by striking “1 through 3 shall not apply to any group” and inserting “1 and 2 shall not apply to any individual coverage or any group”; and
- (4) in subsection (d)—
 - (A) in paragraph (1), by striking “1 through 3 shall not apply to any group” and inserting “1 and 2 shall not apply to any individual coverage or any group”;
 - (B) in paragraph (2)—
 - (i) in the matter preceding subparagraph (A), by striking “1 through 3 shall not apply to any group”

and inserting “1 and 2 shall not apply to any individual coverage or any group”; and

(ii) in subparagraph (C), by inserting “or, with respect to individual coverage, under any health insurance coverage maintained by the same health insurance issuer”; and

(C) in paragraph (3), by striking “any group” and inserting “any individual coverage or any group”.

(b) DEFINITIONS.—Section 2791(d) of the Public Health Service Act (42 U.S.C. 300gg–91(d)) is amended by adding at the end the following:

“(20) QUALIFIED HEALTH PLAN.—The term ‘qualified health plan’ has the meaning given such term in section 1301(a) of the Patient Protection and Affordable Care Act.

“(21) EXCHANGE.—The term ‘Exchange’ means an American Health Benefit Exchange established under section 1311 of the Patient Protection and Affordable Care Act.”.

(c) TECHNICAL AND CONFORMING AMENDMENTS.—Title XXVII of the Public Health Service Act (42 U.S.C. 300gg et seq.) is amended—

(1) in section 2704 (42 U.S.C. 300gg), as so redesignated by section 1201(2)—

(A) in subsection (c)—

(i) in paragraph (2), by striking “group health plan” each place that such term appears and inserting “group or individual health plan”; and

(ii) in paragraph (3)—

(I) by striking “group health insurance” each place that such term appears and inserting “group or individual health insurance”; and

(II) in subparagraph (D), by striking “small or large” and inserting “individual or group”;

(B) in subsection (d), by striking “group health insurance” each place that such term appears and inserting “group or individual health insurance”; and

(C) in subsection (e)(1)(A), by striking “group health insurance” and inserting “group or individual health insurance”;

(2) by striking the second heading for subpart 2 of part A (relating to other requirements);

(3) in section 2725 (42 U.S.C. 300gg–4), as so redesignated by section 1001(2)—

(A) in subsection (a), by striking “health insurance issuer offering group health insurance coverage” and inserting “health insurance issuer offering group or individual health insurance coverage”;

(B) in subsection (b)—

(i) by striking “health insurance issuer offering group health insurance coverage in connection with a group health plan” in the matter preceding paragraph (1) and inserting “health insurance issuer offering group or individual health insurance coverage”; and

(ii) in paragraph (1), by striking “plan” and inserting “plan or coverage”;

(C) in subsection (c)—

- (i) in paragraph (2), by striking “group health insurance coverage offered by a health insurance issuer” and inserting “health insurance issuer offering group or individual health insurance coverage”; and
 - (ii) in paragraph (3), by striking “issuer” and inserting “health insurance issuer”; and
 - (D) in subsection (e), by striking “health insurance issuer offering group health insurance coverage” and inserting “health insurance issuer offering group or individual health insurance coverage”;
- (4) in section 2726 (42 U.S.C. 300gg-5), as so redesignated by section 1001(2)—
- (A) in subsection (a), by striking “(or health insurance coverage offered in connection with such a plan)” each place that such term appears and inserting “or a health insurance issuer offering group or individual health insurance coverage”;
 - (B) in subsection (b), by striking “(or health insurance coverage offered in connection with such a plan)” each place that such term appears and inserting “or a health insurance issuer offering group or individual health insurance coverage”; and
 - (C) in subsection (c)—
 - (i) in paragraph (1), by striking “(and group health insurance coverage offered in connection with a group health plan)” and inserting “and a health insurance issuer offering group or individual health insurance coverage”;
 - (ii) in paragraph (2), by striking “(or health insurance coverage offered in connection with such a plan)” each place that such term appears and inserting “or a health insurance issuer offering group or individual health insurance coverage”;
- (5) in section 2727 (42 U.S.C. 300gg-6), as so redesignated by section 1001(2), by striking “health insurance issuers providing health insurance coverage in connection with group health plans” and inserting “and health insurance issuers offering group or individual health insurance coverage”;
- (6) in section 2728 (42 U.S.C. 300gg-7), as so redesignated by section 1001(2)—
- (A) in subsection (a), by striking “health insurance coverage offered in connection with such plan” and inserting “individual health insurance coverage”;
 - (B) in subsection (b)—
 - (i) in paragraph (1), by striking “or a health insurance issuer that provides health insurance coverage in connection with a group health plan” and inserting “or a health insurance issuer that offers group or individual health insurance coverage”;
 - (ii) in paragraph (2), by striking “health insurance coverage offered in connection with the plan” and inserting “individual health insurance coverage”; and
 - (iii) in paragraph (3), by striking “health insurance coverage offered by an issuer in connection with such

plan” and inserting “individual health insurance coverage”;

(C) in subsection (c), by striking “health insurance issuer providing health insurance coverage in connection with a group health plan” and inserting “health insurance issuer that offers group or individual health insurance coverage”; and

(D) in subsection (e)(1), by striking “health insurance coverage offered in connection with such a plan” and inserting “individual health insurance coverage”;

(7) by striking the heading for subpart 3;

(8) in section 2731 (42 U.S.C. 300gg-11), as so redesignated by section 1001(3)—

(A) by striking the section heading and all that follows through subsection (b);

(B) in subsection (c)—

(i) in paragraph (1)—

(I) in the matter preceding subparagraph (A), by striking “small group” and inserting “group and individual”; and

(II) in subparagraph (B)—

(aa) in the matter preceding clause (i), by inserting “and individuals” after “employers”;

(bb) in clause (i), by inserting “or any additional individuals” after “additional groups”; and

(cc) in clause (ii), by striking “without regard to the claims experience of those employers and their employees (and their dependents) or any health status-related factor relating to such” and inserting “and individuals without regard to the claims experience of those individuals, employers and their employees (and their dependents) or any health status-related factor relating to such individuals”; and

(ii) in paragraph (2), by striking “small group” and inserting “group or individual”;

(C) in subsection (d)—

(i) by striking “small group” each place that such appears and inserting “group or individual”; and

(ii) in paragraph (1)(B)—

(I) by striking “all employers” and inserting “all employers and individuals”;

(II) by striking “those employers” and inserting “those individuals, employers”; and

(III) by striking “such employees” and inserting “such individuals, employees”;

(D) by striking subsection (e);

(E) by striking subsection (f); and

(F) by transferring such section (as amended by this paragraph) to appear at the end of section 2702 (as added by section 1001(4));

(9) in section 2732 (42 U.S.C. 300gg-12), as so redesignated by section 1001(3)—

- (A) by striking the section heading and all that follows through subsection (a);
- (B) in subsection (b)—
- (i) in the matter preceding paragraph (1), by striking “group health plan in the small or large group market” and inserting “health insurance coverage offered in the group or individual market”;
 - (ii) in paragraph (1), by inserting “, or individual, as applicable,” after “plan sponsor”;
 - (iii) in paragraph (2), by inserting “, or individual, as applicable,” after “plan sponsor”; and
 - (iv) by striking paragraph (3) and inserting the following:

“(3) VIOLATION OF PARTICIPATION OR CONTRIBUTION RATES.— In the case of a group health plan, the plan sponsor has failed to comply with a material plan provision relating to employer contribution or group participation rules, pursuant to applicable State law.”;
- (C) in subsection (c)—
- (i) in paragraph (1)—
 - (I) in the matter preceding subparagraph (A), by striking “group health insurance coverage offered in the small or large group market” and inserting “group or individual health insurance coverage”;
 - (II) in subparagraph (A), by inserting “or individual, as applicable,” after “plan sponsor”;
 - (III) in subparagraph (B)—
 - (aa) by inserting “or individual, as applicable,” after “plan sponsor”; and
 - (bb) by inserting “or individual health insurance coverage”; and
 - (IV) in subparagraph (C), by inserting “or individuals, as applicable,” after “those sponsors”; and
 - (ii) in paragraph (2)(A)—
 - (I) in the matter preceding clause (i), by striking “small group market or the large group market, or both markets,” and inserting “individual or group market, or all markets,”; and
 - (II) in clause (i), by inserting “or individual, as applicable,” after “plan sponsor”; and
- (D) by transferring such section (as amended by this paragraph) to appear at the end of section 2703 (as added by section 1001(4));
- (10) in section 2733 (42 U.S.C. 300gg-13), as so redesignated by section 1001(4)—
- (A) in subsection (a)—
- (i) in the matter preceding paragraph (1), by striking “small employer” and inserting “small employer or an individual”;
 - (ii) in paragraph (1), by inserting “, or individual, as applicable,” after “employer” each place that such appears; and
 - (iii) in paragraph (2), by striking “small employer” and inserting “employer, or individual, as applicable.”;
- (B) in subsection (b)—

- (i) in paragraph (1)—
 - (I) in the matter preceding subparagraph (A), by striking “small employer” and inserting “employer, or individual, as applicable,”;
 - (II) in subparagraph (A), by adding “and” at the end;
 - (III) by striking subparagraphs (B) and (C); and
 - (IV) in subparagraph (D)—
 - (aa) by inserting “, or individual, as applicable,” after “employer”; and
 - (bb) by redesignating such subparagraph as subparagraph (B);
- (ii) in paragraph (2)—
 - (I) by striking “small employers” each place that such term appears and inserting “employers, or individuals, as applicable,”; and
 - (II) by striking “small employer” and inserting “employer, or individual, as applicable,”; and
 - (C) by redesignating such section (as amended by this paragraph) as section 2709 and transferring such section to appear after section 2708 (as added by section 1001(5));
 - (11) by redesignating subpart 4 as subpart 2;
 - (12) in section 2735 (42 U.S.C. 300gg–21), as so redesignated by section 1001(4)—
 - (A) by striking subsection (a);
 - (B) by striking “subparts 1 through 3” each place that such appears and inserting “subpart 1”;
 - (C) by redesignating subsections (b) through (e) as subsections (a) through (d), respectively; and
 - (D) by redesignating such section (as amended by this paragraph) as section 2722;
 - (13) in section 2736 (42 U.S.C. 300gg–22), as so redesignated by section 1001(4)—
 - (A) in subsection (a)—
 - (i) in paragraph (1), by striking “small or large group markets” and inserting “individual or group market”; and
 - (ii) in paragraph (2), by inserting “or individual health insurance coverage” after “group health plans”;
 - (B) in subsection (b)(1)(B), by inserting “individual health insurance coverage or” after “respect to”; and
 - (C) by redesignating such section (as amended by this paragraph) as section 2723;
 - (14) in section 2737(a)(1) (42 U.S.C. 300gg–23), as so redesignated by section 1001(4)—
 - (A) by inserting “individual or” before “group health insurance”; and
 - (B) by redesignating such section (as amended by this paragraph) as section 2724;
 - (15) in section 2762 (42 U.S.C. 300gg–62)—
 - (A) in the section heading by inserting “AND APPLICATION” before the period; and
 - (B) by adding at the end the following:
“(c) APPLICATION OF PART A PROVISIONS.—

“(1) IN GENERAL.—The provisions of part A shall apply to health insurance issuers providing health insurance coverage in the individual market in a State as provided for in such part.

“(2) CLARIFICATION.—To the extent that any provision of this part conflicts with a provision of part A with respect to health insurance issuers providing health insurance coverage in the individual market in a State, the provisions of such part A shall apply.”; and

(16) in section 2791(e) (42 U.S.C. 300gg–91(e))—

(A) in paragraph (2), by striking “51” and inserting “101”; and

(B) in paragraph (4)—

(i) by striking “at least 2” each place that such appears and inserting “at least 1”; and

(ii) by striking “50” and inserting “100”.

(d) APPLICATION.—Notwithstanding any other provision of the Patient Protection and Affordable Care Act, nothing in such Act (or an amendment made by such Act) shall be construed to—

(1) prohibit (or authorize the Secretary of Health and Human Services to promulgate regulations that prohibit) a group health plan or health insurance issuer from carrying out utilization management techniques that are commonly used as of the date of enactment of this Act; or

(2) restrict the application of the amendments made by this subtitle.

(e) TECHNICAL AMENDMENT TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.—Subpart B of part 7 of subtitle A of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181 et. seq.) is amended, by adding at the end the following:

“SEC. 715. ADDITIONAL MARKET REFORMS.

“(a) GENERAL RULE.—Except as provided in subsection (b)—

“(1) the provisions of part A of title XXVII of the Public Health Service Act (as amended by the Patient Protection and Affordable Care Act) shall apply to group health plans, and health insurance issuers providing health insurance coverage in connection with group health plans, as if included in this subpart; and

“(2) to the extent that any provision of this part conflicts with a provision of such part A with respect to group health plans, or health insurance issuers providing health insurance coverage in connection with group health plans, the provisions of such part A shall apply.

“(b) EXCEPTION.—Notwithstanding subsection (a), the provisions of sections 2716 and 2718 of title XXVII of the Public Health Service Act (as amended by the Patient Protection and Affordable Care Act) shall not apply with respect to self-insured group health plans, and the provisions of this part shall continue to apply to such plans as if such sections of the Public Health Service Act (as so amended) had not been enacted.”.

(f) TECHNICAL AMENDMENT TO THE INTERNAL REVENUE CODE OF 1986.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended by adding at the end the following:

“SEC. 9815. ADDITIONAL MARKET REFORMS.

“(a) GENERAL RULE.—Except as provided in subsection (b)—

“(1) the provisions of part A of title XXVII of the Public Health Service Act (as amended by the Patient Protection and Affordable Care Act) shall apply to group health plans, and health insurance issuers providing health insurance coverage in connection with group health plans, as if included in this subchapter; and

“(2) to the extent that any provision of this subchapter conflicts with a provision of such part A with respect to group health plans, or health insurance issuers providing health insurance coverage in connection with group health plans, the provisions of such part A shall apply.

“(b) EXCEPTION.—Notwithstanding subsection (a), the provisions of sections 2716 and 2718 of title XXVII of the Public Health Service Act (as amended by the Patient Protection and Affordable Care Act) shall not apply with respect to self-insured group health plans, and the provisions of this subchapter shall continue to apply to such plans as if such sections of the Public Health Service Act (as so amended) had not been enacted.”.

SEC. [1563.] 1565. SENSE OF THE SENATE PROMOTING FISCAL RESPONSIBILITY.

(a) FINDINGS.—The Senate makes the following findings:

(1) Based on Congressional Budget Office (CBO) estimates, this Act will reduce the Federal deficit between 2010 and 2019.

(2) CBO projects this Act will continue to reduce budget deficits after 2019.

(3) Based on CBO estimates, this Act will extend the solvency of the Medicare HI Trust Fund.

(4) This Act will increase the surplus in the Social Security Trust Fund, which should be reserved to strengthen the finances of Social Security.

(5) The initial net savings generated by the Community Living Assistance Services and Supports (CLASS) program are necessary to ensure the long-term solvency of that program.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that—

(1) the additional surplus in the Social Security Trust Fund generated by this Act should be reserved for Social Security and not spent in this Act for other purposes; and

(2) the net savings generated by the CLASS program should be reserved for the CLASS program and not spent in this Act for other purposes.

SEC. 1566. RESPECTING CONSCIENCE RIGHTS IN HEALTH CARE COVERAGE.

(a) *IN GENERAL.*—*Notwithstanding any other provision of this title, no provision of this title (and no amendment made by any such provision) shall—*

(1) require an individual to purchase individual health insurance coverage that includes coverage of an abortion or other item or service to which such individual has a moral or religious objection, or prevent an issuer from offering or issuing, to such individual, individual health insurance coverage that excludes such item or service;

(2) require a sponsor (or, in the case of health insurance coverage offered to students through an institution of higher edu-

... cation, the institution of higher education offering such coverage) to sponsor, purchase, or provide any health benefits coverage or group health plan that includes coverage of an abortion or other item or service to which such sponsor or institution, respectively, has a moral or religious objection, or prevent an issuer from offering or issuing to such sponsor or institution, respectively, health insurance coverage that excludes such item or service;

(3) require an issuer of health insurance coverage or the sponsor of a group health plan to include, in any such coverage or plan, coverage of an abortion or other item or service to which such issuer or sponsor has a moral or religious objection; or

(4) authorize the imposition of a tax, penalty, fee, fine, or other sanction, or the imposition of coverage of the item or service to which there is a moral or religious objection, in relation to health insurance coverage or a group health plan that excludes an item or service pursuant to this section.

(b) RESTRICTION ON CONTRARY GOVERNMENTAL ACTION.—No provision in this title (or amendment made by such provision) or law, regulation, guideline or other governmental action that implements such provision or amendment, or derives its authority therefrom, shall be given legal effect to the extent that it violates this section.

(c) NO EFFECT ON OTHER LAWS.—Nothing in this section shall be construed to preempt, modify, or otherwise have any effect on—

(1) the Civil Rights Act of 1964;

(2) the Americans with Disabilities Act of 1990;

(3) the Pregnancy Discrimination Act of 1978;

(4) the Mental Health Parity Act of 1996; or

(5) any other State or Federal law, other than a provision in this title (or an amendment made by such provision) or a law, regulation, guideline or other governmental action that implements such provision or amendment or derives its authority therefrom.

(d) AGGREGATE ACTUARIAL VALUE.—Nothing in this section shall be construed to prohibit the Secretary from issuing regulations or other guidance to ensure that health insurance coverage or group health plans excluding abortion or other items or services under this section shall have an aggregate actuarial value at least equivalent to that of health insurance coverage or group health plans at the same level of coverage that do not exclude such items or services.

(e) CONTINUED APPLICATION OF NONDISCRIMINATION RULES.—Nothing in this section shall be construed to permit a health insurance issuer, group health plan, or other health care provider to act in a manner inconsistent with subparagraph (B) or (D) of section 1302(b)(4).

* * * * *

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE II—ADMINISTRATION AND MISCELLANEOUS PROVISIONS

* * * * *

PART B—MISCELLANEOUS PROVISIONS

* * * * *

ABORTION-RELATED DISCRIMINATION IN GOVERNMENTAL ACTIVITIES REGARDING TRAINING **【AND LICENSING OF PHYSICIANS】**, LICENSING, AND PRACTICE OF PHYSICIANS AND OTHER HEALTH CARE ENTITIES

SEC. 245. (a) IN GENERAL.—The Federal Government, and any State or local government that receives Federal financial assistance, may not subject any health care entity to discrimination on the basis that—

【(1) the entity refuses to undergo training in the performance of induced abortions, to require or provide such training, to perform such abortions, or to provide referrals for such training or such abortions;】

(1) the entity refuses—

(A) to undergo training in the performance of induced abortions;

(B) to require or provide such training;

(C) to perform, participate in, provide coverage of, or pay for induced abortions; or

(D) to provide referrals for such training or such abortions;

(2) the entity refuses to make arrangements for any of the activities specified in paragraph (1); or

(3) the entity attends (or attended) a post-graduate physician training program, or any other program of training in the health professions, that does not (or did not) perform induced abortions or require, provide or refer for training in the performance of induced abortions, or make arrangements for the provision of such training.

(b) ACCREDITATION OF POSTGRADUATE PHYSICIAN TRAINING PROGRAMS.—

(1) IN GENERAL.—In determining whether to grant a legal status to a health care entity (including a license or certificate), or to provide such entity with financial assistance, services or other benefits, the Federal Government, or any State or local government that receives Federal financial assistance, shall deem accredited any postgraduate physician training program that would be accredited but for the accrediting agency's reliance upon an accreditation **【standards】** *standard* that requires an entity to perform an induced abortion or require, provide, or refer for training in the performance of induced abortions, or make arrangements for such training, regardless of whether such standard provides exceptions or exemptions. The government involved shall formulate such regulations or other mechanisms, or enter into such agreements with accrediting agencies, as are necessary to comply with this subsection.

(2) RULES OF CONSTRUCTION.—

(A) IN GENERAL.—With respect to subclauses (I) and (II) of section 705(a)(2)(B)(i) (relating to a program of insured loans for training in the health professions), the requirements in such subclauses regarding accredited internship

or residency programs are subject to paragraph (1) of this subsection.

(B) EXCEPTIONS.—This section shall not—

(i) prevent any health care entity from voluntarily electing to be trained, to train, or to arrange for training in the performance of, to perform, or to make referrals for induced abortions; or

(ii) prevent an accrediting agency or a Federal, State or local government from establishing standards of medical competency applicable only to those individuals who have voluntarily elected to perform abortions.

(c) ADMINISTRATION.—*The Secretary shall designate the Director of the Office for Civil Rights of the Department of Health and Human Services—*

(1) *to receive complaints alleging a violation of this section, section 1566 of the Patient Protection and Affordable Care Act, or any of subsections (b) through (e) of section 401 of the Health Programs Extension Act of 1973; and*

(2) *to pursue the investigation of such complaints, in coordination with the Attorney General.*

[(c)] (d) DEFINITIONS.—For purposes of this section:

[(1)] The term “financial assistance”, with respect to a government program, includes governmental payments provided as reimbursement for carrying out health-related activities.

[(2)] The term “health care entity” includes an individual physician, a postgraduate physician training program, and a participant in a program of training in the health professions.】

(1) *The term “financial assistance”, with respect to a government program, means governmental payments to cover the cost of health care services or benefits, or other Federal payments, grants, or loans to promote or otherwise facilitate health-related activities.*

(2) *The term “health care entity” includes an individual physician or other health professional, a postgraduate physician training program, a participant in a program of training in the health professions, a hospital, a provider-sponsored organization as defined in section 1855(d) of the Social Security Act, a health maintenance organization, an accountable care organization, an issuer of health insurance coverage, any other kind of health care facility, organization, or plan, and an entity that provides or authorizes referrals for health care services.*

(3) The term “postgraduate physician training program” includes a residency training program.

(4) *The term “State or local government that receives Federal financial assistance” includes any agency or other governmental unit of a State or local government if such government receives Federal financial assistance.*

SEC. 245A. CIVIL ACTION FOR CERTAIN VIOLATIONS.

(a) *IN GENERAL.—A qualified party may, in a civil action, obtain appropriate relief with regard to a designated violation.*

(b) DEFINITIONS.—*In this section—*

(1) *the term “qualified party” means—*

(A) *the Attorney General; or*

(B) any person or entity adversely affected by the designated violation; and

(2) the term “designated violation” means an actual or threatened violation of section 245 of this Act, section 1566 of the Patient Protection and Affordable Care Act, or any of subsections (b) through (e) of section 401 of the Health Programs Extension Act of 1973.

(c) ADMINISTRATIVE REMEDIES NOT REQUIRED.—An action under this section may be commenced, and relief may be granted, without regard to whether the party commencing the action has sought or exhausted available administrative remedies.

(d) DEFENDANTS IN ACTIONS UNDER THIS SECTION MAY INCLUDE GOVERNMENTAL ENTITIES AS WELL AS OTHERS.—

(1) IN GENERAL.—An action under this section may be maintained against, among others, a party that is a Federal or State governmental entity. Relief in an action under this section may include money damages even if the defendant is such a governmental entity.

(2) DEFINITION.—For the purposes of this subsection, the term “State governmental entity” means a State, a local government within a State, or any agency or other governmental unit or authority of a State or of such a local government.

(e) NATURE OF RELIEF.—The court shall grant—

(1) all necessary equitable and legal relief, including, where appropriate, declaratory relief and compensatory damages, to prevent the occurrence, continuance, or repetition of the designated violation and to compensate for losses resulting from the designated violation; and

(2) to a prevailing plaintiff, reasonable attorneys’ fees and litigation expenses as part of the costs.

* * * * *

CHANGES IN THE APPLICATION OF EXISTING LAW

Pursuant to clause 3(f)(1)(A) of rule XIII of the Rules of the House of Representatives, the following statements are submitted describing the effect of provisions in the accompanying bill that directly or indirectly change the application of existing law.

TITLE I—DEPARTMENT OF LABOR

Language is included under “Employment and Training Administration” providing that allotments to outlying areas are not required to be made through the Pacific Region Educational Laboratory as provided by section 127 of the Workforce Innovation and Opportunity Act (WIOA).

Language is included under “Employment and Training Administration” providing amounts made available for dislocated workers may be used for State activities or across multiple local areas where workers remain dislocated.

Language is included under “Employment and Training Administration” providing that the Department of Labor may take no action to limit the number or proportion of eligible applicants receiving related assistance services in the migrant and seasonal farmworkers programs.

Language is included under “Job Corps” providing that amounts made available for construction and rehabilitation may include acquisition and maintenance of major items of equipment.

Language is included under “Job Corps” providing authority to transfer up to 15 percent of construction and rehabilitation funds for operational needs with prior written notice to the Committee and that any such transfers are available for obligation through June 30, 2018.

Language is included under “Job Corps” providing that no funds from any other appropriation may be used for meal services at Job Corps.

Language is included under “Federal Unemployment Benefits and Allowances” providing that funding may be available beyond the current year in accordance with section 245(c) of the Trade Act of 1974.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing for reemployment services and referrals to training for all claimants of unemployment insurance for ex-service members, for improper payment reviews, and for unemployment claimants most likely to exhaust their benefits.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing for additional administrative funds from the Unemployment Trust Fund if unemployment claims exceed certain levels.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing authority for States to use funds to assist other States to carry out authorized activities in cases of a major disaster declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that the Department of Labor may make payments on behalf of States for the use of the National Directory of New Hires.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that the Department of Labor may make payments from funds appropriated for States’ grants on behalf of States to the entity operating the State Information Data Exchange System.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that appropriations for establishing a national one-stop career system may be obligated in contracts, grants or agreements with States or non-State entities.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that States awarded grants to support national activities of the Federal-State unemployment insurance system may award subgrants to other States.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that funds available for integrated Unemployment Insurance and Employment Service automation may be used by States notwithstanding cost allocation principles prescribed under the Office of Management and Budget “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.”

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that the Department of

Labor may reallocate funds among States participating in a consortium.

Language is included under “State Unemployment Insurance and Employment Service Operations” allowing the Secretary to collect fees, to remain available until September 30, 2017, for the costs associated with additional data collection, analyses, and reporting services related to the National Agricultural Workers Survey.

Language is included under “Pension Benefit Guarantee Corporation” providing for additional administrative funds if participants with plans terminated during the period exceed a certain level.

Language is included under “Pension Benefit Guarantee Corporation” providing that obligations may exceed amounts provided for unforeseen and extraordinary pretermination expenses or unforeseen and extraordinary multiemployer program expenses if approved by the Office of Management and Budget.

Language is included under “Special Benefits” providing that the Department of Labor may use authority to reimburse an employer who is not the employer at the time of injury for portions of the salary of a re-employed, disabled beneficiary.

Language is included under “Special Benefits” providing that funds shall be transferred to the appropriation from entities required under 5 U.S.C. 8147(c) as determined by the Department of Labor.

Language is included under “Special Benefits” providing that funds transferred from entities under 5 U.S.C. 8147(c), specified amounts may be used by the Department of Labor for maintenance and data and communications systems, workload processing, roll disability management and medical review, and program integrity with remaining amounts paid into the Treasury.

Language is included under “Special Benefits” providing that the Secretary may prescribe regulations requiring identification for the filing benefit claims.

Language is included under “Administrative Expenses, Energy Employees Occupational Illness Compensation Fund” providing that the Secretary may prescribe regulations for requiring identification for the filing benefit claims.

Language is included under “Occupational Safety and Health Administration” providing that up to a certain amount of fees collected from the training institute may be retained and used for related training and education.

Language is included under “Occupational Safety and Health Administration” providing that fees collected from Nationally Recognized Testing Laboratories may be used to administer laboratory recognition programs that insure safety of equipment used in the workplace.

Language is included under “Occupational Safety and Health Administration” that prohibits enforcement on farming operations of 10 or fewer employees or of an employer with 10 or fewer employees that is below the national average in specific injury categories except under specific exclusions.

Language is included under “Mine Safety and Health Administration” providing that funds made available for State assistance grants may be used for the purchase and maintenance of equipment required by the Coal Mine Dust rule.

Language is included under “Mine Safety and Health Administration” providing that a specific amount may be collected by the National Mine Health and Safety Academy and made available for mine safety and health education and training.

Language is included under “Mine Safety and Health Administration” providing that a specific amount may be collected from the approval and certification of equipment and materials and made available for other such activities.

Language is included under “Mine Safety and Health Administration” providing that the Department of Labor may accept lands, buildings, equipment, and other contributions from public and private sources for cooperative projects.

Language is included under “Mine Safety and Health Administration” providing that the Department of Labor may promote health and safety education and training through cooperative agreements with States, industry and safety associations.

Language is included under “Mine Safety and Health Administration” providing that the Department of Labor may recognize the Joseph A. Holmes Safety Association as the principal safety association and may provide funds or personnel as officers in local chapters or the national organization.

Language is included under “Mine Safety and Health Administration” providing that the Department of Labor may use appropriated funds to provide for costs associated with mine rescue and survival operations in the event of a major disaster.

Language is included under “Departmental Management—Salaries and Expenses” providing that the Bureau of International Labor Affairs may operating international labor activities through grants, subgrants or other arrangements.

Language is included under “Departmental Management—Salaries and Expenses” providing that funds available for program evaluation may be used to administer grants for evaluation purposes under certain conditions.

Language is included under “Departmental Management—Salaries and Expenses” providing that funds available to the Women’s Bureau may be used for grants to service and promote the interests of women in the workplace.

Language is included under “Departmental Management—Salaries and Expenses” providing that funds available to the Women’s Bureau may be used for grants authorized by the Women in Apprenticeship and Nontraditional Occupations Act.

Language is included under “Veterans Employment and Training” providing that up to three percent of States’ grants may be used for federal expenditures for data systems and contract support.

Language is included under “Veterans Employment and Training” providing that funds may be used for support specialists providing intensive services to wounded servicemembers.

Language is included under “Veterans Employment and Training” providing that Department of Labor may reallocate up to three percent of funds provided among appropriated accounts.

Language is included under “Veterans Employment and Training” providing that funds made available to assist homeless veterans may be awarded through September 30, 2017.

Language is included under “Veterans Employment and Training” providing that authorized services to veterans may also be provided to veterans recently released from incarceration.

Language is included under “General Provisions” prohibiting the use of Job Corps funds to pay the salaries and bonuses at a rate in excess of Executive Level II.

Language is included under “General Provisions” prohibiting the use of any funds appropriated for grants solicited after January 15, 2014, under section 414(c) of the American Competitiveness and Workforce Improvement Act of 1998, for purposes other than competitive grants for training individuals over the age of 16 who are not currently enrolled in school in the occupations and industries for which employers are using H-1B visa to hire foreign workers.

Language is included under “General Provisions” prohibiting the use of any funds appropriated for Employment and Training Administration programs to be used to pay the salaries and bonuses at a rate in excess of Executive Level II except under specific exclusions.

Language is included under “General Provisions” providing that the Department of Labor may transfer funds from the Employment and Training Administration to Program Administration when it is determined that services will be more efficiently performed.

Language is included under “General Provisions” providing that the Department of Labor may transfer funds from specified accounts to the “Office of the Chief Evaluation Officer” for program evaluations.

Language is included under “General Provisions” providing that the Department of Labor may use the performance accountability system in effect prior to July 1, 2016 for purposes of implementing section 147 of the WIOA.

Language is included under “General Provisions” prohibiting the Department of Labor from implementing the “Establishing a Minimum Wage for Contractors” regulation in connection to seasonal recreation and equipment rental services on Federal property.

Language is included under “General Provisions” prohibiting the Department of Labor from implementing the “Definition of the Term “Fiduciary”; Conflict of Interest-Retirement Investment Advice” regulation.

Language is included under “General Provisions” prohibiting the Department of Labor from implementing the “Defining and Delimiting the Exemptions for Executive, Administrative, Professional, Outside Sales and Computer Employees” regulation.

Language is included under “General Provisions” providing flexibility of crossing for H-2B nonimmigrant workers.

Language is included under “General Provisions” providing requirements for the determination of prevailing wages in the H-2B nonimmigrant workers program.

Language is included under “General Provisions” rescinding advance appropriations for the Dislocated Workers National Reserve.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

Language is included under “Health Resources and Services Administration—Health Resources and Services” providing that fees collected for the disclosure of information under the information re-

porting requirement program authorized by section 1921 of the Social Security Act shall be sufficient to recover the full costs of the operation program and shall remain available until expended to carry out that Act.

Language is included under “Centers for Disease Control and Prevention—Public Health Preparedness and Response” permitting CDC to operate and maintain an aircraft.

Language is included under “Centers for Disease Control and Prevention—Buildings and Facilities” providing the use of funds to support acquisition, renovation, or replacement, of the National Institute of Occupational Safety and Health’s underground and surface coal mining research capacity.

Language is included under “Centers for Disease Control and Prevention—Buildings and Facilities” providing funds from former employees with existing Individual Learning Accounts unobligated to be available to support acquisition, renovation, or replacement, of the National Institute for Occupational Safety and Health’s underground and surface coal mining research capacity.

Language is included under “National Institutes of Health—Office of the Director” that provides NIH shall strengthen human subject privacy protections.

Language is included under “Centers for Medicare and Medicaid Services—Program Management” prohibiting the use of funds to support Research, Demonstration, and Evaluation activities.

Language is included under “Centers for Medicare and Medicaid Services—Program Management” providing specified funds for Program Operations and the Federal Administration Program.

Language is included under “Centers for Medicare and Medicaid Services—Program Management” prohibiting the use of funds to support the Center for Consumer Information and Insurance Oversight or activities developed, administered, or implemented by this Center.

Language is included under “Centers for Medicare and Medicaid Services—Program Management” specifying the total and use of offsetting collections.

Language is included under “Centers for Medicare and Medicaid Services—Health Care Fraud and Abuse Control Account” providing funds to support the full cost of the Senior Medicare Patrol program.

Language is included under “Substance Abuse and Mental Health Services Administration—Mental Health” that allows SAMHSA to provide technical assistance to communities that do not receive grants but want to implement systems of care model programs.

Language is included under “Substance Abuse and Mental Health Services Administration—Mental Health” requiring states to spend 10 percent of the Mental Health Block Grant for programs for individuals with early serious mental illness.

Language is included under “Substance Abuse and Mental Health Services Administration—Mental Health” exempting the Mental Health Block Grant from the evaluation set-aside in section 241 of the Public Health Service Act.

Language is included under “Administration for Children and Families—Refugee and Entrant Assistance permitting funds to be

used for the national communications system for victims of severe forms of trafficking.

Language is included under Administration for Community Living prohibiting the use of the funds provided in the bill to pursue legal action on behalf of a protection and advocacy system described in section 103 of the Protection and Advocacy for Individuals with Mental Illness Act unless public notice has been provided within 90 of instituting action to the named person or their legal guardian.

Language is included under Administration for Community Living waiving the public notice requirement for individuals without a guardian, who are not competent to consent, who are wards of the State or subject to public guardianship.

Language is included under “General Departmental Management” for competitive grants that implement education in sexual risk avoidance using medically accurate information, evidence-based approaches and teach benefits of healthy relationships, goal setting and resisting sexual coercion and other youth risk behaviors.

Section 201 limits the amount available for official reception and representation expenses.

Section 202 limits the salary of an individual through an HHS grant or other extramural mechanism to not more than the rate of Executive Level II.

Section 203 prohibits the Secretary from using evaluation set-aside funds until the Committees on Appropriations of the House of Representatives and the Senate receive a report detailing the planned use of such funds.

Section 204 reduces the section 241 of the Public Health Service Act evaluation set-aside to 2.4 percent.

Section 205 permits the Secretary of HHS to transfer up to one percent of any discretionary funds between appropriations, provided that no appropriation is increased by more than three percent by any such transfer to meet emergency needs. Notification must be provided to the Committees on Appropriations at the program, project, and activity level in advance of any transfer.

Section 206 continues the 60-day flexibility for National Health Service Corps contract terminations.

Section 207 prohibits the use of Title X funds unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

Section 208 states that no provider of services under Title X shall be exempt from any state law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Section 209 provides conscience protections to participants in the Medicare Advantage program who chose not to provide, pay for, provide coverage of, or provide referrals for abortions.

Section 210 prohibits funds from being used to advocate or promote gun control.

Section 211 permits funding for HHS international HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad to be spent under the State Department Basic Authorities Act of 1956.

Section 212 relates to certain international health activities.

Section 213 provides the Director of NIH, jointly with the Director of the Office of AIDS Research, the authority to transfer up to three percent of human immunodeficiency virus funds.

Section 214 makes NIH funds available for human immunodeficiency virus research available to the Office of AIDS Research.

Section 215 grants authority to the Office of the Director of the NIH to enter directly into transactions in order to implement the NIH Common Fund for medical research and permitting the Director to utilize peer review procedures, as appropriate, to obtain assessments of scientific and technical merit.

Section 216 clarifies that funds appropriated to NIH institutes and centers may be used for minor repairs or improvements to their buildings, up to \$3,500,000 per project with a total limit for NIH of \$45,000,000.

Section 217 transfers one percent of the funding made available for National Institutes of Health National Research Service Awards to the Health Resources and Services Administration and Agency for Healthcare Research and Quality.

Section 218 allows NIH to retain payments for certain research organisms.

Section 219 continues the Biomedical Advanced Research and Development Authority ten year contract authority.

Section 220 requires HHS to provide details on its public web site related to how the Prevention and Public Health Funds are used.

Section 221 directs the spending of the Prevention and Public Health fund.

Section 222 requires HHS to include certain information concerning the number of full-time federal employees and contractors working on the ACA in the fiscal year 2018 budget request.

Section 223 includes specific report requirements for CMS's marketplaces activities in the fiscal year 2017 budget request.

Section 224 continues certain Congressional notification requirements.

Section 225 prohibits CMS Program Account from being used to support risk corridor payments.

Section 226 rescinds the Nonrecurring Expenses Fund.

Section 227 prohibits funds from being used for patient-centered outcomes research.

Section 228 prohibits funds from being used for Title X family planning activities.

Section 229 prevents funding of the Navigator program.

Section 230 requires HHS to submit an analysis of the impact of section 2713 of the Public Health Service Act on discretionary programs.

Section 231 creates an Infectious Disease Rapid Response Reserve Fund and specifies the purposes and circumstances under which such fund may be accessed.

TITLE III—DEPARTMENT OF EDUCATION

Language is included under "General Provisions" allowing Elementary and Secondary Education Act funds consolidated for evaluation purposes to be available from July 1, 2017 through September 30, 2018.

Language is included under “General Provisions” allowing certain institutions to continue to use endowment income for student scholarships.

Language is included under “General Provisions” extending the authorization of the National Advisory Committee on Institutional Quality and Integrity.

Language is included under “General Provisions” extending the authority to provide account maintenance fees to guaranty agencies for Federal student loans.

Language is included under “General Provisions” prohibiting the Department from moving forward with regulations that would define “gainful employment” and “credit hour”, dictate how States must authorize or license institutions of higher education within the State, and regulate teacher preparation programs.

Language is included under “General Provisions” prohibiting funds from being used to withhold Federal financial assistance to public educational institutions subject to the Dear Colleague Letter published by the Departments of Education and Justice on May 13, 2016 unless an alleged violation is determined to have occurred by the appropriate courts.

TITLE IV—RELATED AGENCIES

Language is included under “Federal Mediation and Conciliation Service—Salaries and Expenses” providing that fees charged for special training and other services and be retained and used for authorized purposes, that fees for arbitration services may only be used for training agency personnel, and that the Director may accept gifts and services in aid of any projects under the Director’s jurisdiction.

Language is included under “National Labor Relations Board—Salaries and Expenses” prohibiting the use of funds for organizing or assisting in the organization of agricultural workers or for investigations, hearings, directives, or orders related to bargaining units of agricultural workers including employees involved in the maintenance and operations of ditches, canals, reservoirs and waterways for agricultural purposes.

Language is included under “National Labor Relations Board—Administrative Provisions” prohibiting the use of electronic voting in representation elections.

Language is included under “National Labor Relations Board—Administrative Provisions” prohibiting the implementation or enforcement of the “Representation-Case Procedures” regulation.

Language is included under “National Labor Relations Board—Administrative Provisions” prohibiting the exertion of jurisdiction related to Indian tribes.

Language is included under “National Labor Relations Board—Administrative Provisions” prohibiting the application of a new “joint-employer” standard.

Language is included under “National Labor Relations Board—Administrative Provisions” prohibiting the application of a new bargaining unit standard.

Language is included under “The Committee for Purchase from People Who are Blind or Severely Disabled” requiring that written agreements, with certain oversight provisions, be in place in order for authorized fees to be charged by certified nonprofit agencies.

TITLE V—GENERAL PROVISIONS

Section 501 permits the Secretaries of Labor, Health and Human Services, and Education to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations to be used for the same purpose and for the same periods of time for which they were originally appropriated.

Section 502 prohibits the obligation of funds beyond the current fiscal year unless expressly so provided.

Section 503 prohibits funds from being used to support or defeat legislation.

Section 504 limits the amount available for official reception and representation expenses for the Secretaries of Labor and Education, the Director of the Federal Mediation and Conciliation Service, and the Chairman of the National Mediation Board.

Section 505 requires grantees receiving Federal funds to clearly state the percentage of the total cost of the program or project that will be financed with Federal money.

Section 506 prohibits the use of funds for any abortion.

Section 507 provides exceptions to section 506 and a provision prohibiting funds from being made available to a Federal agency or program, or to a State or local government, if such agency, program or government discriminates against institutional or individual health care entities because they do not provide, pay for, provide coverage of, or refer for abortions.

Section 508 prohibits use of funds for certain research involving human embryos.

Section 509 prohibits use of funds for any activity that promotes the legalization of any drug or substance included in schedule I of the schedules of controlled substances.

Section 510 prohibits use of funds to promulgate or adopt any final standard providing for a unique health identifier until legislation is enacted specifically approving the standard.

Section 511 prohibits funds to be obligated or expended on a contract with an entity that has not submitted a report on qualified veteran employees as required under 38 U.S.C. 4212(d).

Section 512 prohibits any transfer of funds made available in this Act except by the authority provided in this Act or another appropriation Act.

Section 513 limits funds in the bill for public libraries to those that comply with the requirements of the Children's Internet Protection Act.

Section 514 dictates the procedures for the reprogramming of any funds provided in the bill.

Section 515 continues a provision pertaining to appointments to federal scientific advisory committees to prevent the disclosure of information like political affiliation of candidates for appointment.

Section 516 requires each department and related agency funded through this Act to submit an operating plan within 45 days of enactment, detailing any funding allocations that are different than those specified in this Act, the accompanying detailed table, or budget request.

Section 517 requires the Secretaries of Labor, Health and Human Services, and Education to submit a quarterly report to the Committees on Appropriations of the House of Representatives and

the Senate containing certain information on noncompetitive contracts, grants, and cooperative agreements exceeding \$500,000 in value.

Section 518 prohibits use of funds to process claims for credit for quarters of coverage based on work performed under a Social Security number that was not the claimant's number, where the performance of such work under such number has formed the basis for a conviction of the claimant of a violation of section 208(a)(6) or (7) of the Social Security Act.

Section 519 prohibits use of funds to implement a Social Security totalization agreement with Mexico.

Section 520 prohibits federal funds for the purchase of syringes or sterile needles, but allows communities with rapid increases in cases of HIV and Hepatitis to access federal funds for other activities, including substance use counseling and treatment referrals.

Section 521 prohibits the use of funds for the downloading or exchanging of pornography.

Section 522 prohibits 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 relates to reporting requirements for conference expenditures.

Section 524 requires a statement regarding funding by U.S. taxpayers in certain advertisements.

Section 525 requires quarterly reports on the status of balances of appropriations from the Departments of Labor, Health and Human Services and Education and the Social Security Administration.

Section 526 prohibits the use of funds to implement, administer, enforce or further the provisions of Public Law 111-148 and portions of Public Law 111-152 with certain exceptions.

Section 527 rescinds \$15,000,000 provided under section 3403 [Independent Payment Advisory Board] of Public Law 111-148.

Section 528 rescinds \$7,000,000,000 provided under section 3021(a) [Center for Medicare and Medicaid Innovation] of Public Law 111-148.

Section 529 rescinds \$150,000,000 provided under section 6301(e) [Patient-Centered Outcomes Research Trust Fund] of Public Law 111-148.

Section 530 rescinds various funds from the Children's Health Insurance program.

Section 531 rescinds various funds from the Child Enrollment Contingency Fund.

Section 532 rescinds various funds from the Children's Health Insurance Performance Bonus Payment.

Section 533 provides conscience protections with respect to health care entities that refuse to participate in abortions and with regard to requirements for healthcare coverage of specific items and services.

APPROPRIATIONS NOT AUTHORIZED BY LAW

Pursuant to clause 3(f)(1)(B) of rule XIII of the Rules of the House of Representatives, the following table lists the appropriations in the accompanying bill which are not authorized by law for the period concerned (dollars in thousands):

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
DEPARTMENT OF LABOR ETA:				
Reintegration of Ex-Offenders (transition activities authorized by Second Chance Act, 2007).	FY 2010	\$20,000,000	\$15,000,000	\$88,078,000
VETERANS' EMPLOYMENT AND TRAINING SERVICE:				
Homeless Veterans Program	FY 2015	50,000,000	38,109,000	50,000,000
Homeless Women Veterans and Homeless Veterans with Children Reintegration Grant Program.	FY 2016	50,000,000	38,109,000	50,000,000
Referral and Counseling Services to Veterans at Risk of Homelessness.	FY 2016	50,000,000	38,109,000	50,000,000
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
HRSA:				
School-Based Health Centers	FY 2013	50,000,000	47,450,000	---
National Health Service Corps	FY 2012	Such Sums	---	---
Nursing Education Loan Repayment	FY 2007	Such Sums	31,055,000	83,135,000
Faculty Loan Repayment	FY 2014	5,000,000	1,187,000	1,190,000
Scholarships for Disadvantaged Students	FY 2014	Such Sums	44,857,000	45,970,000
National Center for Workforce Analysis	FY 2014	7,500,000	4,651,000	4,663,000
Primary Care Training and Enhancement	FY 2014	Such Sums	36,831,000	38,924,000
Oral Health Training Programs	FY 2012	25,000,000	31,928,000	35,873,000
Area Health Education Centers	FY 2014	125,000,000	30,250,000	30,250,000
Education & Training—Geriatrics	33,237,000	38,737,000
(Workforce Development)	FY 2014	10,800,000.		
(Career Incentive Awards)	FY 2013	10,000,000.		
Mental & Behavioral Health Education	FY 2013	35,000,000	7,896,000	9,916,000
Nursing Workforce Development (Nurse Education, Practice, Retention, and Quality Grants).	FY 2014	Such Sums	37,913,000	39,913,000
(Nurse Faculty Loan Program)	FY 2014	Such Sums	24,500,000	26,500,000
Sickle Cell	FY 2009	10,000,000	4,455,000	4,455,000
Healthy Start	FY 2013	Formula	100,746,000	103,500,000
Emergency Relief—Part A	FY 2013	789,471,000	649,373,000	655,876,000
Comprehensive Care—Part B	FY 2013	1,562,169,000	1,314,446,000	1,315,005,000
Early Intervention—Part C	FY 2013	285,766,000	205,544,000	205,079,000
Coordinated Services and Access to Research for Women, Infants, Children and Youth—Part D.	FY 2013	87,273,000	75,088,000	75,088,000
Special Projects of National Significance—Part F.	FY 2013	25,000,000	25,000,000	25,000,000
Education and Training Centers—Part F ..	FY 2013	42,178,000	33,275,000	33,611,000
Dental Reimbursement—Part F	FY 2013	15,802,000	12,991,000	13,122,000
Organ Transplantation	FY 1993	Such Sums	2,767,000	23,549,000
Rural Health Outreach Grants	FY 2012	45,000,000	55,553,000	65,500,000
Rural Hospital Flexibility Grants	FY 2012	Such Sums	41,040,000	45,609,000
State Offices of Rural Health	FY 2002	Such Sums	4,000,000	10,511,000
Telehealth	FY 2006	Such Sums	6,814,000	19,000,000
CDC:				
Sexually Transmitted Diseases Grants.	FY 1998	Such Sums	113,671,000	157,310,000
National Cancer Registries	FY 2003	Such Sums	N/A	49,440,000
National Center for Health Statistics	FY 2003	Such Sums	125,899,000	160,397,000
WISEWOMEN	FY 2003	Such Sums	12,419,000	21,120,000
Asthma (Environmental)	FY 2005	Such Sums	32,422,000	29,000,000
Folic Acid	FY 2005	Such Sums	2,188,000	3,150,000
Injury Prevention and Control	FY 2005	Such Sums	138,237,000	261,059,000
Oral Health Promotion	FY 2005	Such Sums	11,204,000	18,000,000
Safe Motherhood/Infant Health Promotion.	FY 2005	Such Sums	44,738,000	46,000,000
Birth Defects, Developmental Disability, Disability and Health.	FY 2007	Such Sums	122,242,000	135,310,000
Developmental Disabilities Surveillance and Research Program (Autism).	FY 2011	21,000,000	21,380,000	23,100,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Breast and Cervical Cancer	FY 2012	275,000,000	204,779,000	210,000,000
Johanna's Law	FY 2012	18,000,000	4,972,000	5,500,000
Epidemiology Laboratory Capacity Grants.	FY 2013	190,000,000	32,424,000	40,000,000
National TB Strategy Grants	FY 2013	243,101,000	132,997,000	142,256,000
Public Health Workforce and Career Development.	FY 2013	39,500,000	64,000,000	45,000,000
National Diabetes Prevention Program.	FY 2014	Such Sums	10,000,000	25,000,000
Section 317 Immunization	FY 2014	Such Sums	610,847,000	565,508,000
Young Women's Breast Health Awareness.	FY 2014	9,000,000	4,951,000	4,960,000
Congenital Heart Disease Programs	FY 2015	Such Sums	4,000,000	4,000,000
Lead Poisoning Prevention	FY 2005	Such Sums	36,474,000	17,500,000
Preventive Health and Health Services Block Grant.	FY 1998	Such Sums	194,092,000	160,000,000
NIH:				
All 27 Institutes and Centers	FY 2009	Such Sums	30,317,024,000	32,542,402,000
SAMHSA:				
Treatment Systems for Homeless Individuals.	FY 2003	50,000,000	16,700,000	36,386,000
Residential Treatment Programs for Pregnant and Postpartum Women.	FY 2003	Such Sums	0	15,931,000
Priority Substance Abuse Treatment Needs of Regional and National Significance.	FY 2003	300,000,000	322,994,000	331,323,000
Substance Abuse Treatment Services for Children and Adolescents.	FY 2003	40,000,000	20,000,000	29,605,000
Priority Substance Abuse Prevention Needs of Regional and National Significance.	FY 2003	300,000,000	138,399,000	211,148,000
Priority Mental Health Needs of Regional and National Significance.	FY 2003	300,000,000	94,289,000	395,289,000
Youth Interagency Research, Training, and Technical Assistance Centers.	FY 2007	5,000,000	3,960,000	5,988,000
Suicide Prevention for Children and Youth.	FY 2007	35,000,000	22,779,000	41,915,000
Primary and Behavioral Health Care Integration.	FY 2014	50,000,000	50,000,000	26,004,000
Grants for Jail Division Programs	FY 2003	10,000,000	6,043,000	4,269,000
PATH Grants to States	FY 2003	75,000,000	46,855,000	64,635,000
Community Mental Health Services for Children with Serious Emotional Disturbances.	FY 2003	100,000,000	96,694,000	119,026,000
Grants for Persons who Experienced Violence Related Stress.	FY 2003	50,000,000	20,000,000	46,887,000
Community Mental Health Services Block Grants.	FY 2003	450,000,000	433,000,000	532,571,000
Substance Abuse Prevention and Treatment Block Grant.	FY 2003	2,000,000,000	1,785,000,000	1,858,079,000
Protection and Advocacy for Individuals with Mental Illness Act.	FY 2003	19,500,000	32,500,000	36,146,000
AHRQ:				
Research on Health Costs, Quality, and Outcomes.	FY 2005	Such Sums	260,695,000	280,240,000
ACF:				
Low Income Home Energy Assistance Program.	FY 2007	5,100,000,000	2,161,170,000	3,490,304,000
Children and Families Services Programs				
Adoption Awareness Programs	FY 2005	Such Sums	12,453,000	39,100,000
Native American Programs	FY 2002	Such Sums	45,826,000	53,100,000
Community Services Block Grant	FY 2003	Such Sums	645,762,000	715,000,000
Community Economic Development Program.	FY 2003	Formula	27,082,000	29,883,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Assets for Independence	FY 2003	25,000,000	24,827,000	18,950,000
Head Start	FY 2012	Such Sums	7,968,544,000	9,309,724,000
Runaway and Homeless Youth Programs.	FY 2013	Such Sums	107,852,000	119,121,000
CAPTA programs	FY 2015	Such Sums	143,981,000	138,374,000
Family Violence Programs	FY 2015	178,500,000	139,500,000	159,250,000
Disaster Human Services Case Management.	N/A	N/A	N/A	1,864,000
Refugee and Entrant Assistance				
Transitional and Medical Services	FY 2002	Such Sums	227,243,000	490,000,000
Social Services	FY 2002	Such Sums	158,600,000	155,000,000
Preventative Health	FY 2002	Such Sums	4,835,000	4,600,000
Targeted Assistance	FY 2002	Such Sums	49,477,000	47,601,000
Victims of Torture	FY 2007	25,000,000	9,817,000	10,735,000
ACL:				
Alzheimer's Diseases Demonstration	FY 2002	Such Sums	11,483,000	4,800,000
Lifespan Respite Care	FY 2011	94,810,000	2,495,000	3,360,000
State Health Insurance Assistance Program.	FY 1996	10,000,000	N/A	52,115,000
Developmental Disabilities	FY 2007	Such Sums	155,115,000	160,353,000
Voting Access for People with Disabilities.	FY 2005	17,410,000	13,879,000	4,963,000
Elder Justice/Adult Protective Services.	FY 2014	129,000,000	0	8,000,000
Assistive Technology	FY 2010	Such Sums	25,000,000	34,000,000
OS:				
Office of Women's Health	FY 2014	Such Sums	33,958,000	32,140,000
Office of Minority Health	FY 2016	Such Sums	56,670,000	56,670,000
DEPARTMENT OF EDUCATION				
Adult Education	FY 2004	Such Sums	590,233,000	579,195,000
Howard University—Endowment Program	FY 1985	Such Sums	2,000,000	3,405,000
Institute of Education Sciences	FY 2009	Such Sums	617,175,000	409,956,000
RELATED AGENCIES				
Institute of Museum and Library Services	FY 2009	Such Sums	274,840,000	230,000,000
National Council on Disability	FY 2003	Such Sums	3,144,000	3,250,000

PROGRAM DUPLICATION

Pursuant to section 3(j)(2) of H. Res. 5 (113th Congress), no provision of this bill establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

DIRECTED RULE MAKING

The bill does not direct any rule making.

COMPARISON WITH THE BUDGET RESOLUTION

Pursuant to clause 3(c)(2) of rule XIII of the Rules of the House of Representatives and Section 308(a)(1)(A) of the Congressional Budget Act of 1974, the following table compares the levels of new budget authority provided in the bill with the appropriate allocations under section 302(b) of the Budget Act:

[In millions of dollars]

	302(b) Allocation		This Bill	
	Budget authority	Outlays	Budget authority	Outlays
Discretionary	\$163,081	\$169,053	\$163,081	¹ \$169,073
Mandatory	775,573	775,186	775,573	¹ 775,186

¹ Includes outlays from prior-year budget authority.

FIVE-YEAR OUTLAY PROJECTIONS

Pursuant to section 308(a)(1)(B) of the Congressional Budget Act of 1974, the following table contains five-year projections prepared by the Congressional Budget Office of outlays associated with the budget authority provided in the accompanying bill:

[In millions of dollars]

Projection of outlays associated with the recommendation:	
2017	¹ \$844,780
2018	63,022
2019	16,670
2020	4,888
2021 and future years	29,612

¹ Excludes outlays from prior-year budget authority.

ASSISTANCE TO STATE AND LOCAL GOVERNMENTS

Pursuant to section 308(a)(1)(C) of the Congressional Budget Act of 1974, the amounts of financial assistance to State and local governments is as follows:

[In millions of dollars]

New Budget Authority	\$443,271
Fiscal year 2017 outlays resulting therefrom	¹ 423,606

¹ Excludes outlays from prior-year budget authority.

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 1

Date: July 13, 2016

Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2017

Motion by: Mrs. Lowey

Description of Motion: Strike section 210 relating to gun control.

Results: Defeated 18 yeas to 31 nays

Members Voting Yea

Ms. DeLauro
Mr. Farr
Mr. Honda
Mr. Israel
Ms. Kaptur
Mr. Kilmer
Ms. Lee
Mrs. Lowey
Ms. McCollum
Ms. Pingree
Mr. Price
Mr. Quigley
Ms. Roybal-Allard
Mr. Ruppertsberger
Mr. Ryan
Mr. Serrano
Mr. Visclosky
Ms. Wasserman Schultz

Members Voting Nay

Mr. Aderholt
Mr. Amodei
Mr. Bishop
Mr. Calvert
Mr. Carter
Mr. Cole
Mr. Crenshaw
Mr. Cuellar
Mr. Culberson
Mr. Dent
Mr. Diaz-Balart
Mr. Fleischmann
Mr. Fortenberry
Mr. Frelinghuysen
Ms. Granger
Mr. Graves
Dr. Harris
Ms. Herrera Beutler
Mr. Jenkins
Mr. Joyce
Mr. Palazzo
Mr. Rigell
Mrs. Roby
Mr. Rogers
Mr. Rooney
Mr. Simpson
Mr. Stewart
Mr. Valadao
Mr. Womack
Mr. Yoder
Mr. Young

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 2

Date: July 13, 2016

Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2017

Motion by: Ms. DeLauro

Description of Motion: Direct the CDC to support gun violence prevention research.

Results: Defeated 18 yeas to 31 nays

Members Voting Yea

Ms. DeLauro
Mr. Farr
Mr. Honda
Mr. Israel
Ms. Kaptur
Mr. Kilmer
Ms. Lee
Mrs. Lowey
Ms. McCollum
Ms. Pingree
Mr. Price
Mr. Quigley
Ms. Roybal-Allard
Mr. Ruppersberger
Mr. Ryan
Mr. Serrano
Mr. Visclosky
Ms. Wasserman Schultz

Members Voting Nay

Mr. Aderholt
Mr. Amodei
Mr. Bishop
Mr. Calvert
Mr. Carter
Mr. Cole
Mr. Crenshaw
Mr. Cuellar
Mr. Culberson
Mr. Dent
Mr. Diaz-Balart
Mr. Fleischmann
Mr. Fortenberry
Mr. Frelinghuysen
Ms. Granger
Mr. Graves
Dr. Harris
Ms. Herrera Beutler
Mr. Jenkins
Mr. Joyce
Mr. Palazzo
Mr. Rigell
Mrs. Roby
Mr. Rogers
Mr. Rooney
Mr. Simpson
Mr. Stewart
Mr. Valadao
Mr. Womack
Mr. Yoder
Mr. Young

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 3

Date: July 13, 2016

Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2017

Motion by: Ms. Roybal-Allard

Description of Motion: Increase funding for CDC Childhood Lead Poisoning Prevention and Safe Water programs; designate as emergency spending.

Results: Defeated 19 yeas to 27 nays

Members Voting Yea

Mr. Bishop
Mr. Cuellar
Ms. DeLauro
Mr. Honda
Mr. Israel
Ms. Kaptur
Mr. Kilmer
Ms. Lee
Mrs. Lowey
Ms. McCollum
Ms. Pingree
Mr. Price
Mr. Quigley
Ms. Roybal-Allard
Mr. Ruppertsberger
Mr. Ryan
Mr. Serrano
Mr. Visclosky
Ms. Wasserman Schultz

Members Voting Nay

Mr. Aderholt
Mr. Calvert
Mr. Carter
Mr. Cole
Mr. Culberson
Mr. Dent
Mr. Diaz-Balart
Mr. Fleischmann
Mr. Fortenberry
Mr. Frelinghuysen
Ms. Granger
Mr. Graves
Dr. Harris
Ms. Herrera Beutler
Mr. Jenkins
Mr. Joyce
Mr. Palazzo
Mr. Rigell
Mrs. Roby
Mr. Rogers
Mr. Rooney
Mr. Simpson
Mr. Stewart
Mr. Valadao
Mr. Womack
Mr. Yoder
Mr. Young

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 4

Date: July 13, 2016

Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2017

Motion by: Mrs. Lowey

Description of Motion: Restore funding for title X Family Planning and designate amounts in bill for Zika response as emergency spending.

Results: Defeated 20 yeas to 28 nays

Members Voting Yea

Mr. Bishop
Mr. Cuellar
Ms. DeLauro
Mr. Farr
Mr. Honda
Mr. Israel
Ms. Kaptur
Mr. Kilmer
Ms. Lee
Mrs. Lowey
Ms. McCollum
Ms. Pingree
Mr. Price
Mr. Quigley
Ms. Roybal-Allard
Mr. Ruppertsberger
Mr. Ryan
Mr. Serrano
Mr. Visclosky
Ms. Wasserman Schultz

Members Voting Nay

Mr. Aderholt
Mr. Amodei
Mr. Calvert
Mr. Carter
Mr. Cole
Mr. Culberson
Mr. Dent
Mr. Diaz-Balart
Mr. Fleischmann
Mr. Fortenberry
Mr. Frelinghuysen
Ms. Granger
Mr. Graves
Dr. Harris
Ms. Herrera Beutler
Mr. Jenkins
Mr. Joyce
Mr. Palazzo
Mr. Rigell
Mrs. Roby
Mr. Rogers
Mr. Rooney
Mr. Simpson
Mr. Stewart
Mr. Valadao
Mr. Womack
Mr. Yoder
Mr. Young

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 5

Date: July 13, 2016

Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2017

Motion by: Ms. DeLauro

Description of Motion: Restore funding for various programs across the bill and increase Children's Health Insurance Program Performance Bonus Fund rescission to \$5,669,100,000.

Results: Defeated 20 yeas to 28 nays

Members Voting Yea

Mr. Bishop
Mr. Cuellar
Ms. DeLauro
Mr. Farr
Mr. Honda
Mr. Israel
Ms. Kaptur
Mr. Kilmer
Ms. Lee
Mrs. Lowey
Ms. McCollum
Ms. Pingree
Mr. Price
Mr. Quigley
Ms. Roybal-Allard
Mr. Ruppersberger
Mr. Ryan
Mr. Serrano
Mr. Visclosky
Ms. Wasserman Schultz

Members Voting Nay

Mr. Aderholt
Mr. Amodei
Mr. Calvert
Mr. Carter
Mr. Cole
Mr. Culberson
Mr. Dent
Mr. Diaz-Balart
Mr. Fleischmann
Mr. Fortenberry
Mr. Frelinghuysen
Ms. Granger
Mr. Graves
Dr. Harris
Ms. Herrera Beutler
Mr. Jenkins
Mr. Joyce
Mr. Palazzo
Mr. Rigell
Mrs. Roby
Mr. Rogers
Mr. Rooney
Mr. Simpson
Mr. Stewart
Mr. Valadao
Mr. Womack
Mr. Yoder
Mr. Young

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 6

Date: July 13, 2016

Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2017

Motion by: Ms. Lee

Description of Motion: Strike various general provisions across the bill.

Results: Defeated 18 yeas to 31 nays

Members Voting Yea

Ms. DeLauro
Mr. Farr
Mr. Honda
Mr. Israel
Ms. Kaptur
Mr. Kilmer
Ms. Lee
Mrs. Lowey
Ms. McCollum
Ms. Pingree
Mr. Price
Mr. Quigley
Ms. Roybal-Allard
Mr. Ruppersberger
Mr. Ryan
Mr. Serrano
Mr. Visclosky
Ms. Wasserman Schultz

Members Voting Nay

Mr. Aderholt
Mr. Amodei
Mr. Bishop
Mr. Calvert
Mr. Carter
Mr. Cole
Mr. Crenshaw
Mr. Cuellar
Mr. Culberson
Mr. Dent
Mr. Diaz-Balart
Mr. Fleischmann
Mr. Fortenberry
Mr. Frelinghuysen
Ms. Granger
Mr. Graves
Dr. Harris
Ms. Herrera Beutler
Mr. Jenkins
Mr. Joyce
Mr. Palazzo
Mr. Rigell
Mrs. Roby
Mr. Rogers
Mr. Rooney
Mr. Simpson
Mr. Stewart
Mr. Valadao
Mr. Womack
Mr. Yoder
Mr. Young

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 7

Date: July 13, 2016

Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2017

Motion by: Ms. DeLauro

Description of Motion: Increase funding for NIH by \$750,000,000 and designate funds for Infectious Disease Rapid Response Reserve Fund and grants for opioid treatment as emergency spending.

Results: Defeated 19 yeas to 29 nays

Members Voting Yea

Mr. Bishop
 Mr. Cuellar
 Ms. DeLauro
 Mr. Farr
 Mr. Honda
 Mr. Israel
 Mr. Kilmer
 Ms. Lee
 Mrs. Lowey
 Ms. McCollum
 Ms. Pingree
 Mr. Price
 Mr. Quigley
 Ms. Roybal-Allard
 Mr. Ruppertsberger
 Mr. Ryan
 Mr. Serrano
 Mr. Visclosky
 Ms. Wasserman Schultz

Members Voting Nay

Mr. Aderholt
 Mr. Amodei
 Mr. Calvert
 Mr. Carter
 Mr. Cole
 Mr. Crenshaw
 Mr. Dent
 Mr. Diaz-Balart
 Mr. Fleischmann
 Mr. Fortenberry
 Mr. Frelinghuysen
 Ms. Granger
 Mr. Graves
 Dr. Harris
 Ms. Herrera Beutler
 Mr. Jenkins
 Mr. Jolly
 Mr. Joyce
 Mr. Palazzo
 Mr. Rigell
 Mrs. Roby
 Mr. Rogers
 Mr. Rooney
 Mr. Simpson
 Mr. Stewart
 Mr. Valadao
 Mr. Womack
 Mr. Yoder
 Mr. Young

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 8

Date: July 13, 2016

Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2017

Motion by: Mrs. Lowey

Description of Motion: Enact provisions of H.R. 5044 as introduced on April 25, 2016.

Results: Defeated 21 yeas to 29 nays

Members Voting Yea

Mr. Bishop
Mr. Cuellar
Ms. DeLauro
Mr. Farr
Mr. Honda
Mr. Israel
Mr. Jolly
Ms. Kaptur
Mr. Kilmer
Ms. Lee
Mrs. Lowey
Ms. McCollum
Ms. Pingree
Mr. Price
Mr. Quigley
Ms. Roybal-Allard
Mr. Ruppersberger
Mr. Ryan
Mr. Serrano
Mr. Visclosky
Ms. Wasserman Schultz

Members Voting Nay

Mr. Aderholt
Mr. Amodei
Mr. Calvert
Mr. Carter
Mr. Cole
Mr. Crenshaw
Mr. Culberson
Mr. Dent
Mr. Diaz-Balart
Mr. Fleischmann
Mr. Fortenberry
Mr. Frelinghuysen
Ms. Granger
Mr. Graves
Dr. Harris
Ms. Herrera Beutler
Mr. Jenkins
Mr. Joyce
Mr. Palazzo
Mr. Rigell
Mrs. Roby
Mr. Rogers
Mr. Rooney
Mr. Simpson
Mr. Stewart
Mr. Valadao
Mr. Womack
Mr. Yoder
Mr. Young

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 9

Date: July 13, 2016

Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2017

Motion by: Mr. Quigley

Description of Motion: Increase funding for the Social Security Administration operating budget and designate funds for Infectious Disease Rapid Response Reserve Fund and grants for opioid treatment as emergency spending.

Results: Defeated 20 yeas to 29 nays

Members Voting Yea

Mr. Bishop
Mr. Cuellar
Ms. DeLauro
Mr. Farr
Mr. Honda
Mr. Israel
Ms. Kaptur
Mr. Kilmer
Ms. Lee
Mrs. Lowey
Ms. McCollum
Ms. Pingree
Mr. Price
Mr. Quigley
Ms. Roybal-Allard
Mr. Ruppersberger
Mr. Ryan
Mr. Serrano
Mr. Visclosky
Ms. Wasserman Schultz

Members Voting Nay

Mr. Aderholt
Mr. Amodei
Mr. Calvert
Mr. Carter
Mr. Cole
Mr. Crenshaw
Mr. Culberson
Mr. Dent
Mr. Diaz-Balart
Mr. Fleischmann
Mr. Frelinghuysen
Ms. Granger
Mr. Graves
Dr. Harris
Ms. Herrera Beutler
Mr. Jenkins
Mr. Jolly
Mr. Joyce
Mr. Palazzo
Mr. Rigell
Mrs. Roby
Mr. Rogers
Mr. Rooney
Mr. Simpson
Mr. Stewart
Mr. Valadao
Mr. Womack
Mr. Yoder
Mr. Young

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 10

Date: July 13, 2016

Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2017

Motion by: Ms. Wasserman Schultz

Description of Motion: Increase Centers for Medicare and Medicaid Services Program Management funding and strike various general provisions in the bill related to the Affordable Care Act.

Results: Defeated 20 yeas to 29 nays

Members Voting Yea

Mr. Bishop
Mr. Cuellar
Ms. DeLauro
Mr. Farr
Mr. Honda
Mr. Israel
Ms. Kaptur
Mr. Kilmer
Ms. Lee
Mrs. Lowey
Ms. McCollum
Ms. Pingree
Mr. Price
Mr. Quigley
Ms. Roybal-Allard
Mr. Ruppersberger
Mr. Ryan
Mr. Serrano
Mr. Visclosky
Ms. Wasserman Schultz

Members Voting Nay

Mr. Aderholt
Mr. Amodei
Mr. Calvert
Mr. Carter
Mr. Cole
Mr. Crenshaw
Mr. Culberson
Mr. Dent
Mr. Diaz-Balart
Mr. Fleischmann
Mr. Frelinghuysen
Ms. Granger
Mr. Graves
Dr. Harris
Ms. Herrera Beutler
Mr. Jenkins
Mr. Jolly
Mr. Joyce
Mr. Palazzo
Mr. Rigell
Mrs. Roby
Mr. Rogers
Mr. Rooney
Mr. Simpson
Mr. Stewart
Mr. Valadao
Mr. Womack
Mr. Yoder
Mr. Young

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 11

Date: July 13, 2016

Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2017

Motion by: Ms. Roybal-Allard

Description of Motion: Authorize students to receive more than one Pell Grant in a single award year and increase the Children's Health Insurance Program Performance Bonus Fund rescission by \$1,201,000,000.

Results: Defeated 19 yeas to 27 nays

Members Voting Yea

Mr. Cuellar
 Ms. DeLauro
 Mr. Dent
 Mr. Farr
 Ms. Herrera Beutler
 Mr. Honda
 Ms. Kaptur
 Mr. Kilmer
 Ms. Lee
 Mrs. Lowey
 Ms. McCollum
 Ms. Pingree
 Mr. Price
 Mr. Quigley
 Ms. Roybal-Allard
 Mr. Ruppertsberger
 Mr. Ryan
 Mr. Serrano
 Mr. Visclosky

Members Voting Nay

Mr. Aderholt
 Mr. Calvert
 Mr. Carter
 Mr. Cole
 Mr. Crenshaw
 Mr. Culberson
 Mr. Diaz-Balart
 Mr. Fleischmann
 Mr. Fortenberry
 Mr. Frelinghuysen
 Ms. Granger
 Mr. Graves
 Dr. Harris
 Mr. Jenkins
 Mr. Jolly
 Mr. Joyce
 Mr. Palazzo
 Mr. Rigell
 Mrs. Roby
 Mr. Rogers
 Mr. Rooney
 Mr. Simpson
 Mr. Stewart
 Mr. Valadao
 Mr. Womack
 Mr. Yoder
 Mr. Young

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 12

Date: July 13, 2016

Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2017

Motion by: Ms. Lee

Description of Motion: Restore funding for Teen Pregnancy Prevention and School Health HIV programs; eliminate funding for the sexual risk avoidance program.

Results: Defeated 20 yeas to 29 nays

Members Voting Yea

Mr. Bishop
Mr. Cuellar
Ms. DeLauro
Mr. Farr
Mr. Honda
Mr. Israel
Ms. Kaptur
Mr. Kilmer
Ms. Lee
Mrs. Lowey
Ms. McCollum
Ms. Pingree
Mr. Price
Mr. Quigley
Ms. Roybal-Allard
Mr. Ruppersberger
Mr. Ryan
Mr. Serrano
Mr. Visclosky
Ms. Wasserman Schultz

Members Voting Nay

Mr. Aderholt
Mr. Amodei
Mr. Calvert
Mr. Carter
Mr. Cole
Mr. Crenshaw
Mr. Culberson
Mr. Dent
Mr. Diaz-Balart
Mr. Fleischmann
Mr. Fortenberry
Mr. Frelinghuysen
Ms. Granger
Mr. Graves
Dr. Harris
Ms. Herrera Beutler
Mr. Jenkins
Mr. Jolly
Mr. Joyce
Mr. Palazzo
Mr. Rigell
Mrs. Roby
Mr. Rogers
Mr. Simpson
Mr. Stewart
Mr. Valadao
Mr. Womack
Mr. Yoder
Mr. Young

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 13

Date: July 13, 2016

Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2017

Motion by: Dr. Harris

Description of Motion: Allow funding for In Vitro Fertilization treatment through federal facilities only if such treatment does not result in the destruction of viable human embryos after embryo transfer.

Results: Adopted 29 yeas to 21 nays

Members Voting Yea

Mr. Aderholt
 Mr. Amodei
 Mr. Calvert
 Mr. Carter
 Mr. Cole
 Mr. Crenshaw
 Mr. Cuellar
 Mr. Culberson
 Mr. Diaz-Balart
 Mr. Fleischmann
 Mr. Fortenberry
 Mr. Frelinghuysen
 Ms. Granger
 Mr. Graves
 Dr. Harris
 Ms. Herrera Beutler
 Mr. Jenkins
 Mr. Jolly
 Mr. Joyce
 Mr. Palazzo
 Mrs. Roby
 Mr. Rogers
 Mr. Rooney
 Mr. Simpson
 Mr. Stewart
 Mr. Valadao
 Mr. Womack
 Mr. Yoder
 Mr. Young

Members Voting Nay

Mr. Bishop
 Ms. DeLauro
 Mr. Dent
 Mr. Farr
 Mr. Honda
 Mr. Israel
 Ms. Kaptur
 Mr. Kilmer
 Ms. Lee
 Mrs. Lowey
 Ms. McCollum
 Ms. Pingree
 Mr. Price
 Mr. Quigley
 Mr. Rigell
 Ms. Roybal-Allard
 Mr. Ruppersberger
 Mr. Ryan
 Mr. Serrano
 Mr. Visclosky
 Ms. Wasserman Schultz

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 14

Date: July 14, 2016

Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2017

Motion by: Ms. Lee

Description of Motion: Restore funding for dislocated worker job training and Apprenticeship grants and designate amounts in bill for Zika response as emergency spending.

Results: Defeated 16 yeas to 28 nays

Members Voting Yea

Mr. Cuellar
 Ms. DeLauro
 Mr. Farr
 Mr. Honda
 Mr. Israel
 Ms. Kaptur
 Mr. Kilmer
 Ms. Lee
 Mrs. Lowey
 Ms. McCollum
 Mr. Price
 Mr. Quigley
 Ms. Roybal-Allard
 Mr. Ryan
 Mr. Serrano
 Ms. Wasserman Schultz

Members Voting Nay

Mr. Aderholt
 Mr. Amodei
 Mr. Calvert
 Mr. Carter
 Mr. Cole
 Mr. Crenshaw
 Mr. Culberson
 Mr. Dent
 Mr. Diaz-Balart
 Mr. Fleischmann
 Mr. Fortenberry
 Mr. Frelinghuysen
 Mr. Graves
 Dr. Harris
 Ms. Herrera Beutler
 Mr. Jenkins
 Mr. Jolly
 Mr. Joyce
 Mr. Palazzo
 Mr. Rigell
 Mrs. Roby
 Mr. Rogers
 Mr. Rooney
 Mr. Simpson
 Mr. Stewart
 Mr. Valadao
 Mr. Womack
 Mr. Young

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 15

Date: July 14, 2016

Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2017

Motion by: Ms. DeLauro

Description of Motion: Increase funding for the Infectious Disease Rapid Response Reserve Fund to \$5,000,000,000, designated as emergency spending.

Results: Defeated 17 yeas to 29 nays

Members Voting Yea

Mr. Cuellar
 Ms. DeLauro
 Mr. Farr
 Mr. Honda
 Mr. Israel
 Mr. Kaptur
 Mr. Kilmer
 Ms. Lee
 Mrs. Lowey
 Ms. McCollum
 Mr. Price
 Mr. Quigley
 Ms. Roybal-Allard
 Mr. Ruppertsberger
 Mr. Ryan
 Mr. Serrano
 Ms. Wasserman Schultz

Members Voting Nay

Mr. Aderholt
 Mr. Amodei
 Mr. Calvert
 Mr. Carter
 Mr. Cole
 Mr. Crenshaw
 Mr. Culberson
 Mr. Dent
 Mr. Diaz-Balart
 Mr. Fleischmann
 Mr. Fortenberry
 Mr. Frelinghuysen
 Ms. Granger
 Mr. Graves
 Dr. Harris
 Ms. Herrera Beutler
 Mr. Jenkins
 Mr. Jolly
 Mr. Joyce
 Mr. Palazzo
 Mr. Rigell
 Mrs. Roby
 Mr. Rogers
 Mr. Rooney
 Mr. Simpson
 Mr. Stewart
 Mr. Valadao
 Mr. Womack
 Mr. Young

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 16

Date: July 14, 2016

Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2017

Motion by: Ms. Wasserman Schultz

Description of Motion: Strike section 533, related to health care conscience protection.

Results: Defeated 19 yeas to 31 nays

Members Voting Yea

Mr. Bishop
 Ms. DeLauro
 Mr. Farr
 Mr. Honda
 Mr. Israel
 Ms. Kaptur
 Mr. Kilmer
 Ms. Lee
 Mrs. Lowey
 Ms. McCollum
 Ms. Pingree
 Mr. Price
 Mr. Quigley
 Ms. Roybal-Allard
 Mr. Ruppertsberger
 Mr. Ryan
 Mr. Serrano
 Mr. Visclosky
 Ms. Wasserman Schultz

Members Voting Nay

Mr. Aderholt
 Mr. Amodei
 Mr. Calvert
 Mr. Carter
 Mr. Cole
 Mr. Crenshaw
 Mr. Cuellar
 Mr. Culberson
 Mr. Dent
 Mr. Diaz-Balart
 Mr. Fleischmann
 Mr. Fortenberry
 Mr. Frelinghuysen
 Ms. Granger
 Mr. Graves
 Dr. Harris
 Ms. Herrera Beutler
 Mr. Jenkins
 Mr. Jolly
 Mr. Joyce
 Mr. Palazzo
 Mr. Rigell
 Mrs. Roby
 Mr. Rogers
 Mr. Rooney
 Mr. Simpson
 Mr. Stewart
 Mr. Valadao
 Mr. Womack
 Mr. Yoder
 Mr. Young

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

ROLL CALL NO. 17

Date: July 14, 2016

Measure: Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, FY 2017

Motion by: Mr. Frelinghuysen

Description of Motion: Report the bill favorably to the House.

Results: Adopted 31 yeas to 19 nays

Members Voting Yea

Mr. Aderholt
 Mr. Amodei
 Mr. Calvert
 Mr. Carter
 Mr. Cole
 Mr. Crenshaw
 Mr. Cuellar
 Mr. Culberson
 Mr. Dent
 Mr. Diaz-Balart
 Mr. Fleischmann
 Mr. Fortenberry
 Mr. Frelinghuysen
 Ms. Granger
 Mr. Graves
 Dr. Harris
 Ms. Herrera Beutler
 Mr. Jenkins
 Mr. Jolly
 Mr. Joyce
 Mr. Palazzo
 Mr. Rigell
 Mrs. Roby
 Mr. Rogers
 Mr. Rooney
 Mr. Simpson
 Mr. Stewart
 Mr. Valadao
 Mr. Womack
 Mr. Yoder
 Mr. Young

Members Voting Nay

Mr. Bishop
 Ms. DeLauro
 Mr. Farr
 Mr. Honda
 Mr. Israel
 Ms. Kaptur
 Mr. Kilmer
 Ms. Lee
 Mrs. Lowey
 Ms. McCollum
 Ms. Pingree
 Mr. Price
 Mr. Quigley
 Ms. Roybal-Allard
 Mr. Ruppertsberger
 Mr. Ryan
 Mr. Serrano
 Mr. Visclosky
 Ms. Wasserman Schultz

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
EMPLOYEE BENEFITS SECURITY ADMINISTRATION (EBSA)					
Salaries and Expenses					
Enforcement and Participant Assistance..... D	147,400	---	140,400	-7,000	+140,400
Policy and Compliance Assistance..... D	26,901	---	26,901	---	+26,901
Executive Leadership, Program Oversight and Administration..... D	6,699	---	6,699	---	+6,699
Employee benefits security programs..... D	---	205,761	---	---	-205,761
Total, EBSA.....	181,000	205,761	174,000	-7,000	-31,761
PENSION BENEFIT GUARANTY CORPORATION (PBGC)					
Pension Benefit Guaranty Corporation Fund					
Consolidated Administrative budget..... NA	(431,799)	(519,506)	(519,506)	(+87,707)	---
WAGE AND HOUR DIVISION, Salaries and Expenses..... D	227,500	276,599	215,500	-12,000	-61,099
OFFICE OF LABOR-MANAGEMENT STANDARDS, Salaries and Expenses..... D	40,593	45,691	41,129	+536	-4,562

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
SCHOOL IMPROVEMENT PROGRAMS					
Supporting Effective Instruction State Grants..... D	668,389	568,559	268,389	-400,000	-300,170
Advance from prior year..... NA	(1,681,441)	(1,681,441)	(1,681,441)	---	---
FY 2018..... D	1,681,441	1,681,441	1,681,441	---	---
Subtotal, Supporting Effective Instruction State Grants, program level.....	2,349,830	2,250,000	1,949,830	-400,000	-300,170
Mathematics and Science Partnerships..... D	152,717	---	---	-152,717	---
Supplemental Education Grants..... D	16,699	16,699	16,699	---	---
21st Century Community Learning Centers..... D	1,166,673	1,000,000	1,166,673	---	+166,673
State Assessments..... D	378,000	403,000	300,000	-78,000	-103,000
Education for Homeless Children and Youth..... D	70,000	85,000	70,000	---	-15,000
Training and Advisory Services (Civil Rights)..... D	6,575	6,575	6,575	---	---
Education for Native Hawaiians..... D	33,397	33,397	33,397	---	---
Alaska Native Education Equity..... D	32,453	32,453	32,453	---	---
Rural Education..... D	175,840	175,840	175,840	---	---
Comprehensive Centers..... D	51,445	55,445	48,445	-3,000	-7,000
Student Support and Academic Enrichment grants..... D	---	500,000	1,000,000	+1,000,000	+500,000
Total, School Improvement Programs.....	4,433,629	4,558,409	4,799,912	+366,283	+241,503
Current Year.....	(2,752,188)	(2,876,968)	(3,118,471)	(+366,283)	(+241,503)
FY 2018.....	(1,681,441)	(1,681,441)	(1,681,441)	---	---
Subtotal, Forward Funded.....	(2,611,619)	(2,732,399)	(2,980,902)	(+369,283)	(+248,503)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Javits Gifted and Talented Students..... D	---	12,000	12,000	+12,000	---
Teach to Lead (proposed legislation)..... D	---	10,000	---	---	-10,000
Stronger Together (proposed legislation)..... D	---	120,000	---	---	-120,000
Next Generation High Schools (proposed legislation).. D	---	80,000	---	---	-80,000
Computer Science for All Development Grants (proposed legislation)..... D	---	100,000	---	---	-100,000
Total, Innovation and Improvement.....	1,181,226	1,411,556	632,938	-548,288	-778,618
Current Year.....	(1,181,226)	(1,411,556)	(632,938)	(-548,288)	(-778,618)
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Promise Neighborhoods..... D	73,254	128,000	63,254	-10,000	-64,746
School Safety National Activities..... D	75,000	90,000	---	-75,000	-90,000
Elementary and Secondary School Counseling..... D	48,561	---	---	-49,561	---
Carol M. White Physical Education Program..... D	47,000	---	---	-47,000	---
Full-Service Community Schools..... D	---	10,000	10,000	+10,000	---
Total, Safe Schools and Citizenship Education....	244,815	228,000	73,254	-171,561	-154,746

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
State Unemployment Insurance and Employment Service Operations					
Unemployment Compensation (UI):					
State Operations.....	2,745,550	2,777,919	2,660,019	-85,531	-117,900
National Activities.....	14,547	15,247	14,547	-	-700
Subtotal, Unemployment Compensation.....	2,760,097	2,793,166	2,674,566	-85,531	-118,600
Employment Service (ES):					
Grants to States:					
Federal Funds.....	21,413	21,413	21,413	-	-
Trust Funds.....	658,587	658,587	642,771	-15,816	-15,816
Subtotal, Grants to States.....	680,000	680,000	664,184	-15,816	-15,816
ES National Activities.....					
Subtotal, Employment Service.....	699,818	699,818	684,002	-15,816	-15,816
Federal Funds.....	(21,413)	(21,413)	(21,413)	-	-
Trust Funds.....	(678,405)	(678,405)	(662,589)	(-15,816)	(-15,816)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Foreign Labor Certifications and Related Activities:					
Federal Administration..... TF	48,028	48,666	48,666	+638	---
Grants to States..... TF	14,282	14,282	14,282	---	---
Subtotal, Foreign Labor Certification.....	62,310	62,948	62,948	+638	---
One-Stop Career Centers/Labor Market Information..... D	67,653	75,153	67,653	---	-7,500 FF
Total, State UI and ES.....	3,589,878	3,631,085	3,489,169	-100,709	-141,916
Federal Funds.....	(89,066)	(96,566)	(89,066)	---	(-7,500)
Trust Funds.....	(3,500,812)	(3,534,519)	(3,400,103)	(-100,709)	(-134,416)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Program Administration					
Training and Employment..... D	60,074	76,331	60,555	+481	-15,776
Trust Funds..... TF	8,639	10,615	8,708	+69	-1,907
Employment Security..... D	3,469	3,640	3,497	+28	-143
Trust Funds..... TF	39,264	39,821	39,578	+314	-243
Apprenticeship Services..... D	34,000	40,089	36,234	+2,234	-3,855
Executive Direction..... D	7,034	8,251	7,090	+56	-1,161
Trust Funds..... TF	2,079	2,079	2,079	-	-
Total, Program Administration.....	154,559	180,826	157,741	+3,182	-23,085
Federal Funds.....	(104,577)	(128,311)	(107,376)	(+2,799)	(-20,935)
Trust Funds.....	(49,982)	(52,515)	(50,365)	(+383)	(-2,150)
Total, Employment and Training Administration.....	10,064,388	10,375,332	9,807,726	-256,662	-567,606
Federal Funds.....	6,513,594	6,788,298	6,357,258	-156,336	-431,040
Current Year.....	(4,741,594)	(5,016,298)	(4,785,258)	(+43,664)	(-231,040)
FY 2018.....	(1,772,000)	(1,772,000)	(1,572,000)	(-200,000)	(-200,000)
Trust Funds.....	3,550,794	3,587,034	3,450,468	-100,326	-136,566

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
EMPLOYEE BENEFITS SECURITY ADMINISTRATION (EBSA)					
Salaries and Expenses					
Enforcement and Participant Assistance..... D	147,400	---	140,400	-7,000	+140,400
Policy and Compliance Assistance..... D	26,901	---	26,901	---	+26,901
Executive Leadership, Program Oversight and Administration..... D	6,699	---	6,699	---	+6,699
Employee benefits security programs..... D	---	205,761	---	---	-205,761
Total, EBSA.....	181,000	205,761	174,000	-7,000	-31,761
PENSION BENEFIT GUARANTY CORPORATION (PBGC)					
Pension Benefit Guaranty Corporation Fund					
Consolidated Administrative budget..... NA	(431,799)	(519,506)	(519,506)	(+87,707)	---
WAGE AND HOUR DIVISION, Salaries and Expenses..... D	227,500	276,599	215,500	-12,000	-61,099
OFFICE OF LABOR-MANAGEMENT STANDARDS, Salaries and Expenses..... D	40,593	45,691	41,129	+536	-4,562

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS,					
Salaries and Expenses..... D	105,476	114,169	100,500	-4,976	-13,669
OFFICE OF WORKERS' COMPENSATION PROGRAMS					
Salaries and Expenses..... D	113,324	123,982	117,000	+3,676	-6,982
Trust Funds..... TF	2,177	2,177	2,177	---	---
Total, Salaries and Expenses.....	115,501	126,159	119,177	+3,676	-6,982
Federal Funds.....	(113,324)	(123,982)	(117,000)	(+3,676)	(-6,982)
Trust Funds.....	(2,177)	(2,177)	(2,177)	---	---
Special Benefits					
Federal Employees' Compensation Benefits..... M	207,000	217,000	217,000	+10,000	---
Longshore and Harbor Workers' Benefits..... M	3,000	3,000	3,000	---	---
Total, Special Benefits.....	210,000	220,000	220,000	+10,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Special Benefits for Disabled Coal Miners					
Benefit Payments..... M	85,000	75,000	75,000	-10,000	---
Administration..... M	5,302	5,319	5,319	+17	---
Subtotal, FY 2017 program level.....	90,302	80,319	80,319	-9,983	---
Less funds advanced in prior year..... M	-21,000	-19,000	-19,000	+2,000	---
Total, Current Year.....	69,302	61,319	61,319	-7,983	---
New advances, 1st quarter, FY 2018..... M	19,000	16,000	16,000	-3,000	---
Total, Special Benefits for Disabled Coal Miners	88,302	77,319	77,319	-10,983	---
Energy Employees Occupational Illness Compensation Fund					
Administrative Expenses..... M	58,552	59,846	59,846	+1,294	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Black Lung Disability Trust Fund					
Benefit Payments and Interest on Advances..... M	275,261	302,115	302,115	+26,854	---
Workers' Compensation Programs, Salaries and Expenses. M	35,244	38,246	38,246	+3,002	---
Departmental Management, Salaries and Expenses..... M	30,279	30,594	31,984	+1,715	+1,400
Departmental Management, Inspector General..... M	327	330	330	+3	---
Subtotal, Black Lung Disability.....	341,111	371,285	372,685	+31,574	+1,400
Treasury Department Administrative Costs..... M					
	356	356	356	---	---
Total, Black Lung Disability Trust Fund.....	341,467	371,641	373,041	+31,574	+1,400
Total, Workers' Compensation Programs.....					
Federal Funds.....	813,822	854,965	849,383	+35,561	-5,582
Current year.....	811,645	852,788	847,208	+35,561	-5,582
FY 2018.....	(792,645)	(836,788)	(831,206)	(+38,561)	(-5,582)
Trust Funds.....	(19,000)	(16,000)	(16,000)	(-3,000)	---
	2,177	2,177	2,177	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)					
Salaries and Expenses					
Safety and Health Standards..... D	20,000	23,173	20,000	---	-3,173
Federal Enforcement..... D	208,000	225,972	193,000	-15,000	-32,972
Whistleblower enforcement..... D	17,500	21,604	19,000	+1,500	-2,604
State Programs..... D	100,850	104,337	102,000	+1,150	-2,337
Technical Support..... D	24,469	25,403	24,469	---	-934
Compliance Assistance:					
Federal Assistance..... D	68,433	72,784	72,000	+3,567	-784
State Consultation Grants..... D	57,775	59,775	58,000	+225	-1,775
Training Grants..... D	10,537	10,537	---	-10,537	-10,537
Subtotal, Compliance Assistance..... D	136,745	143,096	130,000	-6,745	-13,096
Safety and Health Statistics..... D	34,250	40,095	35,000	+750	-5,095
Executive Direction and Administration..... D	10,973	11,343	10,973	---	-370
Total, OSHA.....	552,787	595,023	534,442	-18,345	-60,581

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
MINE SAFETY AND HEALTH ADMINISTRATION					
Salaries and Expenses					
Coal Enforcement..... D	167,859	171,768	150,000	-17,859	-21,768
Metal/Non-Metal Enforcement..... D	91,697	97,563	82,000	-9,697	-15,563
Standards Development..... D	5,416	6,197	5,500	+84	-697
Assessments..... D	6,976	8,277	7,000	+24	-1,277
Educational Policy and Development..... D	36,320	40,419	38,000	+1,680	-2,419
Technical Support..... D	33,791	35,041	34,000	+209	-1,041
Program Evaluation and Information Resources (PEIR)..... D	17,990	21,815	18,000	+10	-3,815
Program Administration..... D	15,838	16,292	16,000	+162	-292
	=====	=====	=====	=====	=====
Total, Mine Safety and Health Administration.....	375,887	397,372	350,500	-25,387	-46,872
	=====	=====	=====	=====	=====
Total, Worker Protection Agencies.....	1,598,744	1,760,774	1,535,248	-63,496	-225,526
Federal Funds.....	(1,596,567)	(1,758,597)	(1,533,071)	(-63,496)	(-225,526)
Trust Funds.....	(2,177)	(2,177)	(2,177)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
BUREAU OF LABOR STATISTICS					
Salaries and Expenses					
Employment and Unemployment Statistics..... D	208,000	219,258	198,864	-9,136	-20,394
Labor Market Information..... TF	65,000	67,016	65,000	-	-2,016
Prices and Cost of Living..... D	207,000	219,672	213,548	+6,548	-6,124
Compensation and Working Conditions..... D	83,500	87,517	85,793	+2,293	-1,724
Productivity and Technology..... D	10,500	10,993	10,795	+295	-198
Executive Direction and Staff Services..... D	35,000	36,487	35,000	-	-1,487
Total, Bureau of Labor Statistics.....	609,000	640,943	609,000	-	-31,943
Federal Funds.....	544,000	573,927	544,000	-	-29,927
Trust Funds.....	65,000	67,016	65,000	-	-2,016
OFFICE OF DISABILITY EMPLOYMENT POLICY					
Salaries and Expenses..... D	38,203	38,544	38,203	-	-341

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
DEPARTMENTAL MANAGEMENT					
Salaries and Expenses					
Executive Direction..... D	31,010	37,406	31,258	+248	-6,148
Departmental Program Evaluation..... D	8,040	9,500	9,000	+960	-500
Legal Services..... D	125,000	140,374	120,000	-5,000	-20,374
Trust Funds..... TF	308	310	308	---	-2
International Labor Affairs..... D	86,125	101,230	32,000	-54,125	-69,230
Administration and Management..... D	28,413	36,604	28,640	+227	-7,964
Adjudication..... D	32,000	36,325	34,000	+2,000	-2,325
Women's Bureau..... D	11,536	12,902	14,000	+2,464	+1,098
Civil Rights Activities..... D	6,880	8,041	6,880	---	-1,161
Chief Financial Officer..... D	5,061	5,233	5,101	+40	-132
Total, Departmental Management.....	334,373	387,925	281,187	-53,186	-106,738
Federal Funds.....	(334,065)	(387,616)	(280,879)	(-53,186)	(-106,736)
Trust Funds.....	(308)	(310)	(308)	---	(-2)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Veterans Employment and Training					
State Administration, Grants.....	175,000	175,000	175,000	---	---
Transition Assistance Program.....	14,100	14,600	14,600	+500	---
Federal Administration.....	40,487	42,506	42,506	+2,019	---
National Veterans' Employment and Training Services Institute.....	3,414	3,414	3,414	---	---
Homeless Veterans Programs.....	38,109	50,000	50,000	+11,891	---
Total, Veterans Employment and Training.....	271,110	285,520	285,520	+14,410	---
Federal Funds.....	38,109	50,000	50,000	+11,891	---
Trust Funds.....	233,001	235,520	235,520	+2,519	---
IT Modernization					
Departmental support systems.....	4,898	4,898	4,898	---	---
Infrastructure technology modernization.....	24,880	58,264	28,800	+3,920	-29,464
Total, IT Modernization.....	29,778	63,162	33,698	+3,920	-29,464

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of Inspector General					
Program Activities.....	80,640	88,881	85,840	+5,200	-3,041
Trust Funds.....	5,660	5,660	5,660	---	---
Total, Office of Inspector General.....	86,300	94,541	91,500	+5,200	-3,041
Total, Departmental Management.....	721,561	831,148	691,905	-29,656	-139,243
Federal Funds.....	482,592	589,658	450,417	-32,175	-139,241
Current Year.....	(482,592)	(589,658)	(450,417)	(-32,175)	(-139,241)
Trust Funds.....	238,969	241,490	241,488	+2,519	-2
Total, Workforce Investment Act Programs.....	5,023,586	5,280,050	4,877,445	-146,141	-402,605
Current Year.....	(3,251,586)	(3,508,050)	(3,305,445)	(+53,859)	(-202,605)
FY 2018.....	(1,772,000)	(1,772,000)	(1,572,000)	(-200,000)	(-200,000)
Total, Title I, Department of Labor.....	13,730,217	14,375,547	13,412,288	-317,929	-963,259
Federal Funds.....	9,873,277	10,477,830	9,653,155	-220,122	-824,675
Current Year.....	(8,082,277)	(8,689,830)	(8,065,155)	(-17,122)	(-624,675)
FY 2018.....	(1,791,000)	(1,788,000)	(1,568,000)	(-203,000)	(-200,000)
Trust Funds.....	3,856,940	3,897,717	3,759,133	-97,807	-138,584

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE II --DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
Primary Health Care					
Community Health Centers.....	1,491,422	1,341,422	1,491,422	---	+150,000
Free Clinics Medical Malpractice.....	100	1,000	400	+300	-600
Total, Primary Health Care.....	1,491,522	1,342,422	1,491,822	+300	+149,400
Health Workforce					
National Health Service Corps.....	---	20,000	---	---	-20,000
Training for Diversity:					
Centers of Excellence.....	21,711	21,711	21,711	---	---
Health Careers Opportunity Program.....	14,189	14,189	---	-14,189	-14,189
Faculty Loan Repayment.....	1,190	1,190	1,190	---	---
Scholarships for Disadvantaged Students.....	45,970	49,070	45,970	---	-3,100
Total, Training for Diversity.....	83,060	86,160	68,871	-14,189	-17,289

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Training in Primary Care Medicine..... D	38,924	38,924	38,924	---	---
Oral Health Training..... D	35,873	35,873	35,873	---	---
Interdisciplinary Community-Based Linkages:					
Area Health Education Centers..... D	30,250	---	30,250	---	+30,250
Geriatric Programs..... D	38,737	38,737	38,737	---	---
Behavioral Health Workforce Education and Training 27..... D	---	56,000	50,000	+50,000	-6,000
Mental and Behavioral Health..... D	9,916	9,916	9,916	---	---
Total, Interdisciplinary Community Linkages...	78,903	104,653	128,903	+50,000	+24,250
Workforce Information and Analysis..... D	4,663	4,663	4,663	---	---
Public Health and Preventive Medicine programs..... D	21,000	17,000	17,000	-4,000	---
Nursing Programs:					
Advanced Education Nursing..... D	64,581	64,581	64,581	---	---
Nurse Education, Practice, and Retention..... D	39,913	39,913	39,913	---	---
Nursing Workforce Diversity..... D	15,343	15,343	15,343	---	---
Loan Repayment and Scholarship Program..... D	83,135	83,135	83,135	---	---
Nursing Faculty Loan Program..... D	26,500	26,500	26,500	---	---
Total, Nursing programs.....	229,472	229,472	229,472	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Children's Hospitals Graduate Medical Education..... D	295,000	---	300,000	+5,000	+300,000
National Practitioner Data Bank..... D	18,814	21,037	18,814	---	-2,223
User Fees..... D	-18,814	-21,037	-18,814	---	+2,223
Total, Health Workforce.....	786,895	536,745	823,706	+36,811	+286,961
Maternal and Child Health					
Maternal and Child Health Block Grant..... D	638,200	638,200	638,200	---	---
Sickle Cell Anemia Demonstration Program..... D	4,455	4,455	4,455	---	---
Autism and Other Developmental Disorders..... D	47,099	47,099	47,099	---	---
Heritable Disorders..... D	13,883	13,883	13,883	---	---
Healthy Start..... D	103,500	103,500	103,500	---	---
Universal Newborn Hearing Screening..... D	17,818	17,818	17,818	---	---
Emergency Medical Services for Children..... D	20,162	20,162	20,162	---	---
Total, Maternal and Child Health.....	845,117	845,117	845,117	---	---
Ryan White HIV/AIDS Program					
Emergency Assistance..... D	655,876	655,876	655,876	---	---
Comprehensive Care Programs..... D	1,315,005	1,315,005	1,315,005	---	---
AIDS Drug Assistance Program (ADAP) (NA)..... NA	(900,313)	(900,313)	(900,313)	---	---
Early Intervention Program..... D	205,079	280,167	205,079	---	-75,088
Children, Youth, Women, and Families..... D	75,088	---	75,088	---	+75,088
AIDS Dental Services..... D	13,122	13,122	13,122	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Education and Training Centers.....	33,611	33,611	33,611	---	---
Special Projects of National Significance.....	25,000	---	25,000	---	+25,000
Total, Ryan White HIV/AIDS program.....	2,322,781	2,297,781	2,322,781	---	+25,000
(Evaluation Tap Funding).....	---	(34,000)	---	---	(-34,000)
Health Care Systems					
Organ Transplantation.....	23,549	23,549	23,549	---	---
National Cord Blood Inventory.....	11,266	11,266	16,266	+5,000	+5,000
CW Bill Young Cell Transplantation program.....	22,109	22,109	22,109	---	---
340B Drug Pricing program/Office of Pharmacy Affairs..	10,238	26,238	10,238	---	-16,000
User Fees.....	---	-9,000	---	---	+9,000
Poison Control.....	18,846	18,846	19,846	+1,000	+1,000
National Hansen's Disease Program.....	15,206	15,206	15,206	---	---
Hansen's Disease Program Buildings and Facilities.....	122	122	122	---	---
Payment to Hawaii, Treatment of Hansen's.....	1,857	1,857	1,857	---	---
Total, Health Care Systems.....	103,193	110,193	109,193	+6,000	-1,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Rural Health					
Rural Outreach Grants..... D	63,500	63,500	65,500	+2,000	+2,000
Rural Health Research/Policy Development..... D	9,351	9,351	9,351	---	---
Rural Hospital Flexibility Grants..... D	41,609	26,200	45,609	+4,000	+19,409
State Offices of Rural Health..... D	9,511	9,511	10,511	+1,000	+1,000
Black Lung Clinics..... D	6,766	6,766	7,766	+1,000	+1,000
Radiation Exposure Screening and Education Program..... D	1,834	1,834	1,834	---	---
Telehealth..... D	17,000	17,000	19,000	+2,000	+2,000
Rural Opioid Overdose Reversal grant program..... D	---	10,000	10,000	+10,000	---
Total, Rural Health.....	149,571	144,162	169,571	+20,000	+25,409
Family Planning..... D	286,479	300,000	---	-286,479	-300,000
Program Management..... D	154,000	157,061	155,000	+1,000	-2,061
Vaccine Injury Compensation Program Trust Fund					
Post-FY 1988 Claims..... M	237,000	240,000	240,000	+3,000	---
HRSA Administration..... TF	7,500	9,200	8,350	+850	-850
Total, Vaccine Injury Compensation Trust Fund.....	244,500	249,200	248,350	+3,850	-850
Total, Health Resources and Services Administration.....	6,384,058	5,982,681	6,165,540	-218,518	+182,859

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
CENTERS FOR DISEASE CONTROL AND PREVENTION					
Immunization and Respiratory Diseases..... D	459,055	411,716	410,766	-48,289	-950
Pandemic Flu balances (Public Law 111-32)..... NA	(15,000)	---	---	(-15,000)	---
Prevention and Public Health Fund 1/..... NA	(324,350)	(336,350)	(337,300)	(+12,950)	(+950)
Subtotal	(798,405)	(748,066)	(748,066)	(-50,339)	---
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention..... D					
Emerging and Zoonotic Infectious Diseases..... D	527,885	577,485	625,522	+97,637	+48,037
Prevention and Public Health Fund 1/..... NA	(52,000)	(52,000)	(52,000)	---	---
Subtotal	579,885	629,485	677,522	+97,637	+48,037
Chronic Disease Prevention and Health Promotion..... D					
Prevention and Public Health Fund 1/..... NA	838,146	679,745	896,321	+69,175	+216,576
Subtotal	(338,950)	(437,400)	(201,500)	(-137,450)	(-235,900)
Subtotal	1,177,096	1,117,145	1,097,821	-79,275	-19,324

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Birth Defects, Developmental Disabilities, Disabilities and Health..... D	135,610	67,644	135,310	-300	+67,666
Prevention and Public Health Fund 1/..... NA	---	(67,966)	---	---	(-67,966)
Subtotal.....	135,610	135,610	135,310	-300	-300
Public Health Scientific Services..... D	491,597	464,355	485,397	-6,200	+21,042
Prevention and Public Health Fund 1/..... NA	---	(36,276)	---	---	(-36,276)
Subtotal.....	(491,597)	(500,631)	(485,397)	(-6,200)	(-15,234)
Environmental Health..... D	165,303	167,825	143,300	-22,003	-24,525
Prevention and Public Health Fund 1/..... NA	(17,000)	(14,478)	(17,500)	(+500)	(+3,022)
Subtotal.....	182,303	182,303	160,800	-21,503	-21,503
Injury Prevention and Control..... D	236,059	268,629	261,059	+25,000	-7,570
National Institute for Occupational Safety and Health. D	339,121	213,621	329,100	-10,021	+115,479
Energy Employees Occupational Illness Compensation Program..... M	55,358	55,358	55,358	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Global Health..... D	427,121	442,121	556,721	+129,600	+114,600
Public Health Preparedness and Response..... D	1,405,000	1,402,166	1,485,800	+80,800	+83,634
Buildings and Facilities..... D	10,000	31,221	10,000	---	-21,221
CDC-Wide Activities and Program Support					
Prevention and Public Health Fund 1..... NA	(160,000)	---	(300,000)	(+140,000)	(+300,000)
Infectious Diseases Rapid Response Reserve (Sec.231)... D	---	---	300,000	+300,000	+300,000
Office of the Director..... D	113,570	113,570	113,570	---	---
Subtotal, CDC-Wide Activities.....	(273,570)	(113,570)	(713,570)	(+440,000)	(+600,000)
=====					
Total, Centers for Disease Control.....	6,326,103	6,022,734	6,930,502	+604,399	+907,768
Discretionary	6,270,745	5,967,376	6,875,144	+604,399	+907,768
Pandemic Flu balances (Public Law 111-32)..... NA	(15,000)	---	---	(-15,000)	---
Prevention and Public Health Fund 1..... NA	(892,300)	(944,470)	(908,300)	(+16,000)	(-36,170)
=====					
Total, Centers for Disease Control Program Level	(7,233,403)	(7,039,204)	(7,838,802)	(+605,399)	(+799,598)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute..... D	5,214,701	5,097,287	5,338,444	+123,743	+241,157
National Heart, Lung, and Blood Institute..... D	3,115,538	3,069,901	3,180,474	+74,936	+120,573
National Institute of Dental and Craniofacial Research D	415,582	404,560	425,578	+9,996	+21,018
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)..... D	1,818,357	1,786,086	1,862,093	+43,736	+76,007
Juvenile Diabetes (mandatory)..... NA	(150,000)	(150,000)	(150,000)	---	---
Subtotal, NIDDK program level.....	1,968,357	1,936,086	2,012,093	+43,736	+76,007
National Institute of Neurological Disorders and Stroke..... D	1,696,139	1,659,416	1,751,049	+54,910	+91,633
National Institute of Allergy and Infectious Diseases. D	4,629,928	4,700,548	4,738,883	+108,955	+38,335
National Institute of General Medical Sciences..... D	1,732,073	1,586,655	1,792,253	+60,180	+205,598
Evaluation Tap Funding..... NA	(780,000)	(847,489)	(791,598)	(+11,598)	(-55,891)
Subtotal, NIGMS program level.....	2,512,073	2,434,144	2,583,851	+71,778	+149,707

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Eunice Kennedy Shriver National Institute of Child Health and Human Development..... D	1,339,802	1,316,607	1,373,408	+33,606	+56,801
National Eye Institute..... D	715,903	687,249	735,576	+19,673	+48,327
National Institute of Environmental Health Sciences..... D	693,702	681,613	710,387	+16,685	+28,774
National Institute on Aging..... D	1,600,191	1,265,133	1,982,102	+381,911	+716,969
National Institute of Arthritis and Musculoskeletal and Skin Diseases..... D	542,141	532,753	555,181	+13,040	+22,428
National Institute on Deafness and Other Communication Disorders..... D	423,031	416,146	434,126	+11,095	+17,980
National Institute of Nursing Research..... D	146,485	143,942	150,008	+3,523	+6,066
National Institute on Alcohol Abuse and Alcoholism..... D	467,700	459,578	480,330	+12,830	+20,752
National Institute on Drug Abuse..... D	1,077,488	1,020,459	1,107,700	+30,212	+87,241
National Institute of Mental Health..... D	1,548,390	1,459,700	1,599,747	+51,557	+140,047
National Human Genome Research Institute..... D	518,956	509,762	531,438	+12,482	+21,676
National Institute of Biomedical Imaging and Bioengineering..... D	346,795	334,025	356,978	+10,183	+22,953
National Center for Complementary and Integrative Health..... D	130,789	126,673	134,549	+3,760	+7,876
National Institute on Minority Health and Health Disparities..... D	279,718	279,680	286,446	+6,728	+6,766

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
John E. Fogarty International Center..... D	70,447	69,175	72,141	+1,694	+2,966
National Library of Medicine (NLM)..... D	394,664	395,110	403,086	+8,422	+7,976
National Center for Advancing Translational Sciences.. D	685,417	660,131	712,795	+27,378	+52,664
Office of the Director..... D	1,558,600	1,432,859	1,676,167	+117,567	+243,308
Common Fund (non-add)..... NA	(663,039)	(553,039)	(763,039)	(+100,000)	(+210,000)
Gabriella Miller Kids First Research Act (Common Fund add)..... D	12,600	12,600	12,600	---	---
Buildings and Facilities..... D	128,863	128,863	128,863	---	---
	=====	=====	=====	=====	=====
Total, National Institutes of Health (NIH).....	31,304,000	30,236,511	32,542,402	+1,238,402	+2,305,891
(Evaluation Tap Funding).....	(780,000)	(847,489)	(791,598)	(+11,598)	(-55,891)
	-----	-----	-----	-----	-----
Total, NIH Program Level.....	(32,084,000)	(31,084,000)	(33,334,000)	(+1,250,000)	(+2,250,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES					
ADMINISTRATION (SAMHSA)					
Mental Health					
Programs of Regional and National Significance..... D	402,609	386,388	395,289	-7,320	+8,901
Evaluation Tap Funding..... NA	---	(10,000)	---	---	(-10,000)
Prevention and Public Health Fund 1/..... NA	(12,000)	(10,000)	---	(-12,000)	(-10,000)
Subtotal.....	414,609	406,388	395,289	-19,320	-11,099
Mental Health block grant..... D	511,532	511,532	511,532	---	---
Evaluation Tap Funding..... NA	(21,039)	(21,039)	(21,039)	---	---
Subtotal.....	(532,571)	(532,571)	(532,571)	---	---
Children's Mental Health..... D	119,026	119,026	119,026	---	---
Grants to States for the Homeless (PATH)..... D	64,635	64,635	64,635	---	---
Protection and Advocacy..... D	36,146	36,146	36,146	---	---
Subtotal, Mental Health.....	1,133,948	1,117,727	1,126,628	-7,320	+8,901
(Evaluation Tap Funding).....	(21,039)	(31,039)	(21,039)	---	(-10,000)
Subtotal, Mental Health program level.....	(1,166,987)	(1,158,766)	(1,147,667)	(-19,320)	(-11,099)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Substance Abuse Treatment					
Programs of Regional and National Significance..... D	335,345	298,269	329,323	-6,022	+31,054
Evaluation Tap Funding..... NA	(2,000)	(30,000)	(2,000)	---	(-28,000)
Subtotal.....	(337,345)	(328,269)	(331,323)	(-6,022)	(+3,054)
Substance Abuse block grant..... D	1,778,879	1,778,879	1,778,879	---	---
Evaluation Tap Funding..... NA	(79,200)	(79,200)	(79,200)	---	---
Subtotal... block grant.....	(1,858,079)	(1,858,079)	(1,858,079)	---	---
Subtotal, Substance Abuse Treatment.....	2,114,224	2,077,148	2,108,202	-6,022	+31,054
(Evaluation Tap Funding).....	(81,200)	(109,200)	(81,200)	---	(-28,000)
Subtotal, Program Level.....	(2,195,424)	(2,186,348)	(2,189,402)	(-6,022)	(+3,054)
Substance Abuse Prevention					
Programs of Regional and National Significance..... D	211,219	194,680	194,148	-17,071	-532
Evaluation Tap Funding..... NA	---	(16,468)	(17,000)	(+17,000)	(+532)
Subtotal.....	211,219	211,148	211,148	-71	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Comprehensive Opioid Response Grants..... D	---	---	500,000	+500,000	+500,000
Total, Substance Abuse Prevention.....	211,219	211,148	711,148	+499,929	+500,000
Health Surveillance and Program Support 2/..... D	174,878	99,228	131,458	-43,420	+32,230
Evaluation Tap Funding (NA)..... NA	(31,428)	(56,828)	(31,428)	---	(-25,400)
Prevention and Public Health Fund 1/..... NA	---	(17,830)	---	---	(-17,830)
Subtotal.....	206,306	173,886	162,886	-43,420	-11,000
Total, SAMHSA.....	3,634,269	3,488,783	4,060,436	+426,167	+571,653
(Evaluation Tap Funding).....	(133,667)	(213,535)	(150,667)	(+17,000)	(-62,868)
(Prevention and Public Health Fund 1/.....)	(12,000)	(27,830)	---	(-12,000)	(-27,830)
Total, SAMHSA Program Level.....	(3,779,936)	(3,730,145)	(4,211,103)	(+431,167)	(+480,955)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)					
Healthcare Research and Quality					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds..... D	196,800	140,519	146,240	-50,560	+5,721
Evaluation Tap funding..... NA	---	(83,458)	---	---	(-83,458)
Subtotal, Health Costs, Quality, and Outcomes...	(196,800)	(223,977)	(146,240)	(-50,560)	(-77,737)
(Evaluation Tap Funding).....	---	(83,458)	---	---	(-83,458)
Medical Expenditures Panel Surveys:					
Federal Funds..... D	66,000	68,877	65,000	-1,000	-3,877
Program Support:					
Federal Funds..... D	71,200	70,844	69,000	-2,200	-1,844
Total, AHRQ Program Level.....	(334,000)	(363,698)	(280,240)	(-53,760)	(-83,458)
Federal funds.....	(334,000)	(280,240)	(280,240)	(-53,760)	---
(Evaluation Tap Funding).....	---	(83,458)	---	---	(-83,458)
Total, Public Health Service (PHS) appropriation	47,982,430	46,010,949	49,979,120	+1,996,690	+3,968,171
Total, Public Health Service Program Level.....	(49,815,397)	(48,233,731)	(51,829,685)	(+2,014,288)	(+3,595,954)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits.....	M 334,936,328	354,223,901	354,223,901	+19,287,573	---
State and Local Administration.....	M 17,771,915	18,975,984	18,975,984	+1,204,069	---
Vaccines for Children.....	M 4,109,307	4,386,584	4,386,584	+277,277	---
Subtotal, Medicaid Program Level.....	M 356,817,550	377,586,469	377,586,469	+20,768,919	---
Less funds advanced in prior year.....	-113,272,140	-115,582,502	-115,582,502	-2,310,362	---
Total, Grants to States for Medicaid.....	M 243,545,410	262,003,967	262,003,967	+18,458,557	---
New advance, 1st quarter, FY 2018.....	M 115,582,502	125,219,452	125,219,452	+9,636,950	---
Payments to Health Care Trust Funds					
Supplemental Medical Insurance.....	M 198,530,000	214,944,000	214,944,000	+16,414,000	---
Federal Uninsured Payment.....	M 158,000	147,000	147,000	-11,000	---
Program Management.....	M 1,044,000	877,500	877,500	-166,500	---
General Revenue for Part D Benefit.....	M 82,453,000	82,512,000	82,512,000	+59,000	---
General Revenue for Part D Administration.....	M 691,000	405,000	405,000	-286,000	---
HCFA Reimbursement.....	M 291,000	299,000	299,000	+8,000	---
State Low-Income Determination for Part D.....	M 4,800	3,200	3,200	-1,600	---
Total, Payments to Trust Funds, Program Level....	283,171,800	299,187,700	299,187,700	+16,015,900	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Program Management					
Research, Demonstration, Evaluation.....	20,054	---	---	-20,054	---
Program Operations.....	2,519,823	2,936,499	1,985,823	-534,000	-950,676
State Survey and Certification.....	397,334	437,200	397,334	---	-39,866
Federal Administration.....	732,533	735,850	710,533	-22,000	-25,317
Total, Program management.....	3,669,744	4,109,549	3,093,690	-576,054	-1,015,859
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services.....	486,120	486,936	486,120	---	-816
HHS Office of Inspector General.....	67,200	121,824	67,200	---	-54,624
Medicaid/CHIP.....	67,200	---	67,200	---	+67,200
Department of Justice.....	60,480	116,240	60,480	---	-55,760
Total, Health Care Fraud and Abuse Control.....	681,000	725,000	681,000	---	-44,000
Total, Centers for Medicare and Medicaid Services	646,650,456	691,245,668	690,185,809	+43,535,353	-1,059,859
Federal Funds.....	642,299,712	686,411,119	686,411,119	+44,111,407	---
Current year.....	(526,717,210)	(561,191,667)	(561,191,667)	(+34,474,457)	---
New advance, FY 2018.....	(115,582,502)	(125,219,452)	(125,219,452)	(+9,636,950)	---
Trust Funds.....	4,350,744	4,834,549	3,774,690	-576,054	-1,059,859

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)					
Payments to States for Child Support Enforcement and Family Support Programs					
Payments to Territories..... M	33,000	33,000	33,000	---	---
Repatriation..... M	1,000	1,000	1,000	---	---
Subtotal.....	34,000	34,000	34,000	---	---
Child Support Enforcement:					
State and Local Administration..... M	3,541,359	3,680,840	3,680,840	+139,481	---
Federal Incentive Payments..... M	519,847	585,791	585,791	+66,244	---
Access and Visitation..... M	10,000	10,000	10,000	---	---
Subtotal, Child Support Enforcement.....	4,070,906	4,276,631	4,276,631	+205,725	---
Total, Family Support Payments Program Level.....	4,104,906	4,310,631	4,310,631	+205,725	---
Less funds advanced in previous years..... M	-1,160,000	-1,300,000	-1,300,000	-140,000	---
Total, Family Support Payments, current year.....	2,944,906	3,010,631	3,010,631	+65,725	---
New advance, 1st quarter, FY 2018..... M	1,300,000	1,400,000	1,400,000	+100,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Low Income Home Energy Assistance (LIHEAP)					
Formula Grants.....	0	3,000,304	3,490,304	+100,000	+490,000
Refugee and Entrant Assistance					
Transitional and Medical Services.....	490,000	581,357	490,000	---	-91,357
Victims of Trafficking.....	18,755	22,000	18,755	---	-3,245
Social Services.....	155,000	176,927	155,000	---	-21,927
Preventive Health.....	4,600	4,600	4,600	---	---
Targeted Assistance.....	47,601	55,601	47,601	---	-8,000
Unaccompanied Minors.....	948,000	1,226,000	948,000	---	-278,000
Unaccompanied Minors Contingency Fund.....	---	95,000	---	---	-95,000
CBQ adjustment.....	---	65,000	---	---	-65,000
Subtotal.....	---	160,000	---	---	-160,000
Victims of Torture.....	10,735	23,375	10,735	---	-12,640
Total, Refugee and Entrant Assistance.....	1,674,691	2,249,860	1,674,691	---	-575,169

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Payments to States for the Child Care and Development Block Grant..... D	2,761,000	2,961,672	2,801,000	+40,000	-160,672
Social Services Block Grant (Title XX)..... M	1,700,000	1,681,500	1,700,000	---	+18,500
Social Services Block Grant Research/Evaluation..... M	---	18,500	---	---	-18,500
Total, Social Services Block Grant.....	1,700,000	1,700,000	1,700,000	---	---
Children and Families Services Programs					
Programs for Children, Youth and Families:					
Head Start, current funded..... D	9,168,095	9,601,724	9,309,724	+141,629	-292,000
Preschool Development Grants 3/..... D	---	350,000	250,000	+250,000	-100,000
Consolidated Runaway, Homeless Youth Program..... D	101,980	108,330	101,980	---	-6,350
Prevention Grants to Reduce Abuse of Runaway Youth D	17,141	17,491	17,141	---	-350
Child Abuse State Grants..... D	25,310	25,310	25,310	---	---
Child Abuse Discretionary Activities..... D	33,000	43,744	34,200	+1,200	-9,544
Community Based Child Abuse Prevention..... D	39,764	39,764	39,764	---	---
Child Welfare Services..... D	268,735	268,735	268,735	---	---
Child Welfare Training, Research, or Demonstration projects..... D	17,984	21,984	17,984	---	-4,000
Adoption Opportunities..... D	39,100	39,100	39,100	---	---
Adoption Incentive..... D	37,943	37,943	37,943	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Social Services and Income Maintenance Research..... D	6,512	10,762	6,512	---	-4,250
Native American Programs..... D	50,000	53,100	53,100	+3,100	---
Community Services:					
Community Services Block Grant Programs:					
Grants to States for Community Services..... D	715,000	674,000	715,000	---	+41,000
Economic Development..... D	29,883	---	29,883	---	+29,883
Rural Community Facilities..... D	6,500	---	7,500	+1,000	+7,500
Subtotal.....	751,383	674,000	752,383	+1,000	+78,383
Individual Development Account Initiative..... D	18,950	18,950	18,950	---	---
Subtotal, Community Services.....	770,333	692,950	771,333	+1,000	+78,383
Domestic Violence Hotline..... D	8,250	12,300	8,250	---	-4,050
Family Violence/Battered Women's Shelters..... D	150,000	151,000	151,000	+1,000	---
Chafee Education and Training Vouchers..... D	43,257	43,257	43,257	---	---
Faith-Based Center..... D	---	---	---	---	---
Disaster Human Services Case Management..... D	1,864	1,864	1,864	---	---
Program Direction..... D	205,000	205,699	205,699	+699	---
Total, Children and Families Services Programs..	10,984,268	11,725,057	11,382,896	+398,628	-342,161

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Children's Research and Technical Assistance					
Systems Innovation Center and other expenses..... D	---	10,000	---	---	-10,000
(by transfer).....	---	(15,000)	---	---	(-15,000)
Total, Children's research and technical assistance.....	---	25,000	---	---	-25,000
Promoting Safe and Stable Families..... M	345,000	345,000	325,000	-20,000	-20,000
Discretionary Funds..... D	59,765	79,765	79,765	+20,000	---
Total, Promoting Safe and Stable Families.....	404,765	424,765	404,765	---	-20,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Payments for Foster Care and Permanency					
Foster Care..... M	4,772,100	4,992,000	4,992,000	+219,900	---
Adoption Assistance..... M	2,562,900	2,780,000	2,780,000	+217,100	---
Guardianship..... M	123,000	152,000	152,000	+29,000	---
Independent Living..... M	140,000	140,000	140,000	---	---
Total, Payments to States..... M	7,598,000	8,064,000	8,064,000	+466,000	---
Less Advances from Prior Year..... M	-2,300,000	-2,300,000	-2,300,000	---	---
Total, payments, current year..... M	5,298,000	5,764,000	5,764,000	+466,000	---
New Advance, 1st quarter, FY 2018..... M	2,300,000	2,500,000	2,500,000	+200,000	---
Total, ACF.....	32,757,934	34,746,289	34,128,287	+1,370,353	-618,002
Current year.....	(29,157,934)	(30,846,289)	(30,228,287)	(+1,070,353)	(-618,002)
FY 2018.....	(3,600,000)	(3,900,000)	(3,900,000)	(+300,000)	---
Total, ACF Program Level.....	32,757,934	34,761,289	34,128,287	+1,370,353	-633,002

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
ADMINISTRATION FOR COMMUNITY LIVING					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-based Supportive Services..... D	347,724	357,724	353,049	+5,325	-4,675
Preventive Health..... D	19,848	19,848	19,963	+115	+115
Protection of Vulnerable Older Americans-Title VII D	20,658	20,658	20,823	+165	+165
Subtotal.....	388,230	398,230	393,835	+5,605	-4,395
Family Caregivers..... D	150,586	150,586	150,911	+325	+325
Native American Caregivers Support..... D	7,531	7,531	7,556	+25	+25
Subtotal, Caregivers.....	158,117	158,117	158,467	+350	+350
Nutrition:					
Congregate Meals..... D	448,342	454,091	454,091	+5,749	---
Home Delivered Meals..... D	226,342	234,397	234,397	+8,055	---
Nutrition Services Incentive Program..... D	160,069	160,069	160,069	---	---
Subtotal.....	834,753	848,557	848,557	+13,804	---
Subtotal, Grants to States.....	1,381,100	1,404,904	1,400,859	+19,759	-4,045

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Grants for Native Americans..... D	31,158	31,158	31,208	+50	+50
Aging Network Support Activities..... D	9,961	9,961	9,961	---	---
Alzheimer's Disease Demonstrations..... D	4,800	4,800	5,754	+954	+954
Prevention and Public Health Fund 1/..... NA	(14,700)	(14,700)	(14,700)	---	---
Lifespan Respite Care..... D	3,360	5,000	4,000	+640	-1,000
Chronic Disease Self-Management Program..... D	---	---	---	---	---
Prevention and Public Health Fund 1/..... NA	(8,000)	(8,000)	(8,000)	---	---
Elder Falls Prevention..... D	---	---	5,000	+5,000	+5,000
Prevention and Public Health Fund 1/..... NA	(5,000)	(5,000)	(5,000)	---	(-5,000)
Elder Rights Support Activities..... D	11,874	13,874	11,874	---	-2,000
Aging and Disability Resources..... D	6,119	8,119	6,119	---	-2,000
State Health Insurance Program..... TF	52,115	52,115	52,115	---	---
Paralysis Resource Center..... D	7,700	7,700	---	-7,700	-7,700
Limb Loss..... D	2,810	2,810	---	-2,810	-2,810
Traumatic Brain Injury..... D	9,321	9,321	9,321	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Developmental Disabilities Programs:					
State Councils..... D	73,000	73,000	73,215	+215	+215
Protection and Advocacy..... D	38,734	38,734	38,949	+215	+215
Voting Access for Individuals with Disabilities... D	4,963	4,963	5,013	+50	+50
Developmental Disabilities Projects of National Significance..... D	10,000	10,000	10,000	---	---
University Centers for Excellence in Developmental Disabilities..... D	38,619	38,619	38,869	+250	+250
Subtotal, Developmental Disabilities Programs...	165,316	165,316	166,046	+730	+730
Workforce Innovation and Opportunity Act					
Independent Living..... D	101,183	101,183	102,835	+1,652	+1,652
National Institute on Disability, Independent Living, and Rehabilitation Research..... D	103,970	103,970	103,970	---	---
Assistive Technology..... D	34,000	32,000	34,150	+150	+2,150
Subtotal, Workforce Innovation and Opportunity Act.....	239,153	237,153	240,955	+1,802	+3,802

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Program Administration..... D	40,063	41,063	38,063	-2,000	-3,000
Total, Administration for Community Living (ACL)	1,984,850	1,993,294	1,981,275	+16,425	-12,019
Federal funds.....	(1,912,735)	(1,841,179)	(1,929,160)	(+16,425)	(-12,019)
Trust Funds.....	(52,115)	(52,115)	(52,115)	---	---
(Prevention and Public Health Fund 1/)	(27,700)	(27,700)	(22,700)	(-5,000)	(-5,000)
Total, ACL program level.....	1,982,550	2,020,994	2,003,975	+11,425	-17,019
OFFICE OF THE SECRETARY					
General Departmental Management					
General Departmental Management, Federal Funds..... D	200,000	214,610	200,000	---	-14,610
Teen Pregnancy Prevention Community Grants.....	101,000	104,790	---	-101,000	-104,790
Evaluation Tap Funding..... NA	(6,800)	(6,800)	---	(-6,800)	(-6,800)
Subtotal, Grants.....	(107,800)	(111,590)	---	(-107,800)	(-111,590)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Faith-Based Center.....	1,299	1,382	1,299	---	-83
Sexual Risk Avoidance.....	10,000	---	20,000	+10,000	+20,000
Minority Health.....	56,670	56,670	56,670	---	---
Office of Women's Health.....	32,140	32,140	32,140	---	---
Minority HIV/AIDS prevention and treatment.....	53,900	53,900	53,900	---	---
Embryo Adoption Awareness Campaign.....	1,000	---	1,000	---	+1,000
Planning and Evaluation, Evaluation Tap Funding.....	(58,028)	(59,278)	(58,028)	---	(-1,250)
Subtotal, General Departmental Management.....	456,009	463,492	365,009	-91,000	-98,483
DATA Act activities.....	---	10,320	---	---	-10,320
HHS Digital Service Team.....	---	5,000	---	---	-5,000
Total, General Departmental Management.....	456,009	478,812	365,009	-91,000	-113,803
Federal Funds.....	(456,009)	(478,812)	(365,009)	(-91,000)	(-113,803)
(Evaluation Tap Funding).....	(64,828)	(66,078)	(58,028)	(-6,800)	(-8,050)
Total, General Departmental Management Program..	520,837	544,890	423,037	-97,800	-121,853
Office of Medicare Hearings and Appeals.....	107,381	120,000	107,381	---	-12,619
TF					

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of the National Coordinator for Health Information Technology..... D	60,367	---	65,367	+5,000	+5,367
Evaluation Tap Funding..... D	---	(82,000)	---	---	(-82,000)
Total, Program Level.....	(60,367)	(82,000)	(65,367)	(+5,000)	(-16,633)
Office of Inspector General					
Inspector General Federal Funds..... D	75,000	85,000	85,000	+10,000	---
HCFAC funding (NA)..... NA	(333,893)	---	(333,893)	---	(+333,893)
Total, Inspector General Program Level.....	(408,893)	(85,000)	(418,893)	(+10,000)	(+333,893)
Office for Civil Rights					
Federal Funds..... D	38,798	42,705	38,798	---	-3,907

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Retirement Pay and Medical Benefits for Commissioned Officers					
Retirement Payments..... M	441,977	457,459	457,459	+15,482	---
Survivors Benefits..... M	28,603	31,559	31,559	+2,956	---
Dependents' Medical Care..... M	115,608	141,390	141,390	+25,782	---
Total Medical Benefits for Commissioned Officers	586,188	630,408	630,408	+44,220	---
Public Health and Social Services Emergency Fund (PHSSEF)					
Assistant Secretary for Preparedness and Response					
Operations..... D	30,938	30,938	30,938	---	---
Preparedness and Emergency Operations..... D	24,654	24,654	24,654	---	---
National Disaster Medical System..... D	49,904	55,054	49,904	---	-5,150
Hospital Preparedness Cooperative Agreement Grants: Formula Grants..... D	254,555	254,555	254,555	---	---
Biomedical Advanced Research and Development Authority (BARDA)..... D	511,700	511,700	520,000	+8,300	+8,300
Policy and Planning..... D	14,877	14,877	14,877	---	---
Project BioShield..... D	510,000	350,000	600,000	+90,000	+250,000
Subtotal, Preparedness and Response..... D	1,396,628	1,241,778	1,494,928	+98,300	+253,150

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Assistant Secretary for Administration					
Assistant Secretary for Administration, Cybersecurity, Office of Security and Strategic Information	50,860 7,470	50,860 7,470	50,860 7,470	---	---
Public Health and Science					
Medical Reserve Corps	6,000	6,000	6,000	---	---
Pandemic Influenza Preparedness	72,000	125,009	72,000	---	-53,009
Subtotal, Non-pandemic flu/BioShield/Parklawn/Other construction	950,958	956,108	959,258	+8,300	+3,150
Total, PHSSEF	1,532,958	1,431,117	1,631,258	+98,300	+200,141

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Office of the Secretary	2,856,701	2,788,042	2,923,221	+66,520	+135,179
Federal Funds	2,749,320	2,668,042	2,815,840	+66,520	+147,798
Trust Funds	107,381	120,000	107,381	---	-12,619
(Evaluation Tap Funding)	(64,828)	(148,078)	(58,028)	(-6,800)	(-90,050)
Total, Office of the Secretary Program Level	2,921,529	2,936,120	2,981,249	+59,720	+45,129
Total, Title II, Health and Human Services	732,212,371	776,784,242	779,197,712	+46,985,341	+2,413,470
Federal Funds	727,694,631	771,768,378	775,255,176	+47,560,545	+3,486,798
Current year	(608,512,129)	(642,648,926)	(646,135,724)	(+37,623,595)	(+3,486,798)
FY 2018	(119,182,502)	(129,119,452)	(129,119,452)	(+9,936,950)	---
Trust Funds	4,517,740	5,015,864	3,942,536	-575,204	-1,073,328
Pandemic Flu balances (Public Law 111-32)	(15,000)	---	---	(-15,000)	---
Total, Prevention and Public Health Fund 1/	(932,000)	(1,000,000)	(931,000)	(-1,000)	(-69,000)

Title II Footnotes:

- 1/ Sec. 4002 of Public Law 111-148
- 2/ FY2016 funds of \$50M provided under Substance Abuse and Mental Health Services Administration. FY2017 funds proposed under Health Resources and Services Administration.
- 3/ FY2016 funds of \$250M provided under Department of Education, Innovation and Improvement. FY2017 funds proposed under Administration for Children and Families.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE III - DEPARTMENT OF EDUCATION					
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies (LEAs)					
Basic Grants:					
Advance from prior year.....	(2,890,776)	(2,390,776)	(2,390,776)	(-500,000)	---
Forward funded.....	4,064,641	4,513,625	4,314,641	+250,000	-198,984 FF
Current funded.....	3,984	5,000	3,984	---	-1,016
Subtotal, Basic grants current year approx..	4,068,625	4,518,625	4,318,625	+250,000	-200,000
Subtotal, Basic grants total funds available	(6,959,401)	(6,909,401)	(6,709,401)	(-250,000)	(-200,000)
Basic Grants FY 2018 Advance.....	2,390,776	1,940,776	2,590,776	+200,000	+650,000
Subtotal, Basic grants, program level.....	6,459,401	6,459,401	6,909,401	+450,000	+450,000
Concentration Grants:					
Advance from prior year.....	(1,362,301)	(1,362,301)	(1,362,301)	---	---
FY 2018 Advance.....	1,362,301	1,362,301	1,362,301	---	---
Subtotal.....	1,362,301	1,362,301	1,362,301	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Targeted Grants:					
Advance from prior year..... NA	(3,294,050)	(3,544,050)	(3,544,050)	(+250,000)	---
FY 2018 Advance..... D	3,544,050	3,769,050	3,544,050	---	-225,000
Subtotal.....	3,544,050	3,769,050	3,544,050	---	-225,000
Education Finance Incentive Grants:					
Advance from prior year..... NA	(3,294,050)	(3,544,050)	(3,544,050)	(+250,000)	---
FY 2018 Advance..... D	3,544,050	3,769,050	3,544,050	---	-225,000
Subtotal.....	3,544,050	3,769,050	3,544,050	---	-225,000
Subtotal, Grants to LEAs, program level.....	14,909,802	15,359,802	15,359,802	+450,000	---
School Improvement Grants..... D	450,000	---	---	-450,000	FF
Innovative Approaches to Literacy..... D	---	27,000	---	---	-27,000
Comprehensive literacy development grants (formerly Striving Readers)..... D	190,000	190,000	160,000	-30,000	FF
State Agency Programs:					
Migrant..... D	374,751	374,751	374,751	---	FF
Neglected and Delinquent/High Risk Youth..... D	47,614	47,614	47,614	---	FF
Subtotal, State Agency programs.....	422,365	422,365	422,365	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Migrant Education:					
High School Equivalency Program..... D	44,623	44,623	44,623	---	---
Total	16,016,790	16,043,790	15,986,790	-30,000	-57,000
Current Year.....	(5,175,613)	(5,202,613)	(4,945,613)	(-230,000)	(-257,000)
FY 2018.....	(10,841,177)	(10,841,177)	(11,041,177)	(+200,000)	(+200,000)
Subtotal, Forward Funded.....	(5,127,006)	(5,125,990)	(4,897,006)	(-230,000)	(-228,984)
IMPACT AID					
Basic Support Payments..... D	1,168,233	1,168,233	1,191,233	+23,000	+23,000
Payments for Children with Disabilities..... D	48,316	48,316	48,316	---	---
Facilities Maintenance (Sec. 8008)..... D	4,835	71,648	4,835	---	-66,813
Construction (Sec. 8007)..... D	17,406	17,406	17,406	---	---
Payments for Federal Property (Sec. 8002)..... D	66,813	---	66,813	---	+66,813
Total, Impact aid.....	1,305,603	1,305,603	1,328,603	+23,000	+23,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
SCHOOL IMPROVEMENT PROGRAMS					
Supporting Effective Instruction State Grants..... D	668,389	568,559	268,389	-400,000	-300,170
Advance from prior year..... NA	(1,681,441)	(1,681,441)	(1,681,441)	---	---
FY 2018..... D	1,681,441	1,681,441	1,681,441	---	---
Subtotal, Supporting Effective Instruction State Grants, program level.....	2,349,830	2,250,000	1,949,830	-400,000	-300,170
Mathematics and Science Partnerships..... D	152,717	---	---	-152,717	---
Supplemental Education Grants..... D	16,699	16,699	16,699	---	---
21st Century Community Learning Centers..... D	1,166,673	1,000,000	1,166,673	---	+166,673
State Assessments..... D	378,000	403,000	300,000	-78,000	-103,000
Education for Homeless Children and Youth..... D	70,000	85,000	70,000	---	-15,000
Training and Advisory Services (Civil Rights)..... D	6,575	6,575	6,575	---	---
Education for Native Hawaiians..... D	33,397	33,397	33,397	---	---
Alaska Native Education Equity..... D	32,453	32,453	32,453	---	---
Rural Education..... D	175,840	175,840	175,840	---	---
Comprehensive Centers..... D	51,445	55,445	48,445	-3,000	-7,000
Student Support and Academic Enrichment grants..... D	---	500,000	1,000,000	+1,000,000	+500,000
Total, School Improvement Programs.....	4,433,629	4,558,409	4,799,912	+366,283	+241,503
Current Year.....	(2,752,188)	(2,876,968)	(3,118,471)	(+366,283)	(+241,503)
FY 2018.....	(1,681,441)	(1,681,441)	(1,681,441)	---	---
Subtotal, Forward Funded.....	(2,611,619)	(2,732,399)	(2,980,902)	(+369,283)	(+248,503)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
INDIAN EDUCATION					
Grants to Local Educational Agencies..... D	100,381	100,381	100,381	---	---
Federal Programs:					
Special Programs for Indian Children..... D	37,993	67,993	67,993	+30,000	---
National Activities..... D	5,565	6,565	6,565	+1,000	---
Subtotal, Federal Programs.....	43,558	74,558	74,558	+31,000	---
Total, Indian Education.....	143,939	174,939	174,939	+31,000	---
INNOVATION AND IMPROVEMENT					
Education Innovation and Research..... D	120,000	180,000	---	-120,000	-180,000
STEM Master Teacher Corps..... D	---	10,000	---	---	-10,000
American History and Civics Academies..... D	---	1,815	1,815	+1,815	---
American History and Civics National Activities..... D	---	---	6,500	+6,500	+6,500
School Leader Recruitment and Support..... D	16,368	30,000	---	-16,368	-30,000
Charter Schools Grants..... D	333,172	350,000	333,172	-16,828	-16,828
Magnet Schools Assistance..... D	96,647	115,000	---	-96,647	-115,000
Fund for the Improvement of Education (FIE) 1/..... D	330,815	---	---	-330,815	---
Teacher and School Leader Incentive Grants..... D	230,000	250,000	200,000	-30,000	-50,000
Ready-to-Learn television..... D	25,741	25,741	25,741	---	---
Advanced Placement..... D	28,483	---	---	-28,483	---
Supporting Effective Educator Development (SEED)..... D	---	100,000	53,710	+53,710	-46,290
Arts in Education..... D	---	27,000	---	---	-27,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Javits Gifted and Talented Students..... D	---	12,000	12,000	+12,000	---
Teach to Lead (proposed legislation)..... D	---	10,000	---	---	-10,000
Stronger Together (proposed legislation)..... D	---	120,000	---	---	-120,000
Next Generation High Schools (proposed legislation)..... D	---	80,000	---	---	-80,000
Computer Science for All Development Grants (proposed legislation)..... D	---	100,000	---	---	-100,000
	=====	=====	=====	=====	=====
Total, Innovation and Improvement.....	1,181,226	1,411,556	632,938	-548,288	-778,618
Current Year.....	(1,181,226)	(1,411,556)	(632,938)	(-548,288)	(-778,618)
	=====	=====	=====	=====	=====
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Promise Neighborhoods..... D	73,254	128,000	63,254	-10,000	-64,746
School Safety National Activities..... D	75,000	90,000	---	-75,000	-90,000
Elementary and Secondary School Counseling..... D	49,561	---	---	-49,561	---
Carol M. White Physical Education Program..... D	47,000	---	---	-47,000	---
Full-Service Community Schools..... D	---	10,000	10,000	+10,000	---
	=====	=====	=====	=====	=====
Total, Safe Schools and Citizenship Education...	244,815	228,000	73,254	-171,561	-154,746

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
ENGLISH LANGUAGE ACQUISITION					
Current funded..... D	47,931	52,026	47,931	---	-4,095
Forward funded..... D	689,469	748,374	689,469	---	-58,905
Total, English Language Acquisition.....	737,400	800,400	737,400	---	-63,000
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B current year..... D	2,629,465	2,629,465	3,129,465	+500,000	+500,000
Part B advance from prior year..... NA	(9,283,383)	(9,283,383)	(9,283,383)	---	---
Grants to States Part B (FY 2018)..... D	9,283,383	9,283,383	9,283,383	---	---
Subtotal, program level.....	11,912,848	11,912,848	12,412,848	+500,000	+500,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Preschool Grants..... D	368,238	403,238	368,238	---	-35,000 FF
Grants for Infants and Families..... D	458,556	503,556	458,556	---	-45,000 FF
Subtotal, program level.....	12,739,642	12,819,642	13,239,642	+500,000	+420,000
IDEA National Activities (current funded):					
State Personnel Development..... D	41,630	41,630	18,414	-23,216	-23,216
Technical Assistance and Dissemination (including					
Special Olympics Education)..... D	54,428	64,428	43,088	-11,340	-21,340
Personnel Preparation..... D	83,700	83,700	61,692	-22,008	-22,008
Parent Information Centers..... D	27,411	27,411	27,411	---	---
Educational Technology, Media, and Materials..... D	30,047	30,047	16,270	-13,777	-13,777
Subtotal, IDEA National Activities.....	237,216	247,216	166,875	-70,341	-80,341
Total, Special education.....	12,976,858	13,066,858	13,406,517	+429,659	+339,659
Current Year.....	(3,693,475)	(3,783,475)	(4,123,134)	(+429,659)	(+339,659)
FY 2018.....	(9,283,383)	(9,283,383)	(9,283,383)	---	---
Subtotal, Forward Funded.....	(3,456,259)	(3,536,259)	(3,956,259)	(+500,000)	(+420,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
REHABILITATION SERVICES					
Vocational Rehabilitation State Grants..... M	3,391,770	3,398,554	3,398,554	+6,784	---
Client Assistance State grants..... D	13,000	13,000	13,000	---	---
Training..... D	30,188	30,188	27,826	-2,362	-2,362
Demonstration and Training programs..... D	5,796	5,796	5,796	---	---
Protection and Advocacy of Individual Rights (PAIR).... D	17,650	17,650	17,650	---	---
Supported Employment State grants..... D	27,548	30,548	27,548	---	-3,000
Independent Living: Services for Older Blind Individuals..... D	33,317	35,317	33,317	---	-2,000
Helen Keller National Center for Deaf/Blind Youth and Adults..... D	10,336	10,336	10,336	---	---
Total, Rehabilitation services.....	3,529,605	3,541,389	3,534,027	+4,422	-7,362
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
American Printing House for the Blind..... D	25,431	25,431	25,431	---	---
National Technical Institute for the Deaf (NTID): Operations..... D	70,016	70,016	70,016	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Gallaudet University:					
Operations..... D	121,275	121,275	121,275	---	---
Total, Special Institutions for Persons with Disabilities.....	216,722	216,722	216,722	---	---
CAREER, TECHNICAL, AND ADULT EDUCATION					
Career Education:					
Basic State Grants/Secondary & Technical Education					
State Grants, current funded..... D	326,598	401,598	326,598	---	-75,000 FF
Advance from prior year..... MA	(791,000)	(791,000)	(791,000)	---	---
FY 2018..... D	791,000	791,000	791,000	---	---
Subtotal, Basic State Grants, program level.	1,117,598	1,192,598	1,117,598	---	-75,000
National Programs..... D	7,421	9,421	7,421	---	-2,000 FF
Subtotal, Career Education.....	1,125,019	1,202,019	1,125,019	---	-77,000
Adult Education:					
State Grants/Adult Basic and Literacy Education: D					
State Grants, current funded..... D	581,955	581,955	581,955	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Leadership Activities..... D	13,712	24,712	13,712	---	-11,000 FF
Subtotal, Adult education.....	595,667	606,667	595,667	---	-11,000
Total, Career, Technical, and Adult Education... Current Year.....	1,720,686 (929,686)	1,808,686 (1,017,686)	1,720,686 (929,686)	---	-88,000
FY 2018.....	(791,000)	(791,000)	(791,000)	---	---
Subtotal, Forward Funded.....	(929,686)	(1,017,686)	(929,686)	---	(-88,000)
STUDENT FINANCIAL ASSISTANCE					
Pell Grants -- maximum grant (NA)..... NA	(4,860)	(4,860)	(4,860)	---	---
Pell Grants..... D	22,475,352	22,475,352	21,165,352	-1,310,000	-1,310,000
Federal Supplemental Educational Opportunity Grants... D	733,130	733,130	733,130	---	---
Federal Work Study..... D	989,728	989,728	989,728	---	---
Total, Student Financial Assistance (SFA).....	24,198,210	24,198,210	22,888,210	-1,310,000	-1,310,000
STUDENT AID ADMINISTRATION					
Salaries and Expenses..... D	696,643	732,352	696,643	---	-35,709
Servicing Activities..... D	855,211	899,638	855,211	---	-44,427
Total, Student Aid Administration.....	1,551,854	1,631,990	1,551,854	---	-80,136

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions..... D	86,534	86,534	86,534	---	---
Hispanic Serving Institutions..... D	107,795	107,795	107,795	---	---
Promoting Post-Baccalaureate Opportunities for Hispanic Americans..... D	9,671	9,671	9,671	---	---
Strengthening Historically Black Colleges (HBCUs). D	244,694	244,694	244,694	---	---
Strengthening Historically Black Graduate Institutions..... D	63,281	63,281	63,281	---	---
Strengthening Predominantly Black Institutions.... D	9,942	9,942	9,942	---	---
Asian American Pacific Islander..... D	3,348	3,348	3,348	---	---
Strengthening Alaska Native and Native Hawaiian-Serving Institutions..... D	13,802	13,802	13,802	---	---
Strengthening Native American-Serving Nontribal Institutions..... D	3,348	3,348	3,348	---	---
Strengthening Tribal Colleges..... D	27,599	27,599	27,599	---	---
Subtotal, Aid for Institutional development....	570,014	570,014	570,014	---	---
International Education and Foreign Language:					
Domestic Programs..... D	65,103	65,103	65,103	---	---
Overseas Programs..... D	7,061	2,168	7,061	---	+4,893
Subtotal, International Education & Foreign Lang	72,164	67,271	72,164	---	+4,893

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Fund for the Improvement of Postsec. Ed. (FIPSE)--First in the World..... D	---	100,000	---	---	-100,000
Postsecondary Program for Students with Intellectual Disabilities..... D	11,800	11,800	11,800	---	---
Minority Science and Engineering Improvement..... D	9,648	9,648	9,648	---	---
Tribally Controlled Postsec Voc/Tech Institutions..... D	8,286	8,286	8,286	---	---
Federal TRIO Programs..... D	900,000	900,000	960,000	+60,000	+60,000
GEAR UP..... D	322,754	322,754	344,754	+22,000	+22,000
Graduate Assistance in Areas of National Need..... D	29,293	29,293	---	-29,293	-29,293
Teacher Quality Partnerships..... D	43,092	---	---	-43,092	---
Child Care Access Means Parents in School..... D	15,134	15,134	---	-15,134	-15,134
HCBJ and Minority-Serving Institutions Innovation for Teacher and Principal Pathways (proposed legislation)..... D	---	30,000	---	---	-30,000
Completion Fund (proposed legislation)..... D	---	125,000	---	---	-125,000
Total, Higher Education.....	1,982,185	2,189,200	1,976,666	-5,519	-212,534
HOWARD UNIVERSITY					
Academic Program..... D	191,091	191,091	191,091	---	---
Endowment Program..... D	3,405	3,405	3,405	---	---
Howard University Hospital..... D	27,325	27,325	27,325	---	---
Total, Howard University.....	221,821	221,821	221,821	---	---
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM. D	435	457	435	---	-22

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU)					
CAPITAL FINANCING PROGRAM ACCOUNT					
HBCU Federal Administration.....	334	349	334	---	-15
HBCU Loan Subsidies.....	20,150	20,150	20,150	---	---
Total, HBCU Capital Financing Program.....	20,484	20,499	20,484	---	-15
INSTITUTE OF EDUCATION SCIENCES (IES)					
Research, Development and Dissemination.....	195,000	209,273	154,473	-40,527	-54,800
Statistics.....	112,000	125,360	103,060	-8,940	-22,300
Regional Educational Laboratories.....	54,423	54,423	54,423	---	---
Research in Special Education.....	54,000	54,000	49,300	-4,700	-4,700
Special Education Studies and Evaluations.....	10,818	13,000	10,818	---	-2,182
Statewide Data Systems.....	34,539	81,017	27,230	-7,309	-53,787
Assessment:					
National Assessment.....	149,000	149,000	129,000	-20,000	-20,000
National Assessment Governing Board.....	8,235	7,745	7,745	-490	---
Subtotal, Assessment.....	157,235	156,745	136,745	-20,490	-20,000
Total, IES.....	618,015	693,818	536,049	-81,966	-157,769

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses..... D	431,000	450,342	431,000	---	-19,342
Building Modernization..... D	1,000	24,485	1,000	---	-23,485
Total, Program administration.....	432,000	474,827	432,000	---	-42,827
Office for Civil Rights..... D	107,000	137,708	100,000	-7,000	-37,708
Office of Inspector General..... D	59,256	61,941	59,256	---	-2,685
Total, Departmental management.....	598,256	674,476	591,256	-7,000	-83,220
Total, Title III, Department of Education.....	71,698,533	72,786,823	70,398,563	-1,299,970	-2,388,260
Current Year.....	(49,101,532)	(50,189,822)	(47,601,562)	(-1,499,970)	(-2,588,260)
FY 2018.....	(22,597,001)	(22,597,001)	(22,797,001)	(+200,000)	(+200,000)

1/ FY2017 funds for preschool development grants proposed under Department of Health and Human Services, Administration for Children and Families. FY2016 funds of \$250M included within Fund for the Improvement of Education

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE IV--RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED..... D	6,191	10,612	8,597	+2,406	-2,015
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA)..... D	92,364	95,880	92,364	---	-3,516
National Senior Volunteer Corps:					
Foster Grandparents Program..... D	107,702	107,702	107,702	---	---
Senior Companion Program..... D	45,512	45,512	45,512	---	---
Retired Senior Volunteer Program..... D	48,903	48,903	48,903	---	---
Subtotal, Senior Volunteers.....	202,117	202,117	202,117	---	---
Subtotal, Domestic Volunteer Service.....	294,481	297,997	294,481	---	-3,516

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
National and Community Service Programs:					
AmeriCorps State and National Grants..... D	386,010	386,010	386,010	---	---
Innovation, Assistance, and Other Activities..... D	57,400	57,601	57,400	---	-201
Evaluation..... D	4,000	6,000	4,000	---	-2,000
National Civilian Community Corps (NCCC)..... D	30,000	30,000	30,000	---	---
State Commission Support Grants..... D	16,038	17,000	16,038	---	-962
Subtotal, National and Community Service.....	493,448	496,611	493,448	---	-3,163
Total, Operating expenses.....	787,929	794,608	787,929	---	-6,679
National Service Trust:					
Salaries and Expenses..... D	220,000	206,842	205,792	-14,208	-1,050
Office of Inspector General..... D	81,737	89,330	81,737	---	-7,593
	5,250	6,100	6,300	+1,050	+200
Total, Corp. for National and Community Service.....	1,094,916	1,096,880	1,081,758	-13,158	-15,122
CORPORATION FOR PUBLIC BROADCASTING:					
FY 2019 (current) with FY 2017 comparable..... D	445,000	445,000	445,000	---	---
FY 2018 advance with FY 2016 comparable (NA)..... NA	(445,000)	(445,000)	(445,000)	---	---
FY 2017 advance with FY 2015 comparable (NA)..... NA	(445,000)	(445,000)	(445,000)	---	---
Public television interconnection system (current) D	40,000	50,000	10,000	-30,000	-40,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
FEDERAL MEDIATION AND CONCILIATION SERVICE..... D	48,748	50,738	46,488	-2,260	-4,250
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION..... D	17,085	17,184	17,184	+99	---
INSTITUTE OF MUSEUM AND LIBRARY SERVICES..... D	230,000	230,000	230,000	---	---
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION..... TF	7,765	8,700	7,000	-765	-1,700 D
MEDICARE PAYMENT ADVISORY COMMISSION..... D	11,925	12,234	12,000	+75	-234
NATIONAL COUNCIL ON DISABILITY..... D	3,250	3,468	3,250	---	-218
NATIONAL LABOR RELATIONS BOARD..... D	274,224	274,695	215,000	-59,224	-59,695
NATIONAL MEDIATION BOARD..... D	13,230	13,300	13,300	+70	---
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION..... D	12,639	13,411	12,975	+336	-436
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account..... D	29,000	25,000	25,000	-4,000	---
Less Income Tax Receipts on Dual Benefits..... D	-2,000	-2,000	-2,000	---	---
Subtotal, Dual Benefits.....	27,000	23,000	23,000	-4,000	---
Federal Payments to the Railroad Retirement Accounts... M	150	150	150	---	---
Limitation on Administration..... TF	111,225	122,499	111,225	---	-11,274
Limitation on the Office of Inspector General..... TF	8,437	10,499	8,437	---	-2,062

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds..... M	11,400	11,400	11,400	---	---
Supplemental Security Income Program					
Federal Benefit Payments..... M	60,686,000	52,941,736	52,941,736	-7,744,264	---
Beneficiary Services..... M	70,000	89,000	89,000	+19,000	---
Research and Demonstration..... M	101,000	58,000	58,000	-43,000	---
Afghanistan Special Immigrant Visa..... M	---	2,000	---	---	-2,000
Administration..... D	4,648,733	5,234,132	4,573,733	-75,000	-660,399
Subtotal, SSI program level.....	65,505,733	58,324,868	57,862,469	-7,843,264	-662,399
Less funds advanced in prior year..... M	-19,200,000	-14,500,000	-14,500,000	+4,700,000	---
Subtotal, regular SSI current year.....	46,305,733	43,824,868	43,362,469	-3,143,264	-662,399
New advance, 1st quarter, FY 2018..... M	14,500,000	15,000,000	15,000,000	+500,000	---
Total, SSI program.....	60,805,733	58,824,868	58,362,469	-2,643,264	-662,399

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Limitation on Administrative Expenses					
OASI/DI Trust Funds.....	5,100,054	5,702,038	5,050,054	-50,000	-651,984
HI/SMI Trust Funds.....	1,777,800	2,001,330	1,652,800	-125,000	-348,530
Social Security Advisory Board.....	2,300	2,500	2,300	---	-200
SSI.....	3,718,791	3,415,132	3,643,791	-75,000	+228,659
Subtotal, regular LAE.....	10,598,945	11,121,000	10,348,945	-250,000	-772,055
User Fees:					
SSI User Fee activities.....	136,000	126,000	123,000	-13,000	-3,000
CB0 adjustment.....	---	-3,000	---	---	+3,000
SSPA User Fee Activities.....	1,000	1,000	1,000	---	---
CB0 adjustment.....	---	-1,000	-1,000	-1,000	---
Subtotal, User fees.....	137,000	123,000	123,000	-14,000	---
Subtotal, Limitation on administrative expenses.....	10,735,945	11,244,000	10,471,945	-264,000	-772,055
Program Integrity:					
OASDI Trust Funds.....	496,058	1,819,000	496,058	---	-1,322,942
SSI.....	929,942	---	929,942	---	+929,942
Subtotal, Program integrity funding.....	1,426,000	1,819,000	1,426,000	---	-393,000
Total, Limitation on Administrative Expenses.....	12,161,945	13,063,000	11,897,945	-264,000	-1,165,055

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of Inspector General					
Federal Funds.....	29,787	31,000	29,787	---	-1,213
Trust Funds.....	75,713	81,000	75,713	---	-5,287
Total, Office of Inspector General.....	105,500	112,000	105,500	---	-6,500
Adjustment: Trust fund transfers from general revenues TF	-4,648,733	-5,234,132	-4,573,733	+75,000	+660,399
Total, Social Security Administration.....	68,435,845	66,777,136	65,603,581	-2,832,264	-1,173,555
Federal funds.....	60,983,920	58,990,268	58,326,656	-2,657,264	-663,612
Current year.....	(46,483,920)	(43,990,268)	(43,326,656)	(-3,157,264)	(-663,612)
New advances, 1st quarter, FY 2018.....	(14,500,000)	(15,000,000)	(15,000,000)	(+500,000)	---
Trust funds.....	7,451,925	7,786,868	7,276,925	-179,000	-509,943
Total, Title IV, Related Agencies.....	70,787,630	69,159,506	67,848,945	-2,938,685	-1,310,561
Federal Funds.....	63,204,118	61,227,406	60,440,358	-2,763,760	-787,048
Current Year.....	(48,259,118)	(45,782,406)	(44,995,358)	(-3,263,760)	(-787,048)
FY 2018 Advance.....	(14,500,000)	(15,000,000)	(15,000,000)	(+500,000)	---
FY 2018 Advance.....	(445,000)	(445,000)	(445,000)	---	---
Trust Funds.....	7,583,512	7,932,100	7,408,587	-174,925	-523,513

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
(Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
RECAP					
Mandatory, total in bill.....	718,185,805	760,635,162	760,614,562	+42,428,757	-20,600
Less advances for subsequent years.....	-133,701,502	-144,135,452	-144,135,452	-10,433,950	---
Plus advances provided in prior years.....	135,953,140	133,701,502	133,701,502	-2,251,638	---
Total, mandatory, current year.....	720,437,443	750,201,212	750,180,612	+29,743,169	-20,600
Discretionary, total in bill.....	170,242,946	172,470,956	170,242,946	---	-2,228,010
Less advances for subsequent years.....	-24,814,001	-24,814,001	-24,814,001	---	---
Plus advances provided in prior years.....	24,814,001	24,814,001	24,814,001	---	---
Subtotal, discretionary, current year.....	170,242,946	172,470,956	170,242,946	---	-2,228,010
Discretionary Scorekeeping adjustments:					
SSI User Fee Collection.....	-136,000	-126,000	-123,000	+13,000	+3,000
CBQ adjustment.....	---	3,000	---	---	-3,000
Average Weekly Insured Unemployment (AWIU)					
Contingent.....	5,000	20,000	5,000	---	-15,000
Medicare Eligible Accruals					
(permanent, indefinite)1/.....	29,000	28,594	28,594	-406	---
Dislocated Workers National Reserve (rescission).....	---	---	-200,000	-200,000	-200,000
Rescissions (PL111-148):					
Medicare and Medicaid Innovation Fund (CBO estimate).....	---	---	-5,200,000	-5,200,000	-5,200,000
Independent Payment Advisory Board.....	-15,000	---	-15,000	---	-15,000
Patient Centered Outcomes Research.....	---	---	-150,000	-150,000	-150,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2016 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2017
 (Amounts in Thousands)

	FY 2016 Enacted	FY 2017 Request	Bill	Bill vs. Enacted	Bill vs. Request
Nonrecurring expenses fund (rescission).....	---	---	-200,000	-200,000	-200,000
Childrens Health Insurance Program performance bonus (rescission).....	---	-5,407,100	-195,640	-195,640	+5,211,460
Childrens Health Insurance Program one-time payment (rescission).....	-4,678,500	-541,900	-541,900	+4,136,600	---
Child Enrollment contingency fund (rescission) . .	-2,105,000	-570,000	-570,000	+1,535,000	---
TANF Contingency Fund (transfer out).....	(-25,000)	(-25,000)	---	(+25,000)	(+25,000)
ACF Children's research and technology assistance (by transfer).....	(15,000)	(15,000)	---	(-15,000)	(-15,000)
Department of Commerce, Bureau of the Census (by transfer).....	(10,000)	(10,000)	---	(-10,000)	(-10,000)
Career pathways included in Pell grant benefit.....	1,000	---	---	-1,000	---
Proprietary Institutions 85/15 policy.....	---	-2,000	---	---	+2,000
Long-Term Care Hospitals.....	2,000	---	---	---	---
SSA SSPA User Fee Collection.....	-1,000	-1,000	-1,000	-2,000	---
CBO adjustment.....	1,000	1,000	1,000	---	---
Traditional Medicare program.....	305,000	---	---	-305,000	---
HHS unobligated balances (rescission).....	-446	---	---	+446	---
Total, discretionary.....	163,650,000	165,875,550	163,081,000	-569,000	-2,794,550
Grand Total, current year.....	884,087,443	916,076,762	913,261,612	+29,174,169	-2,815,150

MINORITY VIEWS OF REP. NITA LOWEY AND REP. ROSA
DELAURO

We would like to acknowledge the efforts of Chairman Rogers and Chairman Cole to hold a full committee markup of the Labor, Health and Human Services, and Education bill. This bill, which includes some of the nation's most important domestic programs, has not made it to the full committee nearly enough in recent years. We believe the Committee should debate these critical issues in public every year, which is why we appreciate Chairman Cole's efforts to hold markups during both years of his subcommittee chairmanship.

However, Republicans on the Committee disappointingly approved a bill this year that cuts labor, health, and education programs by \$569 million compared to the FY 2016 level.

Less than a year ago, the Labor-HHS-Education bill received only a fraction—about one-half—of its proportionate share of additional funds made available by the Bipartisan Budget Act, which increased discretionary spending in fiscal years 2016 and 2017. The Labor-HHS-Education bill should have received about \$5.2 billion more than its fiscal year 2016 allocation. This year's cut would do even more damage.

The cuts in this bill, with which we strongly disagree, will harm women, seniors, students, workers, and families. Specifically:

The bill hurts women's health by completely eliminating funding for Title X Family Planning and the Teen Pregnancy Prevention program.

The bill hurts seniors by cutting the operating budget for the Centers for Medicare and Medicaid Services (CMS) by \$881 million and cutting the operating budget for the Social Security Administration (SSA) by \$264 million. Millions of seniors and low income families rely on benefits provided by Medicare, Medicaid, and Social Security—but this bill slashes more than \$1.1 billion dollars from the agencies that manage those vital services.

The bill hurts students by cutting \$1.3 billion from the Pell Grant program at a time when our economy is burdened with over \$1.2 trillion in student debt. It also cuts or eliminates more than two dozen education programs.

The bill hurts unemployed workers by cutting \$300 million from job training funds reserved for dislocated workers, and by completely eliminating Apprenticeship Grants, which were funded at \$90 million last year.

The bill is also weighed down by ideological riders. It blocks funding for the Affordable Care Act (ACA), which would cause more than 20 million Americans to lose their health coverage.

The bill continues an outrageous rider that has blocked the Centers for Disease Control and Prevention (CDC) from supporting gun

violence prevention research for the past twenty years. This rider continues to have tragic consequences, as the CDC has been unable to research effective strategies to reduce the nation's crisis of gun deaths—which exceed 30,000 every year.

Even Congressman Dickey—the original author of this rider—has spoken out in favor of removing his own prohibition, noting, “We must learn what we can do to save lives.”

In addition, the bill leaves students and workers more vulnerable to exploitation. It blocks the Department of Education from protecting students from high-debt for-profit college programs that provide limited employment opportunities; it blocks the Department of Labor from ensuring that financial advisers act in the best interests of their clients; it also blocks a needed update of overtime pay provisions that would enable 4.2 million workers to receive the overtime pay they've earned. And it blocks the National Labor Relations Board from enforcing its own rules facilitating union elections.

The Majority once again tries to impose its rigid ideology by adding harmful riders to block funds for family planning services and, even worse, to allow employers to deny preventive health services to their workers if the employer has a religious or moral objection to those services. These provisions would roll back decades of progress, as once again the Majority is trying to take away a woman's right to make her own health care decisions in consultation with her doctor and family.

During markup in the full committee, we offered a series of amendments to restore funding to critical programs like Pell Grants, literacy education, research in Special Education, family planning services, teen pregnancy prevention, tobacco prevention, healthcare research, job training, worker protection, and community service programs. We also sought to boost funding for NIH research, as well early learning programs such as the Child Care and Development Block Grant, Head Start, and Preschool Grants.

We proposed amendments to restore funding to the operating budgets at CMS and SSA, because our retired seniors and workers with disabilities deserve programs that are managed effectively.

In addition, we introduced amendments to respond to public health emergencies occurring across the country. We offered an amendment to provide \$1.9 billion in emergency funding to prepare for, and respond to, the Zika virus, which has infected 649 pregnant women in the United States (as of July 7); we offered an amendment to increase the Infectious Disease Rapid Response Reserve Fund to \$5 billion; and we offered an amendment to boost funding for CDC's Childhood Lead Poisoning Prevention and Safe Water programs by \$80 million, which would help address the crisis of lead poisoning in youth across the country. All of these programs would have been designated as emergencies.

We also introduced amendments to strike offensive riders from the bill and to support gun violence prevention research at the CDC.

In sum, our amendments would have resolved many of the bill's defects. Unfortunately, the Majority blocked all of these important amendments.

Therefore, without our proposed improvements, the bill is too fundamentally flawed due to its insufficient 302(b) allocation and the inclusion of unnecessary and ideological riders to merit our support.

Moreover, the much-needed funding to restore investments in the Labor-HHS-Education bill will not materialize unless, and until, we undo sequestration. That is why alternative deficit reduction strategies—like those proposed in the President’s budget to eliminate tax breaks and loopholes for special interests—must be part of any long-term budget discussions.

The Majority has made it clear that it is willing to violate the budget caps for defense spending—as it already shifted \$15.7 billion in Overseas Contingency Operations funding to the base defense bill. We simply ask for similar considerations for critical investments in non-defense programs, such as the education and health programs in this bill.

While the Labor-HHS-Education bill has a great many shortcomings due to its inadequate allocation, we strongly support some of its investments—though many of these increases fall short of the funds needed to make long-lasting progress. For example:

- *National Institutes of Health (NIH)*. The bill includes \$33.3 billion for the NIH, an increase of \$1.25 billion above the FY 2016 Omnibus. These additional funds would enable the NIH to move forward with the Precision Medicine Initiative, the BRAIN Initiative, Alzheimer’s research, and basic science research across NIH’s Institutes and Centers. Unfortunately, the bill does not fund the President’s Cancer Moonshot.

- *Special Education State Grants*. The bill includes \$12.4 billion for IDEA Part B State Grants, an increase of \$500 million above the FY 2016 level. These additional funds would assist States in covering the excess costs of providing special education and services to children with disabilities. Unfortunately, the bill also reduces funding by 30 percent for critical special education national activities that provide much-needed support for technology, materials, and personnel recruitment and development.

- *Comprehensive Opioid Response Grants*. The bill includes \$500 million for grants to states, territories, and tribes, which would help to respond to the opioid crisis that is causing devastating death and destruction across the country.

- *Infectious Disease Rapid Response Reserve Fund*. The bill includes \$300 million for a new infectious disease rapid response reserve fund, which is similar to legislation that Ms. DeLauro authored to fund the Public Health Emergency Fund. While the creation of this no-year fund is a step in the right direction, much more funding is needed to respond to future public health emergencies and the funding should be designated as emergency spending.

- *Head Start*. The bill includes \$9.3 billion for Head Start, an increase of \$142 million above the FY 2016 level. However, due to recent improvements to the Head Start program, the funding provided would not be sufficient to continue to serve the same number of children—in fact, Head Start would lose 125,000 slots at this funding level.

HARMFUL BUDGET CUTS IN THE MAJORITY'S BILL (BY DEPARTMENT)

The Labor-HHS-Education bill is often called the People's Bill for a reason. It is about providing Americans with opportunities to get ahead. The programs we fund level the playing field for low-income children to learn; help Americans learn the skills to find a job in a tough economy; and equip our nation to deal with public health emergencies. That is why we are so disappointed that the Majority continues to target this bill for funding cuts.

DEPARTMENT OF EDUCATION

The Department of Education alone takes a net cut of \$1 billion—and that is after accounting for an increase of \$500 million for special education State grants and \$1 billion for the newly authorized Student Support and Academic Enrichment Block Grant. The bill slashes funding for more than a dozen programs, including Special Education Personnel Development, Teacher Quality State Grants, Office for Civil Rights, Institute for Education Sciences Research, and it terminates nine other fully authorized programs and activities.

DEPARTMENT OF EDUCATION—PROGRAM ELIMINATIONS

- 1 Graduate Assistance in Areas of National Need
- 2 Child Care Access Means Parents in School
- 3 Education Innovation and Research (13)
- 4 School Leader Recruitment and Support
- 5 Magnet School Assistance Program
- 6 Arts in Education
- 7 Innovative Approaches to Literacy
- 8 Safe and Drug-free Schools and Communities National Activities (including "Now is the Time")
- 9 Teacher Quality Partnership

We are also concerned that the bill eliminates a key funding source for programs that foster a safe and secure learning environment in our country's most distressed communities, such as the Now is the Time initiative, which supports strategies to reduce gun violence and increase access to mental health services. While universal literacy is the mark of a civilized society, the bill even eliminates Innovative Approaches to Literacy and cuts funding for Comprehensive Literacy Development (Striving Readers), the largest reading program for low-income children from birth through grade 12.

The Pell Grant program, which has allowed millions of low- and middle-income students to gain access to college and the middle class, loses \$1.3 billion.

Instead of cutting the Pell Grant program, we offered an amendment to restore the Year-Round Pell Grant benefit, which would allow full-time students to earn a third semester of Pell Grants in an academic year—enabling them to finish faster by taking additional courses year-round.

In addition, we offered amendments to restore funding for Pell Grants as well as to restore funding for education programs that were eliminated or reduced. We also offered an amendment to boost funding for early childhood programs, including Preschool De-

velopment Grants (which were formerly funded through the Department of Education). We are disappointed the Majority blocked all of these efforts.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Department of Health and Human Services does not fare much better. Aside from the NIH, the rest of the department is roughly flat funded.

The bill eliminates funding for Title X Family Planning at a time when the program's services are needed most—especially considering the public health threat of the Zika virus. The bill also eliminates the Teen Pregnancy Prevention program, an action we find baffling given the program's proven track record. Between 2010 and 2014, the last years for which we have data, the U.S. teen birthrate declined by 29 percent. The elimination of the Teen Pregnancy Prevention program would put that success at risk.

The bill cuts CMS Program Management by \$881 million below the FY 2016 level and \$1 billion below the President's request, despite an influx of 6.5 million Medicare enrollees over the past five years. Such a massive funding cut would break our promise to seniors by undermining the effective operation of the Medicare program.

Moreover, the bill cuts CDC's Tobacco Prevention activities by \$110 million, including complete elimination of the "Tips from Former Smokers" campaign, an incredibly successful program which has helped 400,000 smokers quit for good since 2012, saving 16,000 lives every year.

And while we support the additional funding for Head Start, it is still \$292 million below the President's request. At the funding level in this bill, the number of children enrolled in Head Start would decline by approximately 125,000, which is simply unacceptable.

Similarly, the bill provides only a minimal increase of \$40 million for the Child Care and Development Block Grant (CCDBG), which is \$161 million below the President's request. This increase is not enough for States to implement the quality improvements and reforms that were enacted in bipartisan child care legislation while continuing to serve the same number of children.

We sought to improve the bill by offering amendments to restore funding for Family Planning, Teen Pregnancy Prevention, CMS's operating budget, and CDC's Tobacco Prevention program. And we tried to increase funding for Head Start, CCDBG, and Preschool Development Grants.

We introduced amendments to provide the President's request of \$1.9 billion to respond to the Zika virus; to increase the Infectious Disease Rapid Response Reserve Fund to \$5 billion; and to increase funding for the CDC's Childhood Lead Poisoning Prevention and Safe Water programs, which would help address the crisis of lead poisoning in youth across the country. Each of these three amendments would have designated the funds as emergency spending.

We also offered an amendment to increase funding for NIH research, to match last year's increase of \$2 billion over the previous year.

Again, our colleagues across the aisle did not support these efforts.

DEPARTMENT OF LABOR

The Department of Labor is cut by \$538 million below last year's level, once a rescission of \$200 million to Dislocated Worker job training funds is taken into account. The bill not only fails to boost investments in job training, it actually makes huge cuts to job training programs—including a net cut of approximately \$300 million to job training for dislocated workers and the complete elimination of Apprenticeship Grants, a cut of \$90 million. These cuts are incredibly harmful because job training and apprenticeship programs offer an opportunity to connect job seekers with the business community—particularly at a time when the unemployment rates for African-American and Latino workers continue to exceed the national unemployment rate.

We are also disappointed that the bill provides no funding for the State Paid Leave Fund. At some point in our working lives, nearly all of us will need time off to deal with a serious illness or care for a newborn child or aging parent. Yet only 13 percent of American workers have access to paid family leave, which should be a fundamental right for all Americans.

On top of cuts to job training, the bill further cuts funding for agencies charged with protecting the health, safety, and benefits of American workers. These cuts would leave workers more susceptible to wage theft, along with racial and gender discrimination in the workplace. It would also make it more difficult to identify workplaces with the worst records of injuries on the job.

Finally, all funds for grants through the Bureau of International Labor Affairs are eliminated, ending the Department's efforts to help children around the world escape from forced labor and the worst forms of child labor.

In an effort to lessen the harm to American workers and their families, we offered amendments to restore funding to job training programs, apprenticeship grants, worker protection agencies, and grants to eradicate child labor. Once again the Majority blocked those proposals.

RELATED AGENCIES

Among related agencies, the Corporation for National and Community Service, which runs Vista, AmeriCorps and other national service organizations, is cut by \$13 million below the FY 2016 level, with the cut coming from the National Service Trust.

The National Labor Relations Board is cut by about \$60 million, which would undermine the agency's ability to carry out its legal responsibilities under the National Labor Relations Act. While we recognize the Majority disagrees with some of the NLRB's recent decisions, we once again note that federal courts have upheld the NLRB's rulemaking authority.

And lastly, the bill cuts the Social Security Administration's (SSA) operating expenses by \$264 million below the FY 2016 level, which is \$1.2 billion below the President's FY 2017 request for SSA. This shortfall could lead to field office closures, reduced field

office hours, longer in-office wait times, and phone service delays for those who contact SSA for help.

During markup in the full committee, we tried to restore funding for community service programs and the NLRB, and boost funding for SSA operating expenses to the President's request, but our proposals were rejected on party-line votes.

IDEOLOGICAL POLICY RIDERS IN THE MAJORITY'S BILL

As discussed above, the bill is also marred by the inclusion of dozens of unnecessary and ideological riders. Some of the most egregious riders are highlighted below.

THE AFFORDABLE CARE ACT

Unfortunately, we also see yet another attempt to block funding for the Affordable Care Act, which would cause more than 20 million Americans to lose their health insurance coverage.

The evidence is now in—the ACA is working. It has successfully expanded health coverage to millions of hard-working American families and reduced the uninsured rate to the lowest point on record. We should be supporting the ACA, not undermining it.

The Majority voted to keep this poison pill.

OTHER HARMFUL POLICY RIDERS

The bill rescinds \$7 billion from the Center for Medicare and Medicaid Innovation, which is testing new service delivery and payment models. These tests have already shown promising results that will lead to better care and reduced costs in the long run. In fact, the Congressional Budget Office estimates that rescinding these funds would actually cost the Medicare program a total of \$34 billion in unrealized savings over the next decade, weakening the Medicare program for future beneficiaries.

The bill prohibits the Department of Labor from enforcing rules to ensure that financial advisers act in the best interests of their clients, and it blocks the Department from implementing a new threshold to ensure that workers receive overtime pay they have earned. It continues the Majority's assault on workers by stopping the National Labor Relations Board from enforcing its own rulings that facilitate union elections, the responsibilities of joint employers, and the size of bargaining units.

The bill also prohibits funding for research into patient-centered outcomes and blocks a Department of Education rule that would protect students from high-debt for-profit college programs that provide limited employment opportunities.

This type of legislation does not belong in appropriations bills, so we offered several amendments to strike these extraneous provisions. The Majority, once again, rejected the amendments.

ANTI-WOMAN IDEOLOGY

This bill is an affront to women and families. In addition to eliminating funding for the Family Planning program, it would block any federal funds for family planning services, which would have a devastating impact on women—especially women in rural communities and low-income women.

To make matters worse, the bill also eliminates the Teen Pregnancy Prevention program, which has helped to achieve great success in reducing teenage pregnancy and abortion, including a 29 percent decline in teen pregnancy rates between 2010 and 2014, the most recent years for which data are available.

The bill includes the entire text of the Health Care Conscience Rights Act, an authorizing bill that allows employers to block access to preventive health services if the employers have so-called “religious or moral” objections. Once again, the Majority is unnecessarily meddling in a woman’s right to make her own health care decisions. This policy rider would allow employers to create obstacles for women seeking health services such as contraception, infertility treatment, prenatal testing, vaccination, testing for HIV/AIDS or sexually transmitted diseases, transfusions—or anything else to which someone might plausibly (or even implausibly) claim a religious or moral objection.

And finally, the Majority passed an amendment to block funding in any bill for in-vitro fertilization treatment—including treatment for wounded veterans—unless the embryos are preserved in perpetuity. First, the scope of the policy goes well beyond the jurisdiction of the Labor-HHS-Education bill. And second, parents should control their own embryos—the government has no business in this decision. Parents should be able to decide whether they want to freeze their embryos, allow them to be adopted, or allow them to be donated for research.

These provisions are downright offensive. During markup in the full committee, we offered amendments to strike each of the provisions that would limit a woman’s ability to make her own health care decisions; we offered amendments to restore funding to programs that were eliminated; and we strongly opposed the ideological rider that would limit in vitro fertilization services for our wounded veterans. Quite frankly, we are appalled that our colleagues opposed our efforts.

CONCLUSION

This bill stands in stark contrast to the bipartisan Labor-HHS-Education bill passed by our colleagues in the Senate. While the Senate version is not the bill we would have written, it reflects Republican and Democratic compromise on critical issues.

Instead, this bill is another example of the Majority’s continued attempt to enact their extreme and divisive ideological preferences, no matter the cost. We ask our colleagues to stop pushing an ideological agenda that places the health of millions of women and their families at risk.

We hope our colleagues on the other side of the aisle will work with Democrats during the conference process to fix the many inadequacies in this bill. At that point, we look forward to working with Chairman Rogers and Chairman Cole to move forward.

NITA M. LOWEY.
ROSA L. DeLAURO.

ADDITIONAL VIEWS

Federal agencies tasked with stemming the spread of Zika within the U.S. and effected areas have requested \$1.9 billion in emergency funding to adequately respond to the virus and prevent the severe birth defects that it causes. If Congress does not act now and get ahead of the spread of Zika, we could be facing a national emergency similar to what is tragically playing out in other parts of the world. Expecting parents or those who will be starting families should not have to face the risk of severe birth defects this virus causes on a massive scale, and know Congress could have done more to stop it. I support robust funding for Zika and have voted for an amendment to provide \$1.9 billion for Zika efforts previously and I intended to vote in support of the amendment during the markup.

JAIME HERRERA BEUTLER.

