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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2016

JUNE 25, 2015.—Ordered to be printed

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

REPORT

[To accompany S. 1695]

The Committee on Appropriations reports the bill (S. 1695) making appropriations for Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2016, and for other purposes, reports favorably thereon without amendment and recommends that the bill do pass.

Amounts to new budget authority

Total of bill as reported to the Senate	\$879,922,043,000
Amount of 2015 appropriations	848,302,078,000
Amount of 2016 budget estimate	892,775,228,000
Bill as recommended to Senate compared to:	
2015 appropriations	+ 31,619,965,000
2016 budget estimate	- 12,853,185,000

CONTENTS

	Page
List of Abbreviations	4
Summary of Budget Estimates and Committee Recommendations	8
Overview	8
National Institutes of Health	8
Preventing Bureaucratic Overreach	10
Improving Fiscal Accountability	12
Fighting Opioid Abuse	13
Combating Antibiotic Resistant Bacteria	13
Rural Health Care	14
Increasing the Efficiency and Cost Effectiveness of Government	14
Other Highlights of the Bill	16
Title I: Department of Labor:	
Employment and Training Administration	19
Employee Benefits Security Administration	27
Pension Benefit Guaranty Corporation	27
Wage and Hour Division	28
Office of Labor-Management Standards	28
Office of Federal Contract Compliance Programs	29
Office of Workers' Compensation Programs	29
Occupational Safety and Health Administration	32
Mine Safety and Health Administration	33
Bureau of Labor Statistics	34
Office of Disability Employment Policy	34
Departmental Management	35
General Provisions	37
Title II: Department of Health and Human Services:	
Health Resources and Services Administration	39
Centers for Disease Control and Prevention	56
National Institutes of Health	78
Substance Abuse and Mental Health Services Administration	108
Agency for Healthcare Research and Quality	116
Centers for Medicare and Medicaid Services	119
Administration for Children and Families	128
Administration for Community Living	138
Office of the Secretary	144
General Provisions	157
Title III: Department of Education:	
Education for the Disadvantaged	159
Impact Aid	161
School Improvement Programs	162
Indian Education	166
Innovation and Improvement	167
Safe Schools and Citizenship Education	171
English Language Acquisition	172
Special Education	173
Rehabilitation Services and Disability Research	175
Special Institutions for Persons With Disabilities:	
American Printing House for the Blind	177
National Technical Institute for the Deaf	177
Gallaudet University	178
Career, Technical, and Adult Education	178
Student Financial Assistance	179
Student Aid Administration	181
Higher Education	183

	Page
Title III—Continued	
Howard University	187
College Housing and Academic Facilities Loans Program	188
Historically Black College and University Capital Financing Program Account	188
Institute of Education Sciences	188
Departmental Management:	
Program Administration	191
Office for Civil Rights	192
Office of the Inspector General	192
General Provisions	192
Title IV: Related Agencies:	
Committee for Purchase From People Who Are Blind or Severely Dis- abled	194
Corporation for National and Community Service	194
Corporation for Public Broadcasting	197
Federal Mediation and Conciliation Service	197
Federal Mine Safety and Health Review Commission	198
Institute of Museum and Library Services	198
Medicaid and CHIP Payment and Access Commission	199
Medicare Payment Advisory Commission	199
National Council on Disability	199
National Labor Relations Board	200
National Mediation Board	200
Occupational Safety and Health Review Commission	201
Railroad Retirement Board	201
Social Security Administration	202
Title V: General Provisions	206
Compliance With Paragraph 7, Rule XVI of the Standing Rules of the Sen- ate	208
Compliance With Paragraph 7(c), Rule XXVI of the Standing Rules of the Senate	208
Compliance With Paragraph 12, Rule XXVI of the Standing Rules of the Senate	209
Budgetary Impact of Bill	217
Comparative Statement of New Budget Authority	218

LIST OF ABBREVIATIONS

ACA—Patient Protection and Affordable Care Act
ACL—Administration for Community Living
ADAP—AIDS Drug Assistance Program
AHEC—area health education center
AHRQ—Agency for Healthcare Research and Quality
AP—Advanced Placement
APH—American Printing House for the Blind
ARRA—American Recovery and Reinvestment Act of 2009
ASH—Assistant Secretary for Health
ASPR—Assistant Secretary for Preparedness and Response
BARDA—Biomedical Advanced Research and Development Au-
thority
BCA—Budget Control Act of 2011
BLS—Bureau of Labor Statistics
CAN—Cures Acceleration Network
CCAMPIS—Child Care Access Means Parents in School
CCDBG—Child Care and Development Block Grant
CDC—Centers for Disease Control and Prevention
CHAFL—College Housing and Academic Facilities Loans
CHC—Community health center
CHGME—Children’s Hospitals Graduate Medical Education
CJ—Justification of Estimates for Appropriations Committees
CMHS—Center for Mental Health Services
CMS—Centers for Medicare and Medicaid Services
CNCS—Corporation for National and Community Service
CPB—Corporation for Public Broadcasting
CSAP—Center for Substance Abuse Prevention
CSAT—Center for Substance Abuse Treatment
CSBG—Community Services Block Grant
CSEOA—Community Service Employment for Older Americans
DOD—Department of Defense
DOE—Department of Energy
DOL—Department of Labor
EBSA—Employee Benefits Security Administration
EEOICPA—Energy Employees Occupational Illness Compensa-
tion Program Act
ERISA—Employee Retirement Income Security Act of 1974
ESEA—Elementary and Secondary Education Act
ETA—Employment and Training Administration
FDA—Food and Drug Administration
FEMA—Federal Emergency Management Agency
FIC—Fogarty International Center
FIE—Fund for the Improvement of Education
FIPSE—Fund for the Improvement of Postsecondary Education
FMCS—Federal Mediation and Coalition Service
FMSHRC—Federal Mine Safety and Health Review Commission

FTE—full-time equivalent
 FWS—Federal Work Study
 GAANN—Graduate Assistance in Areas of National Need
 GAO—Government Accountability Office
 GEAR UP—Gaining Early Awareness and Readiness for Undergraduate Programs
 HBCUs—Historically Black Colleges and Universities
 HCERA—Health Care and Education Reconciliation Act of 2010
 HCFAC—Health Care Fraud and Abuse Control
 HEA—Higher Education Act
 HELP—Health, Education, Labor, and Pensions
 HFFI—Healthy Foods Financing Initiative
 HHS—Health and Human Services
 HRSA—Health Resources and Services Administration
 IC—Institute and Center
 IDEa—Institutional Development Award
 IDEA—Individuals with Disabilities Education Act
 IES—Institute of Education Sciences
 IMLS—Institute of Museum and Library Services
 IOM—Institute of Medicine
 LEA—local educational agency
 LIHEAP—Low Income Home Energy Assistance Program
 MACPAC—Medicaid and CHIP Payment and Access Commission
 MCH—maternal and child health
 MedPAC—Medicare Payment Advisory Commission
 MSHA—Mine Safety and Health Administration
 NAEP—National Assessment of Educational Progress
 NAGB—National Assessment Governing Board
 NCATS—National Center for Advancing Transitional Sciences
 NCBDDD—National Center on Birth Defects and Developmental Disabilities
 NCES—National Center for Education Statistics
 NCHS—National Center for Health Statistics
 NCI—National Cancer Institute
 NEI—National Eye Institute
 NHGRI—National Human Genome Research Institute
 NHLBI—National Heart, Lung, and Blood Institute
 NIA—National Institute on Aging
 NIAAA—National Institute on Alcohol Abuse and Alcoholism
 NIAID—National Institute of Allergy and Infectious Disease
 NIAMS—National Institute of Arthritis and Musculoskeletal and Skin Diseases
 NIBIB—National Institute of Biomedical Imaging and Bioengineering
 NICHD—Eunice Kennedy Shriver National Institute of Child Health and Human Development
 NIDA—National Institute on Drug Abuse
 NIDCD—National Institute on Deafness and Other Communication Disorders
 NIDCR—National Institute of Dental and Craniofacial Research
 NIDDK—National Institute of Diabetes and Digestive and Kidney Disease
 NIDRR—National Institute on Disability and Rehabilitation Research

NIEHS—National Institute of Environmental Health Sciences
 NIGMS—National Institute of General Medical Sciences
 NIH—National Institutes of Health
 NIMH—National Institute on Mental Health
 NIMHD—National Institute on Minority Health and Health Disparities
 NINDS—National Institute of Neurological Disorders and Stroke
 NINR—National Institute of Nursing Research
 NLM—National Library of Medicine
 NLRB—National Labor Relations Board
 NSF—National Science Foundation
 NSIP—Nutrition Services Incentives Program
 NTID—National Technical Institute for the Deaf
 NFP—Not-for-Profit
 OAR—Office of AIDS Research
 OCR—Office for Civil Rights
 ODEP—Office of Disability Employment Policy
 OFCCP—Office of Federal Contract Compliance Programs
 OIG—Office of the Inspector General
 OLMS—Office of Labor-Management Standards
 OMB—Office of Management and Budget
 OMH—Office of Minority Health
 OMHA—Office of Medicare Hearings and Appeals
 ONC—Office of the National Coordinator for Health Information Technology
 ORR—Office of Refugee Resettlement
 ORWH—Office of Research on Women’s Health
 OSEP—Office of Special Education Programs
 OSHA—Occupational Safety and Health Administration
 OWCP—Office of Workers’ Compensation Programs
 OWH—Office of Women’s Health
 PAIMI—protection and advocacy for individuals with mental illness
 PATH—Projects for Assistance in Transition From Homelessness
 PBGC—Pension Benefit Guaranty Corporation
 PHS—Public Health Service
 PPH Fund—Prevention and Public Health Fund
 PRNS—Programs of Regional and National Significance
 PROMISE—Promoting School Readiness of Minors in SSI
 RSA—Rehabilitation Services Administration
 SAMHSA—Substance Abuse and Mental Health Services Administration
 SAPT—substance abuse prevention and treatment
 SEA—State educational agency
 SEOG—Supplemental Educational Opportunity Grant
 SIG—School Improvement Grants
 SPRANS—Special Projects of Regional and National Significance
 SSA—Social Security Administration
 SSBG—Social Services Block Grant
 SSI—Supplemental Security Income
 STEM—science, technology, engineering, and mathematics
 TB—tuberculosis
 TBI—traumatic brain injury
 TIF—Teacher Incentive Fund

TIVAS—Title IV Additional Servicemen
UAC—unaccompanied alien children
UCEDD—University Center for Excellence in Developmental
Disabilities
UI—unemployment insurance
USAID—U.S. Agency for International Development
VETS—Veterans' Employment and Training Services
VISTA—Volunteers in Service to America
VR—Vocational Rehabilitation
WANTO—Women in Apprenticeship and Non-Traditional Occu-
pations
WHD—Wage and Hour Division
WIA—Workforce Investment Act
WIF—Workforce Innovation Fund
WISEWOMAN—Well-Integrated Screening and Evaluation for
Women Across the Nation

SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 2016, the Committee recommends total budget authority of \$879,922,043,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. This amount includes \$153,188,000,000 in current year discretionary funding subject to discretionary spending caps and \$1,561,000,000 in cap adjustments for healthcare fraud and abuse control and for program integrity at the Social Security Administration, in accordance with the allocation for this bill.

Fiscal year 2015 levels cited in this report reflect the enacted amounts in Public Law 113–235, the Consolidated and Further Continuing Appropriations Act, 2015 and exclude funds designated as emergency requirements for Ebola response and preparedness.

OVERVIEW

The Labor, Health and Human Services, and Education, and Related Agencies [Labor-HHS-Education] appropriations bill constitutes the largest share of non-defense discretionary spending, 31 percent of the total in fiscal year 2016. Total spending in this bill subject to discretionary spending caps is \$3,575,000,000 or 2.3 percent, below the comparable fiscal year 2015 level. This significant funding reduction has required the Committee to make difficult decisions regarding funding reductions and consider the appropriate role and jurisdiction of Federal programs.

The priorities and considerations of the Committee in developing this bill are summarized in the section below:

NATIONAL INSTITUTES OF HEALTH

The Committee recommendation includes \$32,084,000,000 for the National Institutes of Health [NIH], an increase of \$2,000,000,000. This is the largest increase the NIH has received since Congress doubled the agency's funding in 2003. The Committee strongly believes that in this difficult budget environment that the Labor-HHS-Education appropriations bill must reprioritize how funding is allocated and must clearly recognize the essential role biomedical research plays in every American's life.

NIH-funded research has raised life expectancy, improved quality of life, and is an economic engine helping to sustain American competitiveness. NIH-funded biomedical research is the catalyst behind many of the advances that are now helping Americans live longer and healthier lives. Because of the Federal investment in biomedical research, U.S. cancer death rates are falling 1 percent each year, with each 1 percent decline saving our Nation about \$500,000,000,000. U.S. death rates from heart disease and stroke have declined more than 60 percent in the last half-century. Be-

tween 1997 and 2006, the death rate among adults with diabetes declined by 23 percent.

The Committee recommendation places a high priority on funding for the NIH and believes this funding is necessary to address our Nation's growing health concerns, spur medical innovation, sustain America's competitiveness, and reduce healthcare costs. Over the past decade, the NIH has lost approximately 22 percent of its purchasing power for research. The likelihood that a grant application will receive funding has fallen to the lowest percentage in decades, now less than 20 percent. However, under the Committee recommendation, these trends will begin to reverse. Within this bill, Research Project Grants, NIH's funding mechanism for investigator-initiated research, will increase over 7 percent. The Committee recommendation is estimated to support over 11,500 new and competing grants in fiscal year 2016, an increase of nearly 2,500 grants or more than 26 percent above the fiscal year 2015 estimate.

The Committee recommendation allocates funding to areas holding the most extraordinary promise of scientific advancement, while allowing NIH to maintain flexibility to pursue unplanned scientific opportunities and address unforeseen public health needs.

Alzheimer's Disease.—Estimates indicate that more than 5 million people age 65 and older suffer from Alzheimer's disease in the United States. This disease is not just a burden on our health; it is also a burden on our economy. The total payments for healthcare, long-term care, and hospice for people with Alzheimer's and other dementias are projected to increase from \$226,000,000,000 in 2015 to \$1,100,000,000,000 in 2050. Without a medical breakthrough to prevent, slow, or stop the disease, Medicare- and Medicaid-related costs could rise nearly five-fold. Yet, for every \$260 Medicare and Medicaid spends on caring for individuals with Alzheimer's disease, the Federal Government spends only \$1 on Alzheimer's research.

NIH-funded research is the only way to manage this disease in the future. Therefore, the Committee recommendation includes an increase of approximately \$350,000,000 for the National Institute on Aging, the NIH Institute with the primary responsibility for preventing, treating, and curing Alzheimer's disease.

Antimicrobial Resistance.—Antibiotics have been used to successfully treat patients for more than 70 years, but over time the drugs have become less effective as organisms adapt to the drugs designed to kill them. Recognizing the growing public health threat of antimicrobial resistance, the Committee recommendation includes an increase of \$100,000,000 for the National Institute of Allergy and Infectious Diseases to help expand efforts to develop new antibiotics and rapid diagnostic tests, and build a national genome sequence database on all reported resistant human infections. Funding is provided as part of the Combating Antibiotic Resistant Bacteria [CARB] initiative requested by the administration.

BRAIN.—The Committee continues to support the Brain Research through Advancing Innovative Neurotechnologies [BRAIN] Initiative and fully funds the administration's request for the program in fiscal year 2016, an increase of \$70,000,000 above fiscal year 2015. The BRAIN Initiative will help develop a deeper under-

standing of brain function and has the possibility of helping millions of people who suffer from a wide variety of neurological and psychiatric disorders such as Parkinson's disease, schizophrenia, Alzheimer's disease, and traumatic brain injury.

Precision Medicine.—\$200,000,000 is provided in the Committee's recommendation for the new Precision Medicine Initiative. Instead of a one-size-fits-all approach, the Precision Medicine Initiative will allow physicians to individualize treatment to patients and allow treatments to be as individualized as the disease.

Research Facilities.—Much of the Nation's biomedical research infrastructure, including laboratories and research facilities at academic institutions and nonprofit research organizations, is outdated or insufficient. For taxpayers to receive full value from their considerable investments in biomedical research, researchers must have access to appropriate research facilities. \$50,000,000 is provided for grants or contracts to research entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities as authorized under 42 U.S.C. 283k.

PREVENTING BUREAUCRATIC OVERREACH

The growth in bureaucracy under the current administration has brought with it numerous rules and regulations that push the administration's statutory authority as well as overburden job creators, educators, and healthcare providers. Such overreach threatens to undermine entire sectors of the economy, and in some cases, is clearly intended to achieve no other end than to upset the balance between employers and employees. The Committee has included several provisions to limit the onerous rules and regulations released by the administration over the past several years.

Independent Payment Advisory Board [IPAB].—The Committee recommendation eliminates funding for the IPAB, an unaccountable panel tasked with rationing Medicare spending.

Labor Regulations.—The Federal Government can play an important role in supporting economic growth through the establishment of a measured regulatory environment that protects both the employee and the employer and does not unduly hinder job creation. However, issuing excessive or burdensome regulations that stifle growth or slow or reverse job creation can result in the opposite—greater cost than benefit and a weaker economy.

The Committee recommendation includes several provisions to restrain regulatory overreach by the administration. For example, the bill prohibits the National Labor Relations Board [NLRB] from allowing small groups of employees to create a "micro-union" in spite of opposition to the creation of a union by the majority of workers, and blocks a potential revision of the joint employer standard that could undermine the foundation of how franchise businesses operate. The bill also curbs new regulations from the Department of Labor regarding temporary, seasonal workers. The Committee believes it is critical to ensure that the Federal Government creates economic conditions that support job creators, and these provisions restore a reasonable balance to make certain that regulations serve both the workforce and employers fairly.

Higher Education Regulations.—The Committee recommendation prohibits the Department of Education from unilaterally moving

forward with several recent and significant policy changes impacting higher education programs until Congress is able to weigh in through the authorization process. Specifically, the bill prohibits the Department from developing a post-secondary institution rating system, administratively defining the phrase “gainful employment”, establishing requirements governing the State authorization process for higher education programs, establishing a Federal definition of the term “credit hour”, and establishing a Federal framework for evaluating teacher preparation programs, at least until Congress reauthorizes the Higher Education Act. The Committee supports many of the goals of these regulations, but each represents a significant expansion of administrative authority. The Committee strongly believes these issues should be addressed as part of the normal legislative process. Regarding the post-secondary institution ratings system in particular, the Committee strongly believes this represents a misguided use of limited resources and the lack of specificity in the draft framework is an indication of the inherent flaw in the proposal.

The Committee recommendation also includes language directing the Department of Education to evaluate all higher education regulations to eliminate unnecessary or duplicative requirements, as part of an overall effort to improve affordability of and access to post-secondary education.

Dietary Guidelines.—Significant concerns have been raised about the 2015 Dietary Guidelines for Americans, including basing some recommendations on environmental sustainability. Making a recommendation based on anything but a preponderance of sound science is outside the scope of the Advisory Committee and contrary to the statute creating the Advisory Committee itself. The Committee recommendation includes a provision to prohibit the Secretary of the Department of Health and Human Services, who has the administrative leadership for the 2015 Dietary Guidelines edition, from moving forward with the Guidelines unless the guidelines are solely nutritional and dietary in nature and based on a preponderance of scientific evidence.

Recovery Audit Contractors [RAC] Audits.—To decrease the number of Medicare improper payments, CMS utilizes RACs to provide post payment reviews of Medicare payments. However, because RACs are paid on a contingency fee basis, they have a strong incentive to focus on the quantity of reviews versus the quality of the audit. As a result, healthcare providers are using precious resources and staff time to fight erroneous audit findings instead of providing care to patients. The Committee includes language directing CMS to expeditiously resolve any pending issues with the new RAC contracts so that the new, more tailored RAC requirements can be implemented to require RACs to focus on the quality of their reviews. This will also help providers resolve their audit appeals faster by reducing the number of claims appealed at the Office of Medicare and Medicaid Appeals [OMHA]. In addition, language is included directing the Department of Health and Human Services to continue to evaluate the process until this issue is resolved.

IMPROVING FISCAL ACCOUNTABILITY

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

Affordable Care Act [ACA] Oversight.—The Committee includes several provisions to increase transparency and oversight of the billions of dollars spent on the ACA. The Committee is proactively protecting discretionary funds in the bill by preventing the administration from transferring these funds to bail out ACA activities that were never intended to be funded through the discretionary appropriations process. The Committee includes the following:

- Risk Corridor.*—The Committee continues bill language requiring the administration to operate the Risk Corridor program in a budget neutral manner by prohibiting any funds from the Labor-HHS-Education appropriations bill to be used as payments for the Risk Corridor program.
- State-Based Exchanges.*—With the increasing number of State-Based Exchanges failing due to lack of revenue, the Committee includes new bill language preventing the administration from using discretionary funds to pay for operational costs for these Exchanges.
- Health Exchange Transparency.*—The Committee continues bill language requiring the administration to publish ACA-related spending by category since its inception.
- ACA Personnel.*—The Committee continues bill language requiring the administration to publish information on the number of employees, contractors, and activities involved in implementing, administering, or enforcing provisions of the ACA.
- Notification.*—The Committee recommendation requires the administration to provide prior notification to the Appropriations Committees of the House of Representatives and the Senate before releasing information to the press.

NLRB Right-Sizing.—Since 2008, the NLRB’s budget has increased 8.9 percent while its workload has remained relatively flat. The administration has requested an additional 30 full-time employees in fiscal year 2016 even though a recent reorganization was intended to yield further efficiencies and eliminate unneeded infrastructure. To put NLRB’s budget increases in perspective, NIH research funding increased only 1.5 percent during the same timeframe. Further, the Committee remains concerned about recent action the agency has taken to reverse long-standing policies and other regulatory initiatives. Most recently, both the Senate and House of Representatives voted to reject the NLRB’s new regulation on “ambush” elections which will aggressively reduce the time for union elections. Yet, the agency is moving forward to implement the rule anyway. In an effort to right-size and reprioritize funding within this bill, the Committee recommendation reduces funding for the NLRB to \$246,802,000.

Taxpayer Transparency.—The U.S. taxpayer has a right to know how the Federal Government is spending their hard-earned taxpayer dollars—especially when that money is being spent on advertising Federal programs. The Committee recommendation includes a new provision to promote Government transparency and accountability by requiring Federal agencies funded in this act to include disclaimers when advertising materials are paid for with Federal funds.

Program Eliminations.—Lean economic times require tough choices and a critical review of all programs in the bill, even those that have been funded for decades. The Committee recommendation includes 44 program eliminations, equating to \$1,256,180,000 in spending reductions.

FIGHTING OPIOID ABUSE

According to the Centers for Disease Control and Prevention [CDC], deaths from prescription opioids quadrupled between 1999 and 2013 claiming more than 145,000 lives over the past decade. These overdoses cost the economy an estimated \$20,000,000,000 in medical costs and work loss productivity each year. Even more dangerous, prescription opioids can act as a gateway drug to heroin use, another form of opioids. Approximately three out of four new heroin users abused prescription opioids before switching to heroin. To stop the spread of further opioid abuse, the bill provides \$67,000,000, an increase of \$35,000,000 above fiscal year 2015, in funding to fight both prescription opioid and heroin abuse:

Abuse Prevention.—\$37,500,000 to CDC for expanding State-level prevention efforts such as increasing adoption of safe opioid prescribing guidelines and improving data collection and collaboration among States.

Drug Treatment, Prevention, and Awareness.—\$29,500,000 to Substance Abuse and Mental Health Services Administration [SAMHSA] for State grants to expand access to drug treatment services for those with a dependence on prescription opioids or heroin. Funds will be targeted to States that have experienced the greatest increase in treatment admissions for these drugs. Funds will also be used to help States purchase and train first responders on emergency devices that rapidly reverse the adverse effects of opioid overdoses and to increase awareness of the dangers of opioid use to the public.

COMBATING ANTIBIOTIC RESISTANT BACTERIA

Antibiotic resistance is an increasingly serious public health threat: Each year in the United States over 2 million people become infected with bacteria that are resistant to antibiotics, and at least 23,000 people die as a direct result of these infections. According to the latest available data, antibiotic resistance in the United States costs an estimated \$20,000,000,000 a year in healthcare costs. Without immediate action, routine infections as well as common surgical procedures are likely to become life-threatening events. The Committee recommendation includes \$664,000,000, an increase of \$193,000,000 above fiscal year 2015, to combat antibiotic resistant bacteria using a multi-pronged strategy:

Detect and Protect.—The Committee includes an increase of \$30,000,000 to CDC for faster identification and characterization of emerging resistance patterns as well as collaborations with healthcare facilities to implement best practices for antibiotic prescribing and infection prevention.

Antibiotic Discovery.—With the health system rapidly running short of ammunition in the battle against resistant infections, the development of new drugs is of prime importance. The Committee includes \$461,000,000, a \$100,000,000 increase over fiscal year 2015 to NIH and \$143,000,000, a \$59,000,000 increase over fiscal year 2015 to BARDA to spur the development of novel antibiotics and help revitalize the drug development pipeline.

Antibiotic Stewardship.—The Committee includes \$10,000,000, a \$4,000,000 increase over fiscal year 2015, for AHRQ to support activities developing new antibiotic stewardship programs specifically focused on ambulatory and long-term care facilities.

RURAL HEALTH CARE

The obstacles faced by patients and providers in rural communities are unique and often significantly different than those in urban areas. These issues can range from a lack of access to primary care physicians to difficulty finding specialists. As a result, many patients have to drive long distances to receive care or may not seek care until it is too late. This creates unnecessary disparities in healthcare not found in other parts of the country and which will ultimately cost taxpayers more in Medicare and Medicaid expenditures. The Committee recommendation addresses the unique challenges faced by rural patients and providers in several ways:

First, the Committee rejects the administration's request to eliminate the Small Hospital Improvement Program [SHIP]. Instead, the Committee recommendation provides \$14,942,000 for SHIP to support quality improvement and meaningful use of health information technology for small hospitals with under 49 beds. Second, the Committee includes \$18,000,000, an increase of \$3,100,000, for Telehealth programs. The Committee believes it is important for telehealth capabilities to be expanded and improved in rural and remote healthcare settings. Finally, the Committee recommendation provides \$63,500,000, an increase of \$4,500,000, for Rural Health Outreach Grants. These grants are critical to improving access to care, coordination of care, and integration of services in rural health settings.

INCREASING THE EFFICIENCY AND COST EFFECTIVENESS OF GOVERNMENT

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

Fighting Healthcare Fraud and Abuse.—The Committee includes \$706,000,000 for the Health Care Fraud and Abuse Control [HCFAC] program at CMS. The Committee notes that the latest data demonstrates for every \$1 spent on fraud and abuse, \$8.10 is recovered by the Treasury. By utilizing the cap adjustment provided in the Budget Control Act, the Committee recommendation will create over \$5,718,000,000 in savings to the U.S. Treasury.

Preventing Improper Social Security Payments.—The Committee recommendation includes \$1,439,000,000, a \$43,000,000 increase for the Social Security Administration to conduct continuing disability reviews and SSI program redeterminations of non-medical eligibility. Combined these activities are estimated to save approximately \$10,000,000,000 in taxpayer dollars by reducing waste, fraud, abuse, and improper payments in the Social Security, Medicare, and Medicaid programs.

Strengthening Oversight of Social Security Disability Benefits.—The Committee recommendation includes new language strengthening oversight of Social Security disability programs. Specifically, the Committee will work with SSA to expedite efforts to update medical vocational guidelines used as part of the initial disability determination process and to clarify how the medical improvement standard, and exceptions from it, should be applied during continuing disability reviews.

Taxpayer Accountability.—In recent reports, the Government Accountability Office [GAO] identified several areas, in particular, in the healthcare sector where the Federal Government had opportunities to improve overall performance. Given the current fiscal environment, it is imperative for Government agencies to increase efficiencies to maximize the effectiveness of agency programs.

—*Recovery Audit Data Warehouse.*—The Committee was disappointed to learn that CMS was not effectively utilizing the Recovery Audit Data Warehouse which was designed to prevent contractors from conducting duplicative audits on the same claim. The Committee recommendation directs CMS to implement GAO's recommendations to prevent further waste of resources or additional burdens on healthcare providers.

—*Mental Health.*—The Committee is concerned that SAMHSA, the Federal Government's lead agency for addressing mental health issues, failed to provide high level coordination within the Department of Health and Human Services on serious mental health issues, and did not properly evaluate some of its own programs. GAO also highlighted SAMHSA's failure to document how it applied its own grant criteria before making awards for mental health grants, and their lack of documentation used to oversee these programs. Without such coordination and oversight, scarce Federal funds are being wasted on duplicative and ineffective mental health programs run by several different agencies without any clear, overarching objective or accountability. As a result, the Committee recommendation directs SAMHSA to implement the GAO recommendations in fiscal year 2016. In addition, SAMHSA shall provide any additional training to its grants staff and develop an internal grants compliance plan.

Empowering States With Flexibility To Meet Their Own Unique Needs.—The Committee recommendation restores the Governors' State Workforce Innovation and Opportunity Act [WIOA] training set-aside to the full 15 percent level authorized by law. The Governors' set-aside is a powerful tool for States to meet their own unique workforce and employment needs on a State-wide or regional basis. With additional funding, States will be able to enhance services at their discretion on a State-wide basis. Many States want to offer additional job training for regionally-demanded occupations aligned with business needs, to enhance the coordination of workforce development services throughout the State, to develop new online resources for job seekers and employers, and to provide additional services to at-risk populations such as the long-term unemployed, disconnected youth, and veterans.

Public Health Services Act [PHS] Evaluation Transfer.—The Committee recommendation continues to ensure that in fiscal year 2016, no funds will leave NIH via the transfer required by section 241 of the PHS Act.

Inspectors General.—The Committee recommendation provides \$213,352,000 for the inspectors general at the three Departments and the Corporation for National and Community Service to conduct additional audits and investigations of possible waste and fraud in Government programs.

Printing Costs.—The Committee is concerned about the millions of taxpayer dollars spent on wasteful printing practices each year and the lack of clear printing policies within each of the agencies. While progress has been made to better utilize the cloud and digitalize records, little progress has been made to reform in-house printing practices. The Committee directs each agency to work with Office of Management and Budget to reduce printing and reproduction by 34 percent and report to the Committee within 60 days after enactment of this act on what steps have been taken to reduce printing volume and costs. The report should specifically identify how much money each agency will be saving.

OTHER HIGHLIGHTS OF THE BILL

Community Health Centers [CHC].—The Committee recommendation includes \$1,491,522,000 for CHCs. Combined with the \$3,600,000,000 in mandatory funding appropriated for fiscal year 2016, and \$138,478,000 in unobligated balances from prior years, the Committee's recommended program level totals \$5,200,000,000, an increase of \$830,478,000 above the President's budget request. In addition, the Committee took into account in the program level the possibility that \$30,000,000 may be transferred from the Community Health Centers mandatory funds by Public Law 114–22. This funding is projected to support at least 75 new access points and continue quality improvement activities for more than 1,300 health centers operating over 9,000 primary sites.

Child Care.—The Committee recommendation includes \$2,585,000,000 for the Child Care and Development Block Grant [CCDBG], a \$150,000,000 increase. In November 2014, Congress overwhelmingly passed a reauthorization of the CCDBG Act. This bill included important reforms to strengthen child care health and safety standards, and improve the overall quality of child care pro-

grams. The Committee recommendation will help States implement these and other key changes.

Early Head Start.—The Committee recommendation includes a \$100,000,000 increase to expand Early Head Start, including through Early Head Start-Child Care Partnerships. Research increasingly points towards the importance of high-quality early childhood care and education beginning at birth, and for families starting before birth. Early Head Start provides high-quality early childhood services for children and families from before birth to age 3. Early Head Start-Child Care Partnerships in particular leverage resources within the Child Care and Development Fund to help further improve the availability of high-quality child care programs.

Children’s Hospitals Graduate Medical Education [CHGME].—The Committee recommendation includes \$270,000,000 for CHGME, an increase of \$5,000,000 above fiscal year 2015. This funding supports freestanding children’s teaching hospitals to provide Graduate Medical Education for physicians. The Committee rejects the administration’s proposal to pay only for direct costs of the program.

Cancer Screenings.—The Committee rejects the administration’s proposed cuts to CDC’s breast, cervical, and colorectal cancer screening programs. These programs specifically serve low-income, uninsured, and underinsured adults. The administration made a political choice to cut the cancer screening programs because the ACA is supposed to cover these individuals. However, the ACA has fallen short of insuring every individual. Recent data show that up to 4.5 million women may remain eligible for CDC’s National Breast and Cervical Cancer Early Detection Program. Therefore, the Committee recommendation provides \$250,287,000 for these cancer screenings.

Immunization Program.—The Committee rejects the administration’s proposed funding reduction for the 317 Immunization program and restores full funding for this program. Similar to CDC’s cancer screening programs, the administration made a choice to cut funding because of the promises of the ACA. Yet, as we have seen with the recent measles outbreak, vaccine programs should not be taken for granted. The 317 Immunization program serves as a safety-net for the uninsured and underinsured populations that remain even with the implementation of the ACA. Vaccines remain one of the most important and successful public health breakthroughs to prevent death and disability. The Committee recommendation includes \$610,847,000 for the 317 Immunization program.

Increase in Maximum Pell Grant.—The Committee recommendation provides funding to maintain the discretionary portion of the maximum Pell grant, which triggers an automatic increase in the overall maximum Pell grant, from \$5,775 in the 2015–2016 school-year, to an estimated \$5,915 for the 2016–2017 school-year. This builds on increases in the maximum award over the last several years, which by the 2016–17 school year will have increased by over \$1,800 over the last decade.

Supports State and Local Flexibility in Elementary and Secondary Education.—The Committee recommendation includes \$14,559,802,000 for title I grants to LEAs, a \$150 million increase;

\$12,414,642,000 for IDEA parts B and C, a \$125,000,000 increase; and \$273,172,000 for charter school grants, a \$20,000,000 increase. In addition, the Committee includes language affirming that the Federal Government cannot mandate or incentivize in any way the adoption of any specific standards or assessments. Combined, this helps provide flexible resources that States, LEAs, and schools can decide how to use best to improve student outcomes, including students with disabilities.

Training Assistance to Coal Workers.—The bill dedicates \$19,000,000 of the Dislocated Worker National Reserve to ensure reemployment and training assistance are provided to workers dislocated from coal mines and coal-fired power plants as requested by the administration.

License Portability.—The Committee funds a new proposal by the administration to reduce barriers created by unnecessary occupational licensing requirements. Funding is provided for States to evaluate and pursue cooperative approaches to enhance reciprocity or portability of occupational licenses across State lines. Such agreements would significantly ease barriers to opportunity and reemployment for thousands of Americans, especially for military spouses, dislocated workers, and transitioning servicemembers.

Medicare Appeals Process.—The number of cases appealed to OMHA has increased 545 percent in 3 years. OMHA currently receives over a year's worth of work every 8 weeks, and at the start of fiscal year 2015, OMHA already had 10 years' worth of work with the existing staff. The Committee recommendation includes a \$10,000,000 increase to help OMHA expand capacity to address the significant backlog of appeals.

Unemployment Insurance Trust Fund Integrity.—The Committee provides an increase to enhance Reemployment Services and Eligibility Assessments for fiscal year 2016. Recent research cited by the administration has shown that this program significantly reduces the time participating individuals receive unemployment compensation payments and reduces the total amount of benefits paid. Claimants are more successful in returning to work sooner in jobs with higher wages. The study estimated that \$2.60 in savings are produced for every \$1 in cost. Enhanced, in-person assessments also play an impactful role in protecting the integrity of the Unemployment Insurance Trust Fund by reducing improper payments made to ineligible claimants.

Reducing the Backlog of Foreign Labor Certifications.—The Department of Labor plays a role in supporting economic growth by certifying, on a case-by-case basis, that the admission of foreign workers into the United States will not adversely affect the job opportunities, wages, and working conditions of American workers. Employers who are unable to find qualified American workers to fill positions rely on prompt and fair review of their petitions. The Committee recommendation makes funds available for 1 year to hire temporary employees to address a growing backlog of Permanent Labor Certification cases. The additional funds will provide for the processing of about 96,450 cases, reducing the backlog by approximately 16,000 cases.

TITLE I

DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

Appropriations, 2015	\$3,139,706,000
Budget estimate, 2016	3,402,431,000
Committee recommendation	2,936,244,000

The Training and Employment Services account provides funding primarily for activities under the Workforce Innovation and Opportunity Act [WIOA], and is comprised of programs designed to enhance the employment and earnings of economically disadvantaged and dislocated workers, operated through a decentralized integrated system of skill training and related services. Funds provided for fiscal year 2016 will support the program from July 1, 2016, through June 30, 2017. A portion of this account’s funding, \$1,772,000,000, is available on October 1, 2016, for the 2016 program year.

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

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

The Committee notes that the disparity between the skills job seekers have and the skills employers need to fill available positions, also known as the “skills gap,” can hinder employers from expanding, innovating, and improving productivity and limit workers’ ability to obtain well-paying jobs in in-demand industries. The Committee encourages the Department to continue and expand its efforts in preparing workers for in-demand occupations through a coordinated strategy. This strategy should include close engagement with employers by all levels of the workforce development system to ensure that provided training services align with the demands of those who would hire program participants.

The Committee commends the Employment and Training Administration [ETA] for its collaborative work with the Institute for Museum and Library Services to integrate the education, employment, and training services provided by public libraries into the workforce development system. The Committee encourages ETA to continue to strengthen partnerships between the one-stop system and public libraries.

Grants to States

The Committee recommends \$2,492,000,000 for Training and Employment Services Grants to States.

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

The Committee recommendation is consistent with the WIOA authorization regarding the amount of WIOA State grant funding that may be set aside by Governors. Therefore, the Governor of a State shall reserve not more than 15 percent of the funds allotted to a State through the WIOA State grant programs for State-wide workforce investment activities. This increased flexibility will assist Governors in meeting unexpected needs, effectively targeting pockets of unemployment in their States, and fulfilling their oversight and technical assistance responsibilities.

Adult Employment and Training.—For adult employment and training activities, the Committee recommends \$737,000,000.

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

Funds are made available in this bill for adult employment and training activities in program year 2016, which occurs from July 1, 2016, through June 30, 2017. The bill provides that \$25,000,000 is available for obligation on July 1, 2016, and that \$712,000,000 is available on October 1, 2016. Both categories of funding are available for obligation through June 30, 2017.

Youth Training.—For youth training activities, the Committee recommends \$790,000,000.

The purpose of this program is to provide low-income youth facing barriers to employment with services that prepare them to succeed in the knowledge-based economy. The program provides assistance to youth in achieving academic and employment success through improved education and skill competencies, connections to employers, mentoring, training, and supportive services. The program also supports summer employment directly linked to academic and occupational learning, incentives for recognition and achievement, and activities related to leadership development, citizenship, and community service. Funds are made available for youth training activities in program year 2016, which occurs from April 1, 2016, through June 30, 2017.

Dislocated Worker Assistance.—For dislocated worker assistance, the Committee recommends \$965,000,000.

This program is a State-operated effort that provides training services and support to help permanently separated workers return to productive unsubsidized employment. In addition, States must use State-wide reserve funds for rapid response assistance to help workers affected by mass layoffs and plant closures. States must also use these funds to carry out additional State-wide employment and training activities such as providing technical assistance to certain low-performing local areas, evaluating State programs, and assisting with the operation of one-stop delivery systems. States may also use funds for implementing innovative incumbent and dislocated worker training programs.

Funds made available in this bill support activities in program year 2016, which occurs from July 1, 2016, through June 30, 2017. The bill provides that \$105,000,000 is available for obligation on July 1, 2016, and that \$860,000,000 is available on October 1,

2016. Both categories of funding are available for obligation through June 30, 2017.

Federally Administered Programs

Dislocated Worker Assistance National Reserve.—The Committee recommends \$200,000,000 for the Dislocated Worker Assistance National Reserve, which is available to the Secretary for activities such as responding to mass layoffs, plant and/or military base closings, and natural disasters that cannot be otherwise anticipated, as well as for technical assistance, training, and demonstration projects.

The bill provides that the full \$200,000,000 is available on October 1, 2016.

The Committee bill includes new language setting aside \$19,000,000 to ensure assistance is provided to workers dislocated from coal mines and coal-fired power plants as requested by the administration.

Indian and Native American Programs.—The Committee recommends \$40,500,000 for Indian and Native American Programs. These programs are designed to improve the academic, occupational, and literacy skills of Native Americans, Alaskan Natives, and Native Hawaiians to aid the participants in securing permanent, unsubsidized employment. Allowable training services include adult basic education, GED attainment, literacy training, English language training, as well as the establishment of linkages with remedial education.

The Committee directs the Department to obligate funding at the authorized levels for activities pursuant to section 166(k) of subtitle D of title I of the WIOA (Public Law 113–128).

Office of Disability Employment Policy [ODEP].—The Committee recommendation transfers ODEP to ETA. ETA is the premier grant-making and employment policy entity within the Department of Labor and has always coordinated closely with ODEP. By co-locating ODEP with ETA, ETA will be able to coordinate and integrate the effort to assist Americans with disabilities more fully into the workforce development system consistent with the consolidated approach of WIOA.

The Committee recommendation includes \$23,750,000 for ODEP, of which \$15,000,000 shall be for grants, and \$8,750,000 shall be for salaries and expenses. The recommended funding level allows ETA to retain ODEP’s subject matter expertise as well as provides funding consistent with the range of total grant awards approximated by the Department for Disability Employment Initiative grants for fiscal year 2015 to continue the dedicated grant program. The Committee expects ODEP and ETA to continue to develop not only appropriate focus areas for future grant rounds, but also innovative approaches through the comprehensive WIOA system to help individuals with disabilities enhance their job skills and overcome barriers to employment.

Migrant and Seasonal Farmworker Programs.—The Committee recommends \$73,000,000 for migrant and seasonal farmworkers programs, which serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farm work, fishing, or logging activities.

Enrollees and their families are provided with employment, training, and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry.

The Committee recommendation provides that \$67,306,000 be used for State service area grants. The Committee recommendation also includes bill language directing that \$5,200,000 be used for migrant and seasonal farmworker housing grants, of which not less than 70 percent shall be for permanent housing. The principal purpose of these funds is to continue the network of local farmworker housing organizations working on permanent housing solutions for migrant and seasonal farmworkers.

Women in Apprenticeship.—The Committee accepts the administration's request to eliminate the Women in Apprenticeship program.

YouthBuild.—The Committee strongly supports the YouthBuild program and recommends \$79,689,000 to support its work to target at-risk high school dropouts and prepare them with the skills and knowledge they need to succeed in a knowledge-based economy.

National Activities

Reintegration of Ex-Offenders.—The Committee recommends \$22,305,000 for the Reintegration of Ex-Offenders program. The Reintegration of Ex-Offenders program helps prepare and assist adult ex-offenders return to their communities through pre-release services, mentoring, and case management. The program also provides support, opportunities, education, and training to youth who are involved in court and on probation, in aftercare, or on parole, or who would benefit from alternatives to incarceration or diversion from formal judicial proceedings. Programs are carried out directly through State and local governmental entities and community based organizations, as well as indirectly through intermediary organizations. Given Federal budget constraints, States are encouraged to continue to support reintegration efforts for ex-offenders with resources available through the comprehensive workforce development investment system. The funds appropriated for fiscal year 2016 shall be for competitive grants for activities that prepare young ex-offenders and school dropouts for employment. The Committee directs the Department to use funding to support efforts in high-crime, high-poverty areas and, in particular, communities that have recently experienced significant civil unrest.

Evaluation.—The bill continues to use a set-aside funding mechanism to support the evaluation of employment and training programs. Instead of directly providing funds for evaluation, the Committee recommendation supports evaluation activities through a 0.5 percent set-aside on all training and employment programs, including the WIOA formula programs, Job Corps, Community Service Employment for Older Americans, the Employment Service, and others. The set-aside approach ensures that sufficient funding is available to carry out comprehensive evaluation and applied research activities.

The ETA will continue to conduct evaluation and applied research activities in consultation with the Department's chief evaluation officer, who oversees the evaluation program. Results will

inform policy, advance the Department’s mission, and improve its performance-based management initiatives.

Workforce Data Quality Initiative.—The Committee recommends \$4,000,000 for the Workforce Data Quality Initiative, the same as last year. Funds are used to assist States with incorporating comprehensive workforce information into longitudinal data systems being developed in part with the support of funding provided by the Department of Education. The initiative is also intended to help improve the quality and accessibility of performance data being produced by training providers.

JOB CORPS

Appropriations, 2015	\$1,688,155,000
Budget estimate, 2016	1,715,944,000
Committee recommendation	1,683,155,000

The recommendation for operations of Job Corps centers is \$1,578,008,000. The Committee recommendation for administrative costs is \$31,147,000.

The Committee also recommends a total of \$74,000,000 in construction, renovation, and acquisition [CRA] funds. This amount is available from July 1, 2016, to June 30, 2019. The Committee continues bill language allowing the Secretary to transfer up to 15 percent of CRA funds, if necessary, to meet the operational needs of Job Corps centers or to achieve administrative efficiencies. The bill continues to require the Secretary to notify the House and Senate Committees on Appropriations at least 15 days in advance of any transfer. The Committee expects any notification to include a justification.

The Committee accepts the Department’s proposed bill provision clarifying that the Secretary, in consultation with the Secretary of Agriculture, may use a competitive process to select an entity to operate a Civilian Conservation Center [CCC] in accordance with section 147 of WIOA if the Center has had consistently low performance. CCCs are operated by the Department of Agriculture under an agreement with the Secretary of Labor. The competitive process provided for under this provision would be the same process used to select operators of other Job Corps Centers and consistent with WIOA. This process would provide an important opportunity to improve the performance of such Centers with respect to the outcomes achieved by program participants, including their placement in unsubsidized employment or further education and training after they exit the program, their median earnings, and their attainment of recognized credentials.

Gulfport Job Corps Center.—The Committee remains deeply concerned with the emergency reconstruction of the Gulfport Job Corps Center in Gulfport, MS, after it was badly damaged during Hurricane Katrina in 2005. A decade has now passed, and the damaged structures are not restored and serviceable in spite of the funds appropriated for this purpose. The Department should remain committed to ensuring that the Center is rebuilt and able to return to serving the number of young people that it once served, while reserving the funds set aside for the project until the facility can be fully restored. Therefore, the Committee directs the Department to provide a report, not later than 90 days after the enact-

ment of this act to the Committees on Appropriations of the House of Representatives and the Senate, that outlines a plan for successful completion of the Gulfport Job Corps Center.

The WIOA included reforms to the Job Corps procurement process, including changes to ensure that high performing Job Corps operators would be able to compete for contracts. The Committee urges the Department to implement these provisions immediately. The Committee directs the Department to report on its progress in implementing these provisions within 30 days of enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2015	\$434,371,000
Budget estimate, 2016	434,371,000
Committee recommendation	400,000,000

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

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 2015	\$710,600,000
Budget estimate, 2016	664,200,000
Committee recommendation	664,200,000

The Committee recommendation includes mandatory funds for the Federal unemployment benefits and allowances program that assists trade-impacted workers with benefits and services to upgrade skills and retrain in new careers. These benefits and services are designed to help participants find a path back into middle-class jobs, improve earnings, and increase credential and education rates. The Committee recommendation provides for the full operation of the Trade Adjustment Act program in fiscal year 2016 consistent with the continuation provided in fiscal year 2015.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 2015	\$3,597,150,000
Budget estimate, 2016	4,138,023,000
Committee recommendation	3,519,561,000

The Committee recommendation includes \$3,433,133,000 authorized to be drawn from the Employment Security Administration account of the Unemployment Trust Fund and \$86,428,000 to be provided from the general fund of the Treasury.

The funds in this account are used to provide administrative grants and assistance to State agencies that administer Federal and State unemployment compensation laws and operate the public employment service.

The Committee recommends a total of \$2,738,442,000 for UI activities. For UI State operations, the Committee recommends \$2,725,550,000. Of these funds, the Committee includes \$100,000,000, an increase of \$20,000,000, to help address and prevent long-term unemployment through a Reemployment and Eligi-

bility Assessments and Reemployment Services [REA/RES] initiative. Of the funding included in the budget request, \$30,000,000 was proposed to be provided through a discretionary cap adjustment amendment to the Balanced Budget and Emergency Deficit Control Act of 1985. The Committee recommendation does not include funding through the cap adjustment.

The Committee recommendation continues to support investments in UI program integrity activities, including technology-based programs that identify and reclaim overpayments. The Committee continues bill language allowing funding to pay for the administration of trade adjustment allowances for individuals certified for the Trade Adjustment Assistance program under petitions filed prior to January 1, 2016.

The Committee recommendation does not provide funding for an additional round of incentive grants related to worker misclassification. The Committee notes that the first round of funding from fiscal year 2014 is newly awarded and proposals for fiscal year 2015 have not yet been solicited. Therefore, no performance results are yet available to assess its efficacy.

The Committee recommendation maintains bill language, as requested by the administration, providing \$3,000,000 for continued support of the UI Integrity Center of Excellence. The Center's mission is to develop, implement, and promote innovative integrity strategies in the UI program, focusing on the prevention and detection of fraud.

The Committee recommendation provides for a contingency reserve amount should the unemployment workload exceed an average weekly insured claims volume of 2,957,000.

The Committee maintains bill language to improve efficiencies by allowing the Department to consolidate and make payments on behalf of States from administration grants to the entity operating the State Information Data Exchange System.

The Committee recommendation maintains bill language allowing funds used to carry out national activities of the employment service to be obligated in contracts, grants, or agreements with States as well as non-State entities.

The Committee recommends \$12,892,000 for UI national activities, which will support activities that benefit the Federal-State UI system, including helping States adopt common technology-based solutions to improve efficiency and performance, including the replacement of the aging UI Reporting System hardware infrastructure and software applications installed in the State workforce agencies and to support the Interstate Connection Network, which enables the timely and accurate payment of UI benefits.

For the Employment Service allotments to States, the Committee recommends \$634,775,000. This amount includes \$20,775,000 in general funds together with an authorization to spend \$614,000,000 from the Employment Security Administration account of the Unemployment Trust Fund.

The Committee also recommends \$19,000,000 for Employment Service national activities. The administration of the work opportunity tax credit program accounts for \$18,200,000 of the recommended amount; the balance is for technical assistance and training to States.

For carrying out the Department’s responsibilities related to foreign labor certification activities, the Committee recommends \$61,691,000. In addition, 5 percent of the revenue from H–1B fees is available to the Department for costs associated with processing H–1B alien labor certification applications. Further, the Committee has included a new general provision to allow the use of H–1B fees to address the backlog of certifications in the PERM program. The Department is authorized to use \$13,000,000 for that purpose, the same amount requested by the administration.

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

For one-stop career centers and labor market information, the Committee recommends \$65,653,000. The Committee supports the new proposal to establish occupational licensing grants for State consortia to identify, explore, and address areas where licensing requirements create an unnecessary barrier to labor market entry or labor mobility where interstate portability of licenses could improve economic opportunity, particularly for dislocated workers, transitioning servicemembers, veterans, and military spouses. The Committee also encourages the Department to urge participating States to consider ways to increase their recognition of military certifications for equivalent private sector skills and occupations to further ease the transition of former servicemembers to comparable civilian jobs. ETA is directed to use \$7,500,000 of the funds provided in this budget activity to initiate this effort.

The request for \$5,000,000 to conduct a study and pilot approaches to modernize the O*NET is not funded.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

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

PROGRAM ADMINISTRATION

Appropriations, 2015	\$154,559,000
Budget estimate, 2016	176,564,000
Committee recommendation	144,017,000

The Committee recommendation of \$144,017,000 for program administration includes \$97,733,000 in general funds and \$46,284,000 from the Employment Security Administration account of the Unemployment Trust Fund.

General funds in this account pay for the Federal staff needed to administer employment and training programs under WIOA, OAA, the Trade Act of 1974, and the National Apprenticeship Act. Trust funds provide for the Federal administration of employment

security, training and employment, and executive direction functions.

Of the funding provided for Program Administration, the Committee recommendation includes \$31,450,000 for the Office of Apprenticeship, a decrease of \$2,550,000 below the fiscal year 2015 level.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2015	\$181,000,000
Budget estimate, 2016	207,455,000
Committee recommendation	168,930,000

The Committee recommends \$168,930,000 for the Employee Benefits Security Administration [EBSA].

EBSA plays a critical role in protecting health benefits and retirement security for American workers and their families. EBSA is responsible for the enforcement of title I of ERISA in both civil and criminal areas and for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986. EBSA administers an integrated program of regulation, compliance assistance and education, civil and criminal enforcement, and research and analysis.

Benefits under EBSA's jurisdiction consist of approximately \$8.5 trillion in assets covering approximately 142 million workers, retirees, and their families. EBSA oversees benefit security for an estimated 677,000 private retirement plans, 2.4 million health plans, and similar numbers of other welfare benefit plans, such as those providing life or disability insurance.

Mental health disorders affected an estimated 43.8 million adults in the United States in 2013. The Committee believes that progress has been made in this country in recognizing the significance of mental healthcare and treating it equitably with physical health. Nonetheless, there is little information available assessing activities of the States toward this end. The Committee requests the Secretary to coordinate with the Secretary of Health and Human Services to prepare a report within 180 days of enactment of this act to the Committees on Appropriation of the Senate and House of Representatives assessing activities of the States on this issue.

PENSION BENEFIT GUARANTY CORPORATION

PBGC's estimated obligations for fiscal year 2016 include single-employer benefit payments of \$6,386,000,000, multi-employer financial assistance of \$269,000,000, and administrative expenses of \$431,799,000. Administrative expenses are comprised of three activities: pension insurance activities, pension plan termination expenses, and operational support. These expenditures are financed by permanent authority. The Committee has accepted the PBGC's proposal to reform the previous administrative apportionment classifications from three budget activities to one budget activity to make operations more efficient and improve stewardship of resources. However, PBGC is directed to continue providing detail on the three activities in its annual congressional budget justification.

The PBGC is a wholly owned Government corporation established by ERISA. The law places it within DOL and makes the Secretary the chair of its board of directors. The Corporation receives its income primarily from insurance premiums collected from covered pension plans, assets of terminated pension plans, collection of employer liabilities imposed by the act, and investment earnings. The primary purpose of the Corporation is to guarantee the payment of pension plan benefits to participants if covered defined benefit plans fail or go out of existence.

PBGC's single-employer program protects about 31 million workers and retirees in approximately 22,000 pension plans. The multi-employer insurance program protects about 10 million participants in roughly 1,400 plans.

The President's budget proposes and the bill continues authority for a contingency fund for the PBGC that provides additional administrative resources when the number of participants in terminated plans exceeds 100,000. When the trigger is reached, an additional \$9,200,000 becomes available through September 30, 2017, for every 20,000 additional participants in terminated plans. The Committee bill also continues authority allowing the PBGC additional obligation authority for unforeseen and extraordinary pre-termination expenses, after approval by OMB and notification of the Committees on Appropriations of the House of Representatives and the Senate.

WAGE AND HOUR DIVISION

SALARIES AND EXPENSES

Appropriations, 2015	\$227,500,000
Budget estimate, 2016	277,100,000
Committee recommendation	210,000,000

The Committee recommends \$210,000,000 for the Wage and Hour Division [WHD].

WHD is responsible for administering and enforcing laws that provide minimum standards for wages and working conditions in the United States. The Fair Labor Standards Act [FLSA], employment rights under the Family and Medical Leave Act [FMLA], and the Migrant and Seasonal Agricultural Worker Protection Act are several of the important laws that WHD is charged with administering and/or enforcing.

OFFICE OF LABOR-MANAGEMENT STANDARDS

SALARIES AND EXPENSES

Appropriations, 2015	\$39,129,000
Budget estimate, 2016	46,981,000
Committee recommendation	36,000,000

The Committee recommends \$36,000,000 for the Office of Labor-Management Standards [OLMS].

OLMS administers the Labor-Management Reporting and Disclosure Act of 1959 and related laws. These laws establish safeguards for union democracy and financial integrity. They also require public disclosure by unions, union officers, employers, and others. In

addition, the Office administers employee protections under federally sponsored transportation programs.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2015	\$106,476,000
Budget estimate, 2016	113,687,000
Committee recommendation	96,000,000

The Committee recommends \$96,000,000 for the Office of Federal Contract Compliance Programs [OFCCP].

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

The Committee is concerned that OFCCP has lost its focus on identifying and addressing real employment discrimination and is imposing excessive compliance burdens on contractors. More specifically, OFCCP appears to prioritize specific quota results rather than equal consideration and opportunity because of its reliance on statistical analysis in evaluating contractor hiring practices. OFCCP should focus on actual discriminatory treatment instead of presumed discrimination based solely on benchmarks that may not be uniformly applicable. Strict and exclusive use of statistical significance tests effectively requires contractors to use a quota hiring system in violation of the Civil Rights Act to avoid adverse impact claims by OFCCP. The Committee is also concerned about reports that OFCCP is increasingly subjecting contractors to overly broad and unnecessary document and data requests as well as unreasonably numerous and lengthy compliance reviews. The OFCCP is directed to cease utilization of this de facto quota system for evaluating hiring practices and to report within 120 days of enactment to the Committees on Appropriations of the House of Representatives and Senate on steps it is taking to enforce non-discrimination standards on a more fair, case-by-case basis focused on evidence of actual discrimination rather than on statistical generalizations and quota benchmarks.

OFFICE OF WORKERS' COMPENSATION PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2015	\$113,000,000
Budget estimate, 2016	119,574,000
Committee recommendation	109,677,000

The Committee recommends \$109,677,000 for the Office of Workers' Compensation [OWCP]. The bill provides authority to expend \$2,177,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act.

OWCP administers four distinct compensation programs: the Federal Employees' Compensation Act [FECA], the Longshore and Harbor Workers' Compensation Act, the Black Lung Benefits programs, and the Energy Employees Occupational Illness Compensa-

tion Program. In addition, OWCP houses the Division of Information Technology Management and Services.

SPECIAL BENEFITS

Appropriations, 2015	\$210,000,000
Budget estimate, 2016	210,000,000
Committee recommendation	210,000,000

The Committee recommends \$210,000,000 for this account. This mandatory appropriation, which is administered by OWCP, primarily provides benefits under FECA.

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

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

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

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

The Committee bill includes language that allows fair share collections to be used to pay for capital investment projects and specific initiatives to strengthen compensation fund control and oversight.

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

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 2015	\$77,262,000
Budget estimate, 2016	69,302,000
Committee recommendation	69,302,000

The Committee recommends a mandatory appropriation of \$69,302,000 in fiscal year 2016 for special benefits for disabled coal miners. This is in addition to the \$21,000,000 appropriated last year as an advance for the first quarter of fiscal year 2016, for a

total program level of \$90,302,000 in fiscal year 2016. The decrease in this account below the fiscal year 2015 level reflects a declining beneficiary population.

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

The Committee also recommends an advance appropriation of \$19,000,000 for the first quarter of fiscal year 2017. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

DIVISION OF ENERGY EMPLOYEES OCCUPATIONAL ILLNESS
COMPENSATION

SALARIES AND EXPENSES

Appropriations, 2015	\$56,406,000
Budget estimate, 2016	58,552,000
Committee recommendation	58,552,000

The Committee recommends \$58,552,000 for the Division of Energy Employees Occupational Illness Compensation. This is a mandatory appropriation.

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

In fiscal year 2016, the volume of incoming claims under part B of EEOICPA is estimated at about 5,400 from DOE employees or survivors, and private companies under contract with DOE, who suffer from a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work in producing or testing nuclear weapons.

Under part E, approximately 4,440 new claims will be received during fiscal year 2016. Under this authority, the Department provides benefits to eligible DOE contractor employees who were found to have work-related occupational illnesses due to exposure to a toxic substance at a DOE facility, or to the employees' survivors.

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 2015	\$325,955,000
Budget estimate, 2016	341,467,000
Committee recommendation	341,467,000

The Committee bill provides an estimated \$341,467,000 as requested for this mandatory appropriations account. This estimate is comprised of \$66,206,000 for administrative expenses and an estimated \$275,261,000 for benefit payment and interest costs.

The Committee bill continues to provide indefinite authority for the Black Lung Disability Trust Fund to provide for benefit payments. In addition, the bill provides for transfers from the trust fund for administrative expenses for the following Department agencies as requested: up to \$35,244,000 for the part C costs of the Division of Coal Mine Workers' Compensation Programs; up to

\$30,279,000 for Departmental Management, Salaries and Expenses; and up to \$327,000 for Departmental Management, Inspector General. The bill also allows a transfer of up to \$356,000 for the Department of the Treasury.

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

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
SALARIES AND EXPENSES

Appropriations, 2015	\$552,787,000
Budget estimate, 2016	592,071,000
Committee recommendation	524,476,000

The Committee recommends \$524,476,000 for the Occupational Safety and Health Administration [OSHA], which is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

The Committee continues bill language to allow OSHA to retain course tuition and fees for training institute courses used for occupational safety and health training and education activities in the private sector. The cap established by the bill is \$499,000, the same as current law.

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

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

The Committee recommends \$98,746,000 for grants to States under section 203(g) of the Occupational Safety and Health Act. These funds primarily are provided to States that have taken responsibility for administering their own occupational safety and health programs for the private sector and/or the public sector. State plans must be at least as effective as the Federal program and are monitored by OSHA. The Committee bill continues language that allows OSHA to provide grants of up to 50 percent for the costs of State plans approved by the agency.

The Committee believes that OSHA's worker safety and health training and education programs, including the grant program that supports such training, are a critical part of a comprehensive approach to worker protection. Under the program, grants are made

to various types of organizations representing employers and labor organizations for direct training of workers on occupational safety and health. The Committee recommendation includes \$10,149,000 for the OSHA Susan Harwood Training Grant Program.

The Committee is aware of recent reports of unhealthy and dangerous working conditions in some nail salons. While OSHA has previously awarded several grants that support training and compliance assistance in this area, the Committee notes that employment for nail salon workers is projected to grow by 16 percent from 2012 to 2020—faster than the average for all occupations. Therefore, the Committee directs the agency to allocate funds within the Susan Harwood grants program to strengthen safety and health competencies in the nail salon industry, as well as to train workers to understand the requirements of OSHA regulations and standards and how to assert their rights.

The Committee recognizes that fewer injuries mean lower worker’s compensation and healthcare costs, and safer, more productive workers. Statistical evidence for the Voluntary Protection Program’s [VPP] success is impressive. The average VPP worksite has a Days Away Restricted or Transferred [DART] case rate of 52 percent below the average for its industry. These sites typically do not start out with such low rates. Reductions in injuries and illnesses begin when the site commits to the VPP approach to safety and health management and the challenging VPP application process.

OSHA shall dedicate not less than \$3,500,000 per year for the purpose of administering the VPP in its Federal Compliance Assistance budget. OSHA shall not reduce funding levels or the number of full time employees administering the VPP, the Safety and Health Achievement Recognition Program [SHARP], or Federal Compliance Assistance, and shall not collect any monies from participants for the purpose of administering these programs.

The Committee understands that, as a result of Executive Order 13650, Improving Chemical Safety and Security, OSHA is considering options to ensure the safety of ammonium nitrate handling and storage. The Committee also understands that there is no record thus far of an accidental detonation of ammonium nitrate in a situation where a storage facility has been compliant with OSHA’s existing regulations at 29 CFR 1910.109(i). The existing regulations are based on standards of the National Fire Protection Association. Before any new regulations are proposed for the storage of solid ammonium nitrate, the Secretary shall submit a report to the Committees on Appropriations of the House Representatives and the Senate; the Senate Health, Education, Labor and Pensions Committee; and the House Committee on Education and the Workforce that identifies any provisions of OSHA’s current 29 CFR 1910.109(i) regulations under consideration for update and that evaluates the costs and benefits of such changes.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2015	\$375,887,000
Budget estimate, 2016	394,932,000
Committee recommendation	356,878,000

The Committee recommendation includes \$356,878,000 for the Mine Safety and Health Administration [MSHA].

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

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

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

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriations, 2015	\$592,212,000
Budget estimate, 2016	632,737,000
Committee recommendation	579,194,000

The Committee recommends \$579,194,000 for the Bureau of Labor Statistics [BLS]. This amount includes \$63,700,000 from the Employment Security Administration account of the Unemployment Trust Fund and \$515,494,000 in Federal funds.

BLS is the principal fact finding agency in the Federal Government in the broad field of labor economics.

The Committee recognizes that the Nation requires current, accurate, detailed workforce statistics for Federal and non-Federal data users as provided by BLS.

OFFICE OF DISABILITY EMPLOYMENT POLICY

Appropriations, 2015	\$38,500,000
Budget estimate, 2016	38,203,000
Committee recommendation	

The Committee recommendation transfers the Office of Disability Employment Policy [ODEP] into the Employment and Training Administration [ETA]. The Committee expects ODEP and ETA to continue to provide technical assistance to the workforce system in support of effective disability employment policies, to manage the Disability Employment Initiative [DEI] grant program with resources provided, and to manage the Advisory Committee on Increasing Competitive Integrated Employment for Individuals with

Disabilities through the completion of a final report in fiscal year 2016, and to further integrate services for adults and youth with disabilities into the WIOA system. The recommended funding level allows ETA to maintain the DEI grant program and to retain the core of ODEP's subject matter expertise to pair with ETA's grant management and policy support.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 2015	\$337,929,000
Budget estimate, 2016	375,985,000
Committee recommendation	259,020,000

The Committee recommendation includes \$259,020,000 for the Departmental Management account. Of this amount, \$258,727,000 is available from general funds and \$293,000 is available by transfer from the Employment Security account of the Unemployment Trust Fund. In addition, \$30,279,000 is available by transfer from the Black Lung Disability Trust Fund.

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

The administration requested \$2,620,000 and 15 full time staff to initiate an Office of Labor Compliance. This request is denied by the Committee; no funds in the bill have been provided for this purpose. The Committee is concerned that the administration proposes to create additional layers of bureaucracy to duplicate existing functions of government. Violations of Federal labor law are a serious matter. Such violations are already illegal by definition, and enforcement mechanisms are already in place to adjudicate such cases and to levy punishment as appropriate, up to and including debarment.

The Committee recommendation includes \$30,000,000 for the Bureau of International Labor Affairs [ILAB]. ILAB's appropriation is available to help improve working conditions and labor standards for workers around the world by carrying out ILAB's statutory mandates and international responsibilities. Funds for new international grants are not provided for fiscal year 2016.

The Committee recommendation provides \$7,236,000 for program evaluation and allows these funds to be available for obligation through September 30, 2017. The Committee bill also continues the authority of the Secretary to transfer these funds to any other account in the Department for evaluation purposes. The Committee bill continues authority to use up to 0.5 percent of certain Department appropriations for evaluation activities identified by the chief evaluation officer. The Committee expects to be notified of the planned uses of funds derived from this authority.

The Committee recommendation provides \$9,465,000 for the Women's Bureau. The Committee continues bill language allowing the Bureau to award grants.

The Committee notes a report issued on March 31, 2015, by the Department’s Inspector General Office of Audit which outlines significant failures by the Department to comply with Federal requirements for the costs, approvals, and reporting of employee conferences. These requirements stem from appropriations law, Executive order, and the Office of Management and Budget direction to ensure that conference expenses are appropriate, necessary, and managed in a manner that minimizes expense to taxpayers. The Inspector General found that DOL did not obtain required approval for every conference it sponsored costing greater than \$100,000, it failed to disclose five of these conferences, and two were not reported to the Inspector General as required. The audit also noted that other conferences were not reported and that, due to omissions of some categories of costs, the Department’s claim that it met total conference cost reduction targets could not be verified. The Department is strongly urged to improve its adherence to conference cost reduction requirements and to cooperate with the OIG to strengthen internal controls, compliance, and reporting procedures.

VETERANS EMPLOYMENT AND TRAINING

Appropriations, 2015	\$269,981,000
Budget estimate, 2016	271,110,000
Committee recommendation	269,981,000

The Committee recommendation of \$269,981,000 for VETS includes \$38,109,000 in general revenue funding and \$231,872,000 to be expended from the Employment Security Administration account of the Unemployment Trust Fund.

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

The Committee provides \$175,000,000 for the Jobs for Veterans State Grants [JVSG] program. This funding will enable Disabled Veterans’ Outreach Program specialists and Local Veterans’ Employment Representatives to continue providing intensive employment services to veterans and eligible spouses; transitioning service members early in their separation from military service; wounded warriors recuperating in military treatment facilities or transition units; and, spouses and family caregivers to help ensure the family has income to provide sufficient support. The Committee maintains language providing authority for JVSG funding to be used for data systems and contract support to allow for the tracking of participant and performance information.

The Committee provides \$14,000,000 for the Transition Assistance Program [TAP]. This funding will support over 6,000 employment workshops at military installations and in virtual classrooms worldwide for exiting service members and spouses.

The Committee recommendation includes \$39,458,000 for Federal administration costs. This funding level will support oversight and administration of the VETS grant programs, TAP employment workshops, and compliance and enforcement activities.

The Committee recommends \$38,109,000 for the Homeless Veterans’ Reintegration Program [HVRP] to help homeless veterans

attain the skills they need to gain meaningful employment. This funding will allow DOL to provide HVRP services to as many as 17,000 homeless veterans nationwide, including homeless women veterans. The bill allows Incarcerated Veterans' Transition funds to be awarded through September 30, 2016, and to serve veterans who have recently been released from incarceration but are at-risk of homelessness.

The Committee recommendation includes \$3,414,000 for the National Veterans' Training Institute, which provides training to Federal staff and veteran service providers.

INFORMATION TECHNOLOGY MODERNIZATION

Appropriations, 2015	\$15,394,000
Budget estimate, 2016	119,602,000
Committee recommendation	12,898,000

The Committee recommends \$12,898,000 for the IT Modernization account. Funds available in this account have been used for two primary activities. The first is departmental support systems, for which \$4,898,000 is provided as requested. These funds help align IT investments with the Department's strategic objectives. The second budget activity, for which \$8,000,000 is provided, assists the Department in consolidating and optimizing common IT infrastructure services, protecting privacy, and improving timely and efficient services to the public. The first year of a new activity proposed in the budget request involves support for a digital government integrated platform initiative is deferred. It is not funded for fiscal year 2016 due to budgetary constraints.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2015	\$81,590,000
Budget estimate, 2016	87,985,000
Committee recommendation	79,311,000

The Committee recommends \$79,311,000 for the DOL OIG. The bill includes \$73,721,000 in general funds and authority to transfer \$5,590,000 from the Employment Security Administration account of the Unemployment Trust Fund. In addition, an amount of \$327,000 is available by transfer from the Black Lung Disability Trust Fund.

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

GENERAL PROVISIONS

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

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

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

Section 104. The bill modifies a provision requiring that funds available under section 414(c) of the American Competitiveness and Workforce Innovation and Opportunity Act may only be used for competitive grants that train individuals over the age of 16 who are not enrolled in school, in occupations and industries for which employers are using H-1B visas to hire foreign workers. The provision is expanded to provide an exception, setting aside \$13,000,000 to eliminate the PERM processing backlog. This authority is an alternative to the administration's request for a direct appropriation for this purpose to the Office of Foreign Labor Certification.

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

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

Section 107. The bill continues a provision allowing up to 0.5 percent of discretionary appropriations provided in this act for all Department agencies to be used by the Office of the Chief Evaluation Officer for evaluation purposes consistent with the terms and conditions in this act applicable to such office.

Section 108. The bill modifies the application of the Fair Labor Standards Act after the occurrence of a major disaster.

Section 109. The bill includes a new provision requested by the Administration providing for competition for the operation of Civilian Conservation Centers under certain circumstances.

Section 110. The bill includes a new provision related to regulation from the Department regarding the circumstances under which an individual is considered a fiduciary.

Section 111. The bill includes a new provision related to the wage methodology under the H-2B program.

Section 112. The bill includes a new provision regarding the three-fourths guarantee and definitions of corresponding employment and temporary need for purposes of the H-2B program.

Section 113. The bill includes a new provision related to enforcement of H-2B program regulations.

Section 114. The bill retains a provision that provides flexibility with respect to the crossing of H-2B nonimmigrants.

Section 115. The bill includes a new provision related to regulation of respirable crystalline silica.

TITLE II

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

HEALTH RESOURCES AND SERVICES ADMINISTRATION

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

BUREAU OF PRIMARY HEALTH CARE

Appropriations, 2015	\$1,491,522,000
Budget estimate, 2016	1,491,522,000
Committee recommendation	1,491,522,000

The Committee recommendation for the activities of the Bureau of Primary Health Care is \$1,491,522,000.

Community Health Centers

The program level for Community Health Centers is \$5,200,000,000, an increase of \$199,367,000 above last year and an increase of \$830,478,000 above the President’s request for fiscal year 2016.

The Committee provides \$1,491,522,000 in this bill, which is combined with \$3,600,000,000 in mandatory funding appropriated for fiscal year 2016, and \$138,478,000 in unobligated balances from prior years. In addition, the Committee took into account in the program level the possibility that \$30,000,000 may be transferred from the Community Health Centers mandatory funds by Public Law 114–22.

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

Frontier Health.—The Committee recognizes the importance of the Frontier Community Health Integration Project Demonstration to providing coordinated healthcare to the Nation’s most rural counties. The Committee urges the Health Resources and Services

Administration to use available funds to provide continuing technical assistance and analysis to participants in the demonstration.

The Committee strongly supports Community Health Centers and the high-quality, cost-effective primary healthcare they provide. However, the Committee is concerned by the administration's refusal to put forth a comprehensive plan for the upcoming fiscal cliff facing Community Health Centers in fiscal year 2017. HRSA is directed to provide a report to the Committees on Appropriations of the House of Representatives and the Senate 90 days after enactment of this act that details how the administration will support ongoing health center operations at existing sites within current appropriations. Further, the Committee notes the importance of prudent planning and execution of available unobligated balances available for Community Health Centers. Therefore, the Committee directs that no more than \$138,478,000 in unobligated balances from amounts appropriated in prior years is available for obligation in fiscal year 2016.

Of the available funding for fiscal year 2016, bill language directs that not less than \$50,000,000 shall be awarded for the establishment of new delivery sites. In addition, not less than \$40,000,000 will be awarded for construction, and quality and capital improvement projects.

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

Native Hawaiian Health Care.—The Committee includes sufficient funding in the Community Health Centers program to support healthcare activities funded under the Native Hawaiian Health Care Program, which is specifically cited in the bill. The Committee urges that not less than the fiscal year 2015 level be provided for these activities.

School-Based Health Centers [SBHC].—The Committee recognizes school-based health centers are an important part of the health center safety net program, as they provide a critical access point for vulnerable school-aged children, youth, and their families in communities across the country. The Committee urges HRSA to prioritize fiscal year 2016 grant awards to include the establishment of new school-based health center delivery sites, and to report to the Committee in the fiscal year 2017 CJ how many organizations applied for funding for new delivery sites in SBHC's and how many were funded.

Tuberculosis [TB].—Cases of TB continue to be reported in every State in the United States, and CDC has identified drug resistant TB as a serious antibiotic resistant threat to the nation. The Committee urges HRSA to strengthen coordination between Community Health Centers and State and local tuberculosis control programs to ensure appropriate identification, treatment, and prevention of TB among vulnerable populations.

Free Clinics Medical Malpractice Coverage

The Committee provides \$99,893,000 for payments of claims under the FTCA to be made available for free clinic health professionals as authorized by section 224(o) of the PHS Act.

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

BUREAU OF HEALTH PROFESSIONS

Appropriations, 2015	\$751,600,000
Budget estimate, 2016	856,820,000
Committee recommendation	720,970,000

The Committee recommendation for the activities of the Bureau of Health Professions is \$720,970,000.

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

In its grant-making under the title VII and VIII health professions programs, HRSA should give priority consideration, in alignment with statutory requirements, to medical schools and health professions schools/programs with a strong emphasis on primary care, particularly those with programs to foster education and training in patient-centered, interdisciplinary team-based primary care. Numerous studies show that primary care produces better outcomes and reduces the costs of care.

National Health Service Corps

The Committee recommendation does not include discretionary funding for the National Health Service Corps [Corps], as proposed by the administration, because adequate funding was included for fiscal year 2016 in Public Law 114–10. The Committee strongly supports the Corps’ long and successful record of supporting qualified healthcare providers that are dedicated to working in underserved areas with limited access to healthcare.

The Committee recognizes the importance of the Corps scholarship and loan-repayment programs for serving medically underserved communities and populations with health professional shortages and/or high unmet needs for health services. The Committee notes with concern that the criteria and methodology for designating a Health Professional Shortage Areas [HPSA] has not been significantly updated in more than 20 years. The HPSA methodology is outdated and therefore may not be reliably identifying areas with primary care shortages or help target Federal resources to areas experiencing the greatest shortages. The ability to accurately identify areas experiencing shortages of health workers is essential to the Secretary’s ability to use scarce resources as efficiently as possible. Therefore, the Committee encourages the Secretary to prioritize updating the HPSA designation and scoring methodology based on stakeholder recommendations made by the Negotiated Rulemaking Committee in 2011. The Committee en-

courages HRSA to consider utilizing all authorized priority categories when granting awards, including prioritizing applicants willing to continue to serve in a HPSA area after the period of obligated service, as authorized by 42 U.S.C. 2541–1(d)(2)(B) and 42 U.S.C. 2541(d)(2)(B) and additional flexibility available to the Secretary to ensure the Corps scholarship and loan-repayment programs serve the underserved communities in every State, to the extent appropriate under the law.

The Committee recognizes that the Secretary retains the authority to include additional disciplines in the Corps. As such, the Committee urges the Secretary to include pharmacists—individuals recognized as part of the primary care team in medical home demonstration programs—as eligible recipients of scholarships and loan repayments through the program.

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

Training for Diversity

Centers of Excellence

The Committee recommends \$21,711,000 for the Centers of Excellence Program.

The Committee recognizes that the Centers of Excellence Program increases the supply and competencies of underrepresented minorities [URM] in health professions. Funds support programs of excellence that enhance the academic performance of URM students, support URM faculty development, and facilitate research on minority health issues. Diversity among medical school students is associated with higher levels of cultural sensitivity of all students and greater willingness to serve diverse populations. There is evidence that suggests that minority health professionals are more likely to serve in areas with high rates of uninsured and areas of underrepresented racial and ethnic groups.

Health Careers Opportunity Program

The Committee eliminates the Health Careers Opportunity Program as proposed by the administration in fiscal years 2015 and 2016. Due to funding constraints, funding to increase the diversity of the health professions workforce in this bill is prioritized by investing in programs that have a more immediate impact on the production of health professionals by supporting students who have committed to and are in training as healthcare professionals.

Faculty Loan Repayment

The Committee provides \$1,190,000 for the Faculty Loan Repayment Program. This amount is the same as the fiscal year 2015 enacted level and the budget request.

Scholarships for Disadvantaged Students

The Committee provides \$50,970,000 for Scholarships for Disadvantaged Students, an increase of \$5,000,000 above the fiscal year 2015 level. The Committee supports diversity among health professionals. This program provides grants to eligible health pro-

fessions and nursing schools to award scholarships to students from disadvantaged backgrounds who have financial need.

Health Workforce Diversity Program

The Committee recommendation does not include funding for this new program, as proposed by the administration, due to budget constraints.

Primary Care Training and Enhancement

The Committee provides \$36,831,000 for Primary Care Training and Enhancement programs, which support the expansion of training in internal medicine, family medicine, pediatrics, and physician assistance. Funds may be used for developing training programs or providing direct financial assistance to students and residents. The Committee directs HRSA to prioritize programs that support underserved communities and applicants from disadvantaged background in any new grant competition in fiscal year 2016.

Training in Oral Health Care

The Committee provides \$32,000,000 for Training in Oral Health Care programs, which includes not less than \$9,000,000 each for general and pediatric dentistry. Funds may be used to expand training in general dentistry, pediatric dentistry, public health dentistry, dental hygiene, and other oral health access programs. Funds may also be used to plan and operate training programs, as well as to provide financial assistance to students and residents.

The Committee directs HRSA to prioritize programs that support underserved communities and applicants from disadvantaged background in any new grant competition. Further, the Committee encourages HRSA to focus on training programs that target vulnerable populations in risk-based clinical disease management of all populations. The Committee urges HRSA to work with Centers for Medicare and Medicaid Services [CMS] on the evaluation and support of additional models for expanding access to oral healthcare. Such models should include emergency room diversion programs and efforts under State law to deploy and evaluate new provider types.

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

Rural Physicians Training

The Committee recommendation does not include funding for this new program, as proposed by the administration, due to budget constraints.

Interdisciplinary, Community-Based Linkages

Area Health Education Centers

The Committee provides \$31,000,000 for Area Health Education Centers [AHECs], an increase of \$750,000 above the fiscal year 2015 level. The Committee once again rejects the administration proposal to eliminate AHEC funding. The program links university health science centers with community health service delivery systems to provide training sites for students, faculty, and practi-

tioners. The program supports three types of projects: core grants to plan and implement programs; special initiative funding for schools that have previously received AHEC grants; and model programs to extend AHEC programs with 50 percent Federal funding. The AHEC community training model provides a uniquely appropriate opportunity to bring the training of community health workers to scale. HRSA is encouraged to provide technical assistance on and disseminate best practices for training community health workers to existing AHECs. The Committee requests HRSA provide an update on the AHEC program's impact to increase the primary healthcare workforce and the AHEC program's nationwide activities in the fiscal year 2017 CJ.

Geriatric Education

The Committee provides \$35,076,000 for Geriatric Education programs.

In fiscal year 2015, HRSA combined the Comprehensive Geriatric Education Program, Geriatrics Education Centers program, Geriatric Training for Physicians, Dentists, and Behavioral/Mental Health Professionals program, and the Geriatric Academic Career Awards programs into one competition, the Geriatric Workforce Enhancement Program. HRSA stated the combined competition would, "improve health outcomes for older adults by integrating geriatrics with primary care, maximizing patient and family engagement, and transforming the healthcare system." Therefore, the Committee has consolidated the Comprehensive Geriatric Education program with the Geriatric Program.

Mental and Behavioral Health

The Committee provides \$8,916,000 for Mental and Behavioral Health programs. These programs provide grants to higher education institutions and accredited training programs to recruit and train professionals and faculty in the fields of social work, psychology, psychiatry, marriage and family therapy, substance abuse prevention and treatment, and other areas of mental and behavioral health.

The mental and behavioral healthcare needs of older adults, returning military veterans and their families, those dealing with unemployment, job loss, or income reductions have increased the demand for mental and behavioral health providers. The Committee supports efforts by HRSA through the Graduate Psychology Education program that would expand training sites, reinstate the geropsychology training component, initiate a veteran-specific education and training component, and better integrate health service psychology trainees at federally Qualified Health Centers.

The Committee supports the Department's initiative to increase the number of social workers and psychologists that will pursue clinical work with high need and high demand populations defined as rural, vulnerable, and/or underserved populations, and veterans, military personnel, and their families through the Mental and Behavioral Health Education and Training Grants Program. The Committee is aware that 24 grants were awarded throughout the country and approximately half targeted veterans, military personnel, and their families. The Committee is concerned that as

more servicemembers begin to reintegrate into civilian life after numerous deployments, there will not be adequate numbers of social workers and psychologists to assist this population. The Committee supports HRSA for its collaboration with SAMHSA to integrate primary care and behavioral health. HRSA should include an update on this initiative in the fiscal year 2017 CJ.

Health Professions Workforce Information and Analysis

The Committee provides \$2,782,000 for health professions workforce information and analysis. The program provides for the collection and analysis of targeted information on the Nation’s healthcare workforce, research on high-priority workforce questions, the development of analytic and research infrastructure, and program evaluation and assessment.

Public Health Workforce Development

The Committee provides \$9,864,000 for Public Health Workforce Development. This program line, also called Public Health and Preventive Medicine, funds programs that are authorized in titles III and VII of the PHS Act and support awards to schools of medicine, osteopathic medicine, public health, and integrative medicine programs.

Due to funding constraints, the Committee recommendation does not include funding for Public Health Traineeships, the Preventative Medicine Residency program, or the Integrative Medicine Program. The Public Health Training Centers Program is fully funded at the administration’s request level of \$9,864,000.

Nursing Workforce Development Programs

The Committee provides \$220,630,000 for Nursing Workforce Development programs. The program provides funding to address all aspects of nursing workforce demand, including education, practice, recruitment, and retention.

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

(In thousands of dollars)

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Advanced Education Nursing	63,581	63,581	61,089
Nurse Education, Practice, and Retention	39,913	39,913	39,913
Nurse Workforce Diversity	15,343	15,343	15,343
Nurse Loan Repayment and Scholarship Program	81,785	81,785	79,785
Comprehensive Geriatric Education	4,500	4,500	.....
Nursing Faculty Loan Program	26,500	26,500	24,500

Comprehensive Geriatric Education.—In fiscal year 2015, HRSA combined the Comprehensive Geriatric Education program, Geriatrics Education Centers program, Geriatric Training for Physicians, Dentists, and Behavioral/Mental Health Professionals program, and the Geriatric Academic Career Awards programs into one competition, the Geriatric Workforce Enhancement Program. HRSA stated the combined competition would, “improve health outcomes for older adults by integrating geriatrics with primary care, maximizing patient and family engagement, and transforming the

healthcare system.” Therefore, the Committee has consolidated the Comprehensive Geriatric Education program with the Geriatric Program.

Children’s Hospitals Graduate Medical Education

The Committee provides \$270,000,000, an increase of \$5,000,000, for the Children’s Hospitals Graduate Medical Education [CHGME] program and rejects the administration’s proposal to only pay direct program costs. The Committee strongly supports the CHGME program which provides support for graduate medical education training programs in both ambulatory and in-patient settings within freestanding children’s teaching hospitals. CHGME payments are determined by a per-resident formula that includes an amount for direct training costs added to a payment for indirect costs. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

National Practitioner Data Bank

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

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

MATERNAL AND CHILD HEALTH BUREAU

Appropriations, 2015	\$851,738,000
Budget estimate, 2016	851,738,000
Committee recommendation	828,014,000

The Committee recommendation for the Maternal and Child Health [MCH] Bureau is \$828,014,000. The mission of the Bureau is to improve the physical and mental health, safety, and well-being of the Nation’s women, infants, children, adolescents, and their families. This population includes fathers and children with special healthcare needs.

Maternal and Child Health Block Grant

The Committee provides \$615,276,000 for the MCH Block Grant, which provides a flexible source of funding that allows States to target their most urgent maternal and child health needs. The program supports a broad range of activities including: providing prenatal care, well child services, and immunizations; reducing infant mortality; preventing injury and violence; expanding access to oral healthcare; addressing racial and ethnic disparities; and providing comprehensive care through clinics, home visits, and school-based health programs.

The Committee includes bill language requiring that the State grant portion of the block grant be funded at not less than \$555,000,000, an increase of \$5,369,000 above the fiscal year 2015 level. The Committee also includes bill language identifying

\$50,000,000 for the title V SPRANS set-aside. Within that total, the Committee recommendation includes sufficient funding to fully fund the set-asides for oral health, epilepsy, sickle cell anemia, and fetal alcohol syndrome at the fiscal year 2015 enacted level.

Children's Health and Development.—There is increased evidence that experiences in early childhood have long-term health consequences over the course of one's life. These experiences are critical in all areas of children's educational, social, and physical development, and economic well-being. Children living in States with persistently high child poverty rates experience more negative health outcomes than their peers in other States. Therefore, the Committee directs HRSA to fund studies focused on systemic change that would positively affect the policy of child-health-related institutions and systems in States with the highest levels of childhood poverty. Recipient programs should consider inter- and intra-cultural dynamics to yield best practices for areas across the Nation with diverse populations, persistent poverty and child health outcomes in need of improvement. The Committee intends that this effort will provide a model for other States to utilize in improving child health and development outcomes.

Prenatal Oral Health.—The Committee recognizes the importance of prenatal oral healthcare for the health of both mother and child and encourages the MCH Bureau within HRSA to continue its efforts to improve the oral health of pregnant women.

Vision Health.—The Committee is concerned that vision disorders are the leading cause of impaired health in childhood and 1 in 4 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, the Committee commends and supports the work of the National Center for Children's Vision and Eye Health, which through partnerships, sound science, and targeted policy initiatives advances the development of public health infrastructure to support a comprehensive, multi-tiered continuum of vision care for young children.

Sickle Cell Anemia

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

Traumatic Brain Injury

The Committee provides \$9,321,000 for the Traumatic Brain Injury program. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries. Such services can include: pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, long-term support, and protection and advocacy services.

The Committee includes not less than the fiscal year 2015 funding level for protection and advocacy services, as authorized under section 1305 of Public Law 106–310.

Autism and Other Developmental Disorders

The Committee provides \$47,099,000 for the Autism and Other Developmental Disorders program. The program supports surveillance, early detection, education, and intervention activities on autism and other developmental disorders, as authorized in the Combating Autism Act of 2006.

The Committee is concerned that the Autism and Other Developmental Disorders program’s State System Grants are not of a sufficient size to accomplish their objectives to improve access to comprehensive, coordinated healthcare and related services for children and youth with autism spectrum disorder [ASD] and other developmental disabilities. Many rural States need significant assistance with diagnosis of ASD and building networks to provide access to properly trained health providers. The Committee requests that HRSA report in the fiscal year 2017 CJ on which rural States have received such grants and what scale of improvement they were able to achieve.

The Committee directs that HRSA provide not less than the fiscal year 2015 level for LEND programs to maintain their capacity to train professionals to diagnose, treat, and provide interventions to individuals with autism spectrum disorders.

Newborn Screening for Heritable Disorders

The Committee provides \$11,883,000 for the Newborn Heritable Disorders Screening program, as described in section 1109 of the Newborn Screening Saves Lives Act of 2008. This program provides funding to improve States’ ability to provide newborn and child screening for heritable disorders. Newborn screening provides early identification and follow-up for treatment of infants affected by certain genetic, metabolic, hormonal, and/or functional conditions.

Krabbe Disease.—Krabbe Disease is a rare, inherited degenerative disorder of the nervous system that causes severe deterioration of mental and motor skills. The disease most often affects infants and is generally fatal before the age of 2. There is no cure for Krabbe Disease, but early detection and beginning treatment prior to the onset of symptoms may help prevent severe health outcomes. The Committee encourages HRSA to expand the ability of States to screen for Krabbe disease and other leukodystrophies, and to continue to educate the public on the importance of newborn screening and in some cases supplemental newborn screening.

Healthy Start

The Committee provides \$102,000,000 for the Healthy Start infant mortality initiative. The primary purpose of Healthy Start is to reduce infant mortality and generally improve maternal and infant health in at-risk communities. Grants are awarded to State and local health departments and nonprofit organizations to conduct an infant mortality review, develop a package of innovative health and social services for pregnant women and infants, and evaluate these efforts.

Fetal Infant Mortality Review [FIMR].—The FIMR program is an important component of many Healthy Start Initiatives and providing evidence-based interventions are 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 the FIMR.

Necrotizing Enterocolitis [NEC].—HRSA shall identify best practices and successful interventions for the prevention of NEC, particularly in premature infants. The Committee directs HRSA to prioritize prevention of NEC when awarding grants through the Healthy Start Initiative program.

Universal Newborn Hearing Screening and Early Intervention

The Committee provides \$17,818,000 for universal newborn hearing screening and early intervention activities. This program awards grants to 53 States and territories that support Statewide systems of newborn hearing screening, audiologic diagnostic testing before 3 months of age, and enrollment in early intervention programs before the age of 6 months.

Emergency Medical Services for Children

The Committee provides \$20,162,000 for the Emergency Medical Services for Children program which focuses on improving the pediatric components of the emergency medical services system and improving the quality of care provided to children in the pre-hospital setting. Funding is available to every State emergency medical services office to improve the quality of emergency care for children and to pay for research and dissemination of best practices.

HIV/AIDS BUREAU

Appropriations, 2015	\$2,318,781,000
Budget estimate, 2016	2,322,781,000
Committee recommendation	2,293,781,000

The Committee recommendation includes \$2,293,781,000 for the HIV/AIDS Bureau.

The mission of the Bureau is to address the unmet care and treatment needs of persons living with HIV/AIDS. The Bureau administers the Ryan White Care Act, which provides a wide range of community-based services, including primary and home healthcare, case management, substance abuse treatment, mental health, and nutritional services.

Emergency Assistance

The Committee provides \$655,876,000, level with fiscal year 2015, for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic.

Grants are provided to metropolitan areas meeting certain criteria. Two-thirds of the funds are awarded by formula, and the remainder is awarded through supplemental competitive grants.

Comprehensive Care Programs

The Committee provides \$1,315,005,000, level with fiscal year 2015, for HIV healthcare and support services.

Funds are awarded to States to support HIV service delivery consortia, the provision of home- and community-based care services for individuals with HIV disease, continuation of health insurance coverage for low-income persons with HIV disease, and support for State AIDS drug assistance programs [ADAP].

The Committee includes bill language providing \$900,313,000, level with fiscal year 2015, for AIDS medications in ADAP.

Early Intervention Services

The Committee provides \$201,079,000, level with fiscal year 2015, for early intervention grants. These funds are awarded competitively to primary healthcare providers to enhance healthcare services available to people at risk of HIV and AIDS. Funds are used for comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

Children, Youth, Women, and Families

The Committee provides \$75,088,000, level with fiscal year 2015, for grants for coordinated services to women, infants, children, and youth. The President's request did not include funding for this program. The Committee once again rejects the President's proposal to consolidate this program with the Early Intervention Services program.

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

AIDS Dental Services

The Committee provides \$13,122,000, level with fiscal year 2015, for the AIDS Dental Services program. This program provides grants to dental schools, dental hygiene schools, and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral healthcare to patients with HIV.

AIDS Education and Training Centers

The Committee provides \$33,611,000, level with fiscal year 2015, for AIDS Education and Training Centers [AETCs]. AETCs train healthcare practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues and support curriculum development on the diagnosis and treatment of HIV infection for health professions schools and training organizations.

Special Projects of National Significance

Due to budget constraints, the Committee does not include funding for Special Projects of National Significance. However, the Committee continues to preserve the core HIV/AIDS Bureau programs that provide treatment, care, and direct services to patients.

HEALTH CARE SYSTEMS BUREAU

Appropriations, 2015	\$103,193,000
Budget estimate, 2016	110,193,000
Committee recommendation	103,193,000

The Committee recommendation for the Health Care Systems Bureau is \$103,193,000.

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

Organ Donation and Transplantation

The Committee provides \$23,549,000 for organ donation and transplantation activities.

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

National Cord Blood Inventory

The Committee provides \$11,266,000 for the National Cord Blood Inventory. The purpose of this program is to provide funds to cord blood banks to build an inventory of the highest quality cord blood units for transplantation.

C.W. Bill Young Cell Transplantation Program

The Committee provides \$22,109,000 for the C.W. Bill Young Cell Transplantation Program.

The Committee continues to support cell transplantation through the use of cord blood, bone marrow, peripheral blood stem cells, and other sources of stem cells that may be available in the future. The Committee appreciates HRSA's efforts to increase the diversity of the registry and the program's research efforts to improve the availability, efficiency, safety, and cost of transplants and the effectiveness of program operations.

Office of Pharmacy Affairs

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

The Committee includes a statutory provision to allow a nominal cost recovery fee to fund the program integrity provisions recommended by the inspector general. The fee will be set at 0.1 percent for covered entities and is expected to generate \$7,500,000 in fiscal year 2017. The Committee expects HRSA to report the estimated and actual amounts generated by the fee in HRSA's annual CJ.

Poison Control Centers

The Committee provides \$18,846,000 for poison control activities. The Poison Control Centers program currently supports a mix of grantees. Most serve States; a few serve multistate regions; and, in a handful of cases, more than one grantee serves a single State.

In 2014 more than 3.3 million poisoning, toxic exposure, drug, food safety, and public health emergency calls were managed by the Nation’s 55 accredited poison centers—an average of more than 9,000 calls per day. Multiple studies have demonstrated that accurate assessment and triage of poisoning, drug, and toxic exposures by the Nation’s poison centers save critical healthcare dollars by reducing the severity of illness, preventing deaths, and avoiding the expense of unnecessary trips to emergency departments and the length of hospital stays. HRSA reports that utilization of poison centers by hospitals and healthcare professionals continues to increase as the severity and complexity of poisonings and toxic exposures require the need for increased toxicological expertise in clinical settings. It is estimated that every \$1 invested in the national poison center program saves \$13.39 in medical costs and lost productivity, thus generating annual cost savings exceeding \$1,800,000,000. The Committee directs the Secretary to continue the discussions with the Nation’s poison control centers to develop an action plan to achieve these possible new Medicare and Medicaid cost savings.

National Hansen’s Disease Program

The Committee includes \$15,206,000 for the National Hansen’s Disease program. The program consists of inpatient, outpatient, long-term care as well as training and research in Baton Rouge, Louisiana; a residential facility at Carville, Louisiana; and 11 outpatient clinic sites in the continental United States and Puerto Rico.

National Hansen’s Disease Program Buildings and Facilities

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

Payment to Hawaii for Hansen’s Disease Treatment

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

RURAL HEALTH

Appropriations, 2015	\$147,471,000
Budget estimate, 2016	127,562,000
Committee recommendation	150,571,000

The Committee recommendation for Rural Health programs is \$150,571,000, an increase of \$3,100,000 above the fiscal year 2015 level.

The Office of Rural Health Policy [ORHP] administers HHS rural health programs, coordinates activities related to rural healthcare within HHS, and analyzes the possible effects of policy on the more than 42 million residents of rural communities. ORHP advises the Secretary on the effects of Medicare and Medicaid on rural citizens' access to care, the viability of rural hospitals, and the availability of physicians and other health professionals.

Reliable Energy Supply for Rural Health Facilities.—The Committee recognizes that health facilities, including dialysis centers, in rural parts of the United States are often dependent on inconsistent energy supply that can be interrupted for days or weeks following severe weather events. The lack of consistent power may require that patients travel long distances, often in less than safe conditions, for simple, life-saving dialysis procedures. This problem could be solved with alternative power generation capacity located at health facilities. The Committee encourages HRSA to support energy reliability and power generation capacity for health and dialysis facilities in rural areas of the United States.

Rural Health Outreach

The Committee provides \$63,500,000 for the Rural Health Outreach program, an increase of \$4,500,000 above the fiscal year 2015 level.

This program supports projects that demonstrate new and innovative modes of outreach in rural areas, such as integration and coordination of health services. The Committee recommendation provides not more than \$12,514,000 for Outreach Service Grants; not more than \$19,412,000 for Rural Network Development Grants; not less than \$10,000,000 for Delta States Network Grant Program; not more than \$2,400,000 for Network Planning Grants; and not less than \$4,148,000 for Small Healthcare Provider Quality Improvement Grants.

The Committee encourages HRSA to partner with the Delta Regional Authority [DRA] on the awarding and administration of grants under the Delta States network grant program and, to the extent possible, ensure that such awards are in accordance with DRA's strategic plan.

Rural Health Research

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

Rural Hospital Flexibility Grants

The Committee provides \$41,609,000 for Rural Hospital Flexibility grants and the Small Hospital Improvement Program. Under these grant programs, HRSA works with States to provide support and technical assistance to critical access hospitals to focus on quality and performance improvement and to integrate emergency medical services. The Committee recommendation continues to re-

ject the administration's proposal to eliminate the Small Hospital Improvement Program.

Rural Access to Emergency Devices

The Committee accepts the budget request's elimination of the Rural Access to Emergency Devices program. Activities related to access to emergency medical devices and training are available through other funding sources available to grantees, such as the Rural Outreach and Rural Network Development programs.

State Offices of Rural Health

The Committee provides \$9,511,000 for State Offices of Rural Health. These offices help States strengthen rural healthcare delivery systems by enabling them to coordinate care and improve support and outreach in rural areas.

Black Lung Clinics

The Committee provides \$6,766,000 for the Black Lung Clinics program. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners, steel mill workers, agricultural workers, and others with occupationally related respiratory and pulmonary impairments. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

The Committee is deeply concerned about changes HRSA made to the Black Lung Clinic Grants Program in fiscal year 2014, including the adoption of a three-tiered funding system and an overall per-applicant cap. These changes to the program have unnecessarily increased the administrative burden on applicants and may result in reductions in funding for States and communities most in need of the essential healthcare services provided by this program. The Secretary is directed to evaluate funding levels for applicants based on the needs of the populations those applicants will serve and the ability of those applicants to provide healthcare services to miners with respiratory illnesses, with preference given to State agency applications over other applicants in that State, without regard to the funding tiers and overall per-applicant funding cap established by the Secretary in fiscal year 2014.

Radiation and Exposure Screening and Education Program

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

Telehealth

The Committee provides \$18,000,000, an increase of \$3,100,000 above the fiscal year 2015 level, for the Office for the Advancement of Telehealth [OAT], which promotes the effective use of technologies to improve access to health services for people who are isolated from healthcare and to provide distance education for health professionals.

The Committee strongly supports OAT and their mission to expand high quality medical care to rural communities that do not

have adequate access to medical providers including many medical specialties. The Committee directs OAT to use these funds to expand existing telehealth networks and to award new grants under the Telehealth Network Grant Program while also increasing activities that demonstrate the use and success of telehealth networks across the country. The Committee directs OAT to fund sustainable programs with demonstrable accomplishments, placing particular emphasis on programs seeking to aid diverse populations in regions with significant chronic disease burden and evident health disparities.

The Committee encourages OAT to strongly consider a pilot program on telemedicine efforts to expand access to key health services in schools in high poverty areas.

The Committee remains encouraged by the ability of telehealth services to provide access to vital care for patients in underserved areas. One very promising area for the expansion of telemedicine is in the area of stroke treatment, in which patients that are without access to specialty neurological care are at a significant disadvantage in receiving the highest standard of care. Stroke is a major cause of death and long-term disability, and the speedy access to appropriate care is the key factor in determining patient mortality and recovery. Accordingly, the Committee strongly encourages the inclusion and expansion of telestroke initiatives in the Telehealth Network Grant Program to improve patient care in rural, urban, and suburban settings.

FAMILY PLANNING

Appropriations, 2015	\$286,479,000
Budget estimate, 2016	300,000,000
Committee recommendation	257,832,000

The Committee provides \$257,832,000 for the title X Family Planning program. This program supports preventive and primary healthcare services at clinics nationwide.

Funding for family planning services is primarily provided from other sources of revenue, specifically Medicaid, State and local Governments, other Federal, State, and private grants, including the ACA, and private insurance. As stated in the budget request, these sources of funding “will remain at historical proportions of the total Title X revenue.”

The Committee directs HRSA to ensure that any pregnancy options counseling funded under this title includes adoption counseling and is provided by counselors who have knowledge and experience in adoption practices.

PROGRAM MANAGEMENT

Appropriations, 2015	\$154,000,000
Budget estimate, 2016	157,061,000
Committee recommendation	151,000,000

The Committee provides \$151,000,000 for program management activities.

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

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

Appropriations, 2015	\$242,500,000
Budget estimate, 2016	244,500,000
Committee recommendation	244,500,000

The Committee provides that \$244,500,000 be released from the Vaccine Injury Compensation Trust Fund in fiscal year 2016. Of that amount, \$7,500,000 is for administrative costs.

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

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Committee recommendation provides a program level of \$6,710,614,000 in this bill for the Centers for Disease Control and Prevention [CDC], which includes \$55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act [EEOICPA], \$892,950,000 in transfers from the Prevention and Public Health [PPH] Fund, and \$15,000,000 in Public Health and Social Services Emergency Fund [PHSSEF] unobligated balances from pandemic influenza supplemental appropriations.

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

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriations, 2015	\$798,405,000
Budget estimate, 2016	748,066,000
Committee recommendation	798,405,000

The Committee recommendation for the activities of the National Center for Immunization and Respiratory Diseases is \$798,405,000, which includes \$210,300,000 in transfers from the PPH Fund and \$15,000,000 in transfers from PHSSEF unobligated balances.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Section 317 Immunization Program	610,847	560,508	610,847
National Immunization Survey (non-add)	12,864	12,864	12,864
Influenza Planning and Response	187,558	187,558	187,558

Adult Vaccinations.—National childhood vaccination rates are high, but adult vaccination rates continue to lag. Adult immunizations are important to prevent long-term illness, hospitalization, death, and unnecessary healthcare expenditures. Therefore, the Committee directs CDC to find new ways to increase adult immunization rates for recommended vaccines to achieve Healthy People 2020 targets.

Cost Estimates.—The Committee directs CDC to update its report on estimated funding needs for the Section 317 Immunization Program no later than February 1, 2016, to reflect fiscal year 2017 cost estimates. The updated report shall also include an estimate of optimum State and local operations funding, as well as a discussion of the evolving role of the 317 program as expanded coverage for vaccination becomes available from private and public sources over the next several years.

Influenza.—The Committee provides the same level as in fiscal year 2015 in budget authority and directs the Department to use \$15,000,000 in pandemic influenza supplemental balances to support CDC’s global influenza activity. The Committee expects in the future that CDC and the Department will clearly identify in budget documents when and how supplemental appropriations are used. In particular, the Committee expects to be notified if any remaining supplemental balances are used by CDC in fiscal year 2016.

Section 317.—The Committee rejects the reduction to the Section 317 Immunization program proposed by the administration and provides the same level as in fiscal year 2015, \$610,847,000. The Committee believes a strong public health immunization infrastructure is critical for ensuring high vaccination coverage levels, the prevention of vaccine-preventable diseases, and for responding to outbreaks. The Committee recommendation includes \$8,000,000 to build the capacity of public health departments to bill insurers for immunizations and encourages the continuation of billing demonstration projects in State and local health departments.

Universal Influenza Vaccine.—The Committee recognizes the significant threat of epidemic and pandemic influenza and encourages CDC to support organizations with the research and development capacity to combine computational modeling, vaccine development including human and animal testing for efficacy, and global threat surveillance capabilities to quantify the incidence of secondary infection from influenza.

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

Appropriations, 2015	\$1,117,609,000
Budget estimate, 2016	1,161,747,000
Committee recommendation	1,090,609,000

The Committee recommendation for the activities of the National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases [STDs], and TB Prevention is \$1,090,609,000.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Domestic HIV/AIDS Prevention and Research	786,712	799,361	786,712
HIV Prevention by Health Department	397,161	397,161	397,161
HIV Surveillance	119,861	119,861	119,861
Activities to Improve Program Effectiveness	103,208	109,561	103,208
National, Regional, Local, Community & Other Organiza- tions	135,401	135,401	135,401
School Health	31,081	37,377	31,081
Viral Hepatitis	31,331	62,820	36,331
Sexually Transmitted Infections	157,310	157,310	125,310
Tuberculosis	142,256	142,256	142,256

Drug Resistant Tuberculosis [TB].—In its 2013 report on antimicrobial resistance, CDC identified drug resistant TB as a serious public health threat to the United States. The Committee recognizes the urgent need for shorter, safer, and more tolerable treatments for drug resistant TB. Further, the Committee applauds the CDC Division of TB Elimination for its efforts assisting State and local public health programs to prevent outbreaks of drug resistant TB and urges the Secretary to work with CDC and the Federal TB Task Force to ensure that States have the resources to identify, treat, and prevent drug resistant TB.

Hepatitis B.—The Committee is concerned that the Division of Viral Hepatitis [DVH] has not been prioritizing Hepatitis B Virus [HBV], as evidenced by the Center's most recent strategic plan that neglected to include goals, indicators, or strategies for reducing morbidity, mortality, and health disparities associated with chronic HBV infection. The Committee encourages DVH to focus on strategies that focus on the elimination of HBV for all populations.

HIV School Health.—The Committee is concerned by the burden of new HIV infections among young people and encourages CDC to evaluate and improve school HIV prevention activities and to continue outreach strategies and interventions for youth most disproportionately at risk for HIV infection.

HIV/AIDS Prevention and Research.—Racial and ethnic minorities continue to have higher rates of HIV/AIDS compared to the overall U.S. population. Therefore, the Committee urges CDC to continue to prioritize HIV/AIDS funding to target racial and ethnic minority communities.

Prevention Coordinator.—The Committee encourages CDC to continue to support the Viral Hepatitis Prevention Coordinator Program, restore funding for screening and linkage to care programs, and continue to expand its investment in surveillance projects for the creation of a national infrastructure for monitoring the viral hepatitis outbreak. Furthermore, the Committee urges CDC to target funding for immediate support in the field and strengthening health departments and community responses that target youth and young adults, with particular emphasis on persons who inject drugs, persons under 30 years old, and persons living in rural areas.

Primary Care Screening.—The Committee commends CDC for working to integrate recommended viral hepatitis screening in primary care services and urges CDC to continue outreach to under-

served populations through screening activities in non-clinical and public health settings, including the use of point-of-care tests.

Viral Hepatitis.—The Committee is concerned that three out of four people with hepatitis C are part of the baby boom generation and that almost 60 percent of people infected are unaware of their condition despite the availability of effective treatments. Furthermore, mother-to-child transmissions of hepatitis B continue to occur, potentially leaving infants with serious liver problems. The Committee provides an increase over the fiscal year 2015 level to help stop viral hepatitis transmission and prevent related illness and deaths in accordance with the HHS Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis.

EMERGING AND ZOOBOTIC INFECTIOUS DISEASES

Appropriations, 2015	\$404,990,000
Budget estimate, 2016	699,267,000
Committee recommendation	440,590,000

The Committee recommendation for the activities of the National Center for Emerging and Zoonotic Diseases is \$440,590,000, which includes \$52,000,000 in transfers from PPH Fund.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Core Infectious Diseases	225,393	500,955	254,993
Antibiotic Resistance Initiative		264,328	30,000
Lab Safety and Quality		10,000	5,000
Vector-borne Diseases	26,410	26,831	26,410
Lyme Disease	10,663	10,688	10,663
Prion Disease	5,850	5,862	5,850
Chronic Fatigue Syndrome	5,400	5,412	
Emerging Infectious Diseases	147,230	147,573	147,230
All Other Infectious Diseases	29,840	30,261	29,840
Food Safety	47,993	50,089	48,993
National HealthCare Safety Network	18,032	32,071	23,032
Quarantine	31,572	31,572	31,572
Advanced Molecular Detection	30,000	30,000	30,000
Epidemiology and Lab Capacity Program	40,000	40,000	40,000
Healthcare-Associated Infections	12,000	14,580	12,000

Combating Antibiotic-Resistant Bacteria [CARB].—Antibiotic resistant bacteria is a serious public health and economic threat to the United States. CDC estimates that 2,000,000 infections and 23,000 deaths are caused annually by antibiotic-resistant bacteria, costing taxpayers up to \$20,000,000,000 in excess healthcare costs. The Committee supports the CARB initiative and provides \$30,000,000 for this effort. The Committee encourages CDC to support funding for collaborations between entities such as academic medical centers, veterinary schools, schools of public health, State public health departments, and other academic institutions whose proposals are in line with CDC's strategy for addressing antibiotic-

resistant bacteria. The Committee understands the importance of addressing antibiotic-resistant bacteria both in human and agricultural areas. Therefore, the Committee directs CDC to collaborate with NIH, AHRQ, BARDA, FDA, VA, DOD, and USDA to leverage existing resources to increase capacities for research aimed at developing therapeutic treatments, reducing antibiotic use and resistance in animals and humans, and implementing effective infection control policies. CDC shall provide a spend plan to the Committee within 30 days after enactment of this act and include an update on these efforts in the fiscal year 2017 CJ.

Emerging and Zoonotic Infectious Diseases.—The Committee is aware of the arrival of Chikungunya in the Caribbean and encourages the CDC to continue its work to prepare and monitor any potential arrival of Chikungunya in the United States as well as address other neglected tropical diseases found in the United States such as Dengue and Chagas disease. CDC should encourage the National Center for Emerging and Zoonotic Infectious Diseases to work with the Center for Global Health on cross-cutting issues, particularly in support of the Global Health Security Program.

Food Safety.—The Committee is aware that the PulseNet laboratory system is 20 years old and without any modernization, its technology will no longer be effective in detecting foodborne disease outbreaks and helping CDC stop them in the food supply chain. Currently, new diagnostics are replacing the use of traditional cultured bacteria. Therefore, the Committee includes a \$1,000,000 increase above the fiscal year 2015 level to upgrade the PulseNet system to ultimately enhance surveillance, detection and response, and prevention activities.

Guideline for Disinfection and Sterilization.—The Committee directs CDC to update its 2008 Guideline for Disinfection and Sterilization in Healthcare Facilities and incorporate recent peer-reviewed literature regarding the role of the healthcare environment in the spread of antibiotic-resistant bacteria and the current best practices for containment that have been demonstrated in health facility environments.

Healthcare-Associated Infections.—CDC has made significant progress on healthcare-associated infection [HAI] prevention and data collection at acute care hospitals, but significant gaps in data collection and reporting on HAIs persist across non-hospital healthcare settings such as ambulatory surgical centers. The Committee encourages CDC to continue to expand its data collection efforts to additional providers in non-hospital settings.

Laboratory Capacity.—The Epidemiology and Laboratory Capacity for Infectious Diseases Program strengthens the epidemiologic and laboratory capacity in 50 States, six local health departments, and eight territories by supporting improvements in surveillance for infectious diseases, early detection of newly emerging disease threats, and identification and response to outbreaks. The Committee encourages CDC to increase core capacity and ensure State and local epidemiologists are equipped to rapidly respond to current and emerging threats, including antibiotic resistant bacteria.

Laboratory Safety and Quality.—As the primary agency responsible for disease prevention, CDC works with some of the world's most dangerous infectious diseases. To safely continue the research

necessary to protect the public and staff, CDC has begun to modernize and improve safety practices and safeguards currently in place. The Committee includes \$5,000,000 for these improvements which will enable CDC to expand laboratory training, improve pathogen identification, and implement changes identified in safety reviews. The Committee directs CDC to provide a detailed update on these improvements in the fiscal year 2017 CJ.

National Healthcare Safety Network.—In support of the CARB initiative, the Committee includes a \$5,000,000 increase above the fiscal year 2015 level for the National Healthcare Safety Network. This increase will allow CDC to expand the network of reporting healthcare facilities with the ultimate goal of eliminating and preventing hospital acquired infections.

Prion Diseases.—The Committee commends the work of the National Prion Disease Pathology Surveillance Center and supports its work developing better diagnostic tools. Prion diseases are a group of fatal neurodegenerative disorders causing dementia. Creutzfeldt-Jakob disease is one of the more devastating types of prion disease that can be transmitted from disease carriers by tissue transplants or from ingesting beef contaminated with Bovine Spongiform Encephalopathy, more commonly known as “mad cow” disease. The Center monitors all human and animal prion diseases, identifies the origin, and together with CDC develops more efficient diagnostic methods to prevent spreading into the human population.

Sepsis.—Over 200,000 Americans die of sepsis every year. Hospital costs are annually in the billions of dollars, with uncounted costs due to organ injury such as kidney failure, disability, and lost productivity. With early recognition and treatment with appropriate and aggressive antibiotic therapy, major improvements in outcomes can be achieved but there has been no effort to educate the public or medical providers as to the signs, symptoms, importance of early diagnosis and treatment. The Committee encourages CDC to start efforts in this area.

Surveillance Strategy.—The Committee urges CDC to expeditiously implement its Surveillance Strategy, including improving standardization and commonality of platforms across CDC systems, reducing duplication, tackling workforce and informatics challenges at CDC and State and local public health systems, and reducing the burden of participation in surveillance for healthcare and public health.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriations, 2015	\$1,199,220,000
Budget estimate, 2016	1,058,058,000
Committee recommendation	1,052,922,000

The Committee recommendation for the activities of the National Center for Chronic Disease Prevention and Health Promotion is \$1,052,922,000, which includes \$457,650,000 in transfers from the PPH Fund.

The mission of the National Center for Chronic Disease Prevention is to provide national leadership in promoting health and well-being through prevention and control of chronic diseases. Nearly one-half of all American adults have at least one chronic illness;

such diseases account for nearly 70 percent of all U.S. deaths and three-quarters of all healthcare costs in the United States.

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Tobacco	216,492	215,492	216,492
Nutrition, Physical Activity and Obesity	47,585	40,092	48,585
High Obesity Rate Counties (non-add)	7,500	.....	8,500
School Health	15,383	15,383	15,383
Health Promotion	19,970	19,970	13,622
Community Health Promotion	6,348	6,348	.....
Glaucoma	3,294	3,294	3,294
Visual Screening Education	512	512	512
Alzheimer's Disease	3,344	3,344	3,344
Inflammatory Bowel Disease	716	716	716
Interstitial Cystitis	659	659	659
Excessive Alcohol Use	3,000	3,000	3,000
Chronic Kidney Disease	2,097	2,097	2,097
Prevention Research Centers	25,461	25,000	25,461
Heart Disease and Stroke	130,037	130,037	130,037
Diabetes	140,129	140,129	140,129
National Diabetes Prevention Program	10,000	10,000	10,000
Cancer Prevention and Control	352,649	297,876	352,649
Breast and Cervical Cancer	206,993	169,204	206,993
WISEWOMAN (non-add)	21,114	21,170	21,114
Breast Cancer Awareness for Young Women	4,951	4,951	4,951
Cancer Registries	49,440	49,440	49,440
Colorectal Cancer	43,294	39,515	43,294
Comprehensive Cancer	19,673	19,673	19,673
Johanna's Law	5,500	5,500	5,500
Ovarian Cancer	7,000	7,000	7,000
Prostate Cancer	13,205	.....	13,205
Skin Cancer	2,121	2,121	2,121
Cancer Survivorship Resource Center	472	472	472
Oral Health	15,749	15,749	15,749
Safe Motherhood/Infant Health	45,473	45,473	45,473
Arthritis	9,598	13,113	9,598
Epilepsy	7,994	7,994	7,994
National Lupus Registry	5,750	5,750	5,750
Racial and Ethnic Approach to Community Health	50,950	.....	.....
Partnerships to Improve Community Health	80,000	60,000	.....
Million Hearts	4,000	4,000	4,000
Workplace Wellness	10,000	.....	.....
National Early Child Care Collaboratives	4,000	4,000	4,000
Hospitals Promoting Breastfeeding	8,000	8,000	8,000

Alzheimer's and Healthy Aging.—The Committee commends the Healthy Brain Initiative for its leadership in bringing attention to the public health crisis of Alzheimer's disease, for its work on cognitive surveillance in 47 States and territories, and for its efforts to update the National Public Health Road Map to Maintaining Cognitive Health. The Committee encourages CDC to implement the action steps listed in the updated Road Map and further develop and expand the surveillance system on cognitive decline and caregiving, including widespread dissemination of the data gathered.

Atrial Fibrillation [AFib].—An estimated 2,000,000 Americans have AFib, which puts them at an elevated risk for a fatal or permanently debilitating stroke. The Committee encourages CDC to

utilize its publications to promote the adoption of best practices in AFib treatment, expand patient and family caregiver education on AFib-related stroke risk and treatment, leverage existing stroke prevention initiatives, and address gaps in research on prediction of stroke and bleeding risk in AFib.

Breast and Cervical Cancer Early Detection Program.—The Committee again rejects the administration’s proposed funding reduction to the Breast and Cervical Cancer program and provides funding at the fiscal year 2015 level of \$206,993,000. The ACA has fallen short of insuring every individual through the Exchanges and Medicaid. Specifically, recent data shows that up to 4,500,000 women may remain eligible for CDC’s National Breast and Cervical Cancer Early Detection Program.

Breastfeeding.—The Committee provides sufficient funding for CDC to continue supporting breastfeeding as a strategy to reduce obesity and promote activities proven to increase breastfeeding through the State Public Health Actions to Prevent Chronic Disease.

Chronic Pain.—The Committee commends CDC for including chronic pain in the Healthy People 2020 initiative. The Committee encourages CDC to include pain research questions in the 2016 National Health Interview Survey, promptly analyze collected data and make this information available to the public, and expand the topic area on chronic pain in the Healthy People 2030 initiative.

Colorectal Cancer.—The Committee rejects the administration’s proposed funding reduction to this program and emphasizes the importance of continuing to provide screenings for low-income, uninsured, and underinsured adults who may not have benefited from the ACA. Furthermore, the Committee is pleased with CDC’s recent activities on the colorectal cancer screening program and requests an update on the impact of the program including screening rates in the fiscal year 2017 CJ.

Community Grants.—Due to tight budget constraints, the Committee eliminates the Partnerships to Improve Community Health [PICH] and the Racial and Ethnic Approaches to Community Health [REACH] programs. The elimination of REACH was consistent with the administration’s budget request. The Committee believes the community grants are duplicative of CDC’s State Public Health Actions program and supports the same goals through this program.

Division of Diabetes Translation [DDT].—The Committee encourages CDC to provide resources to expand State and local community diabetes control and prevention activities while supporting the translation of research into better prevention and care, the National Diabetes Prevention Program, the expansion of diabetes surveillance, and other DDT activities. These activities must include clear outcomes, ensure transparency and accountability, and specifically how diabetes funding reached State and local communities.

Epilepsy.—The Committee commends CDC for making considerable progress over the past decade in establishing and advancing a public health agenda to meet the needs of Americans with epilepsy. CDC, in partnership with other stakeholders, will determine national outcome protocols to use to capture and document infor-

mation related to these issues: employment, school, social life and the general well-being of people with epilepsy.

Food Allergy.—Deaths due to anaphylactic reaction to food allergens are preventable. National medical and school organizations recommend that schools maintain a supply of back-up epinephrine for emergency treatment of potentially fatal anaphylactic reactions. CDC should encourage schools to purchase epinephrine and support implementation of the food allergy school guidelines.

Heart Disease and Stroke Prevention.—The Committee supports the Division for Heart Disease and Stroke Prevention's efforts against cardiovascular disease and supports the Paul Coverdell National Acute Stroke Registry and the projects within State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease, and Stroke.

High Obesity Rate Counties.—The Committee is concerned about the growing body of evidence suggesting that obesity is the most significant challenge facing the public health system. If this epidemic continues unabated, obesity and the many complications it causes will increase the disease burden among Americans, particularly youth. The Committee includes a \$1,000,000 increase over the fiscal year 2015 level to expand support for the rural extension and outreach services to support additional grants for rural counties with an obesity prevalence of over 40 percent. The Committee expects CDC to work with State and local public health departments to support measurable outcomes through evidenced-based obesity research, intervention, and prevention programs. CDC should focus its efforts in areas of the country with the highest burden of obesity and with the co-morbidities of hypertension, cardiac disease, and diabetes from county level data in the Behavioral Risk Factor Surveillance System. The Committee encourages CDC childhood obesity efforts to only support activities that are supported by scientific evidence.

Inflammatory Bowel Disease [IBD].—The Committee commends CDC for implementing a robust IBD epidemiology study and communicating study results with the public. The Committee encourages CDC to continue exploring the disease burden of IBD and to communicate these findings to patients and providers in an effort to improve current interventions and inform best public health practices in managing IBD.

Interstitial Cystitis [IC].—The Committee commends CDC for its work on IC and encourages CDC to continue to make IC a priority by expanding public awareness through education for healthcare providers and the general public, and enhanced information sharing.

Johanna's Law.—The Committee is pleased by the agency's recent launch of Know: BRCA to help increase the public's awareness of hereditary breast and ovarian cancers and improve understanding the individual risk of having a BRCA mutation. The Committee urges CDC to take steps to integrate components of the Inside Knowledge campaign and Know: BRCA to the extent possible, to ensure coordination of public health messages related to ovarian cancer, leveraging of resources, and maximizing economies of scale.

Lupus Registry.—The Committee continues to support research efforts under the National Lupus Patient Registry program, but

challenges still remain. Burden of illness studies are lacking in lupus and are needed to better understand and evaluate issues such as the disease impact on quality of life, productivity, frequency of clinical events, natural history, and the direct and indirect costs associated with lupus. Therefore, the Committee urges CDC to support the lupus cohort and burden of illness studies.

Marfan Syndrome.—Marfan syndrome-related thoracic aortic aneurysm and dissection claims the lives of young athletes across the country each year, but few States incorporate Marfan syndrome testing into their sports screening for high school athletes. The Committee urges CDC to develop a program to support, assist, and encourage States to incorporate Marfan syndrome testing into their sports screening criteria for at-risk young athletes.

Melanie Blocker Stokes Act.—The Committee urges CDC to develop a program to assist providers that educate women and their families about post-partum depression [PPD], and to help new mothers receive screenings during the first year of postnatal check-ups. As many as 20 percent of new mothers experience some form of PPD. The Committee requests an update on this research in the fiscal year 2017 CJ.

Million Hearts.—The Committee supports the Million Hearts program, a public-private initiative to prevent 1,000,000 heart attacks and strokes by 2017, and that provides enhanced prevention, detection, treatment and control of high blood pressure, a key cause of heart disease and stroke.

Mississippi Delta Health Collaborative [MDHC].—The Committee commends CDC's efforts supporting the Mississippi Delta Health Collaborative in implementing a successful, evidenced-based strategy to reduce the burden of heart disease and stroke. These advancements were made possible with chronic disease prevention interventions through partnerships at the local level, and team-based approaches designed to link communities with clinical care, such as education and counseling, medication therapy management, comprehensive medication management, and utilizing health information technology to change health outcomes. Taking these lessons learned, the Committee wants to build upon the investments and see whether this success can be replicated in other high-risk and underserved areas in the future. Therefore, the Committee encourages CDC, working together with the Collaborative and relevant stakeholders, to reach populations at high risk in the Delta with effective interventions while maintaining the current strategy. CDC shall consider using lifestyle change intervention models like the Diabetes Prevention Program; utilizing local pharmacy schools with existing community-based research programs that could focus on screenings, medication reviews, medication therapy management, comprehensive medication management, and disseminating prevention strategies; and working with communities to establish health networks to better coordinate and manage community based health initiatives. To reach the target population, the Committee encourages CDC to take advantage of rapidly evolving healthcare technology by leveraging the resources of States with recognized leadership in areas of electronic medical records, telehealth, and innovative delivery of education tools. CDC shall provide an update on these activities in the fiscal year 2017 CJ.

Oral Health.—The Committee urges CDC to support clinical and public health interventions that target pregnant women and young children at highest risk for dental caries. These interventions result in significant cost-savings to State Medicaid programs. CDC is encouraged to continue to work across the Department to improve coordination of oral health surveillance that reliably measures and reports health outcomes.

Ovarian Cancer.—The Committee commends the CDC for its work to evaluate existing risk assessment tools and directs CDC in their fiscal year 2017 CJ, to include the findings of this review along with recommendations on how CDC can support the deployment of the tools found to have the greatest value and utility. In addition, the Committee directs CDC to provide a report within 90 days after enactment of this act to the Committees on Appropriations of the House of Representatives and Senate on the Institute of Medicine's review of the state of the sciences in ovarian cancer research.

Preterm Birth.—Preterm birth affects more than 500,000 babies each year in the United States and is the leading cause of neonatal mortality. The Committee commends CDC for funding State-based Perinatal Collaboratives that focus on improving birth outcomes using known preventative strategies such as reducing early elective deliveries. The Committee encourages CDC to increase the number of States receiving assistance for perinatal collaboratives.

Psoriasis and Psoriatic Arthritis.—Psoriasis affects an estimated 7,500,000 people in the United States. The Committee recognizes the growing body of evidence regarding linkages between psoriatic disease and cardiovascular disease, alcohol consumption, metabolic syndrome, and depression and remains concerned as to the continued gaps in the public health response to such linkages. The Committee encourages CDC to use their Prevention Research Centers to build on past investments including the CDC's Psoriasis and Psoriatic Arthritis: A Public Health Agenda to define and implement public health self-management interventions for psoriatic disease. This network would explore the research needed to better understand the relationships between the listed and other possible chronic conditions to help position psoriatic disease appropriately within the larger world of public health.

Scleroderma.—The Committee recognizes the serious health challenges faced by patients affected by scleroderma. Due to various manifestations of the disease, the Committee encourages CDC to consider opportunities to raise awareness and improve recognition of scleroderma.

Visual Screening Education.—The Committee is concerned that people with vision impairment often report chronic conditions, such as heart disease, stroke, and diabetes, at substantially higher rates than individuals without vision impairment. The Committee encourages CDC to increase vision impairment and eye disease surveillance efforts, apply previous CDC vision and eye health research findings to develop effective prevention and early detection interventions, and begin to incorporate vision and eye health promotion activities into State and national public health chronic disease initiatives, with an initial focus on early detection of diabetic retinopathy.

WISEWOMAN.—The Committee commends the WISEWOMAN program that helps uninsured and under-insured low-income women ages 40 to 64 prevent, delay, or control heart disease and stroke by providing preventive health services, referrals to local healthcare providers, lifestyle programs, and health counseling tailored to identified risk factors to promote lasting, healthy behavior change. From July 2008 through June 2013, WISEWOMAN served nearly 150,000 women and 90 percent of them had at least one heart disease and stroke risk factor.

Workplace Wellness.—The Committee eliminates the Workplace Wellness program as requested by the administration.

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

Appropriations, 2015	\$131,781,000
Budget estimate, 2016	131,781,000
Committee recommendation	132,781,000

The Committee recommendation for the activities of the National Center on Birth Defects and Developmental Disabilities [NCBDDD] is \$132,781,000.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Child Health and Development	64,232	64,232	64,232
Other Birth Defects	18,074	18,074	18,074
Fetal Death	891	891	891
Fetal Alcohol Syndrome	10,505	10,505	10,505
Folic Acid	3,121	3,121	3,121
Infant Health	8,639	8,639	8,639
Autism	23,002	23,002	23,002
Health and Development with Disabilities	52,440	52,440	53,440
Disability and Health	20,042	20,042	21,042
Tourette Syndrome	2,000	2,000	2,000
Early Hearing Detection and Intervention	10,752	10,752	10,752
Muscular Dystrophy	6,000	6,000	6,000
Attention Deficit Hyperactivity Disorder	1,850	1,850	1,850
Fragile X	1,800	1,800	1,800
Spina Bifida	5,996	5,996	5,996
Congenital Heart Defects	4,000	4,000	4,000
Public Health Approach to Blood Disorders	4,500	4,500	4,500
Hemophilia CDC Activities	3,504	3,504	3,504
Hemophilia Treatment Centers	5,000	5,000	5,000
Thalassemia	2,105	2,105	2,105

Birth Defects Prevention.—The Committee commends the Center for Birth Defects Research and Prevention for its work toward greater understanding of the causes of birth defects and for expanding the National Birth Defects Prevention Network to include the work of the BD-STEPS program. The Committee supports further expansion of the BD-STEPS program with the goal of incor-

porating States that do not currently have a birth defects surveillance system. Priority should be given to programs in States with diverse populations and a high burden of risk factors for birth defects that have previously submitted meritorious applications but did not receive funding due to budget constraints.

Cerebral Palsy.—The Committee encourages CDC to build on established surveillance and research methods to develop a robust research infrastructure focused on Cerebral Palsy across various geographic U.S. regions.

Congenital Heart Disease [CHD].—CHD is a serious public health concern, and it remains the most common birth defect and leading cause of birth defect-related infant mortality. With increasing medical treatment options, survival is improving resulting in a growing population that estimates suggest exceeds 2,000,000 people. However, children and adults with congenital heart disease require ongoing, costly, specialized cardiac care and face a lifelong risk of permanent disability and premature death. The Committee commends the CDC for its efforts to address the lifelong needs of this growing population with CHD, particularly in the areas of critical congenital heart screening and attention to adolescent and adult surveillance needs. The Committee remains concerned that there continues to be a lack of rigorous epidemiological and longitudinal data on individuals of all ages with CHD. The Committee encourages CDC to collect and analyze nationally representative, population-based epidemiological and longitudinal data on infants, children, and adults with CHD to improve understanding of CHD incidence, prevalence, and disease burden, further assess the public health impact of CHD.

Fragile X.—The Committee commends the significant progress made on the Fragile X Clinical and Research Consortium in growing its FORWARD Database and its Patient Registry and urges CDC to continue this effort. The Committee supports the public-private partnership which resulted in the Fragile X Research Agenda and the resulting Funding Opportunity Announcement which seeks to use longitudinal data to characterize the natural history of Fragile X to improve services and outcomes.

Hemophilia.—The Committee maintains funding for the surveillance and research activities of the national network of hemophilia treatment centers and the outreach and education programs of the national hemophilia consumer organizations.

Hereditary Hemorrhagic Telangiectasia [HHT].—HHT is a genetic disorder that can result in life-threatening strokes and other complications, but if diagnosed in time is treatable and manageable. The Committee encourages CDC to develop newborn screening initiatives that focus on early detection and intervention methods for newborns from families with a history of HHT.

Improving the Health of People With Intellectual Disabilities.—People with disabilities are more often in poorer health that results in billions in additional healthcare costs each year. However, with the appropriate help, people living with disabilities can be productive citizens within their communities. Therefore, the Committee includes \$3,500,000 for the Healthy Athletes program.

Krabbe Disease.—Krabbe Disease is a rare, inherited degenerative disorder of the nervous systems that causes severe deteriora-

tion of mental and motor skills. The disease most often affects infants and is generally fatal before the age of 2. There is no cure for Krabbe Disease, but identifying it early and beginning treatment prior to the onset of symptoms may help to prevent severe health outcomes. The Committee encourages CDC to include efforts for Krabbe disease and other leukodystrophies when rapid diagnosis may lead to potentially life saving treatments.

Muscular Dystrophy.—The Committee requests an update on the Muscular Dystrophy CARE Act in the fiscal year 2017 CJ. The update shall include CDC's plans and timeframe to enhance its collection of surveillance data across all forms of muscular dystrophy and to develop updated care standards, including for adults with Duchenne and for other forms of muscular dystrophy.

National Center on Health, Physical Activity and Disability [NCHPAD].—The Committee supports the work of NCHPAD, and its goal of promoting better health for adults and children with disabilities. By mobilizing national networks to provide technical assistance, provide community leaders and organizations with health promotion training, and by disseminating effective strategies and tools for disability service providers, the NCHPAD plays an important role in encouraging a healthier lifestyle for Americans with disabilities. The Committee urges CDC to increase support for these efforts.

Neonatal Abstinence Syndrome Data.—The Committee directs CDC to provide technical assistance to States to improve the availability and quality of data collection and surveillance activities regarding neonatal abstinence syndrome, including: (a) the incidence and prevalence of neonatal abstinence syndrome; (b) the identification of causes for neonatal abstinence syndrome, including new and emerging trends; and (c) the demographics and other relevant information associated with neonatal abstinence syndrome. CDC shall also collect any available surveillance data described in the previous sentence from States and make it publicly available on an appropriate web site. Furthermore, the Committee directs CDC to increase utilization of effective public health measures to reduce neonatal abstinence syndrome.

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

Thalassemia.—The Committee commends CDC's thalassemia program and encourages CDC to coordinate the efforts of the treatment centers and the nonprofit patient advocacy community as it confronts this genetic blood disorder.

Tourette Syndrome.—The Committee is pleased with CDC's current activities on Tourette Syndrome and urges CDC to use its resources to increase scientific knowledge of the prevalence and risk factors in both children and adults, as well as determine the impact of this disorder on the quality of life of those who are affected.

Tuberous Sclerosis Complex [TSC].—The Committee encourages CDC to take into consideration all the major manifestations of TSC in its surveillance network, including epilepsy, autism, renal angiomyolipomas, facial angiofibromas, lymphangioliomyomatosis, retinal hamartomas, subependymal giant cell astrocytomas, and cardiac rhabdomyomas.

PUBLIC HEALTH SCIENTIFIC SERVICES

Appropriations, 2015	\$481,061,000
Budget estimate, 2016	538,809,000
Committee recommendation	471,061,000

The Committee recommendation for Public Health Scientific Services is \$471,061,000.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Health Statistics	155,397	160,397	145,397
Surveillance, Epidemiology, and PH Informatics	273,464	311,008	273,464
Public Health Workforce	52,200	67,404	52,200

Alzheimer's Disease and Dementia.—The Committee is aware of recent peer-reviewed studies suggesting that more than 500,000 U.S. deaths each year are attributable to Alzheimer's disease and dementia, far in excess of the deaths reported by the Center. Such statistics would elevate Alzheimer's disease from the sixth leading cause of death to the third leading cause of death. The Committee urges CDC to work with stakeholders to develop recommendations for obtaining more accurate and complete measurements of Alzheimer's and dementia death rates and requests a report no later than 180 days after enactment of this act. The report shall include a consensus on the mortality burden of these diseases.

Collecting Vital Statistics.—Accurate vital statistics provide complete and continuous data on births, deaths, and fetal deaths that are essential for understanding our Nation's health. The Committee provides the National Center for Health Statistics [NCHS] the same level of funding as in fiscal year 2015 for the National Vital Statistics System and sufficient funding to purchase data items currently collected by States and territories and collect 12 months of these data within the calendar year.

Epidemiology Fellowship Program.—A well-trained public health workforce is essential to ensuring the highest level of efficiency and effectiveness in protecting health. The Committee encourages CDC to prioritize investments in established training programs with a demonstrated record of success in supporting high-quality, on-the-job training at State and local health agencies and transitioning

these professionals into public health careers, including the Applied Epidemiology Fellowship Program.

Modernizing the Vital Statistics Infrastructure.—The Committee understands that not all States and territories have implemented electronic death registration systems which would provide more accurate, timely, and secure death data for use in monitoring our Nation’s health and reducing waste, fraud, and abuse in Federal benefits programs. The Committee urges the NCHS to support States in modernizing their infrastructure and directs NCHS to include in the fiscal year 2017 CJ a plan for modernizing the vital statistics infrastructure, including steps to address States and territories that have not yet implemented these systems.

ENVIRONMENTAL HEALTH

Appropriations, 2015	\$179,404,000
Budget estimate, 2016	178,500,000
Committee recommendation	145,286,000

The Committee recommendation for the National Center for Environmental Health is \$145,286,000. The Committee recommendation includes \$13,000,000 in transfers from the PPH Fund.

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

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Environmental Health Laboratory	55,870	55,870	55,870
Newborn Screening Quality Assurance Program	8,243	8,243	8,243
Newborn Screening for SCID	1,175	1,175	1,175
Other Environmental Health	46,452	46,452	46,452
Environmental Health Activities	45,580	55,580	29,366
Safe Water	8,601	8,601	.....
Amyotrophic Lateral Sclerosis Registry	7,820	7,820	8,820
Built Environment & Health Initiative	2,843	2,843	2,843
Climate Change	8,613	18,613	.....
All Other Environmental Health	17,703	17,703	17,703
Environmental and Health Outcome Tracking Network	34,904	24,000	17,000
Asthma	27,528	27,528	27,528
Childhood Lead Poisoning	15,522	15,522	15,522

Amyotrophic Lateral Sclerosis [ALS] Registry.—The Committee provides a \$1,000,000 increase above the fiscal year 2015 level for the ALS Registry to further understand and potentially cure and prevent this disease. CDC and the Agency for Toxic Substances and Disease Registry [ATSDR] should continue their current registry activities, including helping to notify people with ALS about research studies for which they may qualify and funding risk factor and other ALS research utilizing registry information. The Committee supports the implementation of a nation-wide biorepository and encourages CDC and ATSDR to continue to consult with exter-

nal stakeholders and Federal agencies, including NIH, VA, and FDA to coordinate efforts, raise awareness of the registry, and help ensure that the registry is available as a resource to support ALS research and care services and the development of treatments for the disease.

Asthma.—The Committee is concerned by the impact on people living with asthma as a result of there being significantly fewer States participating in the National Asthma Control Program [NACP]. The Committee encourages NACP to increase the number of States carrying out programmatic activities and use a population-adjusted burden of disease criterion as a significant factor for new competitive awards in the future.

Healthy Housing.—The Committee recognizes the important role that healthy housing can play in reducing the risk of numerous conditions, including asthma and lead poisoning. CDC is encouraged to continue to support health housing activities.

INJURY PREVENTION AND CONTROL

Appropriations, 2015	\$170,447,000
Budget estimate, 2016	256,977,000
Committee recommendation	187,947,000

The Committee recommendation for the National Center for Injury Prevention and Control is \$187,947,000.

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

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Intentional Injury	92,001	107,611	92,001
Domestic Violence and Sexual Violence	32,674	32,679	32,674
Child Maltreatment (non-add)	7,250	7,250	7,250
Youth Violence Prevention	15,086	15,086	15,086
Domestic Violence Community Projects	5,414	5,414	5,414
Rape Prevention	38,827	44,432	38,827
Gun Violence Prevention Research		10,000	
National Violent Death Reporting System	11,302	23,570	11,302
Unintentional Injury	8,598	8,598	8,598
Traumatic Brain Injury	6,548	6,548	6,548
Elderly Falls	2,050	2,050	2,050
Injury Prevention Activities	28,950	29,023	28,950
Prescription Drug Overdose	20,000	68,000	31,921
Illicit Opioid Use Risk Factors		5,579	5,579
Injury Control Research Centers	9,596	9,596	9,596

Combating Opioid Abuse.—The Committee includes \$37,500,000, an increase of \$17,500,000 above fiscal year 2015, for efforts to respond to and reverse the opioid epidemic in the United States. This includes \$31,921,000 to fund the Prescription Drug Overdose [PDO] Prevention for States program, a competitive cooperative agree-

ment that targets those States with the greatest burden of opioid overdoses and demonstrated readiness to implement prevention strategies, and \$5,579,000 to specifically strengthen surveillance efforts for heroin-related deaths. The Committee notes the strong connection between prescription opioids and other types of opioids like heroin. Activities targeting one area will have a significant impact on the other. Therefore, funding will support activities such as implementing guidelines to improve prescribing behaviors and collecting real-time and more accurate data for heroin-related opioid deaths. The Committee urges CDC to require applicants applying for the PDO Prevention for States Program to collaborate with the State substance abuse agency or those agencies managing the State's PDMP to ensure linkages to clinically appropriate substance use disorder services. In addition, the Committee directs CDC to use the funds provided to expand the surveillance of heroin-related deaths beyond CDC's current activities in HHS' Region One by targeting States that have the greatest burden of heroin abuse.

Concussion Surveillance.—The Committee encourages CDC to establish and oversee a national surveillance system to accurately determine the incidence of sports-related concussions, including youth ages 5 to 21.

Opioid Prescribing Guidelines.—The Committee directs CDC to complete its work in developing safe opioid prescribing guidelines for chronic, non-cancer pain in outpatient settings for release no later than July 31, 2016, and a technical package to guide States in the implementation of safe opioid prescribing through coordinated care. The guidelines and technical package should include information for providers on the use of opioids for pregnant women and women that might become pregnant, as well as the potential risks of birth defects and neonatal abstinence syndrome from exposure to such medications. The Committee directs CDC to broadly disseminate the guidelines and technical package and to immediately evaluate the effects of the new guidance. Furthermore, the Committee urges CDC to work with the VA and the DOD in implementing these guidelines in the appropriate facilities and directs CDC to share data and best practices on safe opioid prescribing with these agencies.

Sports Injuries.—The Committee is concerned about the number and severity of injuries related to sports activities at every age and experience level. Therefore, the Committee encourages CDC to educate coaches at all levels on how to prevent common injuries, how to recognize symptoms of potentially dangerous conditions, and how to plan for emergency situations is critical to this ever growing problem in sports safety.

OCCUPATIONAL SAFETY AND HEALTH

Appropriations, 2015	\$334,863,000
Budget estimate, 2016	283,418,000
Committee recommendation	305,887,000

The Committee recommendation for National Institute for Occupational Safety and Health [NIOSH] programs is \$305,887,000.

NIOSH is the only Federal agency responsible for conducting research and making recommendations for the prevention of work-re-

lated illness and injury. The NIOSH mission is implemented by conducting basic and applied scientific research and translating the knowledge gained into products and services that impact workers in settings from corporate offices to construction sites to coal mines.

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
National Occupational Research Agenda	114,500	90,500	90,500
Agriculture, Forestry, Fishing (non-add)	24,000	.....	.....
Education and Research Centers	27,445	.....	27,445
Personal Protective Technology	19,695	19,695	19,695
Healthier Workforce Center	4,976	4,976	.....
Mining Research	59,420	59,420	59,420
National Mesothelioma Registry and Tissue Bank	1,106	1,106	1,106
Other Occupational Safety and Health Research	107,721	107,721	107,721

Agriculture, Forestry, and Fishing [AgFF].—The Committee eliminates the AgFF programs as proposed by the administration. The Committee recommendation preserves the nine core industry sectors within the National Occupational Research Agenda and prioritizes funding to support emerging priorities such as nanotechnology and mining hazards.

ENERGY EMPLOYEES OCCUPATIONAL INJURY COMPENSATION ACT

Appropriations, 2015	\$55,358,000
Budget estimate, 2016	55,358,000
Committee recommendation	55,358,000

The Committee recommendation for EEOICPA is \$55,358,000. This mandatory funding supports NIOSH scientists who reconstruct radiation dose levels to inform compensation decisions.

GLOBAL HEALTH

Appropriations, 2015	\$416,517,000
Budget estimate, 2016	448,092,000
Committee recommendation	411,758,000

The Committee recommends \$411,758,000 for global health-related activities at CDC.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Global HIV/AIDS Program	128,421	128,421	128,421
Global Immunization Program	208,608	218,608	213,608
Polio Eradication	158,774	168,774	163,774
Measles and Other Vaccine Preventable Diseases	49,834	49,834	49,834
Parasitic Diseases and Malaria.	24,369	24,369	24,369
Global Health Security .....	.....	11,575	.....

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Global Disease Detection and Emergency Response	45,360	45,360	45,360
Global Public Health Capacity Development	9,759	19,759	.....

Global Diseases.—The Committee is pleased with CDC’s ongoing efforts to fight malaria and neglected tropical diseases and encourages CDC to continue to research, monitor, and evaluate efforts for malaria and NTDs in collaboration with other divisions and agencies.

Global Health.—In a constrained budget environment, the Committee chose to preserve the Global Disease Detection and Emergency Response program which remains the core activity within the Division of Global Health Protection at CDC to rapidly detect, identify, and control emerging infectious diseases abroad. From 2006–2014, this program has responded to over 1,700 disease outbreaks and public health emergencies, established 289 new diagnostic tests in 59 countries, and covers a population of 13.1 million people within its surveillance efforts. In addition, the Committee continues to support the Global Health Security Agenda, but notes this program and the National Public Health Institutes received almost \$600,000,000 in the Ebola emergency supplemental in fiscal year 2015, and therefore, did not need additional funding in this fiscal year.

Polio.—CDC is the lead U.S. agency in the global effort to eradicate polio and currently works with various organizations by providing expertise in training, vaccines, epidemiology, laboratory capacity, and surveillance. Currently, polio is endemic in only three countries, Nigeria, Afghanistan, and Pakistan. However, Nigeria has not reported a case since August of 2014 and will be declared polio free if no cases are reported by August of 2017. The Committee commends these efforts and includes a \$5,000,000 increase above the fiscal year 2015 level to help conquer this disease.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriations, 2015	\$1,352,551,000
Budget estimate, 2016	1,381,818,000
Committee recommendation	1,340,118,000

The Committee recommendation for the Office of Public Health Preparedness and Response [PHPR] is \$1,340,118,000.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Public Health Emergency Preparedness Cooperative Agreement ..	643,609	643,609	643,609

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Academic Centers for Public Health Preparedness	8,018	.....	.....
All Other State & Local	9,415	.....	.....
BioSense	23,369	23,369	23,369
All Other CDC Preparedness	133,797	143,797	138,797
Strategic National Stockpile	534,343	571,043	534,343

Emergency Preparedness.—The Committee requests more detailed information on how State Public Health Emergency Preparedness [PHEP] funding is distributed at the local level by States. CDC is directed to require States to report how much of their Federal PHEP funding is being allocated to local health departments and what basis or formula each State is using to make such allocations. The Committee directs CDC to include this in the fiscal year 2017 CJ.

Procurement.—The Committee encourages CDC to consider maintaining its planned procurement of anthrax vaccines when adjusting to changes in commercial pricing or PHEMCE requirements.

Select Agent Program.—To create a safer laboratory setting including the handling of dangerous agents, the Committee includes a \$5,000,000 increase above the fiscal year 2015 level for CDC's Select Agent Program. This will allow CDC to upgrade their existing databases for tracking select agents and increase the number of inspections. The Committee requests an update on these efforts in the fiscal year 2017 CJ.

State and Local Preparedness and Response.—The Committee does not provide funding for the Academic Centers for Public Health Preparedness and All Other State and Local Capacity as requested by the administration. CDC will continue to support research and training through its Office of Public Health Preparedness and Response and will provide oversight and technical assistance to health departments through the Public Health Emergency Preparedness program. The Committee notes that CDC also received \$410,000,000 as part of the Ebola emergency supplemental in fiscal year 2015 to expand current domestic preparedness capacities.

Strategic National Stockpile [SNS].—The Committee encourages the CDC to evaluate the latest approved advances in influenza prevention and antiviral treatment for inclusion in the SNS in preparation for pandemic influenza.

Update of Response Plans.—The Committee is aware that, as a result of the success of Project BioShield, several new medical countermeasures have been procured for inclusion in the SNS. Additionally, the Committee is aware that CDC has responsibility for developing response plans that will guide the public health response to possible outbreaks and threats such as anthrax and smallpox. The Committee is concerned that the response plans CDC has developed do not include guidance to State and local public health officials regarding new acquisitions to the SNS and how those new acquisitions should be used in a response effort. To ensure that healthcare providers and first responders have the most up-to-date guidance to respond to potential threats, the Committee directs

CDC to update all current response plans within 120 days of enactment to include countermeasures procured with Project BioShield funds since its inception.

BUILDINGS AND FACILITIES

Appropriations, 2015	\$10,000,000
Budget estimate, 2016	10,000,000
Committee recommendation	10,000,000

The Committee provides \$10,000,000 for capital projects and National Repair and Improvement activities at CDC.

Demolition.—The Committee includes new demolition authority to allow CDC to eliminate structures that are no longer used and have gone beyond their intended lifespan, such as small modular trailers and storage facilities. Due to the age and condition of some of the structures, they pose a significant danger if left in their current state. By eliminating these structures, the Federal government will save almost \$90,000 per year in maintenance costs.

Fort Collins Campus.—The Committee includes new bill language that is needed to provide CDC with the authority to construct a replacement freezer at the Fort Collins, Colorado campus.

Underground Mine Safety.—The Committee appreciates the requested timeline submitted by CDC and continues to support a replacement facility for the Lake Lynn Experimental Mine and Laboratory. The Committee directs CDC to utilize prior-year funding for the planning and design, land acquisition, construction, and equipping of the replacement facility. No later than 90 days after enactment, the CDC shall submit a detailed accounting of its activities to date to replace the Lake Lynn facility and accompanying plan to complete the timely acquisition of a replacement facility to the Committees on Appropriations of the House of Representatives and the Senate.

CDC-WIDE ACTIVITIES

Appropriations, 2015	\$273,570,000
Budget estimate, 2016	113,570,000
Committee recommendation	267,892,000

The Committee provides \$267,892,000 for public health leadership and support activities at CDC.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Preventive Health and Health Services Block Grant	160,000	.....	160,000
Public Health Leadership and Support	113,570	113,570	107,892

Preventative Health and Health Services Block Grant.—The Committee continues to reject the administration’s proposal to eliminate this program and provides \$160,000,000, the same level as in fiscal year 2015. These grants are crucial for States because they provide enough flexibility necessary to resolve any emerging health

issues at the local level while tailoring those activities to best address the diverse, complex, and constantly changing local community.

Recurring Reports.—The Committee is concerned by the increasing amount of time and money Federal agencies spend on unnecessary administrative tasks. In particular, the Committee is aware of several recurring reports requested in past appropriations acts that are no longer necessary. Therefore, to reduce government bureaucracy and increase efficiency, the Committee directs CDC to discontinue any recurring reports requested in appropriations bills prior to the enactment of this act.

Respirator Certification Program.—The Committee includes new bill language allowing CDC to have an additional fiscal year to spend user fees collected late in the year through the Respirator Certification program.

Transfer Authority.—The Committee recommendation does not include language requested by the administration to provide additional transfer authority for the Director of CDC. The Committee believes that the Director has sufficient transfer authority provided in section 205 of this act to implement any transfer of funds he deems necessary

NATIONAL INSTITUTES OF HEALTH

National Institutes of Health [NIH] funded research has raised life expectancy, improved quality of life, and is an economic engine helping to sustain American competitiveness. Over the past year, cutting-edge NIH-supported research identified a set of 10 compounds in blood that might be used to distinguish the risk for developing memory deficits or Alzheimer's disease; designed and tested a class of new antibiotics to treat tuberculosis; and helped individuals paralyzed because of spinal cord injuries regain some movement after receiving spinal stimulation.

The Committee provides \$32,084,000,000 for NIH activities, an increase of \$2,000,000,000. This is the largest increase the NIH has received since the doubling ended in fiscal year 2003.

This includes \$940,000,000 in transfers available under section 241 of the PHS Act. The Committee continues a reform to section 241 allocations such that no NIH funding will be removed from NIH under this authority. This reform ensures that section 241 transfers are a benefit to NIH rather than a liability. In addition, it improves the transparency of NIH's budget, so that the enacted total is truly the amount the Committee expects to be used for biomedical research.

The Committee recommendation provides \$650,000,000 in new funding from the Department's Non-recurring Expenses Fund [NEF]. Bill language is included to repurpose the NEF, created in fiscal year 2008, specifically for biomedical research activities at the NIH. The NEF provides a new, additional source of funding for biomedical research.

The Committee also includes \$200,000,000 for the new Precision Medicine Initiative; approximately \$350,000,000 for the National Institute on Aging, a significant portion of which the Committee expects to be dedicated to Alzheimer's disease research; \$135,381,000 for the BRAIN Initiative; \$461,000,000 for research to

combat Antimicrobial Resistance; \$12,600,000 for the Gabriella Miller Kids First Act; and increases to every Institute and Center to continue investments in innovative research that will advance fundamental knowledge and speed the development of new therapies, diagnostics, and preventive measures to improve the health of all Americans.

NATIONAL CANCER INSTITUTE

Appropriations, 2015	\$4,953,028,000
Budget estimate, 2016	5,098,479,000
Committee recommendation	5,204,058,000

The Committee recommendation includes \$5,204,058,000 for the National Cancer Institute [NCI]. Of this amount, \$16,000,000 is available for repairs and improvements to the NCI facility in Frederick, Maryland.

Breast Cancer Screening.—The Committee is aware of studies regarding mammography screening for breast cancer that evaluate the benefits and harms of mammography screening. Research has demonstrated value of early detection of breast cancers through screening, and also has demonstrated that screening sometimes results in false positives and over treatment. This has created a less clear picture of the benefits of screening and may lead women to avoid periodic mammography, an experience some women already view as uncomfortable. Therefore, the Committee encourages NCI to continue to support research on new imaging technologies, as well as studies to develop molecular and cellular markers in screen-detected lesions, to distinguish cancers that are truly life threatening and require aggressive treatment from those for which treatment is unnecessary. The NCI should continue to make research and validation data available to the U.S. Preventive Services Task Force as they continue to systematically review the evidence of effectiveness of various breast cancer screening modalities.

Deadliest Cancers.—While overall cancer incidence and death rates are declining, the Committee is concerned that some cancers, often referred to as recalcitrant cancers, continue to have a 5-year survival rate below 50 percent. The Committee is pleased that NCI has released Scientific Frameworks for pancreatic ductal adenocarcinoma [PDAC] and small cell lung cancer, as called for by the Recalcitrant Cancer Research Act. The Committee recognizes that NCI supports critical research efforts exploring potential advances for other recalcitrant cancers and conducts scientific meetings and other horizon scanning efforts to stimulate research in these fields. The Committee looks forward to an update in the fiscal year 2017 CJ on research underway focusing on recalcitrant cancers in addition to PDAC and small cell lung cancer.

Gastric Cancer.—The Committee continues to be concerned about the deadly outcomes of gastric cancer, particularly among young people, and is pleased that gastric cancer was included in The Cancer Genome Atlas [TCGA]. This research effort led to the discovery that gastric cancers fall into four distinct molecular subtypes. This finding, published in July 2014, is changing the way researchers think about treatments for gastric cancers, informing the development of targeted therapies for defined sets of patients whose tumors have specific genomic abnormalities. The Committee notes

that research on gastric cancer is less advanced than that of many cancers. The Committee, therefore, encourages NCI to help investigators in this field to make the best possible use of genomic data from the TCGA, as well as to pursue other research opportunities.

Liver Cancer.—The Committee continues to be concerned with the increasing incidence of liver cancer and its low 5-year survival rate. Therefore, the Committee encourages NCI to continue to support liver cancer research across its portfolio, including research focused on the development of biomarkers to serve as early detection markers of cancer to offer the prospect of improved outcomes.

Melanoma.—Given the rising incidence of melanoma coupled with the immense untapped potential for prevention and screening, the Committee urges NCI to continue to work across divisions and in coordination with other Federal agencies and advocates, aligning resources to decrease the impact of this disease on our Nation's public health. The Committee commends NCI's MATCH Trial and Exceptional Responders Initiative—each stand to benefit melanoma subpopulations. The Committee continues to urge NCI's portfolio to encompass all molecular subtypes of melanoma. While sequencing studies provide significant information about molecular heterogeneity and characteristics of BRAF wildtype tumors, this data has yet to result in effective therapies. Further, as melanoma has the highest incidence of central nervous system metastases among the common cancers, identifying patients at risk and developing prevention and treatment strategies are important. Research into mechanisms underlying clinical dormancy is a critical area of cancer biology and could provide effective means of preventing recurrence. The Committee requests an update on these requests in the fiscal year 2017 CJ.

Minority Cancer Rates.—The Committee is concerned that preventable and detectable cancer rates are falling for the general population, but for some cancers, minority communities are still suffering at disproportionate rates. The Committee requests that NCI and NIMHD continue to coordinate and support research focused on treatment, prevention, communication, and outreach to minority communities for early intervention to reduce and eliminate these disparities.

National Clinical Trials Network [NCTN].—The Committee recognizes that the NCTN is critical to the development of improved, personalized treatments for cancer. The Committee also recognizes that the burden of cancer mortality is felt disproportionately among racial and ethnic minorities. Continued research is needed regarding the biological, socioeconomic, environmental, and behavioral factors that cause these disparities. The Committee urges NCI to continue research in these areas through the NCI Community Oncology Research Program, NCI's Center to Reduce Cancer Health Disparities, minority participation in NCTN clinical trials, and additional NCI-supported research focused on health disparities.

Pancreatic Cancer.—The Committee understands that the Scientific Framework for Pancreatic Ductal Adenocarcinoma [PDAC] released last year will enable NCI to capitalize on the full range of its expertise and that of extramural scientists and academic institutions to assess progress against one of the Nation's deadliest cancers. The Committee also appreciates the establishment of the

NCI's PDAC Progress Working Group and the release of a funding opportunity announcement on the relationship between pancreatic cancer and diabetes and the establishment of the RAS program. The Committee is aware that pancreatic cancer has a 5 year survival rate of less than 5 percent due largely to a lack of early detection. Given that biomarkers are uniquely powerful tools to effectively screen and provide for early detection of pancreatic cancer, the Committee recommends that the NCI support research efforts to study non-invasive methods to screen for pancreatic cancers. The Committee also encourages NCI to continue to support clinical research focusing on high-risk pancreatic cancer families. In particular, the Committee recommends that the NCI support clinical trials utilizing non-invasive methods to screen for pancreatic cancer based on protein production. The Committee looks forward to hearing about next steps for the RAS program, as well as progress made on the other initiatives outlined in the PDAC Framework in the NIH biennial report.

Pediatric Oncology Research.—The Committee encourages NCI to continue its important investments in pediatric oncology research, including clinical studies for children with brain tumors, and development of the novel pediatric “MATCH” study, as well as the important pediatric preclinical testing program evaluating new agents for treating pediatric malignancies. The Committee supports NCI's longstanding investment in the Childhood Cancer Survivor Study and encourages continued childhood cancer survivorship research efforts.

Precision Medicine.—Cancer presents an exceptionally promising opportunity to refine the principles and practices that will serve as the foundation for Precision Medicine. The Committee strongly supports the new Initiative and provides \$70,000,000 for NCI's portion of the program. The Committee understands that NCI's priorities for the fiscal year 2016 Precision Medicine Initiative include accelerating precision oncology studies, undertaking new studies in particular cancers based on the genomic information learned from other clinical trials, and expanding efforts to address the persistent problem of drug resistance to cancer treatments. Consistent with these objectives, the Committee asks NCI to consider exploration of cancer models such as In Vitro clinical trials to improve Precision Medicine, especially as it relates to complicated cancers and in populations with a significant number of patients who fail to respond to traditional treatments. In addition, the Committee notes the NCI's Community Oncology Research Program is an important element of NCI's ongoing efforts in precision medicine, and will allow NCI to incorporate underserved populations into cancer clinical trials under the fiscal year 2016 Precision Medicine Initiative.

Proton Therapy.—The Committee recognizes the value of proton therapy in treating many forms of cancer as well as the benefits possible from continued research in this space. The Committee encourages NCI to continue its support of proton therapy research, comparing protons versus other kinds of modern radiation therapy, including initiatives for pediatric populations.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2015	\$2,995,865,000
Budget estimate, 2016	3,071,906,000
Committee recommendation	3,135,519,000

The Committee recommendation includes \$3,135,519,000 for the National Heart, Lung, and Blood Institute [NHLBI].

Alpha-1 Antitrypsin Deficiency [Alpha-1].—The Committee is aware that Alpha-1 is the major genetic risk factor for developing Chronic Obstructive Pulmonary Disease [COPD], which is the third leading cause of death in the United States. Alpha-1 is often undiagnosed or misdiagnosed, leading to a need to raise public awareness about Alpha-1 and provide appropriate information to health professionals. The Committee encourages NHLBI to convene a group of expert stakeholders to establish a treatment algorithm for Alpha-1 Antitrypsin related disease to assist physicians in correctly diagnosing and treating it.

Asthma.—The Committee applauds NHLBI for its efforts to develop new approaches to treat and manage severe asthma and urges the Institute to expand clinical trials in this area.

Centers for Accelerated Innovation.—The Committee is aware of recent efforts by NHLBI to assist with the commercialization of its basic science research, discoveries, and advancements. The Committee is encouraged by the creation of these pilot National Centers for Accelerated Innovation and looks forward to the possible expansion of this model to fully exploit the full spectrum of NIH-supported research. As such, the Committee encourages NIH to assess the progress of this NHLBI pilot initiative and investigate the feasibility of developing a broader effort that would foster an ecosystem to support the commercialization of technologies from academic institutions that impact the health and welfare of all Americans.

Congenital Heart Disease.—Congenital heart disease remains the most common birth defect. With increasing medical treatment options, survival is improving, but with likely complications across the lifespan. The Committee is aware of NHLBI convening the “Working Group on Adult Congenital Heart Disease: Emerging Research Topics”, and urges NHLBI to address the needs of those with the most life-threatening congenital heart defects in the Institute’s research, as well as collaborate with administrators of existing databases and registries, professional societies, industry, advocacy organizations, patients, and the CDC to address research gaps noted in the meeting report. The Committee urges NHLBI to continue its work with other Federal agencies and professional and patient organizations to expand collaborative research initiatives and other related activities targeted toward prevention and treatment of the diverse lifelong needs of children and adults living with congenital heart disease.

Chronic Obstructive Pulmonary Disease.—The Committee applauds NHLBI for its efforts to develop novel and more precise therapeutics and management strategies to address the rising public health burden of this disease.

Cystic Fibrosis [CF].—The Committee encourages new personalized approaches to CF therapeutics, including new means to iden-

tify and characterize the efficacy of multidrug therapy that addresses the mutant protein that is the underlying cause of CF in the majority of those with the disease. These approaches include predictive tools to measure individualized responses to treatment, which will help capitalize on recent momentum that has led to revolutionizing treatments for a minority of CF patients. Furthermore, the Committee encourages the development of additional drugs and drug combinations that are even more effective than currently available cystic fibrosis transmembrane conductance modulating treatments, the extension of protein modulation to the greatest number of patients possible, and the study of how best to manage patients on protein modulation therapy. The Committee also supports research into nonsense mutations of CF, which impact about 10 percent of the CF population and also contribute to thousands of other genetic diseases. In addition, the Committee urges further research into live imaging modalities that are able to characterize mucus and monitor mucociliary clearance, defense mechanisms at the heart of CF, and many other respiratory diseases. The Committee encourages funding new technologies aimed at genetic repair of CF. This includes technologies for gene editing, lung stem cell biology, and nucleic acid delivery. Such technologies are critical for developing therapies to reach all CF patients, especially those with mutations that are not amenable to protein manipulation with CFTR modulating therapies.

Heart Disease.—The Committee recognizes that heart disease presents a grave risk to our Nation’s long-term health and economic stability and notes that the prevalence and costs associated with this disease will increase significantly as the population ages. The Committee is concerned that NHLBI’s extramural heart research has dropped 17 percent in constant dollars since 2002, and the Committee urges NHLBI to increase heart research commensurate with its impact on public health and scientific opportunity.

Hemophilia.—The Committee encourages NHLBI to investigate the use of precision medicine for rare diseases such as hemophilia. For patients with hemophilia, there is wide variation in disease severity and therapeutic outcomes not readily explained by the disease-causing gene mutations. Genome-wide studies would yield new insights into the pathogenesis of hemophilia and patient responses to therapies, benefiting patients with bleeding disorders and broader patient communities.

Inherited Hematologic Disorders.—Inherited hematologic disorders, such as the hemoglobinopathies (Sickle Cell Disease and Thalassemia) and hemophilia are ideal targets for gene correction strategies. Recent advances in gene editing technologies and gene therapy approaches could lead to cures for these diseases rather than life-long treatment. The Committee encourages NHLBI to further research efforts in gene editing and gene therapy to correct inherited blood disorders.

National Registry of Genetically Triggered Thoracic Aortic Aneurysms and Cardiovascular Condition [GenTAC].—The Committee recognizes NHLBI for its leadership and support of the GenTAC Registry. The Committee understands this important initiative will be concluding in 2016 and requests an update on the Institute’s plans in the fiscal year 2017 CJ.

Pulmonary Hypertension [PH].—The Committee applauds NHLBI for leading research efforts that have helped prolong life for individuals affected by PH. NHLBI is encouraged to further study the underlying mechanisms of PH, particularly idiopathic pulmonary arterial hypertension, so that additional gains can be made that benefit patient health and wellness.

Women’s Heart Disease.—Heart disease is the number one killer of women in the United States, and increased research on women’s heart disease, including sex-specific analysis in clinical trials is needed to make progress against the disease. Therefore, the Committee urges NHLBI to prioritize research on women and heart disease. Further, the Committee urges NIH, when making research awards, to ensure inclusion of women and minority groups in clinical research in a manner that is appropriate to the scientific question under study. For those studies where sex is identified as a primary or secondary outcome measure, with stratification on that basis, NIH should continue to ensure that sex-based analysis of results is reported on clinicaltrials.gov. Furthermore, the Committee encourages NIH to continue to work with scientific journals to report sex-specific data in its publications.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2015	\$397,700,000
Budget estimate, 2016	406,746,000
Committee recommendation	415,169,000

The Committee recommendation includes \$415,169,000 for the National Institute of Dental and Craniofacial Research [NIDCR].

Usher Syndrome.—The Committee supports research into the prevention and treatment of Usher Syndrome, including research that will lead to improved genetic counseling, early diagnosis, and eventually expanded treatment options for individuals suffering from severe hearing and vision loss. The Committee requests an update in the fiscal year 2017 CJ on the planned and on-going activities related to this syndrome, including the manner in which various Institutes and Centers [ICs] coordinate on common goals and objectives.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 2015	\$1,749,140,000
Budget estimate, 2016	1,788,133,000
Committee recommendation	1,825,162,000

The Committee recommendation includes \$1,825,162,000 in this bill for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK].

Chronic Constipation.—The Committee is pleased with NIDDK’s commitment to explore chronic constipation, gastroparesis, and irritable bowel syndrome, and urges NIDDK to continue research in these areas to help inform treatment and prevention, especially among children.

Diabetes.—The Committee recognizes the important work of NIDDK, the primary Federal agency conducting research to find a cure for diabetes and improving diabetes care. The Committee urges NIDDK to commit resources commensurate with the severity

and escalating costs of the epidemic to further diabetes research that will build upon past successes, improve prevention and treatment, and bring the Nation closer to a cure.

End-Stage Renal Disease [ESRD].—The Committee commends NIDDK's commitment to promoting research on an array of common, costly diseases, including kidney disease. More than 20 million Americans, including children, have kidney disease, the ninth leading cause of death in the United States, and all are at risk for progressing to kidney failure or end-stage renal disease [ESRD]. ESRD is the only health condition covered by Medicare regardless of age or disability. ESRD is the only health condition covered by Medicare regardless of age or disability. Nearly 637,000 Americans rely on the Medicare ESRD Program for life-saving dialysis and transplants at an annual cost of \$35,000,000,000. Even though the ESRD population remains less than 1 percent of the total Medicare population, it has accounted for about 7 percent of Medicare spending in recent years. Recognizing the unique status and high cost of the Medicare ESRD Program, the Committee believes more investments are needed in kidney research to spur innovative therapies for preventing, treating, and reducing the significant burden of kidney disease among all patient populations, Medicare, and taxpayers. In particular, the Committee encourages investigation regarding genetic, biological, and environmental causes of the health disparities among minority populations. NIDDK should prioritize more investments in kidney research in collaboration with other Federal stakeholders involved in kidney research, including NHLBI, NIA, and the VA.

Functional Gastrointestinal Disorders [FGID].—The Committee continues to be concerned by the prevalence of FGIDs and their impact on children. The Committee urges multi-Institute collaborations on FGID research to understand this disease.

Gastrointestinal Disorders.—The Committee recognizes NIDDK's work to create a long-term scientific framework for treating pancreatic, celiac disease, and other gastrointestinal disorders. The Committee requests NIDDK provide an update in the fiscal year 2017 CJ that details how NIDDK is accelerating cures for these diseases.

Gestational Diabetes.—The Committee recognizes that women with gestational diabetes and their babies face long-term health consequences as a result of the disease, including an increased risk of developing type 2 diabetes. Therefore, the Committee urges NIDDK to explore additional opportunities for research on gestational diabetes, a disease affecting up to 18 percent of all pregnant women.

Hepatitis B.—The Committee urges more work on hepatitis B with the goal of curing or discovering more effective treatment of hepatitis B.

Inflammatory Bowel Disease.—The Committee commends NIDDK for hosting a conference on inflammatory bowel disease in children which could lead to further research in this area. The Committee urges NIDDK to continue efforts to identify the etiology of the disease to inform the development of cures.

Interstitial Cystitis.—Interstitial cystitis patients continue to face delays receiving an accurate diagnosis, as well as limited treatment

options. The Committee applauds NIDDK for studying novel diagnostic methods and for supporting industry efforts to develop new therapies for patients.

Pediatric Kidney Disease.—The Committee is encouraged by the research funded by NIDDK to support pediatric kidney disease and encourages NIDDK to assign a higher priority to research that explores kidney disease through the course of life. By developing and testing novel bench research techniques and innovative patient-oriented clinical studies, cutting-edge translational research leads to breakthroughs that truly propagate the “bench-to-bedside” ethos. To this end, the Committee urges NIDDK to support research endeavors that include funding for collaborative multicenter pediatric prospective clinical/translational trials that elucidate the origins of disease. These should help direct development of new treatments to improve outcomes in children with kidney disease and hinder the development of renal and cardiovascular disease in adults.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2015	\$1,604,607,000
Budget estimate, 2016	1,660,375,000
Committee recommendation	1,694,758,000

The Committee recommendation includes \$1,694,758,000 for the National Institute of Neurological Disorders and Stroke [NINDS].

Amyotrophic Lateral Sclerosis [ALS].—The Committee strongly supports NIH’s research in ALS and encourages NINDS to further support promising ALS research related to induced pluripotent stem cells, whole genome sequencing, biomarkers, precision medicine, natural history studies, and translational research that could help identify new treatments for the disease. NINDS also is encouraged to partner with ALS organizations and other Federal agencies and programs, including the ALS Research Program at DOD and the National ALS Registry at CDC. The Committee further encourages NIH to work with the FDA to identify opportunities to inform and advance the development of treatments for ALS.

Cerebral Palsy [CP].—Over 800,000 Americans are impacted by CP and it is the number one motor disability in children. Currently, there are no identified best practices at diagnosis or through the life span, no organized standards of care, no national CP registry, and few proven therapy protocols. The Committee urges NIH to work with scientists and stakeholders to develop a 5-year strategic plan for research on CP prevention, treatment, and cure through the lifespan with the goal of reducing the number of people impacted by CP overall, as well as improving the opportunity for recovery of those already diagnosed. The Committee urges NIH participation in work groups to develop a research registry of individuals with different forms of CP that could facilitate research related to the impact of diverse impairments and health issues on functioning, participation and well-being across the life span.

Chronic Overlapping Pain Conditions.—The Committee notes that evidence-based diagnostic and treatment guidelines do not exist for chronic overlapping pain conditions, resulting in routine misdiagnosis, ineffective and oftentimes harmful treatment, and a significant economic burden on patients, the healthcare system,

and society at large. The Committee commends NIH for its efforts to develop a case definition, and uniform minimal dataset, and its support of existing data repositories to collect patient information on chronic overlapping pain conditions. The Committee encourages NIH to build upon these activities by ensuring that the Interagency Pain Research Coordinating Committee [IPRCC] addresses the research needs for chronic overlapping pain conditions in its ongoing efforts to develop a Federal pain research strategy that spans basic, translational, and clinical research across the Federal agencies that fund pain research.

Chronic Pain Research.—The Committee applauds NIH for instituting the NIH Office of Pain Policy and for leading the development of the first Federal pain research strategy with the IPRCC. The Committee remains concerned that NIH's investment in pain research is incommensurate with the significant public health and economic impact of chronic pain. The Committee strongly urges NIH to expand its basic, translational, and clinical research efforts in this area, as well as include chronic pain in ongoing NIH initiatives that have potential for yielding significant advancements in this area.

Facioscapulohumeral Muscular Dystrophy [FSHD].—The Committee encourages NIH to foster opportunities for multidisciplinary research on FSHD, a common and complex form of muscular dystrophy, commensurate with its prevalence and disease burden.

Muscular Dystrophy.—The Committee is aware that amendments to the Muscular Dystrophy CARE Act were enacted into law in 2014 and requests an update from NIH in the fiscal year 2017 CJ as to the implementation of the updated provisions, particularly a plan to address emerging research opportunities in non-skeletal muscle manifestations such as bone health and endocrine-functioning. The Committee also requests that NIH provide an update on its plans to finalize and implement an updated Action Plan for the Muscular Dystrophies and to convene at least two meetings per calendar year of the Muscular Dystrophy Coordinating Committee.

Neurodegenerative Disorders.—The Committee recognizes that neurodegenerative disorders such as ALS, Parkinson's disease, progressive supranuclear palsy, multiple system atrophy, the dementias, including Alzheimer's disease, and related dementias and Huntington's disease, among others, represent an enormous and growing burden on the U.S. population in terms of quality of life and economic cost and that the incidence of neurodegenerative diseases is expected to soar as the U.S. population ages. Currently there are no neuroprotective therapies for these patients. Conventional drug development for neurological diseases has presented many challenges due to the lack of validated biomarkers for these diseases. The Committee urges NINDS to prioritize research into neuroprotective therapies.

Respiratory Problems and Strokes.—Stroke-induced respiratory dysfunction is one of many important challenges facing stroke patients, and abnormal breathing patterns can have a negative impact on recovery and prognosis. The Committee encourages NIH to consider supporting basic research to understand the molecular and neural mechanisms that regulate breathing and the effect of respiratory dysfunction on stroke outcomes, which in turn could

lead to the development of novel therapies that may dramatically improve stroke outcomes and public health.

Stroke.—The Committee is aware that stroke presents a significant challenge to our Nation’s long-term health and economic stability as a result of the aging of the population. Therefore, the Committee encourages that NINDS continue its commitment to implementing the top priorities that emerged from the 2012 stroke planning effort for stroke prevention, treatment, and recovery research, particularly enhancement of the Stroke Clinical Trials Network to answer the most pressing clinical questions in stroke.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2015	\$4,417,558,000
Budget estimate, 2016	4,614,779,000
Committee recommendation	4,710,342,000

The Committee recommendation includes \$4,710,342,000 for the National Institute of Allergy and Infectious Diseases [NIAID].

Alopecia Areata.—The Committee recognizes the recent breakthroughs in alopecia areata research related to repurposing drugs used to treat other autoimmune diseases. NIAID is encouraged to study alopecia areata due to the potential cross-cutting benefit of these autoimmune disease research activities.

Antimicrobial Resistance [AMR].—AMR is one of the most significant public health threats facing the world today. The Committee is concerned that AMR and the lack of new antibiotics are threatening the Nation’s health and the healthcare system. The CDC reports that antibiotic-resistant infections account for at least \$20,000,000,000 in excess direct healthcare costs and up to \$35,000,000,000 in lost productivity due to hospitalizations and sick days each year. The Committee provides \$461,000,000, an increase of \$100,000,000 for AMR research. The Committee commends NIAID on its efforts to increase the drug development pipeline for novel antibiotics, develop rapid diagnostics, assist NCBI in creating create a national catalogue of genome sequence data, and other recent initiatives to fund research in prevention and treatment of AMR. However, a considerable bottleneck continues at the first step in delivering new antibiotics: discovery. The Committee encourages NIAID to support basic discovery research to help resolve the bottleneck, in particular: studying unculturable bacteria; turning on silent genes; efficiently identifying attractive natural products; establishing rules understanding mechanisms for the penetration of antibiotics into bacterial cells; and developing platforms of antibiotic discovery.

Chronic Inflammatory Demyelinating Polyneuropathy [CIDP].—The Committee encourages NIAID to initiate research activities into CIDP and related rare and debilitating autoimmune conditions to improve our scientific understanding of immune dysfunction including the underlying disease process.

Clinical Specimen Access for Diagnostic Development.—The Committee applauds the establishment of NIAID’s Antibacterial Resistance Leadership Group Virtual Biorepository Catalogue to promote clinical specimen access. To further support research and development of desperately needed diagnostics and treatment of nonbacterial pathogens, the Committee urges NIAID to explore opportuni-

ties to support the development of virtual biorepositories for virus, fungi, and other pathogens already collected under existing NIAID funded research. The Committee also urges NIAID to examine incentives to support institutions to save de-identified specimens and participate in the virtual biorepository catalogues when possible.

Drug Allergy.—The Committee is pleased that NIAID sponsored a workshop to develop a research agenda on the diagnosis and management of patients with drug hypersensitivity. The Committee requests an update on steps that are being taken to implement the recommendations from the report of that workshop in the fiscal year 2017 CJ.

Gram Negative Bacterial Infections.—The threat of severe or fatal pulmonary infections caused by highly resistant Gram-negative bacteria is increasing in the United States and globally. The Committee notes the recent multiple successes in the development of rapid diagnostics and urges NIAID to continue its efforts, including for acute pulmonary infections in the critically ill and enhanced clinical outcomes evaluation of these diagnostic platforms.

Hepatitis B.—The Committee urges NIAID to take aggressive and innovative steps to discover and develop new therapies for hepatitis B that have the potential to be a “cure.” The Committee understands that finding a “cure” will most likely require new direct acting antivirals as well as methods that harness the immune system. Based on the success of other NIH coordination initiatives, the Committee notes the recompetition of NIDDK’s HBV Research Network, and encourages NIAID to explore potential opportunities to engage with the Network.

Immunotherapy Research.—The Committee is pleased that NIAID has joined AHRQ in co-sponsoring a workshop on allergen immunotherapy effectiveness. The Committee requests an update in the fiscal year 2017 CJ on steps that will be taken to implement the recommendations of the workshop and promote research in this area.

Malaria and Other Tropical Diseases.—One-sixth of the world’s population suffers from one or more neglected tropical diseases [NTDs]. The Committee urges NIH to continue its investment in NTDs and malaria research, including work in applied research for NTDs, and to continue to work with other agencies as well as philanthropic and private partners to foster research and help ensure that basic discoveries are translated into much needed solutions.

NIAID Biodefense Plan.—The Committee appreciates the Assistant Secretary for Preparedness and Response’s completion of the 5-year spend plan for medical countermeasure [MCM] enterprise, but remains concerned about the level of detail included for NIAID. The Committee requests NIAID include in future annual spend plans, as well as the fiscal year 2017 CJ, details on the future goals for NIAID’s MCM research investments, including transition to advanced research at Biomedical Advanced Research and Development Authority [BARDA], and NIAID’s coordination with BARDA’s advanced development and procurement priorities. Details should be provided over the next 5 years and include a specific breakdown of priority MCM candidates and a description of future development goals for each of these candidates.

Non-Tuberculous Mycobacteria [NTM].—According to CDC, the incidence of NTM disease is increasing in the United States and treatments for this disease are very limited. The Committee notes NIAID’s participation in a May 2014 workshop to develop a comprehensive research agenda on this disease and encourages NIAID to support the implementation of this agenda.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2015	\$2,372,301,000
Budget estimate, 2016	2,433,780,000
Committee recommendation	2,511,431,000

The Committee recommendation includes \$2,511,431,000 for the National Institute of General Medical Sciences [NIGMS], which includes \$940,000,000 in transfers available under section 241 of the PHS Act.

Institutional Development Award [IDeA].—The Committee provides \$300,000,000 for the IDeA program, an increase of \$26,700,000. The Committee believes the IDeA program has made significant contributions to biomedical research and has led to the creation of a skilled workforce and made the IDeA program an essential component of NIH’s research portfolio. Unfortunately, many institutions eligible for funding under the National Science Foundation [EPSCoR] program are ineligible for funding under the IDeA program. After several years of specific direction in this bill, the administration continues to refuse to submit legislative information to update the eligibility criteria of the IDeA program to bring it in line with EPSCoR eligibility. Therefore, new bill language is included to allow entities eligible for participation in the EPSCoR program for the past 2 consecutive years to apply for inclusion in the IDeA Networks of Biomedical Research Excellence award.

Small Business Research Funding.—The Committee supports the initiative in the President’s budget request for fiscal year 2016 calling for directed small business research funding to IDeA States to foster the development of products to advance public health. The Committee asks NIGMS to consider allocating funding for one shared innovation incubator in each of the 4 IDeA regions that would be competitively bid among IDeA States to serve IDeA States. NIH should not use funding from the IDeA program to fund these grants.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Appropriations, 2015	\$1,286,869,000
Budget estimate, 2016	1,318,061,000
Committee recommendation	1,345,355,000

The Committee recommendation includes \$1,345,355,000 for the Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD].

Demographic Research.—Recent NICHD-supported research confirms the world’s population will reach 11 billion in 2100—a 2 billion increase over previous estimates. Demographic, or population, research is essential for understanding the short and long-term consequences of this dramatic growth on individuals and commu-

nities. NICHD-funded longitudinal studies, including the National Longitudinal Survey of Adolescent to Adult Health and the Fragile Families and Child Well Being Study, are yielding important data about the linkages between health, socioeconomic status, family dynamics, genetics, and environment—data that are key to improving the health, well-being, and development of future generations. The Committee encourages NICHD to continue supporting these and other similar studies such as the Human Placenta Project, affecting population health and well-being.

Down Syndrome.—The NIH Research Plan on Down Syndrome, updated in December 2014, calls for expanding research on cognitive and behavioral outcomes and potential pharmacologic and behavioral therapies for individuals with Down syndrome who, in addition to the associated developmental intellectual disability, also have a significant and diverse set of comorbid psychiatric and medical conditions that occur throughout the lifespan. The Committee supports this priority, and urges NIH to take steps to develop a system for measuring the differences in variability related to co-occurring psychiatric or medical conditions and genetic differences among individuals. Further, the NIH Research Plan on Down Syndrome, updated in December 2014, proposes that high priority consideration also be given to developing a Down syndrome biobank, linked and coordinated with DS-Connect™, the Down Syndrome Registry to systematically collect, store and distribute brain and other tissue samples to Down syndrome researchers. Such a repository could leverage and be linked with the NIH NeuroBioBank and the existing Alzheimer’s Disease Brain Banks so that Down syndrome tissues can be compared to those obtained from individuals with Alzheimer’s disease and other disorders. The Committee requests an update in the fiscal year 2017 CJ.

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

Fragile X [FX].—The Committee commends NICHD for leading the effort to map the molecular, physiological, biological, and genetic connections between FX, the fragile X protein, and autism. The fragile X gene and its protein continue to present important insight into discovering the root cause of autism and disease modifying treatments for FX and autism. The Committee urges NIH to explore ways to encourage investigator-initiated research applications for FX and autism in tandem to accelerate the pace of research toward identification of the commonality between the two

conditions and the development of disease modifying treatments that will reduce health burdens.

Intellectual and Developmental Disabilities Research Centers [IDDRC].—The Committee recognizes the outstanding contributions of the IDDRC toward understanding why child development goes awry, discovering ways to prevent developmental disabilities, and discovering treatments and interventions to improve the lives of people with developmental disabilities and their families. The Committee is particularly pleased with the IDDRC contributions in the areas of autism, fragile X syndrome, Down syndrome, and other genetic and environmentally induced disorders. These Centers have greatly improved our understanding of the causes of developmental disabilities and have developed effective treatments consistent with their translational science mission. The Committee urges NICHD to provide additional resources, if feasible, to the IDDRCs for research infrastructure and expansion of cores, so that they can conduct basic and translational research to develop effective prevention, treatment, and intervention strategies for children and adults with developmental disabilities.

Maternal Morbidity.—Though maternal morbidity rates are rising, there are no uniform definitions of severe maternal morbidity. Having uniform definitions would help Federal, State, and local agencies and research institutions establish standardized and interoperable processes for surveillance, data collection, and research. The collected data could then inform the development and deployment of targeted, evidence-based prevention and treatment programs to reduce the incidence of severe maternal morbidity. The Committee encourages NICHD to work with research institutions and professional societies to identify uniform definitions for severe maternal morbidity.

Mother-Infant Relationship.—The Committee applauds the multidisciplinary, cutting-edge research that NICHD conducts on child and maternal health and development. The Committee encourages a continued focus on basic and applied research to advance our understanding of attachment in mother-infant relationships and its impact on development. The Committee urges NICHD to continue support for a robust intramural and extramural research portfolio identifying and describing the complex interaction of behavioral, social, environmental, and genetic factors on health outcomes with the ultimate goal of improved understanding of and interventions for disorders such as depression, addiction, and autism.

Pediatric Research Network.—The Committee is aware that the National Pediatric Research Network Act (Public Law 113–55) authorizes an innovative model to accelerate research through infrastructure consortia across the Nation’s pediatric research institutions. The Committee has provided sufficient funds to explore how to carry out the provisions of the act, as feasible.

Preterm Birth.—The Committee applauds NICHD’s work with leading global health organizations to develop a research agenda aimed at reducing preterm birth. Public and privately funded research that spans the range of discovery, development, and delivery science is needed to identify the causes of premature birth. The Committee urges NICHD to enhance investments in biomedical

and clinical research related to the prevention of preterm birth and the care and treatment of preterm infants.

Reading Disability and Genetic Screening.—The failure to identify learning disabilities early, as well as the failure to optimally match a specific intervention program to an individual child, can have a significant detrimental impact on the lives of individuals, cost of education, and the economy more broadly. This is especially harmful in the case of reading disabilities, such as Dyslexia, as we know from The Nation’s Report Card report in 2013, which revealed that over 55 percent of fourth graders still fail to reach proficiency on standardized tests. While NICHD funds a number of Intellectual and Developmental Disabilities Research Centers, they do not focus specifically on research on the genetic and epigenetic predictors of reading disability. The Committee encourages NICHD to support research to increase our ability to identify the risk, including the role of genetic analyses, early detection, and optimal educational interventions for reading disabilities. The Committee urges NICHD to explore additional ways to encourage and sustain research to achieve meaningful interventions and therapies to help those with reading disabilities.

Vulvodynia.—The Committee encourages NICHD to implement the recommendations from the May 2013 NICHD workshop to develop research diagnostic criteria and common data elements to standardize vulvodynia research efforts. The Committee is pleased with NICHD’s involvement in the Trans-NIH effort to advance research on chronic overlapping pain conditions and encourages the Institute’s continued and expanded involvement.

NATIONAL EYE INSTITUTE

Appropriations, 2015	\$676,764,000
Budget estimate, 2016	695,154,000
Committee recommendation	709,549,000

The Committee recommendation includes \$709,549,000 for the National Eye Institute [NEI].

Age-Related Macular Degeneration [AMD].—The Committee recognizes NEI’s leadership in identifying more than 500 genes associated with both common and rare eye diseases. It acknowledges that NEI’s AMD Gene Consortium has discovered seven new regions of the human genome, called loci, associated with increased risk of AMD and confirmed 12 loci identified in previous studies. Further, it recognizes that three NEI-funded studies have solidified a link between AMD and genes encoding the complement system—a set of proteins that plays a central part in immune responses and inflammation—and that initial research suggests that a class of medications used to treat the Human Immunodeficiency Virus called nucleoside reverse transcriptase inhibitors shows promise to treat AMD, and may be repurposed to treat other inflammatory disorders.

Audacious Goals Initiative.—The Committee commends NEI’s leadership through its Audacious Goals Initiative, the goal of which is to restore vision within the next decade through regeneration of the retina by replacing cells that have been damaged by disease and injury and restoring their visual connections to the brain. The Committee is pleased that NEI has formed a Steering Committee,

which is identifying knowledge gaps and the scientific expertise need to bridge them, and is awarding the first cycle of grants addressing the technical needs and opportunities for imaging the visual system.

Dry Eye.—The Committee is pleased that NEI’s Small Business Innovation Grant Program has supported research into dry eye, which is one of the most common of all eye conditions affecting adults 45 years and older. This research has resulted in the launch of a FDA-approved Phase I clinical trial that is testing the safety and efficacy of a novel drug targeting a unique mechanism involved in maintaining moisture in the eye.

Glaucoma.—The Committee recognizes that NEI’s Glaucoma Human Genetics Collaboration has identified five regions of the genome that are strongly associated with primary open-angle glaucoma, the most common form of the disease. It acknowledges new research that suggests that mutations in the myocilin gene can affect development of the myelin sheath that protects the optic nerve, leading to glaucoma, especially the juvenile-onset form of the disease. It is hopeful about new research into a contact lens that releases intraocular pressure-reducing drugs at a steady rate, facilitating better treatment for glaucoma. The Committee requests an update on this research in the fiscal year 2017 CJ.

Usher Syndrome.—The Committee urges NEI to continue to prioritize research on Usher syndrome, the leading cause of deaf-blindness.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2015	\$667,333,000
Budget estimate, 2016	681,782,000
Committee recommendation	695,900,000

The Committee recommendation includes \$695,900,000 for the National Institute of Environmental Health Sciences [NIEHS].

Autism Spectrum Disorder [ASD].—The Committee encourages NIEHS to continue its collaboration with NICHD and NIMH to fund new opportunities for research on ASD. The Committee urges NIEHS to enhance its support for research, including experimental and observational research, on potential environmental risk factors that may play a role in the initiation or promotion of ASD at any life stage. Further, with respect to regressive autism, NIEHS is encouraged to focus research on the susceptibility of subpopulations to environmental risk factors and consider approaches to the mitigation of environmental risks associated with ASD.

Healthy Housing.—The Committee encourages NIEHS to consider study of the impact healthy housing has on reducing environmental exposures that lead to health risks like asthma and lead poisoning.

NATIONAL INSTITUTE ON AGING

Appropriations, 2015	\$1,197,523,000
Budget estimate, 2016	1,267,078,000
Committee recommendation	1,548,494,000

The Committee recommendation includes \$1,548,494,000 for the National Institute on Aging [NIA].

Alzheimer's Disease.—In keeping with long-standing tradition, the Committee has not earmarked funding for research on specific diseases. However, the Committee has included a \$350,971,000 increase for the NIA and expects that a significant portion will be dedicated to high quality research on Alzheimer's disease, subject to the scientific opportunity presented in the peer review process. NIA is encouraged to continue addressing 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 looks forward to receiving a report in the fiscal year 2017 CJ that outlines research conducted on Alzheimer's disease relative to the milestones established in the National Plan, as well as the professional judgement budget for Alzheimer's disease for fiscal year 2017. Further, the Committee directs NIA to continue support for existing well-characterized, longitudinal, population-based cohort studies aimed at providing new insights into disease prevention, particularly among minority populations where disease burden is greatest. Finally, the Committee is particularly interested in NIH's plans to place additional emphasis on high-risk, high-reward projects using a DARPA-like approach to goal-oriented and milestone-driven research. The Committee believes such an approach can be particularly valuable in addressing major scientific gaps and encourages NIH to establish clear priorities, including Alzheimer's disease and dementia and other high-cost diseases of aging, particularly given our national goal of preventing and effectively treating Alzheimer's disease by 2025.

Atrial Fibrillation [AFib].—The NIA has undertaken an important national initiative focused on preventing falls in older adults. Unfortunately, misunderstanding about the impact of falls risk in older adults with AFib plays a disproportionate role in treatment decision-making, often leading to underuse of oral anticoagulation therapies that reduce the risk of stroke. As such, the Committee strongly urges the NIA to work with NHLBI, NINDS, and other relevant NIH Institutes, Centers, and offices to communicate the results of this falls prevention study widely, when available, to inform healthcare providers and patients who are making treatment decisions about AFib-related stroke in older persons.

Population Research.—NIA-supported research confirms that by 2030, there will be 72 million Americans aged 65 and older. The Institute's current investment in population aging research and surveys, including the Demography and Economics of Aging, Roybal Centers for Translational Research, and the Health and Retirement Study, is essential to understanding the implications of an increasing older population. To accelerate current understanding, the Committee urges NIA to continue investing in large-scale longitudinal studies that explore how genetic, behavioral, and psychosocial factors, including socioeconomic status, interpersonal relationships, and social environments, affect health and well-being. The Committee is pleased NIA is developing an initiative to explore why other industrialized countries surpass the United States in health at older ages and longevity—especially in light of new NIA-supported research findings that more than half of premature deaths are due to social and behavioral issues.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN
DISEASES

Appropriations, 2015	\$521,528,000
Budget estimate, 2016	533,232,000
Committee recommendation	544,274,000

The Committee recommendation includes \$544,274,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS].

Atopic Dermatitis [AD].—The Committee understands that AD is the most severe and long-lasting form of eczema which can cause significant limitations in everyday activities due to sleep disturbances, fatigue, and psychological distress. The Committee recognizes that AD is a potentially debilitating condition that can severely compromise quality of life. The Committee understands that for the 17,800,000 people who have the disease, there are a lack of quality measures and clinical guidelines to support appropriate treatment of AD. The Committee encourages NIAMS to support research into clinical tools to diagnose and assess the severity of AD.

Heritable Connective Tissue Disorders.—The Committee appreciates the leadership role that NIAMS has taken in investigating heritable connective tissue disorders. The Committee encourages NIAMS to continue to support these important activities moving forward.

Lupus Research Plan.—The Committee commends the Institute for leading the NIH effort to review the current state of the science, evaluate progress on the existing lupus research plan—The Future Directions of Lupus Research, originally issued in 2007—and develop a new action plan for lupus research. Significant advances in the understanding of disease mechanisms and drug discovery make this an appropriate time for re-evaluation of the science. The Committee applauds the broad solicitation of input from across NIH and the greater research and advocacy community, and supports the inclusion of input from researchers, clinicians, patients, and other stakeholders in this process, and urges special attention for efforts to fully engage patient volunteers in the full continuum of future research.

Scleroderma.—The Committee notes that while meaningful scientific progress has been made through NIAMS-led scleroderma research, there remains no cure and treatment options are limited. NIAMS is encouraged to consider advancing research projects to improve the understanding of the mechanisms of this disease.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION
DISORDERS

Appropriations, 2015	\$405,207,000
Budget estimate, 2016	416,241,000
Committee recommendation	424,860,000

The Committee recommendation includes \$424,860,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD].

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2015	\$140,852,000
Budget estimate, 2016	144,515,000
Committee recommendation	147,508,000

The Committee recommendation includes \$147,508,000 for the National Institute of Nursing Research [NINR].

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2015	\$447,153,000
Budget estimate, 2016	459,833,000
Committee recommendation	469,355,000

The Committee recommendation includes \$469,355,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA].

Genomic Research and Alcohol Dependence.—The Committee commends the NIAAA for its research efforts to increase understanding of the genetic and neurobiological mechanisms underlying alcohol use disorder [AUD]. Research shows that genes contribute 40–60 percent of the risk for developing AUD. Factors such as stress may make individuals who carry genomic variations associated with increased risk for AUD more vulnerable to developing the disorder. NIAAA-supported studies have identified several genes that contribute to susceptibility to AUD and many others that show some evidence of involvement; and these research findings are paving the way for new opportunities in prevention and treatment. The Committee encourages the NIAAA to capitalize on advances in genomic science and “big data,” and explore collaborative opportunities to gain additional insight into the genetics of AUD, including its relationship to related problems such as post-traumatic stress disorder in military personnel and veterans.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2015	\$1,015,705,000
Budget estimate, 2016	1,047,397,000
Committee recommendation	1,069,086,000

The Committee recommendation includes \$1,069,086,000 for the National Institute on Drug Abuse [NIDA].

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2015	\$1,433,651,000
Budget estimate, 2016	1,489,417,000
Committee recommendation	1,520,260,000

The Committee recommendation includes \$1,520,260,000 for the National Institute of Mental Health [NIMH].

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2015	\$498,677,000
Budget estimate, 2016	515,491,000
Committee recommendation	526,166,000

The Committee recommendation includes \$526,166,000 for the National Human Genome Research Institute [NHGRI].

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2015	\$327,243,000
Budget estimate, 2016	337,314,000
Committee recommendation	344,299,000

The Committee recommendation includes \$344,299,000 for the National Institute of Biomedical Imaging and Bioengineering [NIBIB].

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH

Appropriations, 2015	\$124,062,000
Budget estimate, 2016	127,521,000
Committee recommendation	130,162,000

The Committee recommendation includes \$130,162,000 for the National Center for Complementary and Integrative Health [NCCIH].

Pain Research.—The Committee is encouraged by NCCIH and NIDA’s collaboration with the Department of Veteran’s Affairs [VA] on a new initiative funding 13 studies examining non-pharmacological management of pain and other symptoms experienced by military personnel and veterans. As opioid prescribing rates have increased at the VA in recent years, and opioid abuse has risen among young veterans, the Committee believes it is critical that we support research on complementary and integrative health approaches to ensure the best quality of care for our Nation’s veterans, and urges the NIH and VA to continue this vital research.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES

Appropriations, 2015	\$270,969,000
Budget estimate, 2016	281,549,000
Committee recommendation	287,379,000

The Committee recommendation includes \$287,379,000 for the National Institute on Minority Health and Health Disparities [NIMHD].

Minority Enrollment in Cohort Studies.—The Committee is aware of novel efforts underway in racially and ethnically diverse urban, low-income neighborhoods to enroll households for participation in future neighborhood cohort studies. Under these approaches, families are interviewed, consented, and then provided information on a range of medical and socioeconomic issues for inclusion in a growing database of such household information. These families can then be re-contacted for participation, as appropriate, in future clinical trials and other research. The Committee believes that the NIMHD should support the development of this type of research infrastructure through its community-based participatory research program.

NIMHD Report.—The Committee requests that NIH and NIMHD provide a report to the Committees on Appropriations of the House of Representatives and the Senate within 6 months of enactment on the implementation of the law establishing the NIMHD.

Research Centers in Minority Institutions [RCMI].—The Committee continues to recognize the critical role played by minority institutions, especially at the graduate level, in addressing the health research and training needs of minority populations. In par-

ticular, the RCMI program fosters the development of new generations of minority scientists for the Nation and provides support for crucial gaps in the biomedical workforce pipeline, with each dollar invested being leveraged to generate an additional five to six dollars in competitive research funding. The Committee requests that NIH maintains the RCMI program in its current form and funds it at no less than last year's level.

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

Appropriations, 2015	\$67,634,000
Budget estimate, 2016	69,505,000
Committee recommendation	70,944,000

The Committee recommendation includes \$70,944,000 for the Fogarty International Center [FIC].

Global Health Research.—Recent disease outbreaks such as Ebola and the flu have shown the importance of the Center's essential role in global infectious disease health research training and health system strengthening. These efforts help developing countries to eventually advance their own research and health solutions and tools. FIC also has developed partnerships in countries to fight malaria, neglected tropical diseases, and other infectious diseases that disproportionately impact the global poor. The Committee urges FIC to continue this important work of building relationships with scientists abroad to foster a stronger and more effective science workforce and health capacity on the ground, and improving the image of the United States through health diplomacy in their countries.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES

Appropriations, 2015	\$632,710,000
Budget estimate, 2016	660,131,000
Committee recommendation	699,319,000

The Committee recommendation includes \$699,319,000 for the National Center for Advancing Translational Sciences [NCATS]. The Committee includes bill language allowing up to \$25,835,000 of this amount, the same as the budget request, to be used for the Cures Acceleration Network [CAN]. The fiscal year 2015 funding level for CAN is \$9,835,000.

Academic Partnerships to Support Clinical Development.—The Committee recognizes the importance of public-private-academic models and partnerships to translate discoveries into treatments and cures. To speed the pace of discoveries, the Committee encourages NCATS to seek out and support partnerships between academic-based entities and NCATS' intramural program, which has a strong record of expertise and resources for identifying opportunities, validating leads, and developing the necessary data to build the basis for clinical development. Such partnerships should seek to connect intramural research ideas and discoveries to specific development efforts, and to assist with the interaction with the pharmaceutical and biotechnology industries.

Clinical and Translational Science Awards [CTSA].—The Committee supports the goals of the CTSA program and believes the principles that serve as the foundation of NCATS—public-private

partnerships, community outreach, faster access to clinical trials, and distributed patient cohorts—have tremendous potential for addressing the long-standing scientific and operational problems associated with getting treatments to patients, including those with health disparities. Recognizing the value and importance of supporting the full spectrum of medical research, the Committee encourages NCATS to build meaningful relationships between clinical and translational research programs and the various Institutes and Centers. NCATS is encouraged to work closely with the CTSA community and related stakeholders moving forward to continue to identify emerging opportunities and areas for programmatic improvement. Further, the Committee encourages NIH to fund CTSA with a history of serving health disparity populations, as well as CTSA that address the unmet needs associated with rare diseases, so that research funding provided through the various Institutes can be leveraged to address the clinical and translational research challenges associated with those populations.

The Committee provides \$499,746,000 for the CTSA program, an increase of \$25,000,000 above the fiscal year 2015 level for NCATS to implement the recommendations from the 2013 Institute of Medicine report on the CTSA program. In particular, the Committee supports the goal of the CTSA program to build networking capacity and innovative collaborative projects. Additional funding is included to allow the program to retain its merit-based CTSA funding to institutions while expanding the network capacity to conduct multi-site clinical studies and collaborative projects.

Full Spectrum of Medical Research.—The Committee supports the progress of clinical and translational research activities, including the CTSA program. The Committee is pleased to see NCATS working on treatments for some infectious diseases, including malaria and Lassa fever, and encourages NCATS to focus on additional neglected diseases through the Therapeutics for Rare and Neglected Diseases program. Additionally, the Committee requests that NCATS' contributions to neglected disease research be included in the joint CDC, FDA, and NIH global health strategy describing coordination and prioritization of global health research activities within the three agencies.

Minority Populations.—The Committee encourages NCATS to consider clinical research efforts in areas that are characterized by geographically interspersed minority populations. Clinical and translational research with such populations can reveal clinically significant differences that drive improvements in diagnosis and treatment.

NATIONAL LIBRARY OF MEDICINE

Appropriations, 2015	\$337,324,000
Budget estimate, 2016	394,090,000
Committee recommendation	402,251,000

The Committee recommends \$402,251,000 for the National Library of Medicine [NLM]. Of the funds provided, \$4,000,000 is for the improvement of information systems, to remain available until September 30, 2017.

National Center for Biotechnology Information [NCBI].—The Committee recommendation includes funding directly to NLM for

NCBI to meet the challenge of collecting, organizing, analyzing, and disseminating the increasing amounts of data related to research in molecular biology and genomics, and to support the deposit of manuscripts in PubMed Central under the NIH Public Access Policy. Providing the increase specifically to NLM, as opposed to previous years where NLM received funding from individual Institutes and Centers for these activities, increases funding transparency and enhances NCBI's ability to provide an integrated, genomic resource for biomedical researches at NIH and around the globe.

OFFICE OF THE DIRECTOR

Appropriations, 2015	\$1,413,734,000
Budget estimate, 2016	1,442,628,000
Committee recommendation	1,523,537,000

The Committee recommendation includes \$1,523,537,000 for the Office of the Director [OD]. Within this total, \$544,077,000 is provided for the Common Fund.

Aging Lungs.—The Committee notes that as the population in the United States ages, there is a need for more research data on how the aging process affects the lung. The Committee encourages NHLBI and NIA to collaborate research efforts in this area.

Amyloidosis.—The Committee encourages NIH to continue its research efforts into amyloidosis, a group of rare diseases characterized by abnormally folded protein deposits in tissues. Current methods of treatment are risky and unsuitable for many patients. The Committee asks NIH to keep the Committee informed on the steps taken to increase the understanding of the causes of amyloidosis and the measures taken to improve the diagnosis and treatment of this devastating group of diseases. The Committee requests an update in the fiscal year 2017 CJ.

Angiogenesis.—The Committee commends the NIH for holding the Trans-NIH Angiogenesis Workshop and understands that recommendations based on the findings of that conference are forthcoming. The Committee urges NIH to implement the recommendations to further angiogenesis research. The Committee understands, as noted in the fiscal year 2015 NIH CJ, that a collection of biomarkers needs to be assessed to determine a predictive value and to identify responder characteristics for anti-angiogenic and pro-angiogenic therapies. The Committee urges the NIH to consider the development of a collection of biomarkers to study their correlation with age, sex, ethnicity, and various angiogenesis modifying interventions.

Basic Research.—The Committee urges the Director to continue the NIH's historical focus on the funding and support of basic biomedical research. Basic biomedical research is a critical investment in the future health, wealth, and international competitiveness of our Nation and plays a vital role in the Nation's economy. Without continued support for this early scientific investigation, future development of treatments and cures will be impossible. The Committee believes that basic biomedical research must remain a key component of both the intramural and extramural research portfolio at the NIH.

Brain Research through Application of Innovative Neuro-technologies [BRAIN] Initiative.—The Committee continues to strongly support the BRAIN initiative. The bill provides the full President's request of \$135,381,000, an increase of \$70,000,000 above fiscal year 2015, to be pooled from various ICs.

Burden of Disease.—The Committee expects NIH to consider the burden of a disease when setting priorities and developing strategic plans across its Institutes and Centers. Diseases such as Alzheimer's, diabetes, heart disease, and cancer affect a large portion of the population, especially the aging population. Impact of these diseases on patients and their families are substantial and costly. Targeting biomedical research funding toward these diseases is an important strategy to finding better treatments and cures.

Cannabidiol Research.—The Committee recognizes the potential therapeutic benefits that marijuana and its components may bring to patients with serious medical conditions, including seizures, multiple sclerosis, Parkinson's disease, Alzheimer's, substance use disorders, and neuropathic and cancer pain. The Committee encourages NIH to coordinate a multi-Institute approach to increase research related to potential therapeutic benefits of marijuana and its components, specifically cannabidiol. The Committee requests an update in the fiscal year 2017 congressional justification on the status of research related to this topic.

Doctors of Veterinary Medicine [DVMs] and Loan Repayment Programs.—The Committee recognizes the important role that DVMs play in the biomedical research enterprise because of their background and training in disease processes across all animals, including cross-species virus transmission, and animal models. DVMs participate on clinical research teams and are eligible in that capacity for loan repayments under the Clinical Research and Clinical Research for Individuals from Disadvantaged Backgrounds loan repayment programs. NIH is encouraged to make this information more widely known to potential applicants.

Emergency Care Research.—The Committee encourages NIH to give greater consideration to the significance of traumatic injury, which is the leading cause of death under age 45. Trauma care, at \$56,000,000,000 annually, is now the most costly medical condition to treat under age 65 in the United States. While the Committee appreciates the establishment of an Office of Emergency Care Research [OECR] within NIGMS, with a mission to coordinate and foster clinical and translational research and research training for the emergency setting, that office does not directly fund research grants, but must instead work to coordinate and catalyze efforts within other Institutes. The Committee encourages the Director of NIH to help the OECR effectively promote an expanded NIH-wide research agenda on emergency and trauma care.

Fibrotic Diseases.—The Committee encourages NIH to continue to support research into fibrotic diseases affecting different organs, including the lung, liver, kidney, heart, and skin, and to ensure appropriation coordination between its Institutes as they conduct single organ or cross-organ fibrotic disease research.

Gabriella Miller Kids First Research Act.—The bill provides the administration's full request of \$12,600,000. The Committee asks that NIH provide information on how it has disbursed the fiscal

year 2015 funding for the Gabriella Miller Kids First Research Act, including any personnel that are responsible for overseeing the allocation of designated research dollars, the criteria that NIH employed to ensure awards will advance the objectives of the act, and a description of the research projects that were funded at the end of fiscal year 2015. Further, the Committee strongly encourages the NIH to prioritize research projects relating to childhood cancer within the program in fiscal year 2016.

Genetic Discoveries.—The Committee continues to support NIH biomedical research in the area of precision medicine. The Committee encourages NIH to explore the best ways to utilize existing large databases, such as those that include large families or are tied to genealogical, public health, and medical records. The Committee is particularly interested in the practical application of genetic discoveries, including the development of appropriate data analytic tools to make discoveries using genetic data and the discovery of potentially pivotal pathways involved in chronic diseases for which novel medicines could be developed.

Gestational Diabetes.—The Committee recognizes the importance of research funded by the NIH related to gestational diabetes, a disease affecting 18 percent of all pregnant women. Given that both women with gestational diabetes and their babies face long-term health consequences as a result of this disease, such as increased risk of developing type 2 diabetes, the Committee urges NIH to explore additional opportunities for research on gestational diabetes.

Government-Wide Collaborations.—NIH, VA, and DOD collaborate frequently and successfully on various research activities. The Committee looks forward to the report in the fiscal year 2017 CJ focusing on the cooperative and strategic approach the agencies take in areas of biomedical research that overlap to maximize the potential of the research.

Hereditary Hemorrhagic Telangiectasia [HHT].—HHT is a genetic disorder that can result in life-threatening strokes and other complications, but if diagnosed in time is very treatable and manageable. The Committee encourages multiple NIH Institutes and Centers, including NINDS, NHLBI, NICHD, NHGRI, NIDDK, NIBIB, and NCATS, to explore collaborative research opportunities into improvements for diagnosis and early intervention of HHT and treatment of its manifestations.

Interstitial Cystitis [IC].—IC disproportionately impacts women and is prevalent in approximately 6 percent of women in the United States. The Committee commends the Office of Women's Health for supporting research on IC and encourages ORWH to continue to prioritize IC research.

Lymphatic Research and Disease.—The Committee once again commends the trans-NIH Coordinating Committee for Lymphatic Research. The Committee encourages NIH to consider supporting extramural interdisciplinary research training programs relevant to the lymphatic system in health and disease, and opportunities to incorporate reviewer expertise in lymphatic biology/disease in the pertinent standing and special study sections within the Center for Scientific Review.

Minority Research.—The Committee applauds the NIH Director's efforts to reverse the trend of underrepresentation of researchers

from ethnically diverse backgrounds. The Committee encourages NIH to continue newly established programs to enhance NIH-funded workforce diversity.

Mitochondrial Diseases.—Mitochondrial Diseases are now recognized by most clinicians as a major health issue given the essential role of impaired mitochondrial function in aging and degenerative diseases such as Parkinson's, diabetes, and hearing loss. It is recognized that research into Mitochondrial Disease provides a window into understanding and treating many conditions that afflict large segments of the population. The Committee believes that the NIH might advance research in this field through the following steps: (1) implement, as feasible the recommendations contained in the White Paper developed by the March 2012 workshop on Translational Research in Mitochondrial Disease; (2) maintain sustained support for the North American Mitochondrial Disease Consortium; (3) support investigator-initiated and collaborative pharmaceutical clinical trials on an increasing cadre of candidate drugs that meet funding paylines; and (4) follow up on the December 2014 workshop on dietary supplements and medical foods in the treatment of primary mitochondrial disorders by supporting research on novel, safe, and effective nutritional interventions for mitochondrial disease.

Muscular Dystrophy.—The Committee is aware that amendments to the Muscular Dystrophy CARE Act were enacted into law in 2014 and requests an update from NIH on the implementation of the updated provisions, particularly a plan to expand research into bone health and endocrine-functioning. The Committee also requests that NIH provide an update on its plans to finalize and implement an updated Action Plan for the Muscular Dystrophies.

National Children's Study [NCS].—In December 2014, the NIH Director, following the advice of the Advisory Committee to the Director, ended the NCS—a longitudinal study that would have followed 100,000 children from before birth to age 21. The decision came after \$1.3 billion in Federal investment, and was based on the Advisory Committee's conclusion that the NCS, as planned, was not feasible and unlikely to achieve its goals, findings the Committee considers deeply troubling. The NCS was authorized to (1) gather data from birth to adulthood to evaluate environmental influences on diverse populations of children; (2) consider health disparities among children; and (3) incorporate behavioral, emotional, educational, and contextual consequences to enable complete assessments of the physical, chemical, biological, and psychosocial environmental influences on children's well-being. The discontinuation of the NCS is a significant setback as the NCS had the potential to add substantially to scientific knowledge about the impact of environmental exposures on children's health and development in the United States. The Committee urges NIH to recalibrate and realign the investment already made in the NCS to initiate new and focus existing longitudinal studies to address the objectives identified for the NCS. The NIH should rely upon a formal scientific advisory mechanism to coordinate efforts across studies. The research efforts should incorporate expertise in population health and environmental epidemiology, integrate basic science, and leverage maternal/infant cohorts. For example, it is important to thor-

oroughly examine pathways linking chronic and intermittent exposures to the physical and social environments to adverse health and developmental outcomes in children. It is also important to study the intertwined biological, behavioral, and social transmission of obesity and obesity-related risk factors across generations and to test intergenerational, exposure-disease associations by linking maternal and infant/child data.

Neurofibromatosis [NF].—The Committee supports efforts to enhance research for NF at multiple NIH Institutes, including NCI, NINDS, NIDCD, NHLBI, NICHD, and NEI. Children and adults with NF are at significant risk for the development of many forms of cancer; the Committee encourages NCI to continue its NF research efforts in fundamental basic science, translational research, and clinical trials focused on NF. The Committee also encourages the NCI to continue to support the development of NF preclinical mouse models and NF-associated tumor sequencing efforts. Since NF2 accounts for approximately 5 percent of genetic forms of deafness, and NF1 can cause vision loss due to optic gliomas, the Committee encourages NIDCD and NEI to expand their investment in NF1 and NF2 basic and clinical research.

Next Generation Research Initiative.—The National Academy of Sciences [NAS] will conduct an evaluation of the legislative, administrative, educational, and cultural barriers to providing for a successful next generation of researchers to be completed no later than 1 year after the date of enactment of this act. The Committee appropriates \$1,200,000 for this purpose. The Committee directs the NAS to submit to the Director of NIH and the Committees on Appropriations of the House and Senate the results of the study which shall include: (A) an evaluation of the legislative, administrative, educational, and cultural barriers faced by the next generation of researchers; (B) an evaluation of the impact of Federal budget constraints on the next generation of researchers; and (C) recommendations for the implementation of policies to incentivize, improve entry into, and sustain careers in research for the next generation of researchers, including proposed policies for agencies and academic institutions.

Non-Recurring Expenses Fund [NEF].—Created in fiscal year 2008, the NEF permits HHS to transfer unobligated balances of expired discretionary funds into the NEF account for capital acquisitions including information technology and facilities infrastructure. Unfortunately, the Department has chosen to use the majority of NEF funding over the past several years to supplement funding for the Affordable Care Act. Therefore, the Committee includes modified bill language directing funding from the NEF to be expended only by the NIH for carrying out section 301 and title IV of the PHS Act with respect to biomedical research. According to the Department and past expenditures of the NEF, approximately \$650,000,000 should be available in fiscal year 2016. NEF funding shall be transferred to and merged with the accounts for the various Institutes and Centers and the Office of the Director in proportion to their shares of total NIH appropriations made by this act. The NIH shall provide in the fiscal year 2017 CJ actual expenditures from the NEF in fiscal year 2016.

Pediatric Research Data Collection.—The inclusion of children and older populations in clinical research is essential to ensure that these groups benefit from important scientific advances. The Committee is aware that NIH has had a formal policy mandating the inclusion of children in research relevant to child health since 1998. The Committee recognizes that without a better understanding of age in clinical research, Congress is unable to fully exercise its oversight role and researchers are unable to determine whether children as a whole, particular pediatric subpopulations, or older populations, are underrepresented in federally funded biomedical research. Using data systems available, the Committee directs NIH to collect, assess, and report publicly information about the inclusion of individuals from appropriate age groups throughout the lifespan and on relevant gaps in pediatric and older population involvement in the NIH portfolio of clinical research.

Pharmaceutical Development Section [PDS].—The Committee is concerned about recent reports of unsafe manufacturing practices and quality control procedures at NIH's PDS that were first brought to light by a whistleblower. To its credit, as soon as it became aware of the problems in PDS, the NIH Director acted quickly to suspend the section's operations and determine whether any patients were harmed. The agency is investigating further the section's practices, as well as assessing whether it should continue to provide these services in-house or through contracts with outside vendors. The Committee will continue to closely monitor NIH's next steps as it continues its analysis.

Phelan-McDermid Syndrome.—The Committee is pleased that the NIH convened a multi-Institute meeting earlier this year to discuss collaborative research efforts into gaining a better understanding of Phelan-McDermid Syndrome, a genetic disorder that can lead to autism, epilepsy, and other neurological conditions. The Committee supports similar future discussions which may advance research into this disorder and other "shankopathies" that result in the deletions, duplications, and mutations of the SHANK1, SHANK2, and SHANK3 genes. Research into the SHANK genes holds great promise for gaining a better understanding of more prevalent conditions, including intellectual and developmental disorders, autism, ADHD, schizophrenia, bipolar disorder, epilepsy, and dementia.

Physician-Scientist Workforce Report Implementation.—Last year the Physician-Scientist Workforce Working Group, which was charged with analyzing the current composition and size of the physician-scientist biomedical workforce and to make recommendations to sustain and strengthen this group, released its report with specific recommendations that impact veterinarian-scientists. A committee has been convened to determine how this report's recommendations should be implemented at NIH. The Committee would like NIH to report on the implementation status of this report's recommendations in the fiscal year 2017 CJ.

Precision Medicine.—The Committee recommendation strongly supports the new Precision Medicine Initiative and has provided \$70,000,000 to NCI and \$130,000,000 to various Institutes and Centers in support of this Initiative. The Committee looks forward to NIH providing further details and information on the Initiative

as the Working Group of the Advisory Committee to the NIH Director reports in September 2015. In particular, as further details are developed, the Committee remains particularly interested in short and long-term milestones of the program and expects these milestones to be specified in the fiscal year 2017 CJ.

Research Facilities.—Much of the Nation’s biomedical research infrastructure, including laboratories and research facilities at academic institutions and nonprofit research organizations, is outdated or insufficient. For taxpayers to receive full value from their considerable investments in biomedical research, researchers must have access to appropriate research facilities. \$50,000,000 is provided for grants or contracts to public, nonprofit, and not-for-profit entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities as authorized under 42 U.S.C. section 283k. The Committee urges NIH to consider recommendations made by the NIH Working Group on Construction of Research Facilities, including making awards that are large enough to underwrite the cost of a significant portion of newly constructed or renovated facilities.

Science Education.—The Science Education Partnership Awards [SEPA] foster important connections between biomedical researchers and K–12 teachers and their students. These connections establish an education pipeline to careers in biomedical sciences, which is one of the most important areas of workforce development for the U.S. economy. Therefore, NIH is directed to continue funding the SEPA program at no less than last year’s level.

Sickle Cell Disease [SCD].—SCD is an inherited disorder affecting red blood cells that impacts approximately 100,000 individuals, the great majority of whom are African American. Currently, there is only one FDA-approved medication for treatment and there is no universal cure. The Committee encourages the NIH to create a Trans-NIH program focusing on SCD and fund interdisciplinary research initiatives at hospitals and universities experienced in treating SCD patients.

Sleep and Circadian Disorders.—The Committee recognizes the immense public health burden of sleep and circadian disorders and encourages the Office of the Director to foster collaboration on sleep and circadian research across ICs and to support NCSDR efforts to coordinate this important research.

Small Business Innovation Research.—The Committee encourages NIH to consider new clinical indications that leverage developed devices when soliciting proposals and awarding funds through competitive grant programs, including the Small Business Innovation Research program.

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

Temporomandibular Disorders [TMD].—Temporomandibular Disorders affect approximately 35 million Americans; the majority af-

ected are women in their childbearing years. The Committee encourages NIBIB, NIAMS, and NIDCR to consider the recommendations that resulted from their jointly sponsored Roundtable on the Temporomandibular Joint in Health and Disease in 2013. Research to develop safe and effective techniques for joint repair and regeneration is essential. An analysis of problems associated with current joint replacements should provide guidance in these efforts. The Committee commends NIDCR for its ongoing support for the OPPERA program, which is yielding valuable information on many physiological aspects, not only of temporomandibular disorders, but of other pain conditions that overlap with TMD. To capitalize on the research to continue the momentum gained from OPPERA, the Committee urges NIH to continue research of this caliber and direction, and to consider measures to encourage NIH-funded investigators from related fields to include TMD and comorbid conditions in their studies.

Tuberous Sclerosis Complex [TSC].—The Committee continues to encourage NIH to coordinate a multi-Institute approach to finding a cure for TSC. NINDS and NCATS should play leading roles, given the promising translational potential of new therapeutics for treating the neurological conditions of TSC, including autism and epilepsy. The Committee encourages NINDS to lead the development of NIH programs to implement consensus recommendations developed at the NIH-sponsored TSC workshop, “Unlocking Treatments for TSC: 2015 Strategic Plan.”

Usher Syndrome.—As the most common cause of combined deafness and blindness, Usher syndrome is an important research area for multiple NIH Institutes. The Committee commends NIH for including Usher syndrome on the Estimates of Funding for Various Research, Condition, and Disease Categories list to track the annual support level of this rare disease. The Committee urges NIH to prioritize Usher syndrome research at NIDCD and NEI. The Committee requests an update in the fiscal year 2017 CJ on the planned and on-going activities related to this syndrome, including the manner in which various ICs coordinate on common goals and objectives.

BUILDINGS AND FACILITIES

Appropriations, 2015	\$128,863,000
Budget estimate, 2016	128,863,000
Committee recommendation	128,863,000

The Committee recommendation includes \$128,863,000 for NIH buildings and facilities. This funding will remain available for obligation for 5 years. The budget request proposes making the funding available until expended.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Committee recommends \$3,460,484,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA]. The recommendation includes \$133,667,000 in transfers available under section 241 of the PHS Act and \$12,000,000 in transfers from the PPH Fund.

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

Furthermore, racial and ethnic minorities continue to have higher rates of HIV/AIDS compared to the overall U.S. population. Therefore, the Committee urges SAMHSA to continue to prioritize all HIV/AIDS funding to target racial and ethnic minority communities.

The Committee recommendation continues bill language that instructs the Administrator of SAMHSA and the Secretary to exempt the Mental Health Block Grant [MHBG] and the Substance Abuse Prevention and Treatment [SAPT] Block Grant from being used as a source for the PHS evaluation set-aside in fiscal year 2016, as was done prior to fiscal year 2012.

MENTAL HEALTH

Appropriations, 2015	\$1,078,975,000
Budget estimate, 2016	1,077,667,000
Committee recommendation	1,054,340,000

The Committee recommends \$1,054,340,000 for mental health services. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act and \$12,000,000 in transfers from the PPH Fund. Included in the recommendation is funding for programs of regional and national significance [PRNS], the MHBG, children’s mental health services, Projects for Assistance in Transition from Homelessness [PATH], and Protection and Advocacy for Individual with Mental Illness [PAIMI].

SAMHSA is the lead HHS agency responsible for the Federal Government’s efforts in combating mental health issues. According to SAMHSA, 43,800,000 adults in the United States suffered from a mental illness in 2013, 10,000,000 of these adults suffered from a serious mental illness. The Committee is disappointed and deeply concerned about the findings in two recent GAO reports (GAO–15–113 and GAO–15–405) issued in February and May of 2015, respectively, regarding SAMHSA’s mental health programs. The reports detailed many critical failures at SAMSHA in leading and overseeing our Nation’s mental health programs.

The February report specifically highlighted the lack of high-level coordination between agency leaders that operate mental health programs and the absence of oversight in ensuring the evaluations of these programs. Without proper coordination at the leadership level, taxpayers are funding a mixture of mental health programs across several agencies with no overall objective. These programs are ultimately duplicative, fragmented, or overlapping with each other’s activities.

In the May GAO report, SAMHSA failed to document how it applied its own grant criteria before making awards to grantees, and the report stated that SAMSHA was missing various pieces of documentation used to oversee the programs. Without the proper grant documentation, SAMSHA cannot provide proper oversight of its programs to ensure that they are effective and beneficial to individuals with a mental illness. However, the most concerning issue pointed out by GAO is that SAMHSA acknowledged they followed

the Department’s grants manual. The Committee is concerned that SAMHSA either may not fully understand the Department’s grants manual, or there is a serious lack of training among SAMSHA’s grants staff.

The Committee directs the administrator of SAMHSA to work with GAO in implementing the recommendations provided in the GAO reports. The Committee expects a detailed update and timeline on the progress of these recommendations 90 days after enactment of this act. Furthermore, the Committee directs SAMHSA to develop a grants compliance plan that will ensure that SAMSHA’s grants process is in accordance with the Department’s grants manual. The compliance plan shall include periodic, and random, internal audits of grant files to confirm all the necessary documentation are accounted for and that the compliance plan is meeting its objectives. Furthermore, SAMHSA shall provide any additional grants training necessary to prevent these issues from arising in the future.

Programs of Regional and National Significance

The Committee recommends \$378,597,000 for PRNS within the Center for Mental Health Services [CMHS]. The Committee recommendation includes \$12,000,000 in transfers to PRNS from the PPH Fund. These programs address priority mental health needs by developing and applying evidence-based practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented, and consumer-run activities.

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
CAPACITY:			
Seclusion & Restraint	1,147	1,147	1,147
Youth Violence Prevention	23,099	23,099	23,099
Project AWARE State Grants	39,902	39,902	39,902
Mental Health First Aid	14,963	14,963	14,963
Mental Health First Aid for Veterans' Families		4,000	
Healthy Transitions	19,951	19,951	19,951
National Traumatic Stress Network	45,887	45,887	45,887
Children and Family Programs	6,458	6,458	6,458
Consumer and Family Network Grants	4,954	4,954	4,954
MH System Transformation and Health Reform	3,779	3,779	3,779
Project LAUNCH	34,555	34,555	34,555
Primary and Behavioral Health Care Integration	49,877	26,004	49,877
National Strategy for Suicide Prevention	2,000	4,000	2,000
Suicide Lifeline	7,198	7,198	7,198
GLS—Youth Suicide Prevention—States	35,427	35,427	35,427
GLS—Youth Suicide Prevention—Campus	6,488	6,488	6,488
AI/AN Suicide Prevention Initiative	2,931	2,931	2,931
Homelessness Prevention Programs	30,696	30,696	30,696
Tribal Behavioral Grants	4,988	15,000	4,988
Minority AIDS	9,224	15,935	9,224
Grants for Adult Treatment, Screening, and Brief Response		2,896	
Crisis Systems		5,000	
Criminal and Juvenile Justice Programs	4,269	4,269	4,269
SCIENCE AND SERVICE:			
GLS—Suicide Prevention Resource Center	5,988	5,988	5,988

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Practice Improvement and Training	7,828	7,828	7,828
Primary and Behavioral Health Care Integration TA	1,991	1,996	1,991
Consumer & Consumer Support TA Centers	1,918	1,918	1,918
Minority Fellowship Program	8,059	.....	8,059
Disaster Response	1,953	1,953	1,953
Homelessness	2,296	2,296	2,296
HIV/AIDS Education	771	771	771

Access to Mental Health Services for Veterans.—The Committee is aware of the success achieved in localities that use locally customized web portals to assist veterans struggling with mental and substance use issues. These portals provide veterans with a directory of local mental health providers and services in addition to all military and VA funded programs. They also provide quick access to local crisis intervention and emergency care programs; comprehensive job search and support; a peer social networking platform, and personal health records. The Committee encourages SAMHSA to expand and maintain the capacity of locally customized internet-based Web portals nationwide.

Primary and Behavioral Healthcare Integration.—The Committee provides funding for this program through budget authority rather than through transfers from the PPH Fund as requested by the administration. The Committee continues to direct SAMHSA to ensure that new Integration grants awarded for fiscal year 2016 are funded under the authorities in section 520K of the PHS Act.

Community Mental Health Services Block Grant

The Committee recommends \$482,571,000 for the MHBG. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act.

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

The Committee recommendation continues bill language requiring that at least 5 percent of the funds for the MHBG program be set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee commends SAMHSA for its collaboration with NIMH on the implementation of this set-aside. The Committee notes that it usually takes 17 years to translate research findings into practice, and hopes that this joint effort between NIMH and SAMHSA may be a model for how to reduce this timeframe. The Committee directs SAMHSA to continue its collaboration with NIMH to ensure that funds from this set-aside are only used for programs showing strong evidence of effectiveness and targets the first episode of psychosis. SAMHSA shall not expand the use of the set-aside to programs outside of the first episode psychosis. The Committee directs SAMHSA to include in the fiscal year 2017 CJ a detailed table showing at a minimum each State's

allotment, name of the program being implemented, and a short description of the program.

Children’s Mental Health Services

The Committee recommends \$117,026,000 for the Children’s Mental Health Services program. This program provides grants and technical assistance to support comprehensive, community-based systems of care for children and adolescents with serious emotional, behavioral, or mental disorders. Grantees must provide matching funds and services must be coordinated with the educational, juvenile justice, child welfare, and primary healthcare systems.

Projects for Assistance in Transition From Homelessness

The Committee recommends \$40,000,000 for PATH, which addresses the needs of individuals with serious mental illness who are experiencing homelessness or are at risk of homelessness. Funds are used to provide an array of services, such as screening and diagnostic services, emergency assistance, case management, and referrals to the most appropriate housing environment.

Protection and Advocacy for Individuals With Mental Illness

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

SUBSTANCE ABUSE TREATMENT

Appropriations, 2015	\$2,183,858,000
Budget estimate, 2016	2,140,557,000
Committee recommendation	2,054,116,000

The Committee recommends \$2,054,116,000 for substance abuse treatment programs, including programs of regional and national significance and the substance abuse prevention and treatment block grant to the States. The recommendation includes \$81,200,000 in transfers available under section 241 of the PHS Act.

Programs of Regional and National Significance

The Committee recommends \$284,260,000 for PRNS within the Center for Substance Abuse Treatment [CSAT]. The recommendation includes \$2,000,000 in transfers available under section 241 of the PHS Act.

Programs of regional and national significance include activities to increase capacity by implementing service improvements using proven evidence-based approaches as well as science-to-services activities that promote the identification of practices thought to have potential for broad service improvement.

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
CAPACITY:			
Opioid Treatment Programs/Regulatory Activities	8,724	8,724	8,724
Screening, Brief Intervention, Referral, & Treatment	46,889	30,000	30,000
Target Capacity Expansion	23,223	36,303	29,223
Medicated Assisted Treatment for Prescription Drug and Opioid Addiction (non-add)	12,000	25,000	18,000
Pregnant & Postpartum Women	15,931	15,931	15,134
Strengthening Treatment Access and Retention	1,000	1,000	.....
Recovery Community Services Program	2,434	2,434	2,312
Access to Recovery	38,223	.....	.....
Primary Care and Addiction Services Integration .....	.....	20,000	.....
Children and Families	29,605	29,605	28,125
Treatment Systems for Homeless	41,386	41,386	39,317
Minority AIDS	65,570	58,859	58,859
Criminal Justice Activities	78,000	61,946	61,946
SCIENCE AND SERVICE:			
Addiction Technology Transfer Centers	9,046	8,081	8,081
Crisis Systems .....	.....	5,000	.....
Minority Fellowship Program	2,539	.....	2,539
Special Initiatives/Outreach	1,432	1,432	.....

Access to Recovery.—The Committee eliminates the Access to Recovery program as proposed by the administration. Activities related to wrap-around treatment services, such as transportation, housing, and job support are available through other funding sources, including SAMHSA’s Substance Abuse Prevention and Treatment block grants.

Oral Fluid Guidelines.—The Committee commends SAMSHA for the progress made on issuing oral fluid guidelines for the Federal Workplace Drug Testing Programs and supports the development of oral fluid as an alternative specimen for drug testing. The Committee urges SAMSHA to publish the guidelines expeditiously and to implement the guidelines in partnership with stakeholders.

Viral Hepatitis Screening.—The Committee applauds SAMSHA for encouraging grantees to screen for viral hepatitis, including the use of innovative strategies like rapid testing and urges SAMSHA to continue these efforts.

Addiction Technology Transfer Centers [ATTCs].—The Committee continues to direct SAMHSA to ensure that ATTCs maintain a primary focus on addiction treatment and recovery services.

Combating Opioid Abuse.—Of the amount provided for Targeted Capacity Expansion, the Committee recommendation includes \$18,000,000 for discretionary grants to States for the purpose of expanding treatment services to those with heroin or opioid dependence. The Committee directs CSAT to ensure that these grants include as an allowable use the support of medication assisted treatment and other clinically appropriate services. These grants 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.

Drug Treatment Courts.—The Committee continues to direct SAMHSA to ensure that all funding appropriated for Drug Treatment Courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. The Committee expects CSAT to ensure that non-State substance abuse agency appli-

cants for any drug treatment court grant in its portfolio continue to demonstrate extensive evidence of working directly and extensively with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the grant.

Screening, Brief Intervention, and Referral to Treatment [SBIRT].—The Committee continues to direct SAMHSA to ensure that funds provided for SBIRT are used for existing evidence-based models of providing early intervention and treatment services to those at risk of developing substance abuse disorders.

Substance Abuse Prevention and Treatment Block Grant

The Committee recommends \$1,769,856,000 for the SAPT block grant. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act. The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

Formula Evaluation.—The Committee understands that States are having difficulty interpreting the sources of data used in the current formula for the Substance Abuse Prevention and Treatment block grant program. In addition, the formula has not been adjusted since 1997 and is overly confusing. States cannot defend their positions when SAMHSA does not inform them of the origin of the data used for the formula. To increase transparency, the Committee directs SAMHSA to include in their fiscal year 2017 CJ details on where SAMSHA acquires the data used for the formula and how SAMHSA utilizes this information to make funding level determinations. It is imperative that SAMHSA uses the most recent and accurate data available and should work with States to better understand the best sources for this information. SAMHSA shall also include an evaluation on whether the current formula should be updated in the future.

SUBSTANCE ABUSE PREVENTION

Appropriations, 2015	\$175,219,000
Budget estimate, 2016	210,918,000
Committee recommendation	182,731,000

The Committee recommends \$182,731,000 for the Center for Substance Abuse Prevention [CSAP], the sole Federal organization with responsibility for improving accessibility and quality of substance abuse prevention services.

The Committee directs that all of the money appropriated explicitly for substance abuse prevention purposes both in CSAP's PRNS lines as well as the funding from the 20 percent prevention set-aside in the SAPT Block Grant be used only for bona fide substance abuse prevention programs and strategies and not for any other purposes.

Programs of Regional and National Significance

The Committee provides \$182,731,000 for PRNS within CSAP. Through these programs, CSAP supports: development of new practice knowledge on substance abuse prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity building for imple-

mentation of proven, effective substance abuse prevention programs; and programs addressing new needs in the prevention system.

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
CAPACITY:			
Strategic Prevention Framework/Partnership for Success	109,484	118,254	114,984
Strategic Prevention Framework Rx (non-add)		10,000	5,500
Grants to Prevent Prescription Drug/Opioid Overdose		12,000	6,000
Mandatory Drug Testing	4,894	4,894	4,894
Minority AIDS	41,205	41,205	39,145
Sober Truth on Preventing Underage Drinking (STOP Act) ..	7,000	7,000	6,650
National Adult-Oriented Media Public Service Campaign	1,000	1,000	950
Community-based Coalition Enhancement Grants	5,000	5,000	4,750
ICCPUD	1,000	1,000	950
Tribal Behavioral Health Grants		15,000	
SCIENCE AND SERVICE:			
Fetal Alcohol Spectrum Disorder	1,000	1,000	
Center for the Application of Prevention Technologies	7,493	7,493	7,119
Science and Service Program Coordination	4,072	4,072	3,868
Minority Fellowship Program	71		71

Combating Opioid Abuse.—The Committee provides \$6,000,000 for grants to prevent opioid overdose related deaths. As part of the new initiative to Combat Opioid Abuse, this new program will help States equip and train first responders with the use of devices that rapidly reverse the effects of opioids. The Committee directs SAMHSA to ensure applicants outline how proposed activities in the grant would work with treatment and recovery communities in addition to first responders. Furthermore, the Committee provides \$5,500,000 for the Strategic Prevention Framework Rx program to increase awareness of opioid abuse and misuse in communities.

Strategic Prevention Framework State Incentive Grant and Partnerships for Success.—The Committee intends that these two 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.

STOP Act.—The Committee directs that all funds appropriated for STOP Act community-based coalition enhancement grants, shall be used for making grants to eligible communities, and not for any other purposes or activities.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriations, 2015	\$181,660,000
Budget estimate, 2016	235,145,000
Committee recommendation	169,297,000

The Committee recommends \$169,297,000 for Health Surveillance and Program Support activities. The recommendation includes \$31,428,000 in transfers available under section 241 of the PHS Act.

This activity supports Federal staff and the administrative functions of the agency. It also provides funding to SAMHSA’s surveillance and data collection activities, including national surveys such as the National Survey on Drug Use and Health.

Within the total provided for Health Surveillance and Program Support, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Health Surveillance	47,258	49,428	44,895
Program Management	72,002	79,559	68,402
Performance & Quality Information Systems	12,918	12,918	10,000
Public Awareness and Support	13,482	15,571	10,000
Peer Professional Workforce Development		10,000	
Behavioral Health Workforce Education and Training Program ...	35,000	56,000	35,000
Minority Fellowship Program		10,669	
Behavioral Health Workforce Data	1,000	1,000	1,000

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

Behavioral Health Workforce Education and Training.—The Committee is concerned about the uneven distribution of funds among specialties resulting from the initial grant competition in 2014. Therefore, the Committee directs SAMHSA and HRSA to ensure that funding is distributed relatively equally among the participating health professions, including paraprofessionals, master’s level social workers, counselors, marriage and family therapists, and doctoral psychology interns. The Committee directs SAMHSA and HRSA to consider other strategies to achieve this relative distribution such as issuing separate funding opportunity announcements for each participating health profession. In addition, the Committee directs SAMHSA and HRSA to include doctoral psychology schools in the funding opportunities to support doctoral level students completing their practicums which are necessary to move on to internships. SAMHSA and HRSA shall award meritorious applications for doctoral psychology interns first, before doctoral psychology schools applying to support practicums.

Minority Fellowship Program.—The Committee maintains the separate accounts for the Minority Fellowship Programs at the Center for Mental Health Services, Center for Substance Abuse Prevention, and the Center for Substance Abuse Treatment like in previous fiscal years and does not consolidate them as proposed by SAMHSA. Therefore, funding for these programs are reflected in the tables for each of the centers.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2015	\$363,698,000
Budget estimate, 2016	363,698,000
Committee recommendation	236,001,000

The Committee provides \$236,001,000 for the Agency for Healthcare Research and Quality [AHRQ]. AHRQ was established in 1990 to enhance the quality, appropriateness, and effectiveness

of health services, as well as access to such services. AHRQ conducts, supports, and disseminates scientific and policy-relevant research on topics such as promoting high-quality care, eliminating healthcare disparities, using information technology, and evaluating the effectiveness of clinical services.

HEALTH COSTS, QUALITY, AND OUTCOMES

The Committee provides \$151,428,000 for research on health costs, quality, and outcomes [HCQO]. The HCQO research activity is focused upon improving clinical practice, improving the healthcare system's capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation.

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

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Prevention/Care Management	11,590	11,649	8,113
Health Information Technology	28,170	22,877	19,719
Patient Safety Research	76,584	75,977	65,096
Health Services Research, Data and Dissemination	112,207	112,274	58,500

Central-Line Associated Bloodstream Infections [CLABSI].—The Committee notes that while much research on preventing CLABSI has been dedicated to the exploration of proper line insertion techniques and line management, little attention has been given to the relationship between the connectors utilized in central lines and rates of infection. The Committee urges AHRQ to examine whether neutral fluid displacement needleless connectors have the potential to reduce the incidence of CLABSI as compared to positive fluid displacement needleless connectors. AHRQ is encouraged to provide a best practice recommendation for the use of such connectors in hospital settings.

Consumer Assessment of Healthcare Providers and Systems [CAHPS].—The CAHPS program supports and promotes the assessment of consumers' experiences with healthcare. Patient experience data in maternity care is currently not regularly and systematically collected. The Committee urges AHRQ to expand its current set of surveys and develop a CAHPS survey for maternity care.

Health IT Safety.—The Committee recommendation includes \$4,000,000 for AHRQ's work on safe health IT practices specifically related to the design, implementation, usability, and safe use of health IT systems. The Committee believes this investment will generate new evidence regarding safe health IT practices that will ultimately be used by ONC, FDA, CMS, and others to inform policy interventions.

Healthcare-Associated Infections.—Within the Patient Safety portfolio, the Committee provides \$34,000,000, the same level as in fiscal year 2015, for healthcare-associated infection activities. Within this funding level, the Committee includes \$10,000,000 for activities as part of the CARB initiative. These funds will support the development and expansion of antibiotic stewardship programs specifically focused on ambulatory and long-term care settings. In ad-

dition, the Committee directs AHRQ to collaborate with NIH, BARDA, CDC, FDA, VA, DOD, and USDA to leverage existing resources to increase capacities for research aimed at developing therapeutic treatments, reducing antibiotic use and resistance in animals and humans, and implementing effective infection control policies.

Healthcare Delivery Systems.—Within the Patient Safety portfolio, the Committee recommendation includes \$8,000,000 for the Healthcare Delivery Systems grants, which apply systems engineering methods to improve patient safety and reduce waste in healthcare.

Immunotherapy and Asthma.—The Committee is pleased that AHRQ has joined NIH in co-sponsoring a workshop on immunotherapy effectiveness. The Committee requests an update from AHRQ in the fiscal year 2017 CJ on research that will be undertaken pursuant to the workshop with the goal of identifying patient, healthcare provider, and systems barriers to initiation and adherence to allergy immunotherapy and developing interventions to address these problems. This report should include information on planned AHRQ initiatives pertaining to the utilization of allergy immunotherapy to reduce the prevalence of asthma.

Investigator-Initiated Research.—The Committee believes that investigator-initiated research is important and AHRQ has the ability to improve healthcare with creative, groundbreaking approaches to ongoing and emerging healthcare issues through this mechanism. Within the Health Services Research, Data and Dissemination portfolio, the Committee provides \$45,882,000 the same level as in fiscal year 2015, for investigator-initiated research. The Committee believes that investigator-initiated research should not be targeted to any specific area of health services research to generate the best unsolicited ideas from the research community about a wide variety of topics.

Malnutrition.—The Committee is aware that several studies suggest that malnourished hospitalized patients have a significantly higher incidence of infection, are at increased risk of mortality, have longer median lengths of stay, and are more likely to be readmitted. The Committee requests that AHRQ assess the prevalence of malnutrition in U.S. hospitals and report back to the Committee in its fiscal year 2017 CJ.

Training Grants.—The Committee appreciates AHRQ's commitment to providing research training and career development grants for young investigators. AHRQ is urged to maintain a strong training and career development pipeline for talented researchers.

MEDICAL EXPENDITURES PANEL SURVEYS

The Committee provides \$39,268,000 for Medical Expenditure Panel Surveys [MEPS], which collect detailed information annually from households, healthcare providers, and employers regarding how Americans use and pay for healthcare. The data from MEPS are used to develop estimates of healthcare utilization, expenditures, sources of payment, and the degree of health insurance coverage of the U.S. population.

PROGRAM SUPPORT

The Committee recommends \$45,305,000 for program support. This activity funds the overall management of AHRQ, including salaries, benefits, and overhead costs such as rent.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriations, 2015	\$234,608,916,000
Budget estimate, 2016	243,545,410,000
Committee recommendation	243,545,410,000

The Committee recommends \$243,545,410,000 in mandatory funding for Grants to States for Medicaid.

The fiscal year 2016 recommendation excludes \$113,272,140,000 in fiscal year 2015 advance appropriations for fiscal year 2016. As requested by the administration, \$115,582,502,000 is provided for the first quarter of fiscal year 2017.

The Medicaid program provides medical care for eligible low-income individuals and families. It is administered by each of the 50 States, the District of Columbia, Puerto Rico, and the territories. Federal funds for medical assistance are made available to the States according to a formula that determines the appropriate Federal matching rate for State program costs. This matching rate is based on the State's average per capita income relative to the national average and cannot be less than 50 percent.

PAYMENTS TO HEALTHCARE TRUST FUNDS

Appropriations, 2015	\$259,212,000,000
Budget estimate, 2016	283,171,800,000
Committee recommendation	283,171,800,000

The Committee recommends \$283,171,800,000 in mandatory funding for payments to healthcare trust funds.

This entitlement account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare part B benefits and for Medicare part D drug benefits and administration, plus other reimbursements to the Federal Hospital Insurance Trust Fund for part A benefits and related administrative costs that have not been financed by payroll taxes or premium contributions.

The Committee provides \$198,530,000,000 for the Federal payment to the Supplementary Medical Insurance Trust Fund. This payment provides matching funds for premiums paid by Medicare part B enrollees.

The Committee further provides \$82,453,000,000 for the general fund share of benefits paid under Public Law 108-173, the Medicare Prescription Drug, Improvement and Modernization Act of 2003. As in previous years, the Committee includes bill language requested by the administration providing indefinite authority for paying the general revenue portion of the part B premium match and provides resources for the part D drug benefit program in the event that the annual appropriation is insufficient.

The Committee recommendation also includes \$691,000,000 to be transferred to the Supplementary Insurance Trust Fund as the

general fund share of part D administrative expenses. The Committee recommendation includes \$291,000,000 in reimbursements to the HCFAC fund, which reflects the portion of the HCFAC spending to be reimbursed by the General Fund.

PROGRAM MANAGEMENT

Appropriations, 2015	\$3,669,744,000
Budget estimate, 2016	4,245,186,000
Committee recommendation	3,027,590,000

The Committee recommends \$3,027,590,000 for CMS program management, which includes funding for research, program operations, survey and certification programs, and Federal administration.

Research, Demonstrations and Evaluations

The Committee recommends \$6,900,000 for research, demonstrations, and evaluation activities. The Committee does not provide funding for the Medicare Current Beneficiary Survey [MCBS] but includes the administration request for the other activities funded by this account, such as the Chronic Condition Warehouse and the Research Data Assistance Center.

The administration requested a total of \$24,000,000 to support the MCBS and expected this to be provided evenly from this account and the Center for Medicare and Medicaid Innovation [CMMI] established under the ACA. However, the Committee is aware that the ACA provided the CMMI \$10,000,000,000 in mandatory funds and that almost \$7,000,000,000 still remains unobligated. Due to budgetary constraints, the Committee supports funding the MCBS through the CMMI.

Program Operations

The Committee recommends \$1,890,823,000 for the Program Operations account, which covers a broad range of activities including claims processing and program safeguard activities performed by Medicare contractors. These contractors also provide information, guidance, and technical support to both providers and beneficiaries.

The Committee continues to be concerned funds are diverted by the administration from CMS' core mission and function—maintaining the essential operations for the Medicare, Medicaid, and Children's Health Insurance Program—to implement ACA activities. Specifically, with almost 75 million Americans in the baby boom generation and approximately 10,000 of them turning 65 years old every day, funding for CMS' Program Management account is even more crucial than in previous years to support the growing infrastructure necessary to accommodate this generation. In fiscal year 2016, CMS expects Medicare enrollees to total over 57 million, from 19 million in 1966. Year after year, CMS has requested increases in funding for core activities such as ongoing operational costs and beneficiary outreach to keep up with the growing aging population. However, the Committee could not provide funding increases because the administration would reallocate funds to implement the ACA, including to shore up the failing Healthcare.gov.

With tight budgetary constraints, the Committee made difficult choices to reduce funding for programs that were not part of core activities. Additionally, CMS expects to collect \$1,560,000,000 in ACA user fees for fiscal year 2016, almost double the amount obtained for the previous fiscal year. Therefore, the Committee eliminates the budget authority the Department diverted in previous fiscal years to implement and operate ACA activities. Existing funding will maintain CMS' core mission while bill language included will further prevent the diversion of discretionary funds for ACA activities. Specifically, the Committee includes bill language to proactively prohibit the administration from using any discretionary dollars in this bill from making payments for the Risk Corridor program or propping up failing State-based Exchanges.

ACA Internal Controls.—The Committee is deeply concerned about the findings in the recent HHS Office of Inspector General [OIG] report (A-02-14-02006) on CMS' lack of oversight over the payments made to insurance companies. The OIG reported that CMS failed to implement adequate internal controls to check the accuracy of \$2,800,000,000 worth of payments made to health insurers for the advance premium tax credits and cost-sharing reductions for enrollees. This amount only represents the first payment that covered January to April of 2014 and is only a tiny fraction of the vast amounts of money at risk. Based on the current internal controls, the OIG concluded that CMS could not make correct payments to providers resulting in improper payments and jeopardizing taxpayer funds. The Committee is specifically concerned that CMS relied primarily on health insurers' attestations and that CMS does not plan on reconciling payments until 2016, 2 years after payments were made. The Committee directs CMS to work with the OIG to adopt all the recommendations and expeditiously implement a permanent process that automates enrollment and payment data on a more accurate enrollee-by-enrollee basis. As the OIG pointed out in the report, CMS has the authority to recoup improper payments and offset them against future payments. The Committee expects CMS to use this authority after reconciling payments.

ACA Notifications.—The Committee is disappointed that the administration still cannot provide timely Congressional notification for ACA enrollment figures even though the Committee included report language in fiscal year 2015 requiring such notifications. The Committee continued to receive enrollment data minutes before or even after the administration's public announcement. The Committee includes new bill language requiring the administration to provide detailed enrollment figures to the Committees on Appropriations of the House of Representatives and the Senate not less than two full business days before any public release of the information.

Alzheimer's Disease and Dementia Care.—The National Plan to Address Alzheimer's Disease includes the goal of enhancing care quality and efficiency and expanding supports for people with Alzheimer's disease and their families. The Committee is aware of promising evidence-based interventions, including the VA's Resources for Enhancing Alzheimer's Caregiver Health program and the New York University Caregiver Initiative that have been dem-

onstrated to improve the health outcomes and quality of life of persons with Alzheimer's and other causes of dementia and their caregivers and to have delayed placement of the patient in an institutional care setting. The Committee encourages CMS to evaluate the impact of such interventions in improving health outcomes of Medicare beneficiaries with Alzheimer's and related dementias, including reducing or delaying the use of institutional care services.

Annual Wellness Exam and Cognitive Impairment.—The Committee is aware that the Annual Wellness Exam is required to include an assessment of any cognitive impairment in the Medicare beneficiary. The Committee is concerned about the extent such assessments are occurring within the exams and directs the CMS to report in their fiscal year 2017 CJ the rate of provider compliance, including impediments for not conducting the assessment, and to develop a strategy to increase compliance.

Collection Claims.—The Medicare Secondary Payer program provides CMS the ability to recover payments it made for beneficiary healthcare costs from third parties which are later found responsible for those costs. CMS is encouraged to review its debt collection process to ensure the agency is providing accurate and complete information about past-due and legally enforceable claims, so that the U.S. Department of Treasury can appropriately identify and adjudicate any appeals.

Complex Rehabilitation Equipment.—CMS issued Final Rule 1614-F detailing how CMS will use data from the Medicare Competitive Bidding Program [CBP] for durable medical equipment [DME] to adjust the Medicare fee schedule for DME items in non-competitive bidding areas beginning in 2016. The Committee is concerned that this will harm Medicare beneficiaries who will not have access to specialized rehabilitation equipment, including adjustable seat cushions, and unnecessarily increase program costs. The Committee directs CMS to provide a report within 60 days of enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate detailing how the application of the CBP pricing from 2009 and data from only nine metropolitan areas are appropriate, why CMS did not include all scenarios in which an adjustable seat cushion are currently furnished, and also examine the health outcomes of such changes for patients who have pressure ulcers or who are at high risk for developing pressure ulcers.

Continuous Glucose Monitors.—Diabetes technologies known as continuous glucose monitors [CGM] have been shown in clinical trials to improve health outcomes for people with type 1 diabetes and reduce the risk of low blood sugar emergencies which can lead to hospitalizations and additional expenses to CMS. These technologies are recommended by national diabetes guidelines and covered by 95 percent of private health plans. The Committee urges CMS to modernize its policies to cover CGM technologies to ensure access for those seniors with type 1 diabetes or those entering Medicare who have benefitted from the technology under their prior health plan.

Coordinated Pharmacist Services.—The Committee encourages CMS to expand efforts that incorporate health information technology to provide integrated pharmacist services across care set-

tings and to improve medication reconciliation and management that has been demonstrated to improve outcomes, reduce adverse events, lower costs, and prevent readmissions.

Critical Access Hospitals [CAH].—The Committee is disappointed that the Administration continues to propose eliminating CAH status from facilities located less than 10 miles from another hospital and reducing the reimbursement rate from 101 percent to 100 percent of reasonable cost. A recent Health Affairs study from April 2015 reviewed the impact of similar minimum distance requirements and found that currently 37.6 percent of CAHs had a negative operating margin, and if such a distance requirement went into effect, it would rise to 75.6 percent. If a CAH lost its designation, it would be forced under the applicable prospective payment systems which are designed for larger facilities, not small, low volume rural hospitals. The results of the study underscore the importance of factoring clinical expertise, physician distribution, availability of telehealth, sufficient volume to maintain key services, and the needs of underserved populations. Coupled with over regulation, decreased reimbursements, and workforce shortages, CAHs would be forced to close without their designation, causing patients to travel farther, forego preventative care, and ultimately cost more in CMS healthcare expenditures.

Dental Plans.—The Committee directs CMS to include in its Exchange enrollment reports data on children (ages 0 through 18 years) enrolled or who have re-enrolled in dental coverage through the Exchange for both stand-alone dental plans and qualified health plans that include pediatric dental benefits. These reports shall include data for each State-based, federally facilitated, and partnership Exchanges.

Future of CMS.—The Committee is concerned that the physical infrastructure of CMS is insufficient to properly accommodate oversight of the coming demographic growth within its programs. The Committee directs CMS to provide a master plan within 180 days after enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate with four interdependent parts that cover the needs of the agency over the next 5 years: physical infrastructure; workforce planning; claims data IT systems; and overall IT structure and security.

Health Insurance Exchange Transparency.—The Committee continues to include bill language in section 226 that requires CMS to provide cost information for the following categories: Federal Payroll and Other Administrative Costs; Exchange related Information Technology [IT]; Non-IT Program Costs, including Health Plan Benefit and Rate Review, Exchange Oversight, Payment and Financial Management, Eligibility and Enrollment; Consumer Information and Outreach, including the Call Center, Navigator Grants and Consumer Education and Outreach; Exchange Quality Review; Small Business Health Options Program [SHOP] and Employer Activities; and Other Exchange Activities. Cost Information should be provided for each fiscal year since the enactment of the Patient Protection and Affordable Care Act (Public Law 111-148). CMS is also required to include the estimated costs for fiscal year 2017.

Healthcare Fraud Prevention Partnership.—The Healthcare Fraud Prevention Partnership is a new fraud prevention initiative

that includes law enforcement, Federal and State government agencies, private health insurers, and other private organizations. The Partnership has shown successes in preventing improper payments, but recently reported improper payment levels clearly indicate the need for stronger action. The Committee urges CMS to work with its partners in expanding and strengthening the current partnerships and directs CMS to provide an update in the fiscal year 2017 CJ outlining its plan for the next 2 years including any legislative barriers for achieving these goals.

Healthcare.gov Data Privacy.—The Committee is disappointed that CMS allowed third party vendors to access unencrypted consumer information such as age, smoking status, zip code, pregnancy status, and income through Healthcare.gov. The Committee directs CMS to encrypt and prevent further sharing of consumer information, to review its current security and privacy guidelines for this type of data, and to implement appropriate security measures. Furthermore, CMS shall include in the fiscal year 2017 CJ an update on these efforts including a timeline for when these activities will be completed.

Home Health.—CMS identified the implementation of new home health documentation requirements as a major contributing factor in the fiscal year 2013 Medicare improper payment rate. As a result, CMS proposed modifications which became effective in January of 2015, but these changes will not be reflected in the improper payment rate until the fiscal year 2017 measurement. The Committee therefore directs CMS to report, no later than 60 days after the enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate, an interim update on the improper payment rate regarding the home health documentation requirements.

Hospice.—In its March 2015 report to Congress, MedPAC notes that CMS expressed concern that some hospice providers may not have the capacity to provide all four of the levels of care, which is required by the Medicare hospice Conditions of Participation. CMS makes clear that if the patient's condition needs it, hospices are required to provide intensive around-the-clock nursing and other skilled hospice care as necessary, with the goal of having the patient remain in their home if at all possible. Therefore, all hospice providers must have the capacity of providing such care. The Committee directs CMS to ensure that all hospices are complying with the Conditions of Participation and have the capacity to provide all specified hospice services on a 24 hour, 7 days a week basis.

IT Modernization.—Rapid advances in analytical and information technology provide opportunities for CMS to modernize, consolidate, and improve operations with greater efficiency and cost savings over time. CMS has already implemented several such advances, including the Predictive Modeling program, the Healthcare General Ledger Accounting System, and the Unified Case Management System. The Committee encourages CMS to continue to modernize, consolidate, and improve analytics and information technology programs to achieve maximum efficiency and cost savings.

Medicare Advantage.—The Committee is aware that the formula to determine Medicare Advantage reimbursement rates is calculated based on the per capita cost of coverage to beneficiaries en-

rolled in Medicare part A and/or part B. However, where there is high enrollment in Medicare Advantage and a relatively large proportion of Medicare beneficiaries without part B coverage, Medicare Advantage reimbursement rates may be better based on the per capita cost of coverage to beneficiaries enrolled in both Medicare part A and B. The Committee urges CMS to consider more accurate adjustments as soon as practicable in order to include potential changes in its 2016 draft Call Letter.

Medication Synchronization.—Programs that promote Medication Synchronization and the Appointment Based Model are an emerging trend in pharmacy practice that improves adherence rates for patients taking multiple medications while reducing unnecessary visits to the doctor. The Committee encourages CMS to consider ways to increase participation in these types of programs and move towards greater adherence to medications.

Mental Health Services.—The Committee recognizes the need for improved access to mental healthcare services and directs the CMS to identify potential payment-related barriers to the integration of mental healthcare services into the primary care context in both traditional fee-for-service Medicare and alternative payment models. Specifically, CMS is directed to identify potential payment-related barriers to the adoption of a collaborative care model in which primary care providers treat patients with common mental health disorders, such as depression or anxiety, with help from a care manager and a psychiatrist who acts as a consultant. The Committee directs CMS to provide a report within 180 days after enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate with its findings, as well as a proposed plan to address the identified barriers and facilitate more widespread integration of mental healthcare services into the primary care context. The report shall also include recommendations for any legislative changes.

Pediatric Dental Reporting.—Although CMS has released guidance on CHIP dental reporting, the data from States are unreliable and incomplete. Without consistent, reliable data, it is difficult to evaluate the impact of CHIP dental benefits. The Committee directs CMS to include in the fiscal year 2017 CJ a plan to collect quality reporting data from States regarding their dental benefit.

Psychotropic Drugs and Children.—The Committee is aware of the Department's efforts to reduce the inappropriate use of psychotropic medications with children and adolescents in foster care. In addition to the potential for serious long-term health and developmental problems for children, this alarming pattern has dramatically increased Medicaid costs. The Committee urges CMS to encourage States to provide evidence-based psychosocial interventions to children and youth in foster care to reduce reliance on psychotropic medications. Furthermore, the Committee urges CMS to include in the fiscal year 2017 CJ the reasons for this disparity, including whether current reimbursement policy incentivizes reliance on medication rather than evidence-based psychosocial therapies instead of, or in combination with, psychotropic medications.

Quality Improvement.—The Department recently announced payment reform goals that identify a timetable for moving away from Medicare fee-for-service payment. The Committee directs CMS to

include in their fiscal year 2017 CJ the quality improvement goals for Medicare.

Recovery Audit Contractors [RAC].—The Committee expects the next round of RAC contracts containing the new RAC requirements to be executed and operational as quickly as possible. CMS should work expeditiously to resolve any pending issues. The Committee appreciates the report submitted by the intra-agency working group as requested in fiscal year 2015 and directs the group to continue to monitor the process, provide recommendations, and evaluate the outcomes. The intra-agency working group shall provide an update in the fiscal year 2017 CJ. Furthermore, the Committee directs the intra-agency working group to provide quarterly updates to the Committees on Appropriations of the House of Representatives and the Senate reflecting the total number of appeals filed, appeals pending, and appeals disposed of for all four levels of the appeals process.

Recovery Audit Data Warehouse.—The Committee is disappointed that CMS is not properly utilizing the Recovery Audit Data Warehouse [RADW] as highlighted in the GAO report titled, Medicare Program Integrity: Increased Oversight and Guidance Could Improve Effectiveness and Efficiency of Postpayment Claims Reviews. CMS developed the RADW to prevent RACs from duplicating audits of the other three contractors' responsible for reviewing postpayment claims. By not taking advantage of the RADW, duplicative RAC audits are causing unnecessary burden on providers and wasting Federal resources. The Committee directs CMS to implement all the recommendations provided by GAO and to provide an update including a timeline on these efforts in the fiscal year 2017 CJ.

Relative Values under the Medicare Physician Fee Schedule.—The Committee encourages CMS to increase the representation of primary care physicians who are board certified and actively practicing in family medicine, general internal medicine, general pediatrics, preventive medicine, obstetrics and gynecology, or psychiatry on any advisory board or work group that formulates recommendations regarding any annual updates to the physician work relative values.

Risk Corridor Program.—The Committee continues to include bill language preventing CMS from using Program Management accounts to support the Risk Corridor Program. The Committee directs CMS to provide a report within 60 days after enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate detailing the receipts and transfer of payments for the Risk Corridor Program, the transfer calculation used for distributing the payments, and a timeline for these activities for plan year 2014 and 2015.

Robotic Stereotactic Surgery.—The Committee is encouraged by CMS' decision in the calendar year 2015 Medicare Physician Fee Schedule Final Rule (79 Fed. Reg. 67548) to maintain G codes and contractor pricing for robotic stereotactic radiosurgery procedures performed in a freestanding setting. The Committee encourages CMS to maintain the current coding and payment methodology for at least 3 years to provide stability while determining the most appropriate policy moving forward.

Rural Health.—According to the National Rural Health Association, 41 percent of Critical Access Hospitals operate at a loss, and since 2010, 51 rural hospitals have closed while 283 hospitals are in dire financial shape. Almost a quarter of the U.S. population lives in rural areas. The majority of rural residents are older, poorer, and less likely to have employer sponsored health plans. As a result of hospitals closing in rural communities, many patients end up driving long distances to see a doctor, forgo seeking medical care, or even worse, wait until it is too late to seek proper medical attention. These patients spend more money out of pocket to travel, miss out on routine preventative care, and will end up costing taxpayers much more in the long run. The Committee directs CMS to work with HRSA's Office of Rural Health to alleviate the disproportionate impact of regulations, reimbursement cuts, and workforce issues on rural hospitals.

State-Based Exchanges [SBEs].—The Committee is disappointed that SBEs may have used and might continue to use section 1311 funds for operational expenses, which is specifically prohibited by law. Section 1311 of the Patient Protection and Affordable Care Act provides funding for States to design, develop, and implement SBEs. However, these SBEs were expected to be self-sustaining by 2015 and were specifically prohibited from using the section 1311 funds for operational costs after January 1, 2015. The Committee directs CMS to implement the recommendations put forth by the HHS Office of Inspector General [OIG] in their Early Alert Memorandum (A-01-14-02509) issued on April 27, 2015, and expects an update on the efforts in the fiscal year 2017 CJ. The Committee expects CMS and the OIG to immediately notify the Committee of any unauthorized use of section 1311 funds along with a detailed report which shall include how CMS plans to recoup those funds from the State. To prevent diverting discretionary funds intended to support the operations for CMS, the Committee includes a new general provision prohibiting the use of funds to support operational costs of SBEs.

Traumatic Injury.—The Committee is concerned that CMS has not addressed the need to reform the Medicare reimbursement system for hospital trauma care services. Since CMS withdrew a proposal to bundle all Emergency Department [ED] outpatient reimbursement codes 2 years ago, there has been no progress on modeling alternative value-based reforms—such as a proposal to create three ED outpatient facility codes that would incorporate the trauma activation fee. The Committee directs CMS to include in the fiscal year 2017 CJ a detailed evaluation analyzing alternative value-based reforms such as creating ED outpatient facility codes and other potential approaches that could reimburse facilities for life-threatening, time-dependent traumatic injuries based on a facility's readiness level and the nature of the injury.

Use of Social Security Numbers on Medicare Beneficiaries' Cards.—Under Public Law 114-10, Congress prohibits the use of Social Security numbers on Medicare beneficiary cards. The Committee urges CMS to work expeditiously to develop and implement a plan to remove Social Security numbers from Medicare cards and to have this process completed by the end of fiscal year 2018. The

Committee directs CMS to provide an update on the progress of this initiative in their fiscal year 2017 CJ.

State Survey and Certification

The Committee recommends \$397,334,000 for State Survey and Certification activities, which ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety, and program standards. On-site surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys.

The Committee continues to support CMS collecting and analyzing the findings from this surveillance tool to inform the agency’s education and surveillance efforts moving forward.

Federal Administration

The Committee recommends \$732,533,000 for Federal Administration, which funds the majority of CMS’ staff and operating expenses for routine activities such as planning, implementing, evaluating, and ensuring accountability in the programs administered by CMS.

HEALTH CARE FRAUD AND ABUSE CONTROL

Appropriations, 2015	\$672,000,000
Budget estimate, 2016	706,000,000
Committee recommendation	706,000,000

The Committee recommends \$706,000,000, to be transferred from the Medicare trust funds, for Health Care Fraud and Abuse Control [HCFAC] activities. The latest data demonstrates for every \$1 spent on fraud and abuse, \$8.10 is recovered by the Treasury. By utilizing the cap adjustment provided in the Budget Control Act, the Committee recommendation will create over \$5,718,000,000 in savings to the U.S. Treasury.

The Committee recommendation includes a base amount of \$311,000,000 and an additional \$395,000,000 through a budget cap adjustment authorized by section 251(b) of the Balanced Budget and Emergency Deficit Control Act of 1985.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Appropriations, 2015	\$2,438,523,000
Budget estimate, 2016	2,944,906,000
Committee recommendation	2,944,906,000

The Committee recommendation includes \$2,944,906,000 in fiscal year 2016 mandatory funds for Child Support Enforcement and Family Support programs. In addition, the Committee recommends \$1,300,000,000 in advance funding for the first quarter of fiscal year 2017.

These funds support States’ efforts to promote the self-sufficiency and economic security of low-income families, including administrative expenses matching funds and incentive payments to States for child support enforcement; grants to States to help establish and administer access and visitation programs between noncustodial

parents and their children; payments to territories for benefits to certain aged, blind, or disabled individuals; and temporary benefits for certain repatriated citizens.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 2015	\$3,390,304,000
Budget estimate, 2016	3,390,304,000
Committee recommendation	3,390,304,000

The Committee recommendation includes \$3,390,304,000 for LIHEAP, which provides home heating and cooling assistance to low-income households, generally in the form of payments to energy vendors on behalf of the recipient.

The Committee recommendation provides the full amount under the State formula grant. The budget request included \$3,190,304,000 for the State formula grant, and \$200,000,000 for a new Utility Innovation Fund.

Within the total, the Committee recommendation includes up to \$2,988,000 for program integrity and oversight efforts, the same as the fiscal year 2015 level.

Since fiscal year 2009 appropriations language has modified the statutory formula for allocating funds to States. As a result, the vast majority of funding is allocated based on historical allocation levels, and a much smaller amount based on dynamic factors such as the number of low-income households and home heating and cooling costs by State. The Committee directs the Secretary to submit a report within 90 days of enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate on the average home heating and cooling costs of low-income households by State and the average LIHEAP assistance payment to households by State. Further, HHS should include in future budget justifications estimated State allocations as proposed in the budget request, and, if different, based on the underlying statutory formula.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2015	\$1,559,884,000
Budget estimate, 2016	1,624,612,000
Committee recommendation	1,405,367,000

The Committee recommends \$1,405,367,000 for Refugee and Entrant Assistance programs. These programs provide a variety of benefits and services to refugees, asylees, Cuban and Haitian entrants, immigrants arriving on Special Immigrant Visas, trafficking victims, and torture victims (collectively referred to below as “refugees”). These programs also provide temporary care and services for unaccompanied children apprehended by the Department of Homeland Security or other law enforcement agencies, who have no lawful immigration status in the United States until they can be placed with a parent, guardian, or other sponsor while awaiting adjudication of their immigration status.

Transitional and Medical Services

The Committee recommendation includes \$426,749,000 for Transitional and Medical Services [TAMS]. This program provides grants to States and nonprofit organizations to provide up to 8

months of cash and medical assistance to arriving refugees, as well as foster care services to unaccompanied minors.

Within the total for TAMS, the Committee strongly supports Office of Refugee Resettlement's plan to increase funding for the Voluntary Agency Matching Grant program. This program provides grants to resettlement agencies to support comprehensive services—including case management, basic job training, job placement, and interim housing and cash assistance—for arriving refugees with the goal of refugees becoming self-sufficient within their first 4 months in the United States. Many resettlement agencies exhaust their matching grant slots well before the end of the year. While this program may not be appropriate for many arriving refugees, the fact that many agencies quickly use up funds provided through this program indicates there is more demand than available resources. Expanding the matching grant program could improve overall services available to refugees in their first few months in the United States while saving money elsewhere in the TAMS budget.

Victims of Trafficking

The Committee recommendation includes \$15,755,000 for Victims of Trafficking programs. These programs support a national network of organizations that provide a variety of services—including case management, counseling, benefit coordination, and housing assistance—for victims of commercial sex and forced labor trafficking.

Within the total, the Committee recommendation includes \$13,000,000 for services for foreign national victims, and \$2,755,000 to improve services available for U.S. citizens and legal permanent residents, the same as the fiscal year 2015 funding levels. Victims and individuals at risk of becoming victims of trafficking are likely to come into contact with a variety of different service providers at the local level, including runaway and homeless youth shelters, child welfare organizations, and schools. The Committee supports efforts to improve the coordination of services for victims of trafficking across ACF and HHS programs, and across the Federal government consistent with the Federal Strategic Action Plan on human trafficking.

Social Services

The Committee recommendation includes \$149,927,000 for Social Services programs for refugees. These funds include both formula and discretionary grants to States and nonprofit organizations to provide a variety of employment and support services to recently arrived refugees.

The Committee notes that, due to a reprogramming of funds to address a sudden need for resources elsewhere in ORR, the timing of Social Services grants was modified in fiscal year 2012. This has created administrative challenges for local organizations carrying out social services programs for refugees. The Committee strongly supports efforts to reduce unnecessary administrative burdens associated with the timing of these grants and will work with ACF on possible solutions.

Preventive Health

The Committee recommendation includes \$4,600,000 for Preventive Health services for refugees. This program funds competitive grants to States to provide newly arrived refugees health orientation and education services, referrals for medical and mental health services, and access to ongoing healthcare.

Targeted Assistance

The Committee recommendation includes \$47,601,000 for the Targeted Assistance program. This program provides additional funds to States and counties with the greatest number of refugee arrivals and high concentrations of refugees facing difficulties achieving self-sufficiency.

Unaccompanied Children

The Committee recommendation includes \$750,000,000 for the Unaccompanied Children [UC] program. The budget request is \$948,000,000 in base funding plus up to an additional \$400,000,000 in contingency funding. The UC program provides temporary shelter and basic services to children who have no lawful immigration status in the United States and who have been apprehended in the United States by the Department of Homeland Security or other law enforcement agencies without a parent or guardian. HHS takes custody of the children until they can be placed with a parent or guardian living in the United States pending resolution of their immigration status, or until their immigration status otherwise changes.

In the spring and summer of fiscal year 2014, the number of unaccompanied children coming to the United States from Central America, and apprehended by DHS, dramatically increased. This followed a trend of consistent increases starting in fiscal year 2012. In June 2014 alone almost 10,200 children were apprehended and transferred to HHS' care, more than four times the number of children as June 2013. However, just as sudden as the increase, the number of children coming to the United States significantly decreased starting in July 2014. In the first 6 months of fiscal year 2015 the number of children transferred to HHS' care was approximately half the level through the comparable period in 2014.

In addition, HHS' actual costs of providing emergency shelter and related services for children in fiscal year 2014 were significantly lower than originally estimated. As a result of this sudden decrease in children and lower than estimated costs HHS ended fiscal year 2014 with approximately \$197,000,000 in unexpended balances that is available for obligation through fiscal year 2016. In addition, if current trends continue, HHS will not need the full fiscal year 2015 appropriation and will carry over additional unobligated balances into fiscal year 2016. Therefore, the Committee recommendation rescinds \$250,000,000 of prior-year unobligated balances in this account. In total, the Committee recommendation provides adequate resources for HHS to provide temporary shelter and services to children transferred to their care in fiscal years 2015 and 2016.

Victims of Torture

The Committee recommendation includes \$10,735,000 for the Victims of Torture program. This program provides treatment, social, and legal services to victims of torture and training to healthcare providers on treating the physical and psychological effects of torture.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT BLOCK GRANT

Appropriations, 2015	\$2,435,000,000
Budget estimate, 2016	2,805,149,000
Committee recommendation	2,585,000,000

The Committee recommends \$2,585,000,000, an increase of \$150,000,000 for the Child Care and Development Block Grant [CCDBG], a formula grant to States that provides financial assistance to families to help pay for child care, and otherwise improve the quality of child care programs.

Last year, Congress overwhelmingly passed the reauthorization of the Child Care and Development Block Grant Act. This reauthorization includes many important reforms to the program, including requiring States to strengthen health and safety standards and implement policies focused on promoting the healthy development of young children and supporting working parents. The Committee recommendation provides an increase for CCDBG to help States implement these key reforms, and improve working families access to quality child care. The total provided for CCDBG is consistent with CBO’s estimate of the discretionary portion of costs to implement the law in the first year after enactment. At the same time, the Committee notes that discretionary funding for CCDBG represents only about 27 percent of total expenditures from the Child Care and Development Fund [CCDF], for which CCDBG Act governs the use of funds. Funding for CCDF also comes from the mandatory Child Care Entitlement program, TANF, and State-matching funds.

The Committee recommendation supports several existing set-asides within CCDBG, including for resource and referral activities; a toll-free referral line and Web site; additional funding for quality improvement activities, including a specific amount for improving the quality of infant and toddler care; and research, demonstration, and evaluation activities. The CCDBG Act reauthorization incorporated these set-asides, previously created and carried through appropriations language, into the authorizing statute. The Committee bill language does not include those set-asides now provided for in the authorizing statute. The Committee maintains bill language specifying an additional amount for improving the quality of infant and toddler care because the set-aside in statute does not take effect until fiscal year 2017. The Committee recommendation also includes a technical correction regarding the availability of funding for technical assistance and research, demonstration, and evaluation activities.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2015	\$1,700,000,000
Budget estimate, 2016	1,700,000,000
Committee recommendation	1,700,000,000

The Committee recommends \$1,700,000,000 in mandatory funds for the SSBG, a flexible source of funding that allows States to provide a diverse array of services to low-income children and families, the disabled, and the elderly.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 2015	\$10,346,115,000
Budget estimate, 2016	11,911,242,000
Committee recommendation	10,388,620,000

The Committee recommends \$10,388,620,000 for Children and Family Services programs. These funds support a variety of programs for children, youth, and families; Native Americans; victims of child abuse, neglect, and domestic violence; and other vulnerable populations.

Head Start

The Committee recommendation includes \$8,698,095,000 for Head Start. Head Start provides grants directly to local organizations to provide comprehensive early childhood education services to children and their families, from before birth to age 5.

Within the total for Head Start, in addition to funds otherwise available for Early Head Start, the Committee recommendation includes a total of \$600,000,000, an increase of \$100,000,000 over the fiscal year 2015 level, to support Early Head Start expansion grants, including Early Head Start-Child Care Partnerships.

Early Head Start, which provides services to children and their families from before birth to age 3, currently serves less than 5 percent of eligible children, yet research increasingly supports the importance and benefits of high-quality early childhood education beginning at birth, including for families before birth. HHS should allocate these additional funds to States by considering the number of young children from families whose income is below the poverty line. Further, HHS shall reserve no less than 3 percent for Indian Head Start programs and no less than 4.5 percent for migrant and seasonal Head Start programs, consistent with the Head Start Act.

In awarding fiscal year 2016 funds, HHS should give equal priority to grantees proposing to provide more traditional Early Head Start services and those proposing to form child care partnerships. The Committee supports this partnership model but such partnerships will not be viable in every community and in many places it may be more appropriate to simply expand traditional Early Head Start, either through current or new grantees.

Within the total for Head Start, the Committee recommendation also includes up to \$25,000,000, the same as the comparable fiscal year 2015 level and the budget request, for transition-related costs associated with the Head Start DRS. The Committee is encouraged that HHS plans to evaluate the DRS in the coming year to ensure it meets the goals of transparency, validity, reliability, and program improvement—goals that have not yet been met. The Com-

mittee encourages HHS to continue to consider the unique challenges faced by Head Start grantees in remote and frontier areas when reviewing such grantees' compliance with health and dental screening requirements as part of the DRS.

Consolidated Runaway and Homeless Youth Program

The Committee recommendation includes \$99,000,000 for the Consolidated Runaway and Homeless Youth program. This program supports the Basic Centers program, which provides temporary shelter, counseling, and after-care services to runaway and homeless youth under age 18 and their families; the Transitional Living Program, which provides longer-term shelter and services for older youth; and a national toll-free runaway and homeless youth crisis hotline.

Within the total, the Committee recommendation includes \$2,000,000 for the "Prevalence, Needs and Characteristics of Homeless Youth," study as requested by the administration.

Education and Prevention Grants To Reduce Sexual Abuse of Runaway Youth

The Committee recommendation includes \$17,141,000 for Education and Prevention Grants to Reduce Sexual Abuse of Runaway and Homeless Youth. This program provides competitive grants for street-based outreach and education services for runaway and homeless youth who are subjected to or are at risk of being subjected to sexual abuse or exploitation.

Child Abuse Prevention and Treatment State Grants

The Committee recommendation includes \$25,310,000 for the Child Abuse Prevention and Treatment State Grant program. This program provides formula grants to States to improve their child protective service systems.

Child Abuse Discretionary Activities

The Committee recommendation includes \$28,744,000 for Child Abuse Discretionary Activities. This program supports discretionary grants for research, demonstration, and technical assistance to increase the knowledge base of evidence-based practices and to disseminate information to State and local child welfare programs.

Community-Based Child Abuse Prevention

The Committee recommendation includes \$39,764,000 for the Community-Based Child Abuse Prevention program. This program provides formula grants to States that then disburse funds to local, community-based organizations to improve local child abuse prevention and treatment efforts, including providing direct services and improving the coordination between State and community-based organizations.

Abandoned Infants Assistance

The Committee recommendation does not include funding for this program. The budget request proposes significantly changing the focus of this program as part of a reauthorization proposal. The

Abandoned Infants Assistance program was created in 1988 as a response to an acute child welfare crisis associated with the crack cocaine and HIV/AIDS epidemics of the 1980s. Specifically, the program funded demonstration projects to prevent the abandonment of infants and young children impacted by substance abuse and HIV. As the budget request discusses, over the last several decades, in part because of these demonstration projects, States have implemented more effective community responses to infants and families in these circumstances, the goal of these demonstration projects.

Child Welfare Services

The Committee recommendation includes \$268,735,000 for Child Welfare Services. This formula grant program helps State and tribal public welfare agencies improve their child welfare services with the goal of keeping families together. These funds help States and tribes provide a continuum of services that prevent child neglect, abuse or exploitation; allow children to remain with their families, when appropriate; promote the safety and permanence of children in foster care and adoptive families; and provide training and professional development to the child welfare workforce.

Child Welfare Research, Training, and Demonstration

The Committee recommendation includes \$13,984,000 for child welfare research, training, and demonstration projects. This program provides grants to public and nonprofit organizations for demonstration projects that encourage experimental and promising types of child welfare services, as well as projects that improve education and training programs for child welfare service providers.

National Survey of Child and Adolescent Well-Being.—The Committee recommendation includes funding within this program for HHS to continue the National Survey of Child and Adolescent Well-Being. This survey provides critical, nationally representative, longitudinal data on children who have been involved in State child protective services programs. This helps examine the current characteristics and needs of children and families involved with child protective services, and evaluate the impact of interventions to improve child and family well-being.

Adoption Opportunities

The Committee recommends \$39,100,000 for the Adoption Opportunities program. This program funds discretionary grants to help facilitate the elimination of barriers to adoption and provide technical assistance to help States increase the number of children adopted, particularly children with special needs.

Adoption Incentives

The Committee recommends \$37,943,000 for the Adoption Incentives program. This program provides formula-based incentive payments to States to encourage them to increase the number of adoptions of children from the foster care system, with an emphasis on children who are the hardest to place.

Social Services and Income Maintenance Research

The Committee recommends \$5,762,000 for Social Services and Income Maintenance Research. These funds support research and evaluation of cost-effective programs that increase the stability and economic independence of families and contribute to the healthy development of children and youth.

Native American Programs

The Committee recommends \$46,520,000 for Native American programs. These funds support a variety of programs to promote self-sufficiency and cultural preservation activities among Native American, Native Hawaiian, Alaska Native, and Pacific Islander organizations and communities.

Within the total, the Committee recommendation includes \$12,000,000 for Native American language preservation activities, including no less than \$4,000,000 for Native American language nests and survival schools, as authorized by sections 803C(b)(7)(A)–(B) of the Native American Programs Act. The Committee directs HHS to give priority to programs with the most rigorous immersion programs. In addition, the Committee directs ACF to coordinate with the Department of Education in administering these funds.

Community Services Block Grant

The Committee recommendation includes \$674,000,000 for the Community Services Block Grant [CSBG]. The CSBG is a formula grant to States and Indian tribes to provide a wide range of services to alleviate causes of poverty in communities and to assist low-income individuals in becoming self-sufficient. States are required to pass on at least 90 percent of these funds to local community-based organizations, the vast majority of which are community action agencies.

Community Economic Development

The Committee recommendation does not include funding for the Community Economic Development [CED] program as proposed by the administration. The President's budget proposed eliminating this program because it is similar or duplicative of programs administered by other agencies, including the Department of Treasury.

Rural Community Facilities

The Committee recommendation does not include funding for the Rural Community Facilities program as proposed by the administration. The President's budget proposed eliminating this program because it is similar or duplicative of programs administered by other agencies, including the Department of Agriculture and Environmental Protection Agency.

Assets for Independence

The Committee recommendation includes \$12,000,000 for the Assets for Independence [AFI] program. The AFI program provides discretionary grants to organizations to support individual development accounts that encourage low-income individuals to create sav-

ings accounts for dedicated purposes, such as buying a home, paying for college, or starting a business.

The Committee remains concerned that grantees have been unable to expend all of their funding under this program, which has resulted in a significant amount of funding lapsing. Grantees have 5 years to expend funds but some have struggled to encourage enough savings or to provide a sufficient match to be able to expend their full grant during that time.

National Domestic Violence Hotline

The Committee recommendation includes \$4,500,000 for the National Domestic Violence Hotline. This national, toll-free hotline provides critical emergency assistance and information to victims of domestic violence 24 hours a day.

Family Violence Prevention and Services

The Committee recommendation includes \$135,000,000 for Family Violence Prevention and Services programs. These funds support programs to prevent family violence and provide immediate shelter and related assistance for victims of domestic violence and their dependents.

Chafee Education and Training Vouchers

The Committee recommendation includes \$43,257,000 for the Chafee Education and Training Voucher program. This program supports vouchers to foster care youth to help pay for expenses related to postsecondary education and vocational training.

Disaster Human Services Case Management

The Committee recommends \$1,864,000 for Disaster Human Services Case Management. This program assists States in establishing the capacity to provide case management services in a timely manner in the event of a disaster. It ensures that States are able to meet social service needs during disasters by helping disaster victims prepare recovery plans, referring them to service providers and FEMA contacts to identify needed assistance, and providing ongoing support and monitoring through the recovery process.

Program Administration

The Committee recommendation includes \$197,901,000 for the Federal costs of administering ACF programs.

PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 2015	\$404,765,000
Budget estimate, 2016	434,765,000
Committee recommendation	404,765,000

The Committee recommends \$404,765,000 for the Promoting Safe and Stable Families program. The Committee recommendation includes \$345,000,000 in mandatory funds authorized by the Social Security Act and \$59,765,000 in discretionary appropriations.

This program supports activities that can prevent the emergence of family crises that might require the temporary or permanent removal of a child from his or her home. Grants allow States to operate coordinated programs of family preservation services, time-lim-

ited family reunification services, community-based family support services, and adoption promotion and support services.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriations, 2015	\$4,832,000,000
Budget estimate, 2016	5,298,000,000
Committee recommendation	5,298,000,000

The Committee recommends \$5,298,000,000 in mandatory funds for Payments for Foster Care and Permanency. In addition, the Committee recommends \$2,300,000,000 in advance mandatory funding for the first quarter of fiscal year 2017. These funds support programs that assist States with the costs of maintaining eligible children in foster care, prepare children for living on their own, assist relatives with legal guardianship of eligible children, and find and support adoptive homes for children with special needs.

The Committee continues to strongly support efforts to improve the coordination and availability of child welfare and housing services for children aging out, or who have recently aged out, of the foster care system. Children aging out of foster care face an abrupt transition, and improving the quality of services available to them, and particularly the coordination of child welfare and housing services, can help improve outcomes for these particularly vulnerable youth and reduce total costs to the Government. The Committee strongly encourages HHS to work with the Department of Housing and Urban Development to improve the coordination of child welfare and housing services at the Federal and local level.

ADMINISTRATION FOR COMMUNITY LIVING

AGING AND DISABILITY SERVICES PROGRAMS

Appropriations, 2015	\$1,700,956,000
Budget estimate, 2016	2,123,355,000
Committee recommendation	1,888,139,000

The Committee recommends an appropriation of \$1,888,139,000, for the Administration for Community Living [ACL], which includes \$30,000,000 in Medicare Trust Funds. The Committee recommendation also includes \$27,050,000 to be transferred to ACL from the PPH Fund.

ACL was created with the goal of increasing access to community support for older Americans and people with disabilities. It is charged with administering programs authorized under the Older Americans Act [OAA] and the Developmental Disabilities Act, as well as promoting community living policies throughout the Federal Government for older Americans and people with disabilities.

Home- and Community-Based Supportive Services

The Committee recommends an appropriation of \$347,724,000 for the Home- and Community-Based Supportive Services program. This program provides formula grants to States and territories to fund a wide range of social services that enable seniors to remain independent and in their homes for as long as possible. State agencies on aging award funds to designated area agencies on aging that, in turn, make awards to local service providers. This activity

supports services such as transportation, adult day care, physical fitness programs, and in-home assistance such as personal care and homemaker assistance. The Committee directs ACL to work with States to prioritize innovative service models, like naturally occurring retirement communities [NORCs], which help older Americans remain independent as they age. The Committee notes that NORCs, and similar settings, are a more cost-effective alternative to long-term care that enables older Americans to be more engaged in their communities while living at home.

Preventive Health Services

The Committee recommends \$19,848,000 for Preventive Health Services. This program funds activities such as medication management and enhanced fitness and wellness programs. These programs help seniors stay healthy and avoid chronic disease, thus reducing the need for costly medical interventions. The Committee maintains bill language that requires States to use these funds to support evidence-based models that enhance the wellness of seniors.

Protection of Vulnerable Older Americans

The Committee recommends \$20,658,000 for grants to States for the Long-term Care Ombudsman program and the Prevention of Elder Abuse program. Both programs provide formula grants to States to prevent the abuse, neglect, and exploitation of older individuals. The ombudsman program focuses on the needs of residents of nursing homes and other long-term care facilities, while the elder abuse prevention program targets the elderly community at large.

National Family Caregiver Support Program

The Committee recommends \$145,586,000 for the National Family Caregiver Support program. Funds appropriated for this activity establish a multifaceted support system in each State for family caregivers, allowing them to care for their loved ones at home for as long as possible. States may use funding to provide information to caregivers about available services, assistance to caregivers in gaining access to services, caregiver counseling and training, respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities, and limited supplemental services that fill remaining service gaps.

Native American Caregiver Support Program

The Committee recommendation includes \$6,031,000 to carry out the Native American Caregiver Support program. This program provides grants to tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disability, as well as for grandparents caring for grandchildren.

Congregate and Home-Delivered Nutrition Services

The Committee recommends an appropriation of \$438,191,000 for congregate nutrition services and \$216,397,000 for home-delivered meals. These programs address the nutritional needs of older individuals, thus helping them to stay healthy and reduce their risk of

disability. Funded projects must make home-delivered and congregate meals available at least once a day, 5 days a week, and each meal must meet a minimum of one-third of daily dietary requirements. While States receive separate allotments of funds for congregate meals, home-delivered meals, and supportive services, they have flexibility to transfer funds between these programs.

Healthier Foods.—The Committee encourages ACL to partner with organizations to review, identify, and disseminate best practices to provide healthier foods and menu options for seniors. These practices could include better food product procurement, preparation techniques, and improved menu planning and recipe documentation to facilitate changes that support healthier meals. Coalitions of manufacturers, food service providers, and food service distributors could also be developed to explore ways to promote best practices and provide a more appropriate selection of healthier ready-to-use ingredients.

Nutrition Services Incentives Program.—The Committee recommendation includes \$160,069,000 for the Nutrition Services Incentives Program [NSIP]. NSIP augments funding for congregate and home-delivered meals provided to older adults. States and tribes may choose to receive all or part of their funding in the form of commodities from the USDA.

Aging Grants to Indian Tribes and Native Hawaiian Organizations

The Committee recommends \$24,850,000 for grants to Native Americans. This program provides grants to eligible tribal organizations for the delivery of nutrition and supportive services to Native Americans.

Tribal Advisory Council.—The Committee encourages ACL to continue with their plans to establish a Tribal Advisory Council focusing on issues that affect the aging Indian population. ACL shall continue to participate in the broader Secretary-level Tribal Advisory Council to present their latest efforts, provide advice with respect to policies and services that affect the older Indian population, help in identifying priorities, and coordinating strategies across the Tribal, regional, or national levels.

Aging Network Support Activities

The Committee recommends \$7,088,000 for Aging Network Support activities. These funds support activities that expand public understanding of aging and the aging process, apply social research and analysis to improve access to and delivery of services for older individuals, test innovative ideas and programs, and provide technical assistance to agencies that administer programs authorized by the OAA.

Alzheimer's Disease Demonstration Grants to States

The Committee recommendation includes \$3,800,000 for Alzheimer's Disease Demonstration Grants to States. This program funds competitive grants to States to test and implement new models of care for individuals with Alzheimer's disease.

Alzheimer's Disease Initiative

The Committee recommends \$14,700,000 in mandatory funding be transferred from the PPH Fund to ACL for the Alzheimer's Disease Initiative. Of the total, \$10,500,000 is provided to expand the availability of home- and community-based dementia services and supports. The remaining \$4,200,000 is provided for a public awareness outreach campaign regarding Alzheimer's disease.

Lifespan Respite Care

The Committee recommends \$2,242,000 for the Lifespan Respite Care program. The Lifespan Respite Care program provides grants to States to expand respite care services to family caregivers, improve the local coordination of respite care resources, and improve access to and quality of respite care services, thereby reducing family caregiver strain.

Chronic Disease Self-Management Program

The Committee recommends \$7,600,000 be transferred from the PPH Fund to ACL for the Chronic Disease Self-Management Program [CDSMP]. This program assists those with chronic disease manage their conditions and improve their health status. Topics covered by the program include nutrition; appropriate use of medications; fitness; and effective communications with healthcare providers. CDSMP has been shown through multiple studies to result in significant and measurable improvements in health and quality of life, as well as reductions in hospitalizations and emergency room visits.

Elder Falls Prevention

The Committee recommends that \$4,750,000 be transferred from the PPH Fund for Elder Falls Prevention activities at ACL. Preventing falls will help seniors stay independent and in their homes and avoid costly hospitalizations and hip fractures, which frequently lead to nursing home placement. The Committee intends that these funds should be used in coordination with CDC for public education about the risk of these falls, as well as implementation and dissemination of community-based strategies that have been proven to reduce the incidence of falls among seniors.

Senior Medicare Patrol

Due to budget constraints, the Committee recommendation does not include funding for the Senior Medicare Patrol program. The Committee recommendation utilizes the budget cap adjustment for HCFAC and supports this program and other activities to combat fraud and abuse in the Medicare program through that funding mechanism.

Elder Rights Support Activities

The Committee recommends \$7,874,000 for Elder Rights Support activities. These activities support programs that provide information, training, and technical assistance to legal and aging services organizations in order to prevent and detect elder abuse and neglect. The Committee includes the same level as in fiscal year 2015 for the Elder Justice Initiative.

Aging and Disability Resource Centers

The Committee recommendation includes \$5,813,000 for Aging and Disability Resource Centers [ADRCs]. These centers provide information, one-on-one counseling, and access for individuals to learn about their long-term services and support options with the goal of allowing seniors and individuals with disabilities to maintain their independence. The Committee urges ACL to improve coordination among ADRCs, area agencies on aging, and centers for independent living to ensure that there is “no wrong door” to access services.

State Health Insurance Assistance Program

The Committee recommendation includes \$30,000,000 for State Health Insurance Assistance Programs, which provide accurate and understandable health insurance information to Medicare beneficiaries and their families.

Paralysis Resource Center

The Committee recommendation includes \$6,365,000 for the Paralysis Resource Center, which provides comprehensive information and referral services to people living with paralysis and their families. These resources and services focus on the promotion of independence and quality of life for the over 6,000,000 Americans living with paralysis.

Limb Loss

The Committee provides \$2,660,000 for the Limb Loss program, which supports programs and activities to improve the health of people with limb loss and promote their well-being, quality of life, prevent disease, and provide support to their families and caregivers.

Developmental Disabilities State Councils

The Committee recommendation includes \$68,107,000 for State councils on developmental disabilities. These councils work to develop, improve, and expand the system of services and supports for people with developmental disabilities at the State and local level. Councils engage in activities such as training, educating the public, building capacity, and advocating for change in State policies with the goal of furthering the inclusion and integration of individuals with developmental disabilities in all aspects of community life.

Developmental Disabilities Protection and Advocacy

The Committee recommendation includes \$36,797,000 for protection and advocacy programs for people with developmental disabilities. This formula grant program provides funds to States to establish and maintain protection and advocacy systems that protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation.

Voting Access for Individuals with Disabilities

The Committee recommendation includes \$4,715,000 to improve voting access for individuals with disabilities. This program provides grants to protection and advocacy organizations to ensure

that individuals with disabilities have the opportunity to participate in every step of the electoral process, including registering to vote, accessing polling places, and casting a vote.

Developmental Disabilities Projects of National Significance

The Committee recommendation includes \$8,414,000 for projects of national significance to assist persons with developmental disabilities. This program funds grants and contracts that develop new technologies and demonstrate innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities.

Technical Assistance.—The Committee provides \$575,000 for technical assistance and training for the State Councils on Developmental Disabilities.

Transportation.—The Committee includes \$1,000,000 to fund transportation assistance activities for older adults and persons with disabilities. These activities should focus on the most cost-effective and sustainable strategies that can be replicated to other communities.

University Centers for Excellence in Developmental Disabilities

The Committee recommendation includes \$35,790,000 for University Centers for Excellence in Developmental Disabilities [UCEDDs]. The UCEDD program supports a network of 67 centers that are interdisciplinary education, research, and public service units of a university system or public or nonprofit entities associated with universities. These Centers assist States 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 assistance to strengthen and support the national network of Centers and to disseminate research and best practices nationwide. Within the amount appropriated for UCEDD, the Committee provides no less than the fiscal year 2015 level for technical assistance for the UCEDD network.

Independent Living

The Committee recommendation includes \$96,124,000 for the Independent Living Program. This program helps ensure that individuals with disabilities can live a productive and independent life in society. Funding supports States sustain, improve, and expand independent living services and establish and support a network of centers for independent living. The Committee includes new bill language providing the necessary authorities for this program as part of the transfer that occurred in fiscal year 2015.

National Institute on Disability, Independent Living, and Rehabilitation Research

The Committee recommendation includes \$98,772,000 for the National Institute on Disability, Independent Living, and Rehabilitation Research [NIDILRR]. The NIDILRR supports research and activities that help to maximize the full potential of individuals with disabilities in employment, independent living, and social activities. The Committee includes new bill language providing the necessary authorities for this program as part of the transfer that occurred in fiscal year 2015.

Assistive Technology

The Committee recommendation includes \$31,350,000 for Assistive Technology [AT]. AT provides States with funding to support individuals with disabilities of all ages to obtain devices and services that will increase, maintain, or improve their functional capabilities. The Committee includes new bill language providing the necessary authorities for this program as part of the transfer that occurred in fiscal year 2015.

Program Administration

The Committee recommends \$35,824,000 for program administration at ACL. These funds support salaries and related expenses for program management and oversight activities.

Business Acumen Learning Collaborative.—The Committee supports ACL in the development of the Business Acumen Learning Collaborative and the successful partnerships between its network of home and community-based services organizations. The collaborative aims to reduce hospital admissions and readmissions, improve care coordination, improve access to social services and supports, and lower overall healthcare expenditures in the future. The Committee urges ACL to continue these efforts and collaborate with CMS to maximize further cost savings.

Muscular Dystrophy.—Since ACL was recently added to the Muscular Dystrophy Coordinating Committee, the Committee requests an update in the fiscal year 2017 CJ on all programs relevant to the Duchenne population, particularly those focused on supporting transitions of persons with Duchenne into adulthood. This report shall include the cost-effectiveness of independent living programs and supports for persons living with various forms of muscular dystrophy.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2015	\$512,862,000
Budget estimate, 2016	558,594,000
Committee recommendation	348,262,000

The Committee recommends \$348,262,000 for General Departmental Management [GDM]. The recommendation includes \$46,762,000 in transfers available under section 241 of the PHS Act.

This appropriation supports activities that are associated with the Secretary’s role as policy officer and general manager of the

Department. It supports health activities performed by the Office of the Assistant Secretary for Health [ASH], including the Office of the Surgeon General. GDM funds also support the Department's centralized services carried out by several Office of the Secretary staff divisions, including personnel management, administrative and management services, information resources management, intergovernmental relations, legal services, planning and evaluation, finance and accounting, and external affairs.

Breast Cancer Patient Education Campaign.— Since 1998, health plans that offer breast cancer coverage have been required to provide for breast reconstruction and prostheses. Published studies report that an overwhelming majority of women eligible for breast reconstruction following breast cancer are not informed of their care options. This is especially problematic for members of racial and ethnic minority groups, who are even less likely to be informed but have a greater chance of getting breast cancer. According to the American Society of Plastic Surgeons, only 33 percent of eligible women with breast cancer undergo breast reconstruction and published research reports that nearly 70 percent of women are not informed of their care options by their general surgeon. The Committee directs the Secretary to plan and implement an education campaign to inform breast cancer patients anticipating surgery about the availability and coverage of breast reconstruction, prostheses, and other options, with a focus on informing patients who are members of racial and ethnic minority groups. The campaign shall include dissemination of the following information: (A) Breast reconstruction is possible at the time of breast cancer surgery, or at a later time. (B) Prostheses or breast forms may be available. (C) Federal law mandates both public and private health plans to include coverage of breast reconstruction and prostheses. (D) The patient has a right to choose a provider of reconstructive care, including the potential transfer of care to a surgeon that provides breast reconstructive care. (E) The patient may opt to undergo breast reconstruction sometime after the time of breast cancer surgery for personal or medical reasons, during treatment or after completion of all other breast cancer treatments. (F) Other information as the Secretary determines appropriate. The information required to be disseminated shall be posted on the Web sites of relevant Federal agencies, including the Office of Women's Health, the Office of Minority Health, and the Office of Rural Health Policy. The campaign shall not specify, or be designed to serve as a tool to limit, the healthcare providers available to patients. In developing the information to be disseminated, the Secretary shall consult with appropriate medical societies and patient advocates related to breast cancer, breast reconstructive surgery, breast prostheses, and breast forms and with patient advocates representing racial and ethnic minority groups with a special emphasis on African-American and Hispanic populations. The Committee directs the Secretary to provide an annual update in the CJ describing the activities carried out under this section during the preceding fiscal year, and an evaluation of the extent to which such activities have been effective in improving the health and well-being of racial and ethnic minority groups.

Breast Density.—The Committee encourages the Secretary to continue the activities of the Department conducting or supporting applied research on breast density; research on the cost-effectiveness and feasibility of reimbursement models for supplemental imaging relating to breast density; and research in support of clinical guidelines and best practices concerning use of mammograms and supplemental screening for women with dense breast tissue.

Center for Faith-Based and Neighborhood Partnerships.—The Committee recognizes the realignment of the Center for Faith-Based and Neighborhood Partnerships from ACF to the Secretary's Office of Intergovernmental and External Affairs. To complete this realignment, the Committee transfers the Center for Faith-Based and Neighborhood Partnerships' budget of \$1,299,000 from ACF to the GDM account as requested in the administration's budget.

Cerebral Cavernous Angioma.—The Committee encourages the Secretary to coordinate efforts by agencies and patient advocacy organizations to increase the efficiency and effectiveness of the research and clinical drug trials effort.

Children in Poverty.—The Committee encourages the U.S. Surgeon General to issue a report within 180 days after enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate on improving the health of America's children. Too many children still live in poverty, compromising their ability to be healthy, to succeed in school and to raise healthy families themselves. This report can increase awareness and generate additional efforts on ameliorating this public health problem.

Conference Attendance.—The Committee remains concerned that Congress and the administration have implemented unnecessary barriers to scientific research and collaboration through various requirements on administrative tasks, particularly the approval process for conference travel. The NIH reports that they spend approximately \$14,000,000 annually to comply with this provision and CDC dedicates approximately 1,000 FTE staff hours and 375 contractor support hours per week for travel approval and oversight. The Department is directed to provide the Committees on Appropriations of the House of Representatives and the Senate recommendations to help streamline administrative commitments, particularly relating to travel, within 90 days of enactment of this act.

Dietary Guidelines.—The Committee is concerned that the advisory committee for the 2015 Dietary Guidelines for Americans considered issues outside of the nutritional focus of the panel. The advisory committee included agriculture production practices and environmental factors into their criteria for establishing the next dietary recommendations. The Committee directs the Secretary to ensure that the advisory committee focuses on nutrient and dietary recommendations based upon only a preponderance of nutritional and dietary scientific evidence. Furthermore, the Committee includes new bill language directing the Secretary to only include nutrition and dietary information, not extraneous factors, in the final 2015 Dietary Guidelines for Americans.

E-Health and Telemedicine.—The Committee urges the Department to increase collaboration and coordination across relevant Federal agencies on E-health and telemedicine to assess current ef-

forts, needs, barriers, standards, goals, eliminate duplication and incompatibility, and ultimately improve health quality, effectiveness, and outcomes. The Department shall provide a report within 180 days after enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate with its analysis, including any recommendations on improving the existing E-health and telemedicine efforts.

Integrative Health.—The Committee commends the Council, which is chaired by the Surgeon General and includes senior representatives of twenty executive departments and agencies, for its efforts to guide the prevention, health promotion and public health policies and priorities of participating Federal agencies. However, the overriding focus of the Council remains substantially tobacco use and obesity. The Committee encourages the Department of HHS and the Surgeon General to guide the Council to more uniformly address across all Federal agencies each of the National Prevention Strategy's other priorities, including active, injury and violence free living, and mental and emotional wellbeing.

IT Efficiency.—The Committee encourages the Department to perform periodic inventories of software licenses in use across HHS. HHS should compare those usage numbers to its purchased licenses and seek to increase cost savings and efficiencies by using this information to obtain HHS-wide acquisitions as opposed to component-specific purchases of licenses.

National Strategy for Combating Antibiotic Resistant Bacteria [CARB].—The Committee supports the CARB initiative that will strengthen efforts to prevent, detect, and control illness and deaths related to infections caused by antibiotic resistant bacteria. The Committee directs the Department to work with DOD, USDA, VA, and FDA to broaden and expand efforts to track and store both antibiotic resistant bacteria genes and the mobile genetic elements from antibiotic resistant bacteria along with metadata. This should include such data as geographic information system coordinates describing where the bacteria were isolated to monitor emerging antibiotic resistant bacteria, assess their threat to public health, and develop mitigation strategies. The Department shall include in the fiscal year 2017 CJ a detailed update on the progress being made to implement the CARB national strategy initiative.

Necrotizing Enterocolitis [NEC].—The Committee directs the Secretary to coordinate the Department's efforts on NEC, including disseminating best practices and successful interventions for the prevention of NEC, particularly in premature infants.

Open Access to Federal Research.—The Committee continues to support the Office of Science and Technology Policy's [OSTP] development and implementation of policies to increase public access to federally funded scientific research. The Committee is pleased by the progress being made for Departments and Agencies funded under this bill, and supports OSTP's requirement for Agencies to have their public access and data management plan requirements in place for grants, contracts, and intramural research projects by January 1, 2016. Agencies funded in this bill are instructed to continue with their quarterly reporting requirements to the Senate Committee on Appropriations to keep Congress apprised of the re-

maintaining progress that needs to be made in making federally funded research accessible to the public as expeditiously as possible.

Prenatal Opioid Abuse and Neonatal Abstinence Syndrome.—The Committee directs the Secretary to lead a review of planning and coordination within the Department related to prenatal opioid use and neonatal abstinence syndrome. In carrying out the review of the planning and coordination efforts, the Secretary shall develop a strategy to address research and program gaps, including such gaps identified in findings made by reports of the Government Accountability Office. Such strategy shall address: (1) gaps in research, including with respect to the most appropriate treatment of pregnant women with opioid use disorders; the most appropriate treatment and management of infants with neonatal abstinence syndrome; and the long-term effects of prenatal opioid exposure on children; and (2) gaps in programs, including—the availability of treatment programs for pregnant and postpartum women and for newborns with neonatal abstinence syndrome; and guidance and coordination in Federal efforts to address prenatal opioid use or neonatal abstinence syndrome. No later than 1 year after the date of enactment of this act, the Secretary shall submit a report to the Committees on Appropriations of the House of Representatives and the Senate on the findings of the review of planning and coordination efforts at the Department and the strategy developed to address any research and program gaps. Furthermore, the Committee directs the Secretary to conduct a study and develop recommendations for preventing and treating prenatal opioid abuse and neonatal abstinence syndrome, soliciting input from nongovernmental entities, including organizations representing patients, healthcare providers, hospitals, other treatment facilities, and other entities, as appropriate. The Secretary shall publish on the appropriate Web sites a report on the study and recommendations no later than 1 year after the date of enactment of this act. The study and report shall include: (1) a comprehensive assessment of existing research with respect to the prevention, identification, treatment, and long-term outcomes of neonatal abstinence syndrome, including the identification and treatment of pregnant women or women who may become pregnant who use opioids or other drugs; (2) an evaluation of: (A) the causes of and risk factors for opioid use disorders among women of reproductive age, including pregnant women; (B) the barriers to identifying and treating opioid use disorders among women of reproductive age, including pregnant and postpartum women and women with young children; (C) current practices in the healthcare system to respond to and treat pregnant women with opioid use disorders and infants born with neonatal abstinence syndrome; (D) medically indicated use of opioids during pregnancy; (E) access to treatment for opioid use disorders in pregnant and postpartum women; and (F) access to treatment for infants with neonatal abstinence syndrome; and (3) recommendations on: (A) preventing, identifying, and treating neonatal abstinence syndrome in infants; (B) treating pregnant women who are dependent on opioids; and (C) preventing opioid dependence among women of reproductive age, including pregnant women, who may be at risk of developing opioid dependence.

Prescription Drugs on Infants.—Little is known about the effects of most drugs on the mother and her child or the ways in which pregnancy and lactation alter the metabolism and effect of medication. The Committee encourages the Department to coordinate all activities in this area and requests an update in the fiscal year 2017 CJ on the progress made on the safety and efficacy of drugs in this population, as well as potential projects related to data gathering and other relevant initiatives underway related to this issue.

Reducing Health Disparities.—The Committee encourages the Secretary to coordinate the capabilities of HHS agencies and partner with NIH to improve recruitment and training of health professionals and biomedical researchers to meet the needs of minority and underserved populations and to reduce health disparities in local communities.

Seafood Sustainability.—The Committee prohibits the Department from using or recommending third party, nongovernmental certification for seafood sustainability.

Severe Wounds.—The Committee directs the Secretary, in consultation with relevant stakeholders, to conduct a study on the treatment needs of individuals entitled to benefits under part A, or enrolled under part B, of Medicare, requiring specialized wound care, and the cost, for such individuals and the Medicare program, of treating severe wounds in rural and urban areas. The study shall include an assessment of: (A) access of such individuals to appropriate levels of care for such cases; (B) the potential impact that section 1886(m)(6)(A)(i) of the Social Security Act (42 U.S.C. 1395ww(m)(6)(A)(i)) will have on the access, quality, and cost of care for such individuals; and (C) how to appropriately pay for such care under the Medicare program. The Secretary shall submit the report within 1 year after enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate with recommendations for such legislation and administrative actions as the Secretary determines appropriate.

Sickle Cell Disease [SCD].—The Committee recognizes the Department's efforts in addressing the burden of SCD and continues to support a multi-disciplinary approach to identify new methods to disease management, supportive care, and reducing the burden of care and premature death. The Committee urges the Secretary to continue coordinating the Department's activities through the Interagency Working Group on SCD.

Technical Assistance for Priority Areas.—The Committee notes that the Medicare Access and CHIP Reauthorization Act of 2015 authorizes the Secretary to provide technical assistance on the Merit-based Incentive Payment System to eligible professionals with a priority given to practices located in rural, medically underserved, or health professional shortage areas. Due to their extensive experience working with providers in rural and underserved areas, the Committee highlights the significance of the State Offices of Rural Health and their ability to provide this type of guidance.

Transparency in Health Plans.—The Committee is aware of the additional guidance issued to qualified health plans to ensure greater consistency and full transparency of coverage options in-

cluded in health insurance plans prior to selecting them on the Exchanges during the enrollment process. The Committee expects the Secretary to ensure this guidance is followed.

United States-Mexico Border Health Commission.—The border between the United States and Mexico is one of the busiest transit points in the world. Therefore, the Committee urges the Secretary to continue supporting the United States-Mexico Border Health Commission and to focus on infection disease surveillance, epidemiology, and preparedness activities along the borders in order to be able to respond to potential outbreaks and epidemics, including those caused by potential bioterrorism agents.

Viral Hepatitis Action Plan.—The Committee continues to be concerned by the viral hepatitis epidemic and recognizes that much needs to be done to identify the millions of Americans with hepatitis before they reach end stage liver disease. The Committee urges the Secretary to continue to implement the Viral Hepatitis Action Plan and requests a report on spending by HHS agencies to implement the Action Plan in the fiscal year 2017 CJ. The report should include descriptions of public private partnerships that will enhance Federal efforts to combat viral hepatitis.

Teen Pregnancy Prevention

The Committee recommendation includes \$20,000,000 for the Teen Pregnancy Prevention program. This program supports competitive grants to public and private entities to replicate evidence-based teen pregnancy prevention approaches.

Office of Minority Health

The Committee recommends \$36,000,000 for the Office of Minority Health [OMH]. This Office focuses on strategies designed to decrease health disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals and coordinates all departmental activity related to improving health outcomes for disadvantaged and minority individuals.

The Lupus Initiative.—The Committee continues to provide \$2,000,000 for Lupus activities at the OMH. The Committee commends the successes of the National Health Education program on Lupus for healthcare providers that started in fiscal year 2009. Within the funding provided for Lupus activities, the Committee includes \$1,000,000 to complete the implementation of the health education program in fiscal year 2016 to transition to another priority in the Lupus community. The Committee recognizes that clinical trial education and successful recruitment of minorities into trials is a significant challenge in the drug development for Lupus. Therefore, the Committee directs OMH to initiate a program to develop a clinical trial education action plan for Lupus and begin preliminary steps towards implementation of the action plan. OMH shall work with the relevant Lupus stakeholders in this effort. The Committee includes the remaining \$1,000,000 for this new initiative, and it should 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. OMH shall

update the Committee on the progress of this new initiative in the fiscal year 2017 CJ.

Abstinence Education

The Committee recommends \$20,000,000 for abstinence education. This is a competitive grant program that funds evidenced based abstinence models for adolescents.

Office of Women’s Health

The Committee recommends \$29,500,000 for the Office of Women’s Health [OWH]. This office develops, stimulates, and coordinates women’s health research, healthcare services, and public and healthcare professional education across the Department. It advances important crosscutting initiatives and develops public-private partnerships, providing leadership and policy direction to address the disparities in women’s health.

The Committee recommendation includes \$3,100,000 to combat the violence against women through the State partnership initiative. This program provides funding to State-level public and private health programs to partner with domestic and sexual violence organizations to improve healthcare providers’ ability to help victims of violence and improve prevention programs.

HIV/AIDS in Minority Communities

Due to budget constraints, the Committee recommendation does not include funding for this program. The Secretary’s Minority AIDS Fund [SMAIF] supplements core HIV/AIDS funding provided to other HHS agencies. The majority of SMAIF activities supported prevention, treatment, outreach, and education activities focused on minority populations. The Committee notes that core HIV/AIDS activities such as CDC’s HIV Prevention with Health Department program and HRSA’s Ryan White programs provide the same services to the same population. In addition, SAMHSA also provides similar services but targeted to individuals with co-occurring mental health or substance abuse disorders.

Embryo Donation and Adoption

The Committee recommends \$1,000,000 for Embryo Donation and Adoption.

OFFICE OF MEDICARE HEARINGS AND APPEALS

Appropriations, 2015	\$87,381,000
Budget estimate, 2016	140,000,000
Committee recommendation	97,381,000

The Committee provides \$97,381,000 for the Office of Medicare Hearings and Appeals [OMHA]. This Office is responsible for hearing Medicare appeals at the administrative law judge level, which is the third level of Medicare claims appeals. OMHA ensures that Medicare beneficiaries who are dissatisfied with the initial decisions about their benefits or eligibility can appeal and exercise their right to a hearing in front of an administrative law judge.

Appeals Backlog.—The Committee continues to be concerned over the substantial backlog in the number of cases pending before the administrative law judges at OMHA. The Committee directs

OMHA to use the additional funds provided to address the current backlog and requests a spend plan within 30 days after enactment of this act. OMHA shall also provide an update in the fiscal year 2017 CJ on the pilot programs implemented in 2014, including the global settlement offer, statistical sampling, and mediation strategies.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION
TECHNOLOGY

Appropriations, 2015	\$60,367,000
Budget estimate, 2016	91,800,000
Committee recommendation	60,367,000

The Committee makes available \$60,367,000 to the Office of the National Coordinator for Health Information Technology [ONC]. The Committee provides funding for ONC entirely through budget authority, rather than through both budget authority and transfers available under section 241 of the PHS Act. ONC is responsible for promoting the use of electronic health records in clinical practice, coordinating Federal health information systems, and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

Precision Medicine.—The Committee recommendation includes \$5,000,000 for the coordination and development of data standards necessary to advance the Precision Medicine initiative. ONC will engage appropriate stakeholders to identify the standards and policy required to protect user privacy.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2015	\$71,000,000
Budget estimate, 2016	83,000,000
Committee recommendation	71,000,000

The Committee recommends an appropriation of \$71,000,000 for the HHS Office of Inspector General [OIG]. In addition to discretionary funds provided in this act, the Health Insurance Portability and Accountability Act of 1996 provides a permanent appropriation of \$333,893,000 for OIG.

OIG conducts audits, investigations, and evaluations of the programs administered by the Department's operating and staff divisions, including the recipients of the Department's grant and contract funds. In doing so, OIG addresses issues of waste, fraud, and abuse and makes recommendations to improve the efficiency and effectiveness of the Department's programs and operations.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2015	\$38,798,000
Budget estimate, 2016	42,705,000
Committee recommendation	38,798,000

The Committee recommends \$38,798,000 for the Office for Civil Rights [OCR], which is responsible for enforcing civil rights-related statutes in healthcare and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and im-

plements programs to generate voluntary compliance among providers and constituency groups of health and human services.

Pending Complaints.—OCR is tasked with ensuring that individuals are not subject to unlawful discrimination in healthcare programs. However, since September 2014, three Weldon Amendment cases have been filed with OCR without resolution. The OCR process is the only recourse for plaintiffs in these cases. Therefore, the Committee directs OCR to properly investigate the pending cases and urges OCR to resolve the pending cases expeditiously.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 2015	\$562,241,000
Budget estimate, 2016	586,188,000
Committee recommendation	586,188,000

The Committee provides an estimated \$586,188,000 in mandatory funds for Retirement Pay and Medical Benefits for Commissioned Officers of the U.S. Public Health Service [PHS]. This account provides for retirement payments to PHS officers who are retired due to age, disability, or length of service; payments to survivors of deceased officers; and medical care to Active Duty and retired officers, as well as their dependents.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Appropriations, 2015	\$1,175,069,000
Budget estimate, 2016	1,909,981,000
Committee recommendation	1,227,277,000

The Committee recommends \$1,227,277,000 for the Public Health and Social Services Emergency Fund. This appropriation supports the activities of the Assistant Secretary for Preparedness and Response [ASPR] and other components within the Office of the Secretary to prepare for the health consequences of bioterrorism and other public health emergencies, including pandemic influenza. It also provides funding for the Department’s cybersecurity efforts.

Office of the Assistant Secretary for Preparedness and Response

The Committee recommendation includes \$1,102,928,000 for activities administered by the Assistant Secretary for Preparedness and Response [ASPR]. This Office was created by the Pandemic and All-Hazards Preparedness Act [PAHPA] to lead the Department’s activities regarding preventing, preparing for, and responding to public health emergencies, including disasters and acts of terrorism.

National Disaster Medical System.—The Committee includes new bill language providing coverage under the Federal Employees Compensation Act for National Disaster Medical System intermittent employees who are activated for training or deployment.

Hospital Preparedness Program

The Committee’s recommendation includes \$254,555,000 for the Hospital Preparedness Program [HPP]. This program provides grants to States to build healthcare coalitions that enhance regional and local hospital preparedness and improve overall surge capacity in public health emergencies. The Committee believes this

funding should continue to provide our Nation's hospitals and emergency responders the necessary tools to respond quickly and collaboratively to these and other public health emergencies that are inevitable in our Nation's communities.

Allocation of Funds.—The Committee urges ASPR and State grantees to be strategic about allocation of HPP funds. Under current structures, States may allocate funds to as many healthcare coalitions as they deem appropriate. ASPR is encouraged to communicate to grantees the minimum standards a healthcare coalition must meet to be qualified under the program. ASPR should also provide oversight and technical assistance to ensure coalitions are meeting those standards and States are subgranting funds appropriately.

Geographic Variation in Mass Casualty Traumatic Injury Treatment Capacity.—The Committee is aware that the present geographic distribution of trauma and burn centers and other similar response capabilities are heavily skewed toward urban locations and vary significantly among different urban settings. The Committee is concerned that there are vulnerabilities in the Nation's emergency response system for areas not equipped to deal with mass casualty incidents with traumatic injuries. According to the CDC, 45 million Americans lack access to Level I trauma centers within the so-called "golden hour" during which outcomes dramatically improve. Similarly, just 25 percent of the U.S. population lives within 1 hour by ground transport of a verified burn center. Therefore, the Committee directs ASPR to provide a detailed report that analyzes the ability of our current infrastructure to respond to a large scale (greater than 20 casualties) traumatic injury event that may occur in a rural, exurban, suburban, and urban locations that are relatively underserved by the Nation's trauma system. The report should include recommendations on capacity building approaches including the use of the HPP address these capacity shortfalls.

Local Health Departments.—The Committee requests more detailed information in the fiscal year 2017 CJ on how State HPP funding is distributed at the local level. ASPR is encouraged to require States to report how much Federal HPP funding is being allocated to local health departments and what basis or formula each State is using to make such allocations.

Rural Areas.—The Committee encourages ASPR to ensure that hospital systems in remote and rural areas are benefiting from this program and are prepared in cases of emergencies, epidemics, or natural disasters.

Emergency System for Advance Registration of Volunteer Health Professionals [ESAR VHP]

The Committee recommendation does not include funding for the ESAR VHP program, consistent with the administration's request. Past funding supported technical assistance to States, but any future request for support will be covered by other ASPR resources. This program established a national network of health professionals who provide assistance during an emergency.

Biomedical Advanced Research and Development

The Committee recommendation includes \$473,000,000 for advanced research and development. The Committee recommendation includes \$143,000,000 for BARDA's Broad Spectrum Antimicrobials program as part of the Department-wide CARB initiative. The Committee directs BARDA to collaborate with NIH, CDC, AHRQ, FDA, VA, DOD, and USDA to leverage existing resources to increase capacities for research aimed at developing therapeutic treatments. The Committee appreciates the work of BARDA to combat antibiotic resistant bacteria through expansion of public-private partnerships that invest in the development of new antibiotic therapies. The Committee expects BARDA to continue to use its other transactional authority, as granted by PAHPA, to the maximum extent possible to further its work in this area.

Medical Countermeasure Dispensing

The Committee recommendation does not include funding for the Medical Countermeasure Dispensing program, consistent with the administration's request. The Committee notes that prior year balances exist to support any remaining program costs in fiscal year 2016.

Project BioShield Special Reserve Fund

The Committee recommendation includes \$255,000,000 for the Project BioShield Special Reserve Fund. The Committee is committed to ensuring the Nation is adequately prepared against chemical, biological, radiological, and nuclear attacks. The Committee recognizes a public-private partnership to develop medical countermeasures [MCMs] is required to successfully prepare and defend the Nation against these threats. Where there is little or no commercial market, the Committee supports the goal of Government financing providing a market guarantee.

Other Activities

The Committee recommendation includes the following amounts for the following activities within ASPR:

- Operations*.—\$30,938,000;
- Preparedness and Emergency Operations*.—\$24,654,000;
- National Disaster Medical System*.—\$49,904,000; and
- Policy and Planning*.—\$14,877,000.

Office of the Assistant Secretary for Administration

The Committee recommends \$41,125,000 for information technology cybersecurity in the Office of the Assistant Secretary for Administration. These funds provide for continuous monitoring and security incident response coordination for the Department's computer systems and networks.

Office of the Assistant Secretary for Health/Medical Reserve Corps

The Committee recommendation includes \$3,839,000 for the Medical Reserve Corps program in ASH. This program is a national network of local volunteers who work to strengthen the public health infrastructure and preparedness capabilities of their communities.

Office of the Secretary

The Committee recommendation includes \$79,385,000 for activities within the Office of the Secretary.

Pandemic Influenza Preparedness

The Committee recommendation includes \$71,915,000 for Pandemic Influenza Preparedness. Of the total, \$32,009,000 is provided in annual funding and \$39,906,000 in no-year funding.

Office of Security and Strategic Information

The Committee includes \$7,470,000 for the Office of Security and Strategic Information to maintain the security of the Department's personnel, systems, and critical infrastructure.

PREVENTION AND PUBLIC HEALTH FUND

In fiscal year 2016, the level transferred from the fund after accounting for sequestration is \$932,000,000. The Committee includes bill language in section 224 of this act that requires that funds be transferred within 45 days of enactment of this act to the following accounts, for the following activities, and in the following amounts:

[In thousands of dollars]

Agency	Account	Program	Committee recommendation
ACL	Aging and Disability Services Programs.	Alzheimer's Disease Prevention Education and Outreach.	14,700
ACL	Aging and Disability Services Programs.	Chronic Disease Self Management.	7,600
ACL	Aging and Disability Services Programs.	Falls Prevention	4,750
CDC	Immunization and Respiratory Diseases.	Section 317 Immunization Grants.	210,300
CDC	Emerging and Zoonotic Infectious Diseases.	Epidemiology and Laboratory Capacity Grants.	40,000
CDC	Emerging and Zoonotic Infectious Diseases.	Healthcare Associated Infections	12,000
CDC	Chronic Disease Prevention and Health Promotion.	Office of Smoking and Health (Tobacco Prevention/Media & Quit Lines).	156,650
CDC	Chronic Disease Prevention and Health Promotion.	Breast Feeding Grants (Hospitals Promoting Breastfeeding).	8,000
CDC	Chronic Disease Prevention and Health Promotion.	Million Hearts Program	4,000
CDC	Chronic Disease Prevention and Health Promotion.	Nutrition, Physical Activity, & Obesity Base Activities.	35,000
CDC	Chronic Disease Prevention and Health Promotion.	Heart Disease & Stroke Prevention Program.	73,000
CDC	Chronic Disease Prevention and Health Promotion.	Diabetes	73,000
CDC	Chronic Disease Prevention and Health Promotion.	Cancer Prevention & Control	104,000
CDC	Chronic Disease Prevention and Health Promotion.	Early Care Collaboratives	4,000
CDC	Environmental Health	Lead Poisoning Prevention	13,000
CDC	CDC-Wide Activities	Preventive Health and Health Services Block Grants.	160,000
SAMHSA	Mental Health	Suicide Prevention (Garrett Lee Smith).	12,000

GENERAL PROVISIONS

Section 201. The bill continues a provision placing a \$50,000 ceiling on official representation expenses.

Section 202. The bill continues a provision limiting the use of certain grant funds to pay individuals more than an annual rate of executive level II.

Section 203. The Committee recommendation continues a provision restricting the Secretary's use of taps for program evaluation activities unless a report is submitted to the Appropriations Committees of the House of Representatives and the Senate on the proposed use of funds.

Section 204. The Committee recommendation continues a provision authorizing the transfer of up to 2.5 percent of PHS Act funds for evaluation activities.

Section 205. The Committee recommendation continues a provision restricting transfers of appropriated funds and requires a 15-day notification to the Committees on Appropriations of the House of Representatives and the Senate Appropriations Committees.

Section 206. The bill retains a general provision allowing National Health Service Corps contracts to be canceled up to 60 days after award.

Section 207. The Committee recommendation continues a provision regarding requirements for family planning applicants.

Section 208. The Committee recommendation retains language which states that no provider services under title X of the PHS Act may be exempt from State laws regarding child abuse.

Section 209. The Committee recommendation retains language which restricts the use of funds to carry out the Medicare Advantage Program if the Secretary denies participation to an otherwise eligible entity.

Section 210. The bill continues a provision prohibiting the use of funds for lobbying activities related to gun control.

Section 211. The bill continues a provision that limits the assignment of certain public health personnel.

Section 212. The Committee recommendation retains a provision which facilitates the expenditure of funds for international health activities.

Section 213. The Committee continues a provision that permits CDC and the Agency for Toxic Substances and Disease Registry to transfer funds that are available for Individual Learning Accounts.

Section 214. The Committee recommendation continues a provision permitting the transfer of up to 3 percent of AIDS funds among ICs by the Director of NIH and the Director of the Office of AIDS Research at NIH.

Section 215. The Committee recommendation retains language which requires that the use of AIDS research funds be determined jointly by the Director of NIH and the Director of the Office of AIDS Research and that those funds be allocated directly to the Office of AIDS Research for distribution to the ICs consistent with the AIDS research plan.

Section 216. The Committee recommendation continues a provision authorizing the Director of NIH to enter into certain transactions to carry out research in support of the NIH Common Fund.

Section 217. The Committee recommendation continues a provision permitting NIH to use up to \$3,500,000 per project for improvements and repairs of facilities.

Section 218. The Committee recommendation retains a provision that transfers funds from NIH to HRSA and AHRQ, to be used for National Research Service Awards.

Section 219. The bill includes a new provision related to the NIH IDeA program.

Section 220. The bill includes a new provision related to the NEF.

Section 221. The bill retains a provision related to third party payments to NIH.

Section 222. The Committee recommendation retains a provision that provides BARDA with authority to enter into a multiyear contract for up to 10 years and to repurpose unused termination costs to pay contract invoices.

Section 223. The Committee recommendation continues a provision requiring a publicly available Web site that details expenditures from the PPH Fund.

Section 224. The Committee recommendation continues a provision transferring mandatory funds from section 4002 of the Patient Protection and Affordable Care Act to accounts within the Department for activities outlined under the heading "Prevention and Public Health Fund" in this report.

Section 225. The Committee recommendation retains a provision requiring CJs to include certain FTE information with respect to ACA.

Section 226. The bill includes a modified provision related to ACA exchange funding transparency.

Section 227. The bill includes a new provision related to ACA enrollment notifications.

Section 228. The bill continues a provision prohibiting funds for the Risk Corridor program.

Section 229. The bill includes a new provision prohibiting funds for the State-Based Exchanges.

Section 230. The bill includes a new provision prohibiting the use of funds for implementing the Dietary Guidelines.

Section 231. The bill includes a new provision cancelling unobligated balances at HRSA.

Section 232. The bill includes a new provision rescinding unobligated carry-over balances from previous appropriations acts for CDC's Individual Learning Accounts.

Section 233. The bill includes a new general provision rescinding \$250,000,000 in unobligated prior year balances from the unaccompanied children program.

TITLE III
DEPARTMENT OF EDUCATION
EDUCATION FOR THE DISADVANTAGED

Appropriations, 2015	\$15,536,107,000
Budget estimate, 2016	16,592,546,000
Committee recommendation	15,455,802,000

The Committee recommends an appropriation of \$15,455,802,000 for education for the disadvantaged.

The programs in the Education for the Disadvantaged account help ensure that poor and low-achieving children are not left behind in the Nation’s effort to raise the academic performance of all children and youth. Funds appropriated in this account primarily support activities in the 2016–2017 school year.

Grants to Local Educational Agencies

Title I grants to local educational agencies [LEAs] provide supplemental education funding, especially in high-poverty areas, for local programs that provide extra academic support to help raise the achievement of eligible students or, in the case of schoolwide programs, help all students in high-poverty schools meet challenging State academic standards. Title I grants are distributed through four formulas: basic, concentration, targeted, and education finance incentive grant.

The Committee recommends \$14,559,802,000 for the title I grants to LEAs program. Of the funds available for title I grants to LEAs, up to \$3,984,000 shall be available on October 1, 2015 for transfer to the Census Bureau for poverty updates; \$3,714,641,000 will become available on July 1, 2016; and \$10,841,177,000 will become available on October 1, 2016. The funds that become available on July 1, 2016, and October 1, 2016, will remain available for obligation through September 30, 2017.

The Committee recommendation includes a new general provision affirming that the Department of Education cannot require or incentivize, including requiring as a condition of waiver under the Elementary and Secondary Education Act [ESEA], the adoption of any specific instructional content, academic standards, academic assessments, or curriculum.

School Improvement Grants

The Committee recommendation includes \$450,000,000 for the School Improvement Grants [SIG] program.

The Committee continues authorities provided by prior appropriations acts that address several issues, including: expanding the number of schools that may receive funds through the program, which allows schools to be eligible for SIG if they are eligible for

title I and have not made adequate yearly progress for at least 2 years or are in the State's lowest quintile of performance based on proficiency rates; allowing States to make subgrants of up to \$2,000,000 to each participating school for an award period of 5 years, increasing the amount and length of grant awards; allowing the Department to set-aside up to 5 percent of the SIG appropriation for national activities; providing flexibility from the prescriptive school improvement strategies previously required by the Department, by allowing LEAs to implement a whole-school reform strategy based on at least a moderate level of evidence that it will improve student outcomes or an alternative State-determined school improvement strategy established by the State and approved by the Secretary; and allowing LEAs eligible under the Rural Education Achievement program to modify one element of a SIG model.

The Committee notes that SIG funds may be used for the coordination and provision of integrated student supports that address the non-academic needs of students.

The Committee is aware of effective and innovative models for school-wide reading improvement in rural communities. These models use highly individualized approaches to improving early literacy, and further focus on integrating and aligning out of school interventions, supplementing the traditional school day with aligned afterschool, summer, and parental engagement programs. The Committee encourages the Department to consider such interventions, particularly in rural communities, as part of efforts to improve low-performing schools and student outcomes.

Striving Readers Comprehensive Literacy Program

Due to budget constraints, the Committee recommendation does not include funding for the Striving Readers Comprehensive Literacy program. Fiscal year 2015 funding supported the fifth year of 5-year grants under this program. The Committee looks forward to results from this round of grants in considering future funding requests.

Migrant Education Program

The Committee recommends \$365,000,000 for the title I Migrant Education program.

This funding supports grants to State Education Agencies [SEAs] for programs to meet the special educational needs of the children of migrant agricultural workers and fishermen. Funding also supports activities to improve interstate and intrastate coordination of migrant education programs, as well as identify and improve services to the migrant student population.

Neglected and Delinquent

The Committee recommends \$46,000,000 for the title I Neglected and Delinquent program.

This program provides financial assistance to SEAs for education services to neglected and delinquent children and youth in State-run institutions and for juveniles in adult correctional institutions. States are authorized to set aside at least 15 percent, but not more than 30 percent, of their Neglected and Delinquent funds to help students in State-operated institutions make the transition into lo-

cally operated programs and to support the successful reentry of youth offenders who are age 20 or younger and have received a secondary school diploma or its recognized equivalent.

Evaluation

The Committee recommendation does not include specific funding for evaluation, as requested by the administration. Instead, the Committee recommendation continues a general provision that clarifies the Department’s authority to reserve up to 0.5 percent of each ESEA appropriation in the bill, except for titles I and III of the ESEA, for evaluation of ESEA programs funded in this act. The Department is required to provide the Committees on Appropriations of the House of Representatives and the Senate, the Senate HELP Committee, and the House Education and Workforce Committee an operating plan describing the proposed uses of this evaluation authority as well as the source appropriation for such activities. In addition, not later than 45 days prior to the submission of the required operating plan, the Department shall brief the Committees above on the programs and activities being considered for inclusion in the plan. Further, the Committee expects the Department to continue to include in future CJs a discussion of its planned use of this authority.

Evaluation funds are used to support large-scale national surveys that examine how the title I program is contributing to student academic achievement. Funds also are used to evaluate State assessment and accountability systems and analyze the effectiveness of educational programs supported with title I funds.

Special Programs for Migrant Students

The Committee recommends \$35,000,000 for Special Programs for Migrant Students, which consist of HEP and CAMP.

HEP projects are 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant students ages 16 and older and provide the academic and support services needed to help them obtain a high school equivalency certificate and subsequently gain employment, attain admission to a postsecondary institution or a job training program, or join the military.

CAMP projects are 5-year grants to institutions of higher education and nonprofit organizations to provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education.

IMPACT AID

Appropriations, 2015	\$1,288,603,000
Budget estimate, 2016	1,288,603,000
Committee recommendation	1,288,603,000

The Committee recommends \$1,288,603,000 for the Impact Aid program.

Impact Aid provides financial assistance to school districts affected by the presence of Federal activities and federally owned land. These school districts face unique challenges because they must educate children living on federally owned land, such as mili-

tary bases, while federally owned property is also exempt from local taxes, a primary source of revenue for local school districts.

The Committee bill retains language that provides for continued eligibility for students affected by the deployment or death of their military parent, as long as these children still attend schools in the same school district.

Basic Support Payments.—The Committee recommends \$1,151,233,000 for the Basic Support Payments program. Under this statutory formula, payments are made on behalf of all categories of federally connected children, with a priority placed on making payments first to heavily impacted school districts and providing any remaining funds for regular basic support payments.

Payments for Children With Disabilities.—The Committee bill includes \$48,316,000 for Payments for Children With Disabilities. Under this program, additional payments are made for certain federally connected children eligible for services under IDEA.

Facilities Maintenance.—The Committee recommends \$4,835,000 for Facilities Maintenance. This activity provides funding for emergency repairs and comprehensive capital improvements to certain school facilities owned by the Department and used by LEAs to serve federally connected military dependent students. Funds appropriated for this purpose are available until expended.

Construction.—The Committee recommends \$17,406,000 for eligible LEAs for emergency repairs and modernization of school facilities.

The Committee recommendation includes bill language allowing these funds to be awarded entirely on a competitive basis and be available for obligation through September 30, 2017, as requested by the administration.

Payments for Federal Property.—The Committee recommends \$66,813,000 for Payments for Federal Property. These payments compensate LEAs specifically for revenue lost due to the removal of Federal property from local tax rolls, regardless of whether any federally connected children attend schools in the district.

The budget request proposed eliminating this program. The Committee recommendation rejects this elimination and notes that this funding represents a key component of fulfilling the Federal Government’s commitment to school districts impacted by the presence of federally owned land.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 2015	\$4,402,671,000
Budget estimate, 2016	4,693,171,000
Committee recommendation	4,134,746,000

The Committee recommendation includes \$4,134,746,000 for the School Improvement Programs account.

State Grants for Improving Teacher Quality

The Committee recommends \$2,246,441,000 for State Grants for Improving Teacher Quality.

The appropriation for this program primarily supports activities associated with the 2016–2017 academic year. Of the funds provided, \$565,000,000 will become available on July 1, 2016, and \$1,681,441,000 will become available on October 1, 2016. These

funds will remain available for obligation through September 30, 2017.

States and LEAs may use funds for a range of activities related to the certification, recruitment, professional development, and support of teachers and administrators. Activities may include reforming teacher certification and licensure requirements, addressing alternative routes to State certification of teachers, recruiting teachers and principals, and implementing teacher mentoring systems, teacher testing, merit pay, and merit-based performance systems. These funds may also be used by districts to hire teachers to reduce class sizes.

The Committee recommendation increases the set-aside within this program for the Supporting Effective Educator Development [SEED] program from 2.3 percent to 5 percent, as requested by the administration. The SEED program provides competitive grants to national not-for-profit organizations for recruiting, training, or providing professional enhancement activities for teachers and school leaders, particularly for high-need schools most likely to face shortages in these areas. These funds may be used to support such activities in civic learning. Up to 10 percent of the set-aside funds may be used for related research, outreach, evaluation, dissemination, and technical assistance.

The Committee continues to note that, based on a recent report by the Department of Education, only approximately 4 percent of funding under the Teacher Quality State Grants program is used for the professional development of school principals. The Committee strongly encourages the Department to provide guidance to SEAs about the availability of funding for such activities, including technical assistance on best practices in this area.

Mathematics and Science Partnerships

The Committee recommends \$141,299,000 for the Mathematics and Science Partnerships program.

At the recommended funding level, the ESEA requires the Department to award grants by formula to States for competitive awards to eligible partnerships, which must include an engineering, math, or science department of an institution of higher education and a high-need LEA. Partnerships will seek to improve the performance of students in the areas of math and science, including engineering, by bringing math and science teachers in elementary and secondary schools together with scientists, mathematicians, and engineers to increase the teachers' subject-matter knowledge and improve their teaching skills.

The Committee notes that investments in non-traditional STEM teaching activities, including robotics competitions, are a means to engage and inspire students to pursue further study or careers in STEM education.

Education Technology State Grants

The Committee recommendation does not include funding for Education Technology State Grants. Funding for this program was eliminated in fiscal year 2011. The budget request included \$200,000,000 for this activity.

Supplemental Education Grants

The Committee recommendation includes \$16,699,000 for supplemental education grants to the Republic of Marshall Islands [RMI] and the Federated States of Micronesia [FSM].

This grant program was authorized by the Compact of Free Association Amendments Act of 2003. These funds will be transferred from the Department to the Secretary of the Interior for grants to these entities. The Committee bill includes language requested in the budget that allows the Secretary of Education to reserve 5 percent of these funds to provide FSM and RMI with technical assistance.

21st Century Community Learning Centers

The Committee recommends an appropriation of \$1,035,000,000 for the 21st Century Community Learning Centers [21st CCLC] program.

Funds are allocated to States by formula, which in turn, award at least 95 percent of their allocations to LEAs, community-based organizations, and other public and private entities. Grantees use these resources to establish or expand community learning centers that provide activities offering significant extended learning opportunities, such as before- and after-school programs, recreational activities, drug and violence prevention, and family literacy programs for students and related services to their families. Centers must target their services to students who attend schools that are eligible to operate a schoolwide program under title I of the ESEA or serve high percentages of students from low-income families.

The Committee directs the Department to submit a report to the Committees on Appropriations of the House of Representatives and the Senate within 90 days of enactment of this act on how States and local school districts are using waiver authority under this program, an optional waiver as part of the broader ESEA flexibility waivers, and what specific activities schools are funding with 21st CCLC funding under this authority.

The Committee recognizes that foster youth face unique hardships and challenges in completing their high school education and fully participating in the student experience. The Committee strongly encourages the Secretary to provide guidance and technical assistance to states to help them develop extracurricular programs specifically targeting foster youth.

State Assessments and Enhanced Assessment Instruments

The Committee recommends \$350,000,000 for the State Assessments and Enhanced Assessment Instruments program.

This program provides formula grants to States for developing and implementing standards and assessments required by the ESEA, and competitive grants to States, including consortia of States, to improve the quality, validity, and reliability of academic assessments. The Committee recommendation includes the full amount for State formula grants and due to budget constraints does not include funding for competitive grants.

Education for Homeless Children and Youth

For carrying out education activities authorized by title VII, subtitle B of the McKinney-Vento Homeless Assistance Act, the Committee recommends \$65,042,000.

This program provides assistance to each State to support an office of the coordinator of education for homeless children and youth, to develop and implement State plans for educating homeless children, and to make subgrants to LEAs to support the education of those children. Grants are made to States based on the total that each State receives in title I grants to LEAs.

Under the McKinney-Vento Homeless Children and Youth Program, SEAs must ensure that homeless children and youth have equal access to the same free public education, including a public preschool education, as is provided to other children and youth.

The Committee bill also maintains language under the Education for the Disadvantaged account clarifying the availability of title I funds for services to homeless children and youths.

Training and Advisory Services

For Training and Advisory Services authorized by title IV of the Civil Rights Act, the Committee recommends \$6,575,000.

The funds provided will support awards to operate the 10 regional equity assistance centers [EACs]. Each EAC provides services to school districts upon request. Activities include disseminating information on successful practices and legal requirements related to nondiscrimination on the basis of race, color, sex, or national origin in education programs.

Education for Native Hawaiians

For programs for the education of Native Hawaiians, the Committee recommends \$32,397,000.

The Committee bill continues a provision that allows funding provided by this program to be used for construction.

Alaska Native Educational Equity

The Committee recommends \$31,453,000 for the Alaska Native Educational Equity Assistance program.

These funds address the severe educational handicaps of Alaska Native schoolchildren. Funds are used for the development of supplemental educational programs to benefit Alaska Natives. The Committee bill continues language that allows funding provided by this program to be used for construction. The Committee bill also includes language overriding the authorizing statute's requirement to make noncompetitive awards to certain organizations.

In awarding funds under this program, the Committee directs the Department to ensure the maximum participation of Alaska Native organizations and other required Alaska Native partners, ensure that all grantees have meaningful plans for consultation with Alaska Native leaders, and make every effort to ensure that Alaska Natives and Alaskans represent a significant proportion of peer reviewers for grant applications.

Rural Education

The Committee recommends \$169,840,000 for rural education programs.

The Committee expects that rural education funding will be equally divided between the Small, Rural School Achievement Program, which provides funds to LEAs that serve a small number of students, and the Rural and Low-Income School Program, which provides funds to LEAs that serve concentrations of poor students, regardless of the number of students served.

Comprehensive Centers

The Committee recommends \$40,000,000 for the Comprehensive Centers program.

These funds provide support to a network of comprehensive centers that are operated by research organizations, agencies, institutions of higher education, or partnerships thereof, and provide training and technical assistance on various issues to States, LEAs, and schools as identified through needs assessments undertaken in each region. The system currently includes 15 regional centers, which are charged with providing intensive technical assistance to SEAs to increase their capacity to assist LEAs and schools with meeting the goals of the ESEA, and 7 content centers, which are organized by topic area.

Due to budget restraints the Committee recommendation includes a decrease in funding for this program. However, the Committee strongly supports the establishment of a comprehensive center on students at risk of not attaining full literacy skills due to a disability. Such a center should identify or develop free or low cost evidence-based assessment tools for identifying students at-risk of not attaining full literacy skills due to a disability, including dyslexia impacting reading and writing, or developmental delay impacting reading, writing, language processing, comprehension, or executive function; identify evidence-based literacy instruction, strategies, and accommodations; identify or develop evidence-based professional development for teachers, paraprofessionals, principals, other school leaders, and specialized instructional support personnel to understand early indicators of students at risk of not attaining full literacy skills; and disseminate the products to regionally diverse state educational agencies, local educational agencies, regional educational agencies, and schools. The Committee looks forward to working with the Department in establishing a comprehensive center on this issue.

INDIAN EDUCATION

Appropriations, 2015	\$123,939,000
Budget estimate, 2016	173,939,000
Committee recommendation	123,939,000

The Committee recommends \$123,939,000 for Indian education programs.

Grants to Local Educational Agencies

For grants to LEAs, the Committee recommends \$100,381,000. These funds provide financial support to elementary and secondary

school programs that serve Indian students, including preschool children. Funds are awarded on a formula basis to LEAs, schools supported and operated by the Department of the Interior/Bureau of Indian Education, and in some cases directly to Indian tribes.

Special Programs for Indian Children

The Committee recommends \$17,993,000 for special programs for Indian children.

Funds are used for demonstration grants to improve Indian student achievement from early childhood education through college preparation programs, and for professional development grants for training Indians who are preparing to begin careers in teaching and school administration.

The Committee urges the Department to focus available resources on Native American language preservation and youth education activities. The Committee believes that Native language education programs are essential for tribal self-determination and improving educational outcomes for Native youth.

National Activities

The Committee recommends \$5,565,000 for national activities.

Funds are used to expand efforts to improve research, evaluation, and data collection on the status and effectiveness of Indian education programs, and to continue grants to tribal educational departments for education administration and planning.

INNOVATION AND IMPROVEMENT

Appropriations, 2015	\$1,102,111,000
Budget estimate, 2016	1,601,559,000
Committee recommendation	694,616,000

The Committee recommends \$694,616,000 for programs within the Innovation and Improvement account.

The Committee remains concerned that competitive grant programs often leave out rural areas and other high-need communities that sometimes simply do not have the capacity to compete against better resourced or national organizations for limited funding. The Committee directs the Department to ensure that competitive grant programs, including but not limited to the Charter Schools, Innovative Approaches to Literacy, Arts in Education, and SEED, support activities in rural communities.

Investing in Innovation

The Committee recommendation does not include funding for the Investing in Innovation [i3] program. The i3 program, which was established in the Recovery Act and has never been authorized, provides funding for replicating education programs that meet the highest level of evidence; expanding those with significant levels of evidence; and supporting promising practices for which there is some level of appropriate research. The Committee supports such evidence-based approaches to improve student outcomes but due to budget constraints has not included funding for this program and instead focused funding to core education formula grant programs. The Committee will consider future funding requests pending authorization of the program.

High School Redesign

The Committee recommendation does not include funding for a new High School Redesign program. The budget request included \$125,000,000 for this new activity.

Teacher and Principal Pathways

The Committee recommendation does not include funding for a new Teacher and Principal Pathways program. The budget request proposed to consolidate several teacher and school leadership programs into this new program.

Transition to Teaching

The Committee recommendation does not include funding for the Transition to Teaching program which provides grants to help support efforts to recruit, train, and place nontraditional teaching candidates into teaching positions and to support them during their first years in the classroom. Instead, the Committee recommendation includes an increase in the SEED set-aside within the Teacher Quality State Grants program, which similarly provides competitive grants for recruiting, training, or providing professional enhancement activities for teachers and school leaders, particularly in high-need LEAs.

School Leadership

The Committee recommendation does not include funding for the School Leadership program. The program provides competitive grants to assist high-need LEAs to recruit and train principals and assistant principals through activities such as professional development and training programs. Instead, the Committee recommendation includes an increase in the SEED set-aside within the Teacher Quality State Grants program, which similarly provides competitive grants for recruiting, training, or providing professional enhancement activities for teachers and school leaders, particularly in high-need LEAs.

Charter Schools

The Committee recommends a total of \$273,172,000, an increase of \$20,000,000 above fiscal year 2015 for the support of charter schools.

Within the total, the Committee recommendation includes \$155,000,000 for SEA grants, including non-SEA eligible applicant grants; \$85,000,000 for grants to make multiple awards to charter management organizations and other entities for the replication and expansion of successful charter school models; up to \$9,000,000 for State Facilities incentives; not less than \$13,000,000 for the Credit Enhancement for Charter Schools Facilities program; and not less than \$11,000,000 for national activities designed to support local, State, and national efforts to increase the number of high-quality charter schools.

Charter Schools Grants support the planning, development, and initial implementation of charter schools. SEAs that have authority under State law to approve charter schools that are eligible to compete for grants. If an eligible SEA does not participate, charter schools from the State may apply directly to the Secretary.

Under the State facilities program, the Department awards 5-year competitive grants to States that operate per-pupil facilities aid programs for charter schools. Federal funds are used to match State-funded programs to provide charter schools with additional resources for charter school facilities financing.

The credit enhancement program provides assistance to help charter schools meet their facility needs. Funds are provided on a competitive basis to public and nonprofit entities to leverage non-Federal funds that help charter schools obtain school facilities through purchase, lease, renovation, and construction.

The Committee bill continues language that allows charter school funds to be used for preschool programs in charter schools.

Magnet Schools Assistance

The Committee recommends \$85,000,000 for the Magnet Schools Assistance program.

This program supports grants to LEAs to establish and operate magnet schools that are part of a court-ordered or federally approved voluntary desegregation plan. Magnet schools are designed to attract substantial numbers of students from different social, economic, ethnic, and racial backgrounds. Grantees may use funds for planning and promotional materials, salaries of instructional staff, and the purchase of technology, educational materials, and equipment.

Fund for the Improvement of Education

The Committee recommends an appropriation of \$62,815,000 for FIE.

Preschool Development Grants.—The Committee recommendation does not include funding for Preschool Development Grants, which have never been authorized. This program was funded under FIE in fiscal year 2015; the budget request included \$750,000,000, funded within a new account. This program, first funded in fiscal year 2014, provides competitive grants to States to develop or expand preschool programs for 4-year-olds. The Committee is concerned that funding another discretionary competitive grant program to provide early childhood education contributes to an already complicated system of early childhood care and education programs at the local level. This bill alone provides funding for Head Start and the Child Care and Development Fund, which itself includes funds from TANF and SSBG, which provide early childhood care and education for children from birth to age 5. States themselves spend approximately \$5.5 billion on State-funded preschool programs. These programs are administered by different agencies and levels of government, and each come with their own eligibility and reporting requirements. The Committee continues to support funding for these core early childhood care and education programs, and efforts to better coordinate these existing programs.

In 2012, a Government Accountability Office report (GAO-12-342SP) identified 45 Federal programs that provide or may support related services to children from birth through age 5, as well as five tax provisions that subsidize private expenditures in this area. The Child Care and Development Block Grant Act of 2014 requires the Secretaries of HHS and Education to conduct an interdepart-

mental review of all early learning programs, develop a plan for eliminating duplicative programs, and make recommendation to Congress for streamlining such programs. The Committee looks forward to this report and believes the administration should complete this review before considering funding relatively new programs in this area.

Innovative Approaches to Literacy.—Within programs of national significance, the Committee includes \$25,000,000 for the Innovative Approaches to Literacy program, the same as the fiscal year 2015 funding level. The budget request does not include funding for this program. The Innovative Approaches to Literacy program provides competitive grants to national not-for-profit organizations and school libraries for providing books and childhood literacy activities to children and families living in high-need communities. The Committee continues to expect that no less than 50 percent of these funds to be awarded to school libraries proposing high-quality projects for increasing access to a wide range of print and electronic resources that provide learning opportunities to all students, but particularly those less likely to have access to such materials at home.

The Committee directs the Department to include in future CJs program performance information for this program covering all applicable years, consistent with data provided for other similar programs.

Arts in Education.—Within the amount for FIE, the Committee includes \$25,000,000 for the Arts in Education program, the same as the fiscal year 2015 funding level and the budget request. The funding is used for competitive awards for national nonprofit organizations engaged in arts education, professional development activities, and model arts education programs. Funds also are used for evaluation and dissemination activities, as well as to support a partnership with the National Endowment for the Arts.

Javits Gifted and Talented Students.—Within FIE, the Committee also recommends \$11,000,000, an increase of \$1,000,000 above fiscal year 2015, for the Javits Gifted and Talented Students Education program. The budget request included \$9,650,000. Funds are used for awards to State and local educational agencies, institutions of higher education, and other public and private agencies for research, demonstration, and training activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students, including those from disadvantaged and underrepresented populations.

Presidential and Congressional History Teaching Academies.—Within the total for FIE, the Committee recommendation includes \$1,815,000 for Presidential and Congressional History Teaching Academies, as authorized by the American History and Civics Education Act of 2004. This supports summer residential academies to help teachers and outstanding students learn more about these important subjects and share their knowledge with students and classmates.

Extended Learning Time.—The Committee encourages the Department to consider funding for programs that include extended

learning time, specifically year-round education, as an innovative approach to improving student achievement.

Teacher Incentive Fund

The Committee recommendation includes \$225,000,000 for TIF.

The goals of TIF are to improve student achievement by increasing teacher and principal effectiveness; reform compensation systems to reward gains in student achievement; increase the number of effective teachers teaching low-income, minority, and disadvantaged students, and students in hard-to-staff subjects; and other activities designed to increase the effectiveness of teachers, principals, and other personnel in high-need schools.

Ready-To-Learn Television

The Committee recommendation includes \$25,741,000 for the Ready-to-Learn Television program.

This program is intended to use the power and reach of public television to help prepare children, especially disadvantaged children, enter and succeed in school.

Advanced Placement

The Committee recommends \$22,888,000 for Advanced Placement [AP] programs.

Funds have supported two programs: the AP Test Fee program and the AP Incentive [API] program. The purpose of both is to aid State and local efforts to increase access to AP and International Baccalaureate [IB] classes and tests for low-income students. Under the test fee program, the Department makes awards to SEAs to enable them to cover part or all of the cost of test fees of low-income students who are enrolled in an AP or IB class and plan to take an AP or IB test. Under the API program, the Department makes 3-year competitive awards to SEAs, LEAs, or national nonprofit educational entities to expand access for low-income individuals to AP programs through activities including teacher training; development of pre-advanced placement courses; coordination and articulation between grade levels to prepare students for academic achievement in AP or IB courses; books and supplies; and participation in online AP or IB courses. Under the authorizing statute, the Department must give priority to funding the test fee program.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriations, 2015	\$223,315,000
Budget estimate, 2016	349,561,000
Committee recommendation	120,314,000

The Committee recommends a total of \$120,314,000 for activities to promote safe schools, healthy students, and citizenship education.

Promise Neighborhoods

The Committee recommendation includes \$37,000,000 for the Promise Neighborhoods program. This funding should be used to support the continuation costs of current grantees.

This program awards competitive grants to not-for-profit, community-based organizations for the development of comprehensive neighborhood programs designed to combat the effects of poverty and improve educational and life outcomes for children and youth, from birth through college. Each Promise Neighborhood grantee serves a high-poverty urban neighborhood or rural community.

The Department has awarded 1-year planning grants to develop and plan for providing a continuum of services and supports for the children and youth in a particular neighborhood, and multiple-year implementation grants to organizations with feasible plans for achieving the goals of the program. The Committee recommendation will support the continuation costs of the seven remaining implementation grants.

The Committee continues to note that at least one implementation grantee has included college savings accounts as part of its plan for providing a high-quality continuum of integrated cradle to college career services. The Committee is interested in understanding the number of grantees that have included college savings accounts in their plans and the impact the use of college savings accounts is having on the college-going behavior of participating students.

Safe and Drug-Free National Activities

The Committee recommendation includes \$60,000,000 for the national activities portion of the Safe and Drug-Free Schools and Communities program, including up to \$5,000,000 for Project SERV. This funding will help schools address the consequences of their students witnessing or being the victim of violence and other root causes of unhealthy school climates.

Elementary and Secondary School Counseling

The Committee recommendation includes \$23,314,000 for elementary and secondary school counseling. The Committee recommendation will help support the continuation costs of current grantees.

Carol M. White Physical Education for Progress Program

Due to budget constraints the Committee recommendation does not include funding for the physical education program. Instead, the Committee has focused funding on core and flexible funding streams, such as title I, that allow States, LEAs, and local schools to determine how to best use limited resources.

ENGLISH LANGUAGE ACQUISITION

Appropriations, 2015	\$737,400,000
Budget estimate, 2016	773,400,000
Committee recommendation	712,021,000

The Committee recommends an appropriation of \$712,021,000 for the English Language Acquisition program.

The Department makes formula grants to States based on each State's share of the Nation's limited-English-proficient and recent immigrant student population. The program is designed to increase the capacity of States and school districts to address the needs of these students. The authorizing statute requires that 6.5 percent of

the appropriation be used to support national activities, which include professional development activities designed to increase the number of highly qualified teachers serving limited-English-proficient students; a National Clearinghouse for English Language Acquisition and Language Instructional Programs; and evaluation activities. National activities funds shall be available for 2 years.

The Committee bill continues language that requires the Secretary to use a 3-year average of the most recent data available from the American Community Survey for calculating allocations to all States under this program.

The Committee recommendation represents a decrease from the fiscal year 2015 funding level, in part, because it does not include \$14,000,000 provided in fiscal year 2015 specifically to address costs associated with a significant increase in unaccompanied children during fiscal year 2015. The budget request did not include funding for this activity.

SPECIAL EDUCATION

Appropriations, 2015	\$12,522,358,000
Budget estimate, 2016	12,822,358,000
Committee recommendation	12,636,817,000

The Committee recommends an appropriation of \$12,636,817,000 for special education programs.

Grants to States

The Committee recommendation includes \$11,597,848,000 for IDEA Part B Grants to States. This program provides formula grants to assist States, outlying areas, and other entities in meeting the costs of providing special education and related services for children with disabilities. States pass along most of these funds to LEAs, but may reserve some for program monitoring, enforcement, technical assistance, and other activities.

The appropriation for this program primarily supports activities associated with the 2016–2017 academic year. Of the funds available for this program, \$2,314,465,000 will become available on July 1, 2016, and \$9,283,383,000 will become available on October 1, 2016. These funds will remain available for obligation through September 30, 2017.

As requested by the administration, the Committee continues bill language capping the Department of the Interior set-aside at the prior year level, adjusted by the lower of the increase in inflation or the change in the appropriation for grants to States. This provision also would prevent a decrease in the amount to be transferred in case the funding for this program decreases or does not change. The bill also continues language included in prior year appropriations acts, and requested by the administration, clarifying several provisions of the IDEA, and providing authority concerning certain maintenance of effort [MOE] requirements.

Preschool Grants

The Committee recommends \$363,238,000 for Preschool Grants. This program provides formula grants to States to assist them in making available special education and related services for children with disabilities aged 3 through 5. States distribute the bulk of the

funds to LEAs. States must serve all eligible children with disabilities aged 3 through 5 and have an approved application under the IDEA.

Grants for Infants and Families

The Committee recommends \$453,556,000 for the Grants for Infants and Families program under part C of the IDEA. Part C of the IDEA authorizes formula grants to States, outlying areas, and other entities to implement statewide systems for providing early intervention services to all children with disabilities, ages 2 and younger, and their families. The IDEA also gives States the option of extending eligibility for part C services to children 3 and older if they were previously served under part C and will continue to be served until entrance to kindergarten.

State Personnel Development

The Committee recommends \$35,000,000 for the State Personnel Development program. Ninety percent of funds must be used for professional development activities. The program supports grants to SEAs to help them reform and improve their personnel preparation and professional development related to early intervention, educational, and transition services that improve outcomes for students with disabilities. The bill includes language proposed in the budget request that allows funds under the program to be used for program evaluation.

Technical Assistance and Dissemination

The Committee recommends \$51,928,000 for Technical Assistance and Dissemination. This program supports awards for technical assistance, model demonstration projects, the dissemination of useful information, and other activities. Funding supports activities that are designed to improve the services provided under the IDEA.

Within the total, the Committee recommendation includes \$9,500,000, an increase of \$1,917,000 above the fiscal year 2015 funding level and the budget request, to support activities authorized by the Special Olympics Sport and Empowerment Act, including Project UNIFY. This funding supports efforts to expand Special Olympics programs and the design and implementation of Special Olympics education programs that can be integrated into classroom instruction and are consistent with academic content standards.

Personnel Preparation

The Committee recommends \$81,700,000 for the Personnel Preparation program.

Funds support competitive awards to help address State-identified needs for personnel who are qualified to work with children with disabilities, including special education teachers and related services personnel. The program is required to fund several other broad areas, including training leadership personnel and personnel who work with children with low-incidence disabilities, and providing enhanced support for beginning special educators.

Parent Information Centers

The Committee recommends \$26,500,000 for Parent Information Centers.

This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents, and parents of children who may be inappropriately identified.

Technology and Media Services

The Committee recommends \$27,047,000 for Technology and Media Services. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of value to children with disabilities.

The Committee recognizes the progress made with tools and services provided under the Technology and Media Services program that have allowed more than 320,000 students free access to more than 280,000 books in multiple digitally accessible formats. The Committee continues to support these activities funded within this account, and the expansion of these activities to reach additional students, with a focus on underserved areas.

REHABILITATION SERVICES AND DISABILITY RESEARCH

Appropriations, 2015	\$3,709,853,000
Budget estimate, 2016	3,532,109,000
Committee recommendation	3,487,864,000

The Workforce Investment and Opportunity Act [WIOA] of 2014 moved several programs within Rehabilitation Services and Disability Research from the Department of Education to the Administration for Community Living at the Department of HHS. The Committee recommendation supports this reorganization.

Vocational Rehabilitation State Grants

The Committee recommends \$3,391,770,000 in mandatory funding for Vocational Rehabilitation [VR] State Grants.

State Grants assist States in providing a range of services to help persons with physical and mental disabilities prepare for and engage in meaningful employment.

The Rehabilitation Act requires that not less than 1 percent and not more than 1.5 percent of the appropriation for VR State Grants be set aside for Grants for American Indians.

The Committee recommendation continues bill language allowing the Department to use unobligated VR State grant funds that remain available subsequent to the reallotment process, to be used for innovative activities to improve outcomes for individuals with disabilities.

Client Assistance State Grants

The Committee recommends \$12,000,000 in discretionary funds for Client Assistance State Grants.

This program funds State formula grants to help VR clients or client applicants understand the benefits available to them. States must operate client assistance programs in order to receive VR State Grant funds.

Training

The Committee recommends \$24,000,000 for training rehabilitation personnel. This program supports grants to provide training to new VR staff, or upgrade the qualifications of existing staff. The Committee recommendation will support the continuation of current grants.

Demonstration and Training Programs

The Committee recommendation does not include funding for demonstration and training. This program provides grants to States and nonprofit organizations to develop innovative methods and comprehensive services to help individuals with disabilities achieve satisfactory vocational outcomes. Instead, the Committee continues bill language allowing the Department to use unobligated VR State Grant funds for innovative approaches to improve outcomes for individuals with disabilities. From fiscal year 2012 to 2014 approximately \$216,000,000 has been made available for such activities under that authority.

Protection and Advocacy of Individual Rights

The Committee recommends \$17,650,000 for the Protection and Advocacy of Individual Rights program.

This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities who are ineligible for the protection and advocacy services available through the Developmental Disabilities Assistance and Bill of Rights Act or the Protection and Advocacy for Individuals with Mental Illness Act.

Supported Employment State Grants

The Committee recommendation does not include funding for the Supported Employment State Grants Program. The fiscal year 2015 budget request proposed eliminating this program because supported employment activities funded under this program had become an integral part of the larger VR State Grants program, funded in large part with mandatory funding, and eliminating this program would reduce unnecessary administration burden at the national, State and local levels. Despite changes to the Supported Employment State Grants program in WIOA, the Committee supports this consolidation and notes that funding for the VR State Grants programs, which can be and is used for the same purposes, will increase by \$56,696,000 in fiscal year 2016. The Committee directs the Department to help ensure that State agencies continue to invest appropriate levels of their resources in supported employment, and particularly extended services to youth with the most significant disabilities, consistent with the changes in WIOA.

Independent Living Services for Older Individuals Who Are Blind

The Committee recommends \$33,317,000 for Independent Living State Grants.

This program supports assistance to individuals over age 55 to help them adjust to their blindness and continue to live independently, including daily living skills training, counseling, community integration information and referral, the provision of low-vision and communication devices, and low-vision screening.

Helen Keller National Center

The Committee recommends \$9,127,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults.

The Helen Keller National Center consists of a national headquarters in Sands Point, New York, with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 10 regional field offices that provide referral and counseling assistance to deaf-blind persons; and an affiliate network of agencies.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 2015	\$24,931,000
Budget estimate, 2016	24,931,000
Committee recommendation	24,931,000

The Committee recommends \$24,931,000 to help support APH.

APH provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides approximately 72 percent of APH's total sales income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of students who are blind. Materials provided include textbooks and other educational aids in Braille, large type, recorded form, and computer applications. Appropriated funds may be used for staff salaries and expenses, as well as equipment purchases and other acquisitions consistent with the purpose of the Act to Promote the Education of the Blind.

The Committee continues to recognize that students who are blind or have a vision loss must have equal access to the same education content and should receive that information at the same time as their sighted peers if they are to achieve academically. Accordingly, the Committee continues to support implementation of APH's Resources with Enhanced Accessibility for Learning [REAL] plan, and includes no less than \$475,000 for such activities, the same as the fiscal year 2015 level. The REAL plan supports new advances in software and hardware technology to ensure that students with vision loss receive high-quality educational material in a timely manner and in the appropriate formats required to meet individual student learning needs.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 2015	\$67,016,000
Budget estimate, 2016	67,016,000
Committee recommendation	69,016,000

The Committee recommends \$69,016,000 for the National Technical Institute for the Deaf [NTID].

NTID, located on the campus of the Rochester Institute of Technology in Rochester, New York, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for persons who are deaf. NTID also provides support services for students who are deaf, trains professionals in the field of deafness, and conducts applied research.

The Committee recommendation includes \$2,000,000 to establish a formal regional partnership with at least one organization to expand the geographic reach of activities and services supported by NTID for individuals who are deaf or hard of hearing, leveraging NTID's expertise in this area. This should include a focus on promoting training and post-secondary preparation in STEM fields, which could include a focus on exposing students to intense training in targeted subjects; working with NTID faculty to develop and deliver post-secondary preparation programs for students; providing professional development for teachers; and developing partnerships with business and industry to promote employment opportunities.

GALLAUDET UNIVERSITY

Appropriations, 2015	\$120,275,000
Budget estimate, 2016	120,275,000
Committee recommendation	120,275,000

The Committee recommends \$120,275,000 for Gallaudet University.

Gallaudet University is a private, not-for-profit institution offering undergraduate and continuing education programs for students who are deaf, as well as graduate programs in fields related to deafness for students who are hearing and deaf. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf community.

This funding also supports the Model Secondary School for the Deaf, which serves as a laboratory for educational experimentation and development; disseminates curricula, materials, and models of instruction for students who are deaf; and prepares adolescents who are deaf for postsecondary academic or vocational education or the workplace. The university's Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

CAREER, TECHNICAL, AND ADULT EDUCATION

Appropriations, 2015	\$1,707,686,000
Budget estimate, 2016	1,915,686,000
Committee recommendation	1,669,731,000

Career and Technical Education

The Committee recommends \$1,122,019,000 for the Career and Technical Education [CTE] account.

State Grants.—The Committee recommends \$1,117,598,000 for CTE State grants. The budget request included an increase of

\$200,000,000 for this program for a new American Technical Training Fund, a new competitive grant program as part of a larger reauthorization proposal for the Carl D Perkins Career and Technical Education Act. The Committee recommendation does not include funding for that activity.

Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their CTE program and help ensure equal access to CTE for populations with special needs. Persons assisted range from secondary students in prevocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Funds are distributed according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian Natives programs, competitive grants are awarded to federally recognized Indian tribes or tribal organizations and to organizations primarily serving and representing Hawaiian Natives for services that are additional to what these groups receive under other provisions of the Perkins Act.

Of the funds available for this program, \$326,598,000 will become available July 1, 2016, and \$791,000,000 will become available on October 1, 2016. These funds will remain available for obligation until September 30, 2017.

National Programs.—The Committee recommends \$4,421,000 to support research, development, demonstration, dissemination, evaluation, and assessment of activities aimed at improving the quality and effectiveness of CTE.

Adult Education

The Committee recommends \$547,712,000 for Adult Education programs.

Adult Education State Grants.—The Committee recommendation includes \$540,000,000 for Adult Education State Grants, which provides grants to States for programs that assist adults in becoming literate and in obtaining the skills necessary for employment and self-sufficiency.

National Leadership Activities.—The Committee recommends \$7,712,000 for adult education national leadership activities.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 2015	\$24,198,210,000
Budget estimate, 2016	24,198,210,000
Committee recommendation	24,129,352,000

The Committee recommends an appropriation of \$24,129,352,000 for programs under the Student Financial Assistance account.

Federal Pell Grant Program

The Committee recommends \$22,475,352,000 in discretionary funding for the Pell grant program. Pell grants provide need-based financial assistance that helps undergraduate students and their families defray a portion of the costs of postsecondary education. Awards are determined according to a statutory need-analysis formula that takes into account a student's family income and assets, household size, and the number of family members, excluding parents, attending postsecondary institutions.

The Committee recommendation is more than sufficient to support an increase in the maximum Pell grant award, from \$5,775 for the 2015–16 school year to an estimated \$5,915 for the 2016–17 school year. The Pell grant program is funded partly through the discretionary appropriations process and partly through mandatory funding. As long as the discretionary portion of funding is sufficient to support \$4,860 of the maximum award, mandatory funding supports an increase in the overall maximum award based on changes in the Consumer Price Index [CPI]. The Department will determine the exact amount of the maximum award next year based on CPI data available at the end of the 2015 calendar year.

The Committee notes that CBOs current estimates of Pell Grant program costs are significantly lower than their 2014 baseline used in developing the fiscal year 2015 appropriations bill. As a result, the Department is expected to carry over significantly more funding into fiscal year 2016 than estimated last year. Specifically, actual fiscal year 2014 costs were \$554,000,000 lower than estimated, meaning additional unobligated balances were carried into fiscal year 2015 than was expected last year, and current fiscal year 2015 estimated costs are \$848,000,000 lower than estimated last year. Based on these updated estimates for fiscal year 2014 and 2015, the Committee recommendation rescinds \$300,000,000 in unobligated balances from fiscal year 2015.

The Pell scoring rule, section 406 of H. Con. Res. 95, requires the Committee to fully fund the Pell grant program based on the Congressional Budget Office's [CBO] program cost estimate for the upcoming award year. Including estimated unobligated balances carried forward from fiscal year 2015 to 2016, the Committee recommendation provides \$1,788,000,000 in additional funding above what is required to support estimated discretionary program costs in fiscal year 2016. This surplus funding will not be used in fiscal year 2016 for the 2016–17 school year and will be carried over to be used to support program costs in the 2017–18 school year.

Federal Supplemental Educational Opportunity Grant Program

The Committee recommends \$704,000,000 for the Supplemental Educational Opportunity Grant [SEOG] program.

The SEOG program provides funds to approximately 3,800 postsecondary institutions for need-based grants to more than 1.6 million undergraduate students. Institutions must contribute at least 25 percent toward SEOG awards. Students qualify for grants of up to \$4,000 by demonstrating financial need. Priority is given to Pell grant recipients with exceptional need.

Federal Work-Study Program

The Committee bill provides \$950,000,000 for the Federal Work-Study [FWS] program.

This program provides grants to approximately 3,400 institutions and helps nearly 700,000 undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment. Institutions must provide at least 25 percent of student earnings.

Within the total for FWS, the Committee recommendation includes \$8,390,000 for the Work Colleges program authorized under section 448 of the HEA.

STUDENT AID ADMINISTRATION

Appropriations, 2015	\$1,396,924,000
Budget estimate, 2016	1,581,854,000
Committee recommendation	1,361,700,000

The Committee recommends \$1,361,700,000 for the Student Aid Administration account. These funds are available until September 30, 2017, and support the Department’s student aid management expenses.

The Committee recommendation includes \$640,000,000 for administrative costs and \$721,700,000 for loan servicing activities.

The Bipartisan Budget Act of 2013 eliminated mandatory funding that supported the Not-for-Profit [NFP] servicer program and two of the TIVAS contracts. To avoid disrupting student borrowers whose loan servicing was supported with that mandatory funding, Congress provided a total increase of approximately \$396,000,000 for student loan servicing activities in fiscal years 2014 and 2015, the vast majority of which is due to the elimination of this mandatory funding source. The Committee notes that this elimination does not reduce the Federal responsibility to service student loans but only shifts the costs from mandatory funding to discretionary funding subject to discretionary spending caps.

The Committee directs the Department to continue to provide quarterly reports detailing its obligation plan by quarter for student aid administrative activities broken out by servicer and activity. Further, any reallocation of funds between administrative costs and servicing activities within this account should be treated as a reprogramming of funds, and the Committee should be notified in advance of any such changes.

Not-for-Profit Servicers [NFPs].—The Committee includes new bill language requiring the Department to allocate no less than 50 percent of new student loan borrower accounts to NFPs. The Committee commends the Department for developing a single, common set of performance metrics for evaluating the performance of the 11 Federal loan servicers. However, the Department only recently began allocating new accounts, limited to 25 percent of new accounts, to NFPs. The Committee strongly supports the allocation of new student loan accounts based purely on the performance and capacity of servicers, to help ensure high-quality service for borrowers. Until the Department awards a new student loan servicing contract, the Committee believes allocating no less than 50 percent of new loans, and more if warranted by the performance and capacity of servicers, to NFPs will ensure more comparable portfolios across all servicers, consistent with the stated plan of the Department. Similarly, the Committee is also concerned that the Department has unnecessarily restricted consumer choice by only permitting student and parent loan borrowers to select from among the four TIVA servicers when choosing a servicer for their consolidation loans. The Committee directs the Department to permit borrowers to choose from among all 11 Federal loan servicers. Finally, the Committee directs the Department to brief the Committees on Ap-

propriations of the House of Representatives and the Senate within 30 days of enactment of this act on how they are carrying out these directives, and how they plan to ensure that student loan allocations, including consolidations, are awarded based on performance and capacity, including innovative small business subcontracting methods, across all eligible servicers as part of future contracts.

Higher Education Regulations.—The Committee recommendation includes bill language prohibiting funding in this act for several recent regulations, until the Higher Education Act [HEA] is reauthorized, including: developing a post-secondary institution rating system; administratively defining the phrase “gainful employment” included in the HEA; establishing requirements governing the State authorization process for higher education programs; establishing a Federal definition of the term “credit hour”; and establishing a Federal framework for evaluating teacher preparation programs. The Committee supports many of the goals of these regulations, but each represents a significant expansion of administrative authority, and in the case of the post-secondary institution ratings system, a misguided use of limited resources. The Committee strongly believes the issues addressed by these regulations should part of the normal legislative and authorization process. Accordingly, the Committee prohibits the Department from moving forward with these administrative regulations and actions until the HEA is reauthorized.

Taskforce on Higher Education Regulations.—In 2013, a bipartisan group of Senators commissioned a Task Force on Government Regulation of Higher Education to examine the burden of Federal regulations on colleges and universities. In February 2015 the task force issued a final report concluding that many regulations are unnecessarily long and ambiguous; the cost of compliance has become particularly burdensome; many regulations are unrelated to education, student safety, or stewardship of Federal funds; and they can be a barrier to access, and innovation in higher education. The Committee urges the Department of Education to minimize the costs imposed both directly and indirectly on higher education through Federal rules and regulations as it seeks to address the problems associated with college access and affordability. The Committee further encourages the Department of Education to review and implement those recommendations identified in the Task Force report that could be addressed through administrative action to alleviate the unnecessary financial burden placed on colleges and universities and improve the overall Federal regulatory process.

Post-Secondary Compliance Calendar.—The Committee is concerned that the Department of Education has failed to implement section 482(e) of the Higher Education Act, as amended by the Higher Education Opportunity Act of 2008, which directs the Secretary to annually produce a compliance calendar with a schedule of all the reporting and disclosure requirements for colleges and universities. Publication and distribution of this calendar will greatly help colleges and universities understand, plan for, and meet their Federal compliance obligations and requirements. The Committee therefore strongly encourages the Secretary to produce a compliance calendar within 60 days of enactment of this act.

HIGHER EDUCATION

Appropriations, 2015	\$1,924,839,000
Budget estimate, 2016	2,072,045,000
Committee recommendation	1,783,510,000

The Committee recommends an appropriation of \$1,783,510,000 for higher education programs.

Aid for Institutional Development

The Committee recommends \$514,114,000 for Aid for Institutional Development.

Strengthening Institutions.—The Committee bill recommends \$78,048,000 to provide competitive, 1-year planning and 5-year development grants for institutions with a significant percentage of financially needy students and low educational and general expenditures per student in comparison with similar institutions. Applicants may use these funds to develop faculty, strengthen academic programs, improve institutional management, and expand student services.

Hispanic-Serving Institutions [HSIs].—The Committee recommends \$97,224,000 for competitive grants to institutions at which Hispanic students make up at least 25 percent of enrollment. Funds may be used for acquisition, rental, or lease of scientific or laboratory equipment; renovation of instructional facilities; development of faculty; support for academic programs; institutional management; and purchase of educational materials. In addition to the Committee-recommended level, the HCERA provides \$100,000,000 in mandatory funding in each fiscal year through 2019 to support HSIs in the development of STEM and articulation programs.

Promoting Postbaccalaureate Opportunities for Hispanic Americans.—The Committee recommends \$8,722,000 for competitive, 5-year grants to HSIs to help Hispanic Americans gain entry into and succeed in graduate study. Institutions may use funding to support low-income students through outreach programs; academic support services; mentoring and financial assistance; acquisition, rental, or lease of scientific or laboratory equipment; construction and other facilities improvements; and purchase of educational materials.

Strengthening Historically Black Colleges and Universities.—The Committee recommends \$220,698,000 for the Strengthening HBCUs program. The program makes formula grants to HBCUs that may be used to purchase equipment; construct and renovate facilities; develop faculty; support academic programs; strengthen institutional management; enhance fundraising activities; provide tutoring and counseling services to students; and conduct outreach to elementary and secondary school students. In addition to the Committee-recommended level, this program will receive \$85,000,000 in mandatory funding through the HCERA in each fiscal year through 2019.

Strengthening Historically Black Graduate Institutions [HBGIs].—The Committee recommends \$57,075,000 for the Strengthening HBGIs program. This program provides 5-year grants to provide scholarships for low-income students and aca-

ademic and counseling services to improve student success. Funds may also be used for construction, maintenance, and renovation activities; the purchase or lease of scientific and laboratory equipment; and the establishment of an endowment.

Strengthening Predominately Black Institutions [PBIs].—The Committee recommends \$8,967,000 for the Strengthening PBIs program. This program provides 5-year grants to PBIs to plan and implement programs to enhance the institutions' capacity to serve more low- and middle-income Black American students. In addition to the Committee-recommended level, the HCERA provides \$15,000,000 in mandatory funding in each fiscal year through 2019 to support programs at PBIs in the areas of STEM; health education; internationalization or globalization; teacher preparation; and improving the educational outcomes of African-American males.

Strengthening Asian American and Native American Pacific Islander-Serving Institutions [AANAPISIs].—The Committee recommends \$3,020,000 for competitive grants to AANAPISIs that have an enrollment of undergraduate students that is at least 10 percent Asian American or Native American Pacific Islander students. Grants may be used to improve their capacity to serve Asian American and Native American Pacific Islander students and low-income individuals. In addition to the Committee-recommended level, AANAPISIs will receive \$5,000,000 in mandatory funding through the HCERA in each fiscal year through 2019 to develop faculty; strengthen academic programs; improve institutional management; expand student services; and construct classrooms, libraries, laboratories, and other instructional facilities.

Strengthening Alaska Native and Native Hawaiian-Serving Institutions [ANNHs].—The Committee recommends \$12,448,000 for the Strengthening ANNHs program. In addition to the Committee recommended level, these institutions receive \$15,000,000 in mandatory funding through the HCERA in each fiscal year through 2019.

The purpose of this program is to improve and expand the capacity of institutions serving Alaska Native and Native Hawaiian students and low-income individuals. Funds may be used to plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; purchase library and other educational materials; and, provide education or counseling services designed to improve the financial and economic literacy of students or their families.

Strengthening Native American-Serving Non-Tribal Institutions.—The Committee recommends \$3,020,000 for this program, which serves institutions that enroll at least 10 percent Native American students and at least 50 percent low-income students. In addition to the Committee recommended level, these institutions receive \$5,000,000 in mandatory funding through the HCERA in each fiscal year through 2019 to help institutions plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; and purchase library and other educational materials.

Strengthening Tribally Controlled Colleges and Universities.—The Committee recommends \$24,892,000 for this program. Tribal colleges and universities rely on a portion of the funds provided to address developmental needs, including faculty development, curriculum, and student services. In addition to the Committee recommended level, this program receives \$30,000,000 in mandatory funding through the HCERA in each fiscal year through 2019.

International Education and Foreign Language Studies

The bill includes a total of \$46,945,000 for International Education and Foreign Language Studies programs.

Funds are used to increase the number of experts in foreign languages and area or international studies to meet national security needs through visits and study in foreign countries.

Domestic Programs.—The Committee recommends \$43,445,000 for domestic program activities related to international education and foreign language studies under title VI of the HEA. Funds are used to support centers, programs, and fellowships. The Committee urges the Secretary to preserve the program's longstanding focus on activities and institutions that address the Nation's need for a strong training and research capacity in foreign languages and international studies, including increasing the pool of international experts in areas that are essential to national security and economic competitiveness.

Overseas Programs.—The Committee recommends \$3,500,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. Funding is provided for group, faculty, or doctoral dissertation research abroad as well as special bilateral projects. Grants focus on training American instructors and students to improve foreign language and area studies education in the United States.

Fund for the Improvement of Postsecondary Education

The Committee recommendation does not include funding for the Fund for the Improvement of Postsecondary Education [FIPSE].

First in the World.—The budget request included \$200,000,000, the full amount requested under FIPSE, for First in the World. The Committee recommendation does not include funding for this program and instead focuses funding on preserving funding for Pell grants, the core program funded in this bill aimed at improving college access and affordability. First in the World is a competitive grant program to identify innovative solutions to persistent and wide-spread challenges facing students in completing post-secondary education.

Model Comprehensive Transition and Postsecondary Programs for Students With Intellectual Disabilities

The Committee recommendation includes \$10,384,000 for competitive grants to postsecondary institutions to support model programs that help students with intellectual disabilities transition to and complete college, as authorized by section 767 of the HEA. Funds may be used for student support services; academic enrichment, socialization, or independent living; integrated work experi-

ences; and partnerships with LEAs to support students with intellectual disabilities participating in the model program who are still eligible for special education and related services under the IDEA.

Minority Science and Engineering Improvement

The Committee recommends \$8,971,000 for the Minority Science and Engineering Improvement program. Funds are used to provide discretionary grants to institutions with minority enrollments greater than 50 percent to purchase equipment, develop curricula, and support advanced faculty training. Grants are intended to improve science and engineering education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

Tribally Controlled Postsecondary Career and Technical Institutions

The Committee recommends \$7,705,000 for tribally controlled postsecondary vocational institutions. This program provides grants for the operation and improvement of tribally controlled postsecondary vocational institutions to ensure continued and expanding opportunities for Indian students.

Federal TRIO Programs

The Committee recommends \$839,752,000 for Federal TRIO programs, which provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students.

Upward Bound offers disadvantaged high school students academic services to develop the skills and motivation needed to pursue and complete a postsecondary education; Student Support Services provides developmental instruction, counseling, summer programs, and grant aid to disadvantaged college students to help them complete their postsecondary education; Talent Search identifies and counsels individuals between ages 11 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; Educational Opportunity Centers provide information and counseling on available financial and academic assistance to low-income adults who are first-generation college students; and the Ronald E. McNair Postbaccalaureate Achievement Program supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in doctoral programs.

Gaining Early Awareness and Readiness for Undergraduate Programs

The Committee recommends \$301,639,000 for GEAR UP, which provides grants to States and partnerships of colleges, middle and high schools, and community organizations to assist cohorts or students in middle and high schools serving a high percentage of low-income students. Services provided help students prepare for and pursue a postsecondary education.

The Committee continues bill language allowing the Department to set aside up to 1.5 percent of the total provided for evaluation purposes.

Graduate Assistance in Areas of National Need and Javits Fellowships

The Committee recommends \$20,000,000 to support the Graduate Assistance in Areas of National Need [GAANN] program.

GAANN supports fellowships through 3-year competitive grants to graduate academic departments and programs in scientific and technical fields and other areas of national need as determined by the Secretary. Fellowship recipients must have excellent academic records and high financial need and must be pursuing doctoral degrees or the highest graduate degrees in their academic field. Each fellowship consists of a student stipend to cover living costs and an institutional payment to cover each fellow’s tuition and other expenses. Institutions of higher education must match 25 percent of the grant amount.

Teacher Quality Partnership Program

The Committee recommends \$34,000,000 for the Teacher Quality Partnership program. The budget request consolidates activities supported by this program into a proposed new Teacher and Principals Pathways program. The Teacher Quality Partnership Program helps improve the quality of teachers working in high-need schools and early childhood education programs by creating model teacher preparation and residency programs.

Child Care Access Means Parents in Schools

Due to budget constraints, the Committee recommendation does not include funding for the Child Care Access Means Parents in School program. Instead of funding this small targeted child care program, the Committee focuses funding on core early childhood care and education programs at the Department of HHS, including CCDBG and Head Start.

GPRA Data / Higher Education Act Program Evaluation

The Committee recommendation does not include funding for GPRA Data/HEA Program Evaluation. No funding for this program was provided in fiscal year 2015. The budget request included \$30,000,000 in new funding for higher education evaluation activities.

HOWARD UNIVERSITY

Appropriations, 2015	\$221,821,000
Budget estimate, 2016	221,821,000
Committee recommendation	219,500,000

The Committee recommends an appropriation of \$219,500,000 for Howard University. Located in the District of Columbia, Howard offers undergraduate, graduate, and professional degrees through 12 schools and colleges. The university also administers the Howard University Hospital. Federal funds from this account support approximately 38 percent of the university’s operating costs. The Committee recommends, within the funds provided, not less than \$3,350,000 for the endowment program.

Howard University Hospital.—Within the funds provided, the Committee recommends \$26,500,000 for Howard University Hos-

pital. The hospital provides inpatient and outpatient care, as well as training in the health professions. It also serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the university. The Federal appropriation provides partial funding for the hospital's operations.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriations, 2015	\$435,000
Budget estimate, 2016	450,000
Committee recommendation	435,000

Federal Administration.—The Committee bill includes \$435,000 for Federal administration of the CHAFL, College Housing Loans, and Higher Education Facilities Loans programs. Prior to fiscal year 1994, these programs provided financing for the construction, reconstruction, and renovation of housing, academic, and other educational facilities. While no new loans have been awarded since fiscal year 1993, costs for administering the outstanding loans will continue through 2030. These funds will be used to reimburse the Department for administrative expenses incurred in managing the existing loan portfolio.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM ACCOUNT

Appropriations, 2015	\$19,430,000
Budget estimate, 2016	19,436,000
Committee recommendation	19,430,000

The Committee recommends \$19,430,000 for the HBCU Capital Financing Program.

The Committee recommendation includes \$19,096,000 to pay the loan subsidy costs in guaranteed loan authority under this program. This amount will support an estimated \$286,000,000 in new loan volume in fiscal year 2016. The remaining \$334,000 will be used for administrative expenses.

The HBCU Capital Financing Program makes capital available to HBCUs for construction, renovation, and repair of academic facilities by providing a Federal guarantee for private sector construction bonds. Construction loans will be made from the proceeds of the sale of the bonds.

INSTITUTE FOR EDUCATION SCIENCES

Appropriations, 2015	\$573,935,000
Budget estimate, 2016	675,883,000
Committee recommendation	562,978,000

The Committee recommends \$562,978,000 for the Institute for Education Sciences [IES]. This account supports education research, development, dissemination, and evaluation; data collection and analysis activities; and the assessment of student progress.

Under the Education Sciences Reform Act of 2002, Congress established IES to provide objective and valid research-driven knowledge that was free of political influence or bias so as to better inform effective education practices at the State and local levels. The act required IES, in carrying out its mission, “to compile statistics,

develop products, and conduct research, evaluations, and wide dissemination activities in areas of demonstrated national need and ensure that such activities conform to high standards of quality, integrity, and accuracy and are objective, secular, neutral, and non-ideological and are free of partisan political influence.”

The Committee directs the Director to submit an operating plan within 90 days of enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate detailing how IES plans to allocate funding available to the Institute for research, evaluation, and other activities authorized under law.

RESEARCH, DEVELOPMENT, AND DISSEMINATION

The Committee recommends \$177,860,000 for education research, development, and national dissemination activities. Funds are available for obligation for 2 fiscal years. These funds support activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

STATISTICS

The Committee recommends \$102,060,000 for data gathering and statistical analysis activities at the National Center for Education Statistics [NCES].

NCES collects, analyzes, and reports statistics on education in the United States. Activities are carried out directly and through grants and contracts. The Center collects data on educational institutions at all levels, longitudinal data on student progress, and data relevant to public policy. NCES also provides technical assistance to SEAs, LEAs, and postsecondary institutions.

REGIONAL EDUCATIONAL LABORATORIES

The Committee recommends \$53,823,000 to continue support for the Regional Educational Laboratories program. Funds available in this bill will continue to support a network of 10 laboratories. The laboratories are responsible for promoting the use and development of knowledge and evidence in broad-based systemic strategies to increase student learning and further school improvement efforts. The Committee appreciates the efforts of IES to strengthen the connections between practitioners and the research community, so that federally supported research is timely, relevant, and responsive to the needs of the field.

RESEARCH AND INNOVATION IN SPECIAL EDUCATION

The Committee recommends \$48,000,000 for research and innovation in special education conducted by the National Center for Special Education Research [NCSE].

The Center addresses gaps in scientific knowledge to improve special education and early intervention services and outcomes for infants, toddlers, and children with disabilities. Funds provided to the Center are available for obligation for 2 fiscal years.

SPECIAL EDUCATION STUDIES AND EVALUATIONS

The Committee recommends \$10,500,000 for special education studies and evaluations.

This program supports competitive grants, contracts, and cooperative agreements to assess the implementation of IDEA. Funds are also used to evaluate the effectiveness of State and local efforts to deliver special education services and early intervention programs. Funds are available for obligation for 2 fiscal years.

STATEWIDE DATA SYSTEMS

The Committee recommendation includes \$33,500,000 for the Statewide Data Systems program.

This program supports competitive grants to SEAs to enable such agencies to design, develop, and implement Statewide, longitudinal data systems to manage, analyze, disaggregate, and use individual data for students of all ages. Early childhood, postsecondary, and workforce information systems may be linked to such systems or developed with program funds. The Committee believes the Department should continue its efforts to ensure every State has the base support necessary to develop effective systems. Funds are available for obligation for 2 fiscal years.

ASSESSMENT

The Committee recommends \$137,235,000 to provide support for the National Assessment of Educational Progress [NAEP], a congressionally mandated assessment created to measure and report the educational achievement of American students in a range of subjects and analyze trends over time.

Within the funds appropriated, the Committee recommends \$8,235,000 for the National Assessment Governing Board [NAGB], which is responsible for formulating policy for NAEP.

The Committee is pleased that the NAGB has reinstated assessments for 8th and 12th grade students in United States History, Civics, and Geography. Previous assessments conducted by NAGB indicate that fewer than one in four 4th, 8th, and 12th grade students at all grade levels are proficient in United States History. Due to budget constraints the Committee recommendation includes the same level of funding to support NAEP as in fiscal year 2015. However, the Committee encourages the NAGB to continue administering the assessments in these three areas at least every 4 years, in accordance with the current NAEP schedule. According to this schedule, the next administration will be in 2018. In addition, the Committee supports NAEP's proposals to move the math and reading assessments to a digital based platform and expand the Trial Urban District Assessments to 10 more urban school districts.

The Committee notes that the NAGB has scheduled the NAEP arts assessment for 2016. The Committee encourages the Department to ensure that the arts assessment is completed on time and that it measures creating, performing, and responding to art in the disciplines of dance, theatre, music, and visual arts.

DEPARTMENTAL MANAGEMENT
PROGRAM ADMINISTRATION

Appropriations, 2015	\$411,000,000
Budget estimate, 2016	474,089,000
Committee recommendation	391,326,000

The Committee recommends \$391,326,000 for program administration. The fiscal year 2015 level represents the enacted level, prior to the transfer of funds and administration of certain programs to ACL in WIOA.

Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services required to award, administer, and monitor Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this account.

The Committee remains concerned that State and local education agencies often submit the exact same data elements to various principal offices within the Department. This duplicative reporting diverts important State and local resources to filling out paperwork rather than to providing direct services to students. Therefore, the Committee directs the Department to review the reporting requirements across principal offices and determine ways to reduce confusion and duplication across offices in order to streamline reporting requirements in accordance with the Paperwork Reduction Act.

Performance Partnerships.—The Committee supports the continuation of the Performance Partnerships for Disconnected Youth. The Performance Partnerships Pilots will allow States and localities to identify better ways of improving outcomes for disconnected youth by giving them additional flexibility in using discretionary funds available through multiple Federal programs. The Committee includes a new provision this year to focus activities towards communities that have recently faced civil unrest. Recent events in communities across the Nation have illustrated, in part, the important need to improve opportunities and services for disconnected populations, and Performance Partnerships focused in these communities will allow localities to pilot better ways of improving outcomes.

The Committee requests the administration provide it with annual reports containing the following information: a detailed summary of all involved pilot programs, an overview of how pilots were selected, a summary of findings from the various pilots, and recommendations for Congress on how to apply best practices more broadly.

The Committee is concerned that the Department took approximately 18 months for its appeal of an administrative law judge’s decision that Central Kitsap school district is eligible for payments under the Heavily Impact Aid program in fiscal year 2010. The Committee believes that such delays create avoidable hardship for school districts and the students they serve. The Committee directs the Department to provide a report not later than 30 days after enactment of this act identifying specific steps going forward that the Department will take to prevent any other school district or institution from having to endure such avoidable delays.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2015	\$100,000,000
Budget estimate, 2016	130,691,000
Committee recommendation	100,000,000

The Committee recommends \$100,000,000 for the Office of Civil Rights [OCR].

OCR is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions that receive financial assistance from the Department. To carry out this responsibility, OCR investigates and resolves discrimination complaints, monitors desegregation and equal educational opportunity plans, reviews possible discriminatory practices by recipients of Federal education funds, and provides technical assistance to recipients of funds to help them meet these civil rights requirements.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2015	\$57,791,000
Budget estimate, 2016	59,256,000
Committee recommendation	57,791,000

The Committee recommends \$57,791,000 for OIG.

OIG has the authority to investigate all departmental programs and administrative activities, including those under contract or grant, to prevent and detect fraud and abuse, and to ensure the quality and integrity of those programs. The Office investigates alleged misuse of Federal funds and conducts audits to determine compliance with laws and regulations, efficiency of operations, and effectiveness in achieving program goals.

GENERAL PROVISIONS

Section 301. The bill continues a provision prohibiting the use of funds for the transportation of students or teachers in order to overcome racial imbalance.

Section 302. The bill continues a provision prohibiting the involuntary transportation of students other than to the school nearest to the student's home.

Section 303. The bill continues a provision prohibiting the use of funds to prevent the implementation of programs of voluntary prayer and meditation in public schools.

Section 304. The bill continues a provision giving the Secretary authority to transfer up to 1 percent of any discretionary funds between appropriations.

Section 305. The bill continues a provision that allows the outlying areas to consolidate funds under title V of the ESEA.

Section 306. The bill continues a provision that allows the Republic of Palau to receive certain Federal funds.

Section 307. The bill continues a provision that clarifies the Department's authority to reserve up to 0.5 percent of each ESEA appropriation in the bill for evaluation of ESEA programs funded in this act. These resources are in addition to any funds specifically provided for evaluation purposes.

Section 308. The bill modifies a general provision allowing certain institutions to continue to use endowment income for student scholarships.

Section 309. The bill includes a new general provision rescinding \$300,000,000 in prior year discretionary unobligated balances from the Pell grant program.

Section 310. The bill includes a new general provision prohibiting funding for the development, implementation, and enforcement of several higher education administrative regulations until the HEA is reauthorized.

Section 311. The bill includes a new general provision affirming that the Department cannot mandate or incentivize States, LEAs, or schools to adopt any specific set of standards or assessments.

Section 312. The bill includes a new general provision modifying the changes made in division G of Public Law 113-235 concerning career pathways programs.

TITLE IV
RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR
SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriations, 2015	\$5,362,000
Budget estimate, 2016	5,441,000
Committee recommendation	5,362,000

The Committee recommends \$5,362,000 for the Committee for Purchase from People Who Are Blind or Severely Disabled.

The AbilityOne program provides about 47,000 severely disabled Americans with employment opportunities each year. The primary purpose of this program is to increase the employment opportunities for people who are blind or have other severe disabilities and, whenever possible, to prepare them to engage in competitive employment. Encompassing approximately \$3,000,000,000 in contracts, it is the Federal Government's largest employment program for the severely disabled. The Committee is concerned about issues identified by both stakeholders and the Government Accountability Office [GAO] stemming from the limited authority of the Commission to oversee fully the Central Nonprofit Agencies [CNAs], the independent contracted organizations which administer the program. As noted by the GAO, the AbilityOne Commission cannot directly control how CNAs spend funds, set performance goals, compensate their executives, or assess whether they meet the statutory requirement that 75 percent of the involved workforce consist of people with severe disabilities. To enhance the Commission's ability to manage the CNAs more fully, the Committee directs the Commission to implement the recommendations of the GAO in its May 2013 report as expeditiously as possible. The Committee also directs the Commission to report to the Committees on Appropriations of the House of Representatives and the Senate within 120 days of enactment of this act on its progress addressing these concerns and recommendations.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

The Corporation for National and Community Service [CNCS], a corporation owned by the Federal Government, was established to enhance opportunities for national and community service. CNCS administers programs authorized under the Domestic Volunteer Service Act, the National and Community Service Trust Act, and the SERVE America Act. Grants are awarded to States, public and private nonprofit organizations, and other entities to create service opportunities for students, out-of-school youth, adults, and seniors.

The Committee recommendation for CNCS provides a total program level of \$844,325,000.

OPERATING EXPENSES

Appropriations, 2015	\$758,349,000
Budget estimate, 2016	855,208,000
Committee recommendation	614,075,000

The Committee recommends \$614,075,000 for the operating expenses of CNCS.

Volunteers in Service to America [VISTA]

The Committee recommends \$90,000,000 for VISTA. 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 \$196,637,000 for the National Senior Volunteer Corps programs, a collection of programs that connect Americans older than the age of 55 with opportunities to contribute their job skills and expertise to community projects and organizations. These programs include the Retired Senior Volunteer Program [RSVP], the Foster Grandparent Program, and the Senior Companion Program.

AmeriCorps State and National Grants

The Committee recommends \$270,000,000 for AmeriCorps State and National Grants, which provide funds to local and national organizations and agencies to address community needs in education, public safety, health, and the environment. Each of these organizations and agencies, in turn, uses its AmeriCorps funding to recruit, place, and supervise AmeriCorps members. AmeriCorps members receive a modest living allowance and other benefits proportional to their level of time commitment.

The Committee strongly encourages CNCS to provide AmeriCorps grants to support communities that have recently experienced civil unrest. AmeriCorps programs are uniquely situated to respond to such sudden crises that have impacted communities across the country but also the challenges underlying them. The Committee strongly supports activities focused in this area.

National Civilian Community Corps [NCCC]

The Committee recommendation includes \$30,000,000 for NCCC, a full-time, team-based residential program for men and women ages 18 to 24. Members are assigned to one of five campuses for a 10-month service commitment.

Innovation, Demonstration, and Assistance Activities

The Committee recommendation includes \$7,400,000 for innovation, demonstration, and assistance activities.

Social Innovation Fund [SIF].—Due to budget constraints the Committee recommendation does not include funding for the Social Innovation Fund.

Volunteer Generation Fund.—Within the total, the Committee recommendation includes \$3,800,000 for the Volunteer Generation Fund authorized under section 198P of the SERVE America Act, the same as the comparable fiscal year 2015 funding level.

Evaluation

The Committee recommendation includes \$4,000,000 for CNCS evaluation activities.

State Commission Grants

The Committee recommendation includes \$16,038,000 for State Commission Grants.

The Committee strongly encourages CNCS to improve coordination with State commissions as part of CNCS’ grant making process, including in announcing the availability and awarding of funds under AmeriCorps. State Commissions are a vital local resource and primary point of entry for national and community service at the local level. Improving coordination between CNCS and local State commissions would improve the administration of service programs at the local level and promote innovation by supporting the organizations that know their communities best.

PAYMENT TO THE NATIONAL SERVICE TRUST

Appropriations, 2015	\$209,618,000
Budget estimate, 2016	237,077,000
Committee recommendation	145,000,000

The Committee recommends an appropriation of \$145,000,000 for making payments to the National Service Trust.

The National Service Trust makes payments of Segal education awards, pays interest that accrues on qualified student loans for AmeriCorps participants during terms of service in approved national service positions, and makes other payments entitled to members who serve in the programs of CNCS.

SALARIES AND EXPENSES

Appropriations, 2015	\$81,737,000
Budget estimate, 2016	86,176,000
Committee recommendation	80,000,000

The Committee recommends an appropriation of \$80,000,000 for CNCS salaries and expenses. The salaries and expenses appropriation provides funds for staff salaries, benefits, travel, training, rent, equipment, and other operating expenses necessary for management of CNCS programs and activities.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2015	\$5,250,000
Budget estimate, 2016	6,000,000
Committee recommendation	5,250,000

The Committee recommends an appropriation of \$5,250,000 for the CNCS OIG. The OIG’s goals are to increase organizational effi-

ciency and effectiveness within the Corporation and to prevent fraud, waste, and abuse.

ADMINISTRATIVE PROVISIONS

The Committee retains language from the fiscal year 2015 appropriations act concerning five administrative provisions: requiring the Corporation to make any significant changes to program requirements or policy through rule making (section 401); stipulating minimum share requirements (section 402); requiring that donations supplement and not supplant operations (section 403); aligning requirements regarding the use of Education Awards at GI bill-eligible institutions (section 404); and allowing the required background check of certain applicants to be processed by States under terms of the National Child Protection Act (section 405).

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 2017	\$445,000,000
Budget estimate, 2018	445,000,000
Committee recommendation, 2018	445,000,000

The Committee recommends \$445,000,000 for Corporation for Public Broadcasting [CPB] as an advance appropriation for fiscal year 2018.

The majority of these funds go directly to local public television and radio stations to support their programming. CPB funds also support the creation of content for radio, television, and other platforms; system support activities that benefit the entire public broadcasting community; and CPB's administrative costs.

The Committee has not provided the additional \$40,000,000 in fiscal year 2016 requested for the first phase of replacing and upgrading the public television interconnection system due to budget constraints. However, language in the bill provides authority to the CPB, at its discretion, to obligate up to \$40,000,000 of fiscal year 2016 funds for this purpose notwithstanding the statutory formula distribution. The CPB may utilize the amount up to \$40,000,000 only for the purpose of beginning the interconnection project in fiscal year 2016 as requested.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriations, 2015	\$45,666,000
Budget estimate, 2016	48,748,000
Committee recommendation	47,823,000

The Committee recommends \$47,823,000 for the Federal Mediation and Conciliation Service [FMCS]. FMCS provides mediation, conciliation, and arbitration services to labor and management organizations to prevent and minimize work stoppages and promote stable labor-management relationships. FMCS is also authorized to provide dispute resolution consultation and training to all Federal agencies.

Within the total, FMCS may utilize up to \$400,000 for labor-management partnership grants. These grants support innovative approaches to collaborative labor-management relationships to re-

solve potential problems, explore ways to improve productivity, and avert serious work stoppages.

The Committee recognizes the FMCS must incur costs associated with relocating its offices in fiscal year 2016. The Committee provides an increase to FMCS to address this need to reduce the amount which must come from within the Service's base funds for relocation costs.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2015	\$16,751,000
Budget estimate, 2016	17,085,000
Committee recommendation	15,950,000

The Committee recommends \$15,950,000 for the Federal Mine Safety and Health Review Commission [FMSHRC], which provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977. Most cases involve civil penalties proposed by MSHA. FMSHRC's administrative law judges [ALJs] decide cases at the trial level and the five-member Commission provides review of the ALJ's decisions.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM AND LIBRARIES: GRANTS AND ADMINISTRATION

Appropriations, 2015	\$227,860,000
Budget estimate, 2016	237,428,000
Committee recommendation	227,860,000

The Committee recommends \$227,860,000 for the Institute of Museum and Library Services [IMLS]. This agency supports programs for museums and libraries that encourage innovation, provide lifelong learning opportunities, promote cultural and civic engagement, and improve access to a variety of services and information.

Within the total for IMLS, the Committee recommendation includes the amounts below:

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Library Services Technology Act:			
Grants to States	154,848	154,500	154,848
Native American Library Services	3,861	4,063	3,861
National Leadership: Libraries	12,200	17,500	13,092
Laura Bush 21st Century Librarian	10,000	10,500	10,000
Subtotal, LSTA	180,909	186,563	181,801
Museum Services Act:			
Museums for America	20,200	21,457	20,200
Native American/Hawaiian Museum Services	924	972	924
National Leadership: Museums	7,600	11,168	7,741
Subtotal, MSA	28,724	33,597	28,865
African American History and Culture Act	1,407	1,481	1,407
Administration	15,000	14,000	14,000

[In thousands of dollars]

Budget activity	Fiscal year 2015 appropriation	Fiscal year 2016 request	Committee recommendation
Policy, Research, Program Evaluation, and Statistics	1,820	1,787	1,787

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriations, 2015	\$7,650,000
Budget estimate, 2016	8,700,000
Committee recommendation	7,250,000

The Committee recommends \$7,250,000 for the Medicaid and CHIP Payment and Access Commission [MACPAC]. This commission was established in the Children’s Health Insurance Program Reauthorization Act of 2009 and is tasked with reviewing State and Federal Medicaid and Children’s Health Insurance Program access and payment policies and making recommendations to Congress, the Secretary of HHS, and the States on a wide range of issues affecting those programs. The Committee recommendation will allow MACPAC to continue to carry out these activities.

MEDICARE PAYMENT ADVISORY COMMISSION

SALARIES AND EXPENSES

Appropriations, 2015	\$11,749,000
Budget estimate, 2016	12,100,000
Committee recommendation	11,100,000

The Committee recommends \$11,100,000 for the Medicare Payment Advisory Commission [MedPAC], which provides independent policy and technical advice on issues affecting the Medicare program.

NATIONAL COUNCIL ON DISABILITY

SALARIES AND EXPENSES

Appropriations, 2015	\$3,250,000
Budget estimate, 2016	3,432,000
Committee recommendation	3,075,000

The Committee recommends \$3,075,000 for the National Council on Disability [NCD]. NCD is mandated to make recommendations to the President, Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research on issues of concern to individuals with disabilities. The Council gathers information on the implementation, effectiveness, and impact of the Americans with Disabilities Act and examines emerging policy issues as they affect persons with disabilities and their ability to enter or re-enter the Nation’s workforce and to live independently.

NATIONAL LABOR RELATIONS BOARD
SALARIES AND EXPENSES

Appropriations, 2015	\$274,224,000
Budget estimate, 2016	278,000,000
Committee recommendation	246,802,000

The Committee recommends \$246,802,000 for the National Labor Relations Board [NLRB], which administers and enforces the National Labor Relations Act and protects employee and employer rights provided under that act.

The Committee is deeply concerned by the Board’s aggressive regulatory agenda as well as its departure from long-standing policy and precedent on a variety of matters. The Committee has included new provisions in the bill and reduced the Board’s budget authority to constrain its unacceptable overreach.

The Committee notes that the Board’s fiscal year 2016 CJ contains insufficient detail about its workload, performance, and administrative plans and priorities. The submission contains far less information to support the request than in past years. The Board is directed to provide justification for its fiscal year 2017 request, including at least as much detail as it has traditionally provided prior to fiscal year 2016.

The Committee is concerned that the NLRB has sought in some cases to exercise jurisdiction over Indian-owned businesses within tribal territories. Under the National Labor Relations Act of 1935 [NLRA], Federal, State, and local governments are exempted explicitly from the NLRB’s jurisdiction. In the recent Chickasaw Nation case, the NLRB recognized tribal sovereignty for purposes of the NLRA for tribes with formal treaties. The Committee believes that Indian governments without formal treaties should be treated no differently with respect to the jurisdiction of the NLRB.

ADMINISTRATIVE PROVISIONS

The Committee maintains language from the fiscal year 2015 appropriations act concerning one administrative provision restricting the use of electronic voting (section 406) and includes three new provisions: prohibiting enforcement of a new representation case procedure rule (section 407); prohibiting any change in the interpretation or application of a standard to determine whether entities are “joint employers” (section 408); and prohibiting any form of implementation of a new standard for initial bargaining unit determinations that conflicts with the standard articulated in the majority opinion in Wheeling Island Gaming Inc. and United Food and Commercial Workers International Union, Local 23 (section 409).

NATIONAL MEDIATION BOARD
SALARIES AND EXPENSES

Appropriations, 2015	\$13,227,000
Budget estimate, 2016	13,230,000
Committee recommendation	12,600,000

The Committee recommends \$12,600,000 for the National Mediation Board [NMB], which mediates labor-management relations in the railroad and airline industries under the Railway Labor Act.

The NMB mediates collective bargaining disputes, conducts elections to determine the choice of employee bargaining representatives, and administers arbitration of employee grievances.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2015	\$11,639,000
Budget estimate, 2016	13,212,000
Committee recommendation	11,100,000

The Committee recommends \$11,100,000 for the Occupational Safety and Health Review Commission [OSHRC]. OSHRC serves as a court to resolve disputes between OSHA and employers charged with violations of health and safety standards enforced by OSHA.

RAILROAD RETIREMENT BOARD

The Railroad Retirement Board [RRB] administers the retirement/survivor and unemployment/sickness insurance benefit programs for railroad workers and their families under the Railroad Retirement Act and Railroad Unemployment Insurance Act.

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriations, 2015	\$34,000,000
Budget estimate, 2016	29,000,000
Committee recommendation	29,000,000

The Committee recommends \$29,000,000 for the Dual Benefits Payments Account. This amount includes an estimated \$2,000,000 derived from income taxes on vested dual benefits. This appropriation provides for vested dual benefit payments to beneficiaries covered under both the railroad retirement and Social Security systems.

FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNT

Appropriations, 2015	\$150,000
Budget estimate, 2016	150,000
Committee recommendation	150,000

The Committee recommends \$150,000 for Federal Payments to the Railroad Retirement Account. These funds reimburse the railroad retirement trust funds for interest earned on non-negotiated checks.

LIMITATION ON ADMINISTRATION

Appropriations, 2015	\$111,225,000
Budget estimate, 2016	119,918,000
Committee recommendation	111,225,000

The Committee recommends \$111,225,000 for RRB's costs associated with the administration of railroad retirement/survivor and unemployment/sickness benefit programs. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds that may be used by the Board for administrative expenses.

The Committee maintains bill language giving RRB the authority to hire new attorneys in the excepted service.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2015	\$8,437,000
Budget estimate, 2016	9,450,000
Committee recommendation	8,437,000

The Committee recommends \$8,437,000 for the RRB OIG. This Office conducts audits and investigations to protect the integrity of the RRB trust funds and provides comprehensive oversight of all RRB operations and programs.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriations, 2015	\$16,400,000
Budget estimate, 2016	20,400,000
Committee recommendation	20,400,000

The Committee recommends \$20,400,000 in mandatory funds for payments to Social Security trust funds. This account reimburses the Old Age and Survivors Insurance [OASI] and Disability Insurance [DI] trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of the interest for benefit checks issued but not negotiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs and they were properly charged to general revenues.

SUPPLEMENTAL SECURITY INCOME PROGRAM

Appropriations, 2015	\$41,232,978,000
Budget estimate, 2016	46,422,000,000
Committee recommendation	46,110,777,000

The Committee recommends \$46,110,777,000 in fiscal year 2016 mandatory funds for the SSI program. This is in addition to the \$19,200,000 provided in the fiscal year 2015 appropriations act for the first quarter of fiscal year 2016. In addition, the Committee recommends \$14,500,000,000 in advance funding for the first quarter of fiscal year 2017. Due to the timing of benefit payments, which are made on the first of the month unless the first falls on a weekend or Federal holiday in which case it's made on the previous business day, there will be 13 monthly benefit payments in fiscal year 2016, compared to 12 in fiscal year 2015. The SSI program guarantees a minimum level of income to individuals who are disabled, blind, or older than age 65, and meet certain income and resource limitations.

Federal Benefit Payments

The Committee recommendation includes a fiscal year 2016 program level of \$60,683,000,000 for Federal benefit payments. This will support an average monthly benefit of approximately \$565 for 8.2 million recipients.

Beneficiary Services

The Committee recommendation includes \$70,000,000 in new mandatory budget authority for beneficiary services. Including car-

ryover of prior year unobligated balances this will fund a total estimated fiscal year 2016 program level of \$86,000,000.

These funds reimburse VR agencies for successfully rehabilitating disabled SSI recipients by helping them achieve and sustain productive, self-supporting work activity. Funds also support the Ticket to Work program that provides SSI recipients with a ticket to offer employment networks [ENs], including VR agencies, in exchange for employment and support services. Instead of reimbursing ENs for specific services, the Ticket to Work program pays ENs based on recipients achieving certain milestones and outcomes.

Research and Demonstration

The Committee recommendation includes \$101,000,000 in mandatory funds for research and demonstration projects conducted under sections 1110, 1115, and 1144 of the Social Security Act. These funds support a variety of research and demonstration projects designed to improve the disability process, promote self-sufficiency and assist individuals in returning to work, encourage savings and retirement planning through financial literacy, and generally provide analytical and data resources for use in preparing and reviewing policy proposals.

Administrative Expenses

The Committee recommendation includes \$4,453,777,000 for SSI program administrative expenses. This appropriation funds the SSI program’s share of administrative expenses incurred through the Limitation on Administrative Expenses [LAE] account.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriations, 2015	\$11,805,945,000
Budget estimate, 2016	12,512,000,000
Committee recommendation	11,620,945,000

The Committee recommends \$11,620,945,000 for SSA’s LAE account. This account provides resources for SSA to administer the OASI, DI, and SSI programs, and to support CMS in administering the Medicare program. The LAE account is funded by the Social Security and Medicare trust funds for their share of administrative expenses, the general fund for the SSI program’s share of administrative expenses, and applicable user fees. These funds support core administrative activities including processing retirement and disability claims, conducting hearings to review disability determination appeals, issuing Social Security numbers and cards, processing individuals’ annual earnings information, and ensuring the integrity of Social Security programs through continuing disability reviews [CDR] and SSI redeterminations of non-medical eligibility.

Continuing Disability Reviews and SSI Redeterminations.—The Committee recommendation includes \$1,439,000,000 for CDRs and SSI redeterminations of non-medical eligibility. This includes \$273,000,000 in base funding and \$1,166,000,000 in cap adjustment funding allowed under the Budget Control Act [BCA] of 2011. The Committee recommendation is a \$43,000,000 increase over the fiscal year 2015 funding level, as specified in the BCA. Combined these activities are estimated to save approximately \$10,000,000,000 for the Social Security, Medicare, and Medicaid

programs by preventing waste, fraud, abuse, and improper payments.

Work Incentives Planning and Assistance [WIPA] and Protection and Advocacy for Beneficiaries of Social Security [PABSS].—The Committee recommendation includes \$23,000,000 for WIPA and \$7,000,000 for PABSS, the same as the comparable fiscal year 2015 levels respectively. These programs provide valuable services to help Social Security disability beneficiaries return to work.

Representative Payee Oversight.—SSA assigns representative payees when beneficiaries are unable to financially manage their own benefit payments. The Committee continues to strongly encourage SSA to continue to pursue efforts to improve representative payee oversight, including continuing to partner with outside organizations to identify, investigate, and prevent fraud and abuse.

Medical Improvement Review Standard.—The Committee commends SSA for its work to improve program integrity. However, the Committee is concerned about GAO's testimony to Congress that confusion still exists about the Medical Improvement Review Standard [MIRS] and its exceptions. The Committee directs SSA to submit a report no later than 60 days after the enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate, no later than 60 days after the enactment of this act, on its progress in educating Disability Determination Services in the proper application of the MIRS and its exceptions.

Disability Hearing Pilot Program.—The Committee notes that SSA has made positive statements to Congress about its pilot program in Region I that requires administrative law judges to give claimants a 75 day notice before their hearing and requires claimants to submit all evidence 5 days before the hearing subject to good cause exception (also known as "soft" closing of the record). This policy promotes a smoother hearing process, reducing the time it take to hear and adjudicate disability appeals, while still providing assurances that individuals are able to provide all evidence in support of their case. The Committee directs SSA to provide to the Committees on Appropriations of the House of Representatives and the Senate, no later than 60 days after the enactment of this act, an update on this pilot program and any plans to expand the pilot to other regions.

Medical Vocational Guidelines.—The Committee is encouraged that SSA plans to issue an Advanced Notice of Proposed Rule-making on the need to update the medical-vocational guidelines, including seeking input from the Disability Research Consortium; the Institute of Medicine; and other medical, aging, employment, and disability experts. These guidelines play a key role in SSA's disability determination process but have not been updated since they were established in 1978. The Committee directs SSA to provide a report to the Committees on Appropriations of the House of Representatives and the Senate, no later than 60 days after the enactment of this act, on its plan for updating the medical vocational guidelines.

Vocational Experts [VE].—The Committee notes that SSA's OIG has recommended that SSA periodically determine whether VE fees are appropriate to obtain the required level of VE service,

which could include benchmark studies with VE fees paid in the national economy or elsewhere by government entities. The Committee strongly encourages SSA to conduct such a review, including comparing fees paid by SSA to those paid by other governmental and non-governmental organizations. The Committee directs SSA to brief the Committees on Appropriations of the House of Representatives and the Senate on its plan to comply with these OIG recommendations.

Social Security Advisory Board.—The Committee recommendation includes not less than \$2,300,000 for the Social Security Advisory Board. This board advises the Commissioner of Social Security and makes recommendations to Congress and the President on policies relating to the OASI, DI, and SSI programs.

User Fees.—Within the total for LAE, the Committee recommendation includes up to \$137,000,000 for administrative activities funded from user fees. This includes \$136,000,000 in fees collected from States that request SSA to administer State SSI supplementary payments and up to \$1,000,000 from fees collected from non-attorney claimant representatives.

Within the total for LAE, the Committee recommendation includes up to \$11,900,000 for the planning and design of the renovation and modernization of SSA facilities.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2015	\$103,350,000
Budget estimate, 2016	109,795,000
Committee recommendation	103,350,000

The Committee recommends \$103,350,000 for SSA’s OIG. This includes \$74,521,000 funded from the OASI and DI trust funds for those programs’ share of OIG’s expenses and \$28,829,000 funded from general revenues for the SSI program’s share of expenses.

TITLE V
GENERAL PROVISIONS

Section 501. The bill continues a provision authorizing transfers of unexpended balances.

Section 502. The bill continues a provision limiting funding to 1-year availability unless otherwise specified.

Section 503. The bill continues a provision limiting lobbying and related activities.

Section 504. The bill continues a provision limiting official representation expenses.

Section 505. The bill continues a provision clarifying Federal funding as a component of State and local grant funds.

Sections 506 and 507. The bill continues provisions limiting the use of funds for abortion.

Section 508. The bill continues a provision restricting human embryo research.

Section 509. The bill continues a provision limiting the use of funds for promotion of legalization of controlled substances.

Section 510. The bill continues a provision prohibiting the use of funds to promulgate regulations regarding the individual health identifier.

Section 511. The bill continues a provision limiting the use of funds to enter into or review contracts with entities subject to the requirement in section 4212(d) of title 38, United States Code, if the report required by that section has not been submitted.

Section 512. The bill continues a provision prohibiting the transfer of funds made available in this act to any department, agency, or instrumentality of the U.S. Government, except as otherwise provided by this or any other act.

Section 513. The bill continues a provision prohibiting Federal funding in this act for libraries unless they are in compliance with the Children's Internet Protection Act.

Section 514. The bill continues a provision maintaining a procedure for reprogramming of funds.

Section 515. The bill continues a provision prohibiting candidates for scientific advisory committees from having to disclose their political activities.

Section 516. The bill continues a provision requiring each department and related agency to submit an operating plan.

Section 517. The bill continues a provision requiring the Secretaries of Labor, Health and Human Services, and Education to submit a report on the number and amounts of contracts, grants, and cooperative agreements awarded by the Departments on a non-competitive basis.

Section 518. The bill continues a general provision prohibiting SSA from processing earnings for work performed under a fraudu-

lent social security number if based on a conviction for a violation under section 208(a)(6) or (7) of the Social Security Act.

Section 519. The bill continues a general provision prohibiting SSA from establishing a totalization agreement with Mexico.

Section 520. The bill includes a modified provision regarding funding for programs that carry out distribution of sterile needles or syringes.

Section 521. The bill continues a provision requiring computer networks to block pornography.

Section 522. The bill continues a provision prohibiting funding from going to the Association of Community Organizations for Reform Now [ACORN], or any of its affiliates, subsidiaries, allied organizations, or successors.

Section 523. The bill continues a provision related to reporting requirements for conference spending.

Section 524. The bill includes a new provision related to advertisement costs. In response to Federal agencies spending millions of taxpayer dollars on advertising campaigns, the Committee includes language requiring Federal agencies funded in this bill to disclose when taxpayer dollars are used to pay for government advertising. On any advertisements, including, but not limited to, emails, television, radio, or Internet postings, the Committee requires the agency to disclose within the advertisement itself, that it was produced and disseminated with taxpayer dollars. Further, the Committee expects each agency to include in their fiscal year 2017 CJ information detailing how much funding was spent on advertising in fiscal year 2016.

Section 525. The bill includes a modified provision on Performance Partnerships.

Section 526. The bill continues a provision regarding reporting status of balances of appropriations.

Section 527. The bill includes a new provision related to the National Disaster Medical System employees.

Section 528. The bill includes a new provision designed to ensure compliance with the “public charge” inadmissibility grounds present in the Immigration and Nationality Act.

Section 529. The bill modifies a provision rescinding funds from the Independent Payment Advisory Board.

Section 530. The bill includes a new provision rescinding funds from the Consumer Operated and Oriented Plans.

Section 531. The bill modifies a provision rescinding funds from the Children’s Health Insurance Program performance bonus fund.

Section 532. The bill includes a provision rescinding funds from section 532 of the Children’s Health Insurance Program.

Section 533. The bill includes a new provision rescinding carry-over funds from Community Health Centers.

COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE
STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee reports on general appropriations bills identify each Committee amendment to the House bill “which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session.”

The Committee is filing an original bill, which is not covered under this rule, but reports this information in the spirit of full disclosure.

The Committee recommends funding for the following programs and activities which currently lack authorization: Elementary and Secondary Education Act; Institute of Education Sciences; parts C and D of the Individuals with Disabilities Education Act; Special Olympics Sport and Empowerment Act of 2004; Nurse Education Loan Repayment; Education and Training Related to Geriatrics; Mental and Behavioral Health Training; Children’s Hospital Graduate Medical Education; Title XVII of the PHS Act; Ryan White CARE Act; Universal Newborn Hearing Screening; Organ Transplantation; Family Planning; Rural Health programs; Traumatic Brain Injury programs; Combating Autism Act; Public Health Improvement Act; Healthy Start; Telehealth; Health Professions Education Partnership Act; Children’s Health Act; Women’s Health Research and Prevention Amendments of 1998; Birth Defects Prevention, Preventive Health Amendments of 1993; Substance Abuse and Mental Health Services programs; Low Income Home Energy Assistance Program; Refugee and Entrant Assistance programs (except for Victims of Trafficking); Head Start; Runaway and Homeless Youth programs; Adoption Incentives; Developmental Disabilities programs; Voting Access for Individuals with Disabilities; Native American Programs; Community Services Block Grant Act programs; National Institutes of Health; Assets for Independence; Alzheimer’s Disease Demonstration Grants; Office of Disease Prevention and Health Promotion; YouthBuild Transfer Act; Assistive Technology Act; Carl D. Perkins Career and Technical Education Improvement Act; Corporation for Public Broadcasting; National Council on Disability; Older Americans Act; Second Chance Act; Work Incentive Planning and Assistance; and Protection and Advocacy for Beneficiaries of Social Security.

COMPLIANCE WITH PARAGRAPH 7(c), RULE XXVI OF THE
STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, on June 25, 2015, the Committee ordered favorably reported an original bill making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year

ending September 30, 2016, and for other purposes, provided, that the bill be subject to amendment and that the bill be consistent with its budget allocation, by a recorded vote of 16–14, a quorum being present. The vote was as follows:

Yeas	Nays
Chairman Cochran	Ms. Mikulski
Mr. McConnell	Mr. Leahy
Mr. Shelby	Mrs. Murray
Mr. Alexander	Mrs. Feinstein
Ms. Collins	Mr. Durbin
Ms. Murkowski	Mr. Reed
Mr. Graham	Mr. Tester
Mr. Kirk	Mr. Udall
Mr. Blunt	Mrs. Shaheen
Mr. Moran	Mr. Merkley
Mr. Hoeven	Mr. Coons
Mr. Boozman	Mr. Schatz
Mrs. Capito	Ms. Baldwin
Mr. Cassidy	Mr. Murphy
Mr. Lankford	
Mr. Daines	

COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that Committee reports on a bill or a joint resolution repealing or amending any statute include “(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended, showing by stricken through type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the committee.”

In compliance with this rule, changes in existing law proposed to be made by the bill are shown as follows: existing law to be omitted is enclosed in black brackets; new matter is printed in italic; and existing law in which no change is proposed is shown in roman.

TITLE 20—EDUCATION

CHAPTER 28—HIGHER EDUCATION RESOURCES AND STUDENT ASSISTANCE

SUBCHAPTER IV—STUDENT ASSISTANCE

PART A—GRANTS TO STUDENTS IN ATTENDANCE AT INSTITUTIONS OF HIGHER EDUCATION

SUBPART 1—FEDERAL PELL GRANTS

§ 1070a. Federal Pell Grants: amount and determinations; applications

(a) Program authority and method of distribution

* * * * *

(b) Purpose and amount of grants

(1) * * *

(2)(A) The amount of the Federal Pell Grant for a student eligible under this part shall be—

(i) the maximum Federal Pell Grant, as specified in the last enacted appropriation Act applicable to that award year, plus

(ii) the amount of the increase calculated under paragraph (7)(B) for that year [except that a student eligible only under 1091(d)(1)(A) of this title who first enrolls in an eligible program of study on or after July 1, 2015 shall not be eligible for the amount of the increase calculated under paragraph (7)(B)], less

* * * * *

PART F—GENERAL PROVISIONS RELATING TO STUDENT ASSISTANCE PROGRAMS

§ 1091. Student eligibility

(a) In general

* * * * *

(d) Students who are not high school graduates

(1) Student eligibilty

* * * * *

[(2) Eligible career pathway program

In this subsection, the term “eligible career pathway program” means a program that—

(A) concurrently enrolls participants in connected adult education and eligible postsecondary programs;

(B) provides counseling and supportive services to identify and attain academic and career goals;

(C) provides structured course sequences that—

(i) are articulated and contextualized; and

(ii) allow students to advance to higher levels of education and employment;

(D) provides opportunities for acceleration to attain recognized postsecondary credentials, including degrees, industry relevant certifications, and certificates of completion of apprenticeship programs;

(E) is organized to meet the needs of adults;

(F) is aligned with the education and skill needs of the regional economy; and

(G) has been developed and implemented in collaboration with partners in business, workforce development, and economic development.】

(2) *ELIGIBLE CAREER PATHWAY PROGRAM.*— *In this subsection, the term “eligible career pathway program” means a program that combines rigorous and high-quality education, training, and other services that—*

(A) aligns with the skill needs of industries in the economy of the State or regional economy involved;

(B) prepares an individual to be successful in any of a full range of secondary or postsecondary education options, including apprenticeships registered under the Act of August 16, 1937 (commonly known as the “National Apprenticeship Act”; 50 Stat. 664, chapter 663; 29 U.S.C. 50 et seq.) (referred to individually in this Act as an “apprenticeship”, except in section 171);

(C) includes counseling to support an individual in achieving the individual’s education and career goals;

(D) includes, as appropriate, education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster;

(E) organizes education, training, and other services to meet the particular needs of an individual in a manner that accelerates the educational and career advancement of the individual to the extent practicable;

(F) enables an individual to attain a secondary school diploma or its recognized equivalent, and at least 1 recognized postsecondary credential; and

(G) helps an individual enter or advance within a specific occupation or occupational cluster.

TITLE 29—LABOR

CHAPTER 8—FAIR LABOR STANDARDS

§ 207. Maximum hours

(a) Employees engaged in interstate commerce; additional applicability to employees pursuant to subsequent amendatory provisions

* * * * *

(r) Reasonable break time for nursing mothers

(1) * * *

* * * * *

(4) Nothing in this subsection shall preempt a State law that provides greater protections to employees than the protections provided for under this subsection.

(s)(1) *The provisions of this section shall not apply for a period of 2 years after the occurrence of a major disaster, as defined herein, to any employee—*

(A) *employed to adjust or evaluate claims resulting from or relating to such major disaster, by an employer not engaged, directly or through an affiliate, in underwriting, selling, or marketing property, casualty, or liability insurance policies or contracts;*

(B) *who receives on average weekly compensation of not less than \$591.00 per week or any minimum weekly amount established by the Secretary, whichever is greater, over the number of weeks such employee is engaged in any of the activities described in subparagraph (C); and*

(C) *whose duties include any of the following:*

(i) *interviewing insured individuals, individuals who suffered injuries or other damages or losses arising from or relating to a disaster, witnesses, or physicians;*

(ii) *inspecting property damage or reviewing factual information to prepare damage estimates;*

(iii) *evaluating and making recommendations regarding coverage or compensability of claims or determining liability or value aspects of claims;*

(iv) *negotiating settlements; or*

(v) *making recommendations regarding litigation.*

(2) *Notwithstanding any other provision of section 18, in the event of a major disaster, this Act exclusively shall govern the payment of overtime to all employees described in paragraph (1) above, and shall supersede any other Federal, State, or local law, regulation, or order.*

(3) *The exemption in this subsection shall not affect the exemption provided by section 13(a)(1).*

(4) *For purposes of this subsection—*

(A) *the term “major disaster” means any disaster or catastrophe declared or designated by any State or Federal agency or department;*

(B) *the term “employee employed to adjust or evaluate claims resulting from or relating to such major disaster” means an individual who timely secured or secures a license required by applicable law to engage in and perform any of the activities described in clauses (i) through (v) of paragraph (1)(C) relating to a major disaster, and is employed by an employer that maintains worker compensation insurance coverage or protection for its employees, if required by applicable law, and withholds applicable Federal, State, and local income and payroll taxes from the wages, salaries and any benefits of such employees; and*

(C) *the term “affiliate” means a company that, by reason of ownership or control of percent or more of the outstanding shares of any class of voting securities of one or more compa-*

nies, directly or indirectly, controls, is controlled by, or is under common control with, another company.

TITLE 42—THE PUBLIC HEALTH AND WELFARE

CHAPTER 6A—PUBLIC HEALTH SERVICE

SUBCHAPTER II—NATIONAL RESEARCH INSTITUTES

PART C—SPECIFIC PROVISIONS RESPECTING NATIONAL RESEARCH INSTITUTES

SUBPART 11—NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

§ 285k. National Institute of General Medical Sciences

(a) General purpose

* * * * *

(b) Institutional development award program

(1)(A) In the case of entities described in subparagraph (B), the Director of NIH, acting through the Director of the National Institute of General Medical Sciences, shall establish a program to enhance the competitiveness of such entities in obtaining funds from the national research institutes for conducting biomedical and behavioral research.

(B) The entities referred to in subparagraph (A) are entities that conduct biomedical [and behavioral research and are located in a State in which the aggregate success rate for applications to the national research institutes for assistance for such research by the entities in the State has historically constituted a low success rate of obtaining such funds, relative to such aggregate rate for such entities in other States.] *or behavioral research and are located in a State that is at or below the median of all States with respect to the aggregate NIH funding received by entities in that State.*

(C) With respect to enhancing competitiveness for purposes of subparagraph (A), the Director of NIH, in carrying out the program established under such subparagraph, may—

(i) provide technical assistance to the entities involved, including technical assistance in the preparation of applications for obtaining funds from the national research institutes;

(ii) assist the entities in developing a plan for biomedical or behavioral research proposals; and

(iii) assist the entities in implementing such plan.

(D) *Entities that are designated as Primarily Undergraduate Institutions and that are not eligible for funding under the Individuals with Disabilities Education Act, but that have been eligible for participation in the National Science Foundation Experimental Program to Stimulate Competitive Research (EPSCoR) program for the past 2 consecutive years, may apply to an entity that currently holds an IDeA Networks of Biomedical Research Excellence award for inclusion in their Network.*

* * * * *

SUBCHAPTER XXVI—NATIONAL ALL-HAZARDS
PREPAREDNESS FOR PUBLIC HEALTH EMERGENCIES

PART B—ALL-HAZARDS EMERGENCY PREPAREDNESS AND RESPONSE

§ 300hh–11. National Disaster Medical System

(a) National Disaster Medical System

* * * * *

(d) Certain employment issues regarding intermittent appointments

* * * * *

(1) Intermittent disaster-response appointee

* * * * *

(2) Compensation for work injuries

[An] (A) *IN GENERAL.*—An intermittent disaster-response appointee shall, while acting in the scope of such appointment, be considered to be an employee of the Public Health Service performing medical, surgical, dental, or related functions, and an injury sustained by such an individual shall be deemed “in the performance of duty”, for purposes of chapter 81 of title 5 pertaining to compensation for work injuries.

[With] (B) *APPLICATION TO TRAINING PROGRAMS.*—With respect to the participation of individuals appointed under subsection (c) of this section in training programs authorized by the Assistant Secretary for Preparedness and Response or a comparable official of any Federal agency specified in subsection (a)(2)(B) of this section, injuries sustained by such an individual, while acting within the scope of such participation, also shall be deemed “in the performance of duty” for purposes of chapter 81 of title 5 (regardless of whether the individuals receive compensation for such participation).

[In] (C) *RESPONSIBILITY OF LABOR SECRETARY.*—In the event of an injury to such an intermittent disaster-response appointee, the Secretary of Labor shall be responsible for making determinations as to whether the claimant is entitled to compensation or other benefits in accordance with chapter 81 of title 5.

(D) *COMPUTATION OF PAY.*—In the event of an injury to such an intermittent disaster response appointee, the position of the employee shall be deemed to be “one which would have afforded employment for substantially a whole year”, for purposes of section 8114(d)(2) of such title.

(E) *CONTINUATION OF PAY.*—The weekly pay of such an employee shall be deemed to be the hourly pay in effect on the date of the injury multiplied by 40, for purposes of computing benefits under section 8118 of such title.

* * * * *

CHAPTER 43—DEPARTMENT OF HEALTH AND HUMAN SERVICES

SUBCHAPTER I—GENERAL PROVISIONS

§ 3514A. Nonrecurring expenses fund

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 to the Office of the Director, National Institutes of Health 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] *all necessary expenses related to carrying out section 301 and title IV of the Public Health Service Act*, 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.

TITLE 48—TERRITORIES AND INSULAR POSSESSIONS

CHAPTER 18—MICRONESIA, MARSHALL ISLANDS, AND PALAU

SUBCHAPTER I—MICRONESIA AND MARSHALL ISLANDS

PART B—APPROVAL AND IMPLEMENTATION OF COMPACTS, AS AMENDED

§ 1921d. Supplemental provisions

(a) Domestic program requirements

* * * * *

(f) Continuing programs and laws

(1) Federated States of Micronesia and Republic of the Marshall Islands

* * * * *

(A) Emergency and disaster assistance

* * * * *

(B) Treatment of additional programs

(i) Consultation

* * * * *

(ix) Applicability

The government, institutions, and people of Palau shall remain eligible for appropriations and to receive grants under the provisions of law specified in clauses

(ii) and (iii) until the end of fiscal year [2009] 2016, to the extent the government, institutions, and people of Palau were so eligible under such provisions in fiscal year 2003.

CONSOLIDATED APPROPRIATIONS ACT, 2014,
PUBLIC LAW 113-76

DIVISION H—DEPARTMENTS OF LABOR, HEALTH AND
HUMAN SERVICES, AND EDUCATION, AND RELATED
AGENCIES APPROPRIATIONS ACT, 2014

TITLE V

GENERAL PROVISIONS

SEC. 526. (a) DEFINITIONS.—* * *

(b) USE OF DISCRETIONARY FUNDS IN [FISCAL YEAR 2014] FISCAL YEAR 2016.—Federal agencies may use Federal discretionary funds that are made available in this Act to carry out up to 10 Performance Partnership Pilots. Such Pilots shall:

* * * * *

(c) PERFORMANCE PARTNERSHIP AGREEMENTS.—Federal agencies may use Federal discretionary funds, as authorized in subsection (b), to participate in a Performance Partnership Pilot only in accordance with the terms of a Performance Partnership Agreement that—

(1) is entered into between—

* * * * *

(2) specifies, at a minimum, the following information:

(A) the length of the Agreement (which shall not extend beyond [September 30, 2018] September 30, 2020);

* * * * *

(e) TRANSFER AUTHORITY.—For the purpose of carrying out the Pilot in accordance with the Performance Partnership Agreement, and subject to the written approval of the Director of the Office of Management and Budget, the head of each participating Federal agency may transfer Federal discretionary funds that are being used in the Pilot to an account of the lead Federal administering agency that includes Federal discretionary funds that are being used in the Pilot. Subject to the waiver authority under subsection (f), such transferred funds shall remain available for the same purposes for which such funds were originally appropriated: *Provided*, That such transferred funds shall remain available for obligation by the Federal Government until the expiration of the period of availability for those Federal discretionary funds (which are being used in the Pilot) that have the longest period of availability, except that any such transferred funds shall not remain available beyond [September 30, 2018] September 30, 2020.

BUDGETARY IMPACT OF BILL

PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC.
308(a), PUBLIC LAW 93-344, AS AMENDED

[In millions of dollars]

	Budget authority		Outlays	
	Committee allocation	Amount in bill	Committee allocation	Amount in bill
Comparison of amounts in the bill with the subcommittee allocation for 2016: Subcommittee on Labor, HHS, Education, and Related Agencies:				
Mandatory	726,685	726,685	726,379	¹ 726,379
Discretionary	153,188	154,749	165,342	¹ 166,674
Security			NA	NA
Nonsecurity	153,188	154,749	NA	NA
Overseas Contingency Operations/Global War on Terrorism				
Projections of outlays associated with the recommendation:				
2016				² 795,519
2017				67,098
2018				14,527
2019				2,902
2020 and future years				811
Financial assistance to State and local governments for 2016	NA	412,900	NA	² 395,879

¹Includes outlays from prior-year budget authority.

²Excludes outlays from prior-year budget authority.

NA: Not applicable.

NOTE.—Consistent with the funding recommended in the bill for continuing disability reviews and redeterminations and for healthcare fraud and abuse control and in accordance with subparagraphs (B) and (C) of section 251(b)(2) of the BBEDCA of 1985, the Committee anticipates that the Budget Committee will provide a revised 302(a) allocation for the Committee on Appropriations reflecting an upward adjustment of \$1,561,000,000 in budget authority plus associated outlays.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2016
 [In thousands of dollars]

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
TITLE I — DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
Training and Employment Services					
Grants to States:					
Adult Training, current year	64,736	103,556	25,000	-39,736	-78,556
Advance from prior year	(712,000)	(712,000)	(712,000)		
Fiscal year 2017	712,000	712,000			
Subtotal	776,736	815,556	737,000	-39,736	-78,556
Youth Training	831,842	873,416	790,000	-41,842	-83,416
Dislocated Worker Assistance, current year	155,530	160,860	105,000	-50,530	-55,860
Advance from prior year	(860,000)	(860,000)	(860,000)		
Fiscal year 2017	860,000	860,000	860,000		
Subtotal	1,015,530	1,020,860	965,000	-50,530	-55,860
Subtotal, Grants to States	2,624,108	2,709,832	2,492,000	-132,108	-217,832
Current Year	(1,052,108)	(1,137,832)	(920,000)	(-132,108)	(-217,832)
Fiscal year 2017	(1,572,000)	(1,572,000)	(1,572,000)		
Federally Administered Programs:					
Dislocated Worker Assistance National Reserve:					
Current year	20,859	40,859		-20,859	-40,859
Advance from prior year	(200,000)	(200,000)	(200,000)		
Fiscal year 2017	200,000	200,000	200,000		
Subtotal	220,859	240,859	200,000	-20,859	-40,859
Subtotal, Dislocated Worker Assistance	1,236,389	1,261,719	1,165,000	-71,389	-96,719

Native American Programs	46,082	50,000	40,500	-5,582	-9,500
Disability Employment Programs	81,896	81,896	23,750	+23,750	+23,750
Migrant and Seasonal Farmworker programs	94	3,232	73,000	-8,896	-8,896
Technical Assistance	79,689	84,534	1,000	+1,000	-2,232
Women in Apprenticeship				-994	
YouthBuild activities			79,689		-4,845
Subtotal, Federally Administered Programs [FAP]	429,520	460,521	417,939	-11,581	-42,582
Current Year	(229,520)	(260,521)	(217,939)	(-42,582)	(-42,582)
Fiscal year 2017	(200,000)	(200,000)	(200,000)		
National Activities:					
Reintegration of Ex-Offenders	82,078	95,078	22,305	-59,773	-72,773
Workforce Data Quality Initiative	4,000	37,000	4,000		-33,000
Apprenticeship programs		100,000			-100,000
Subtotal	86,078	235,310	26,305	-59,773	-209,005
Total, Training and Employment Services [TES]	3,139,706	3,405,663	2,936,244	-203,462	-469,419
Current Year	(1,367,706)	(1,633,663)	(1,164,244)	(-203,462)	(-469,419)
Fiscal year 2017	(1,772,000)	(1,772,000)	(1,772,000)		
Office of Job Corps					
Administration	32,330	43,119	31,147	-1,183	-11,972
Operations	1,580,825	1,597,825	1,578,008	-2,817	-19,817
Construction, Rehabilitation and Acquisition	75,000	75,000	74,000	-1,000	-1,000
Total, Office of Job Corps	1,688,155	1,715,944	1,683,155	-5,000	-32,789
Current Year	(1,688,155)	(1,715,944)	(1,683,155)	(-5,000)	(-32,789)
Community Service Employment For Older Americans	434,371	434,371	400,000	-34,371	-34,371
Federal Unemployment Benefits and Allowances	710,600	664,200	664,200	-46,400	
STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS					
Unemployment Compensation [UI]:					
State Operations	2,777,793	2,883,450	2,723,550	-52,243	-157,900
National Activities	12,892	14,547	12,892		-1,655
Subtotal, Unemployment Compensation	2,790,685	2,897,997	2,738,442	-52,243	-159,555

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2016—Continued
 (In thousands of dollars)

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
Employment Service (ES):					
Allotments to States:					
Federal Funds	21,413	21,413	20,775	-638	-638
Trust Funds	642,771	642,771	614,000	-28,771	-28,771
Supplemental grants		400,000			-400,000
Subtotal, Trust Funds	642,771	1,042,771	614,000	-28,771	-428,771
Subtotal, Allotments to States	664,184	1,064,184	634,775	-29,409	-429,409
ES National Activities	19,818	19,818	19,000	-818	-818
Subtotal, Employment Service	684,002	1,084,002	653,775	-30,227	-430,227
Federal Funds	(21,413)	(21,413)	(20,775)	(-638)	(-638)
Trust Funds	(662,589)	(1,062,589)	(633,000)	(-29,589)	(-429,589)
Foreign Labor Certification:					
Federal Administration	48,028	61,589	47,691	-337	-13,898
Grants to States	14,282	14,282	14,000	-282	-282
Subtotal, Foreign Labor Certification	62,310	75,871	61,691	-619	-14,180
One-Stop Career Centers/Labor Market Information	60,153	80,153	65,653	+5,500	-14,500
Total, State UI and ES	3,597,150	4,138,023	3,519,561	-77,589	-618,462
Federal Funds	(81,566)	(101,566)	(86,428)	(+4,862)	(-15,138)
Trust Funds	(3,515,584)	(4,036,457)	(3,433,133)	(-82,451)	(-603,324)
State Paid Leave Fund		35,000			-35,000
Program Administration					
Training and Employment	60,074	73,158	56,568	-3,506	-16,590
Trust Funds	8,639	10,846	7,991	-648	-2,855

Employment Security	3,469	3,664	3,209	-260	-455
Trust Funds	39,264	40,828	36,319	-2,945	-4,509
Apprenticeship Services	34,000	36,734	31,450	-2,550	-5,284
Executive Direction	7,034	9,204	6,506	-528	-2,698
Trust Funds	2,079	2,130	1,974	-105	-156
Total, Program Administration	154,559	176,564	144,017	-10,542	-32,547
Federal Funds	(104,577)	(122,760)	(97,733)	(-6,844)	(-25,027)
Trust Funds	(49,982)	(53,804)	(46,284)	(-3,698)	(-7,520)
Total, Employment and Training Administration	9,724,541	10,569,765	9,347,177	-377,364	-1,222,588
Federal Funds	6,158,975	6,479,504	5,867,760	-291,215	-611,744
Current Year	(4,386,975)	(4,707,504)	(4,095,760)	(-291,215)	(-611,744)
Fiscal year 2017	(1,772,000)	(1,772,000)	(1,772,000)		
Trust Funds	3,565,566	4,090,261	3,479,417	-86,149	-610,844
EMPLOYEE BENEFITS SECURITY ADMINISTRATION (EBSA)					
Salaries and Expenses					
Enforcement and Participant Assistance	147,400	166,362	137,000	-10,400	-29,362
Policy and Compliance Assistance	26,901	34,258	25,901	-1,000	-8,357
Executive Leadership, Program Oversight and Administration	6,699	6,835	6,029	-670	-806
Total, EBSA	181,000	207,455	168,930	-12,070	-38,525
PENSION BENEFIT GUARANTY CORPORATION (PBGC)					
Pension Benefit Guaranty Corporation Fund					
Pension Insurance Activities		(431,799)	(431,799)	(+431,799)	
Pension Insurance Activities	(79,526)			(-79,526)	
Pension Plan Termination	(179,230)			(-179,230)	
Operational Support	(156,638)			(-156,638)	
Total, PBGC (program level)	(415,394)	(431,799)	(431,799)	(+16,405)	
WAGE AND HOUR DIVISION, Salaries and expenses					
OFFICE OF LABOR-MANAGEMENT STANDARDS, Salaries and expenses	227,500	277,100	210,000	-17,500	-67,100
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS, Salaries and expenses	39,129	46,981	36,000	-3,129	-10,981
	106,476	113,687	96,000	-10,476	-17,687

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2016—Continued
 [In thousands of dollars]

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
OFFICE OF WORKERS' COMPENSATION PROGRAMS					
Salaries and Expenses	110,823	117,397	107,500	-3,323	-9,897
Trust Funds	2,177	2,177	2,177		
Total, Salaries and Expenses	113,000	119,574	109,677	-3,323	-9,897
Federal Funds	(110,823)	(117,397)	(107,500)	(-3,323)	(-9,897)
Trust Funds	(2,177)	(2,177)	(2,177)		
Special Benefits					
Federal Employees' Compensation Benefits	207,000	207,000	207,000		
Longshore and Harbor Workers' Benefits	3,000	3,000	3,000		
Total, Special Benefits	210,000	210,000	210,000		
Special Benefits for Disabled Coal Miners					
Benefit Payments	96,000	85,040	85,000	-11,000	-40
Administration	5,262	5,262	5,302	+40	+40
Subtotal, Fiscal year 2016 program level	101,262	90,302	90,302	-10,960	
Less funds advanced in prior year	-24,000	-21,000	-21,000	+3,000	
Total, Current Year	77,262	69,302	69,302	-7,960	
New advances, 1st quarter, fiscal year 2017	21,000	19,000	19,000	-2,000	
Total, Special Benefits for Disabled Coal Miners	98,262	88,302	88,302	-9,960	
Energy Employees Occupational Illness Compensation Fund					
Administrative Expenses	56,406	58,552	58,552	+2,146	

Black Lung Disability Trust Fund						
Benefit Payments and Interest on Advances	261,548	275,261	275,261	275,261	+ 13,713	.....
Workers' Compensation Programs, Salaries and Expenses	33,321	35,244	35,244	35,244	+ 1,923	.....
Departmental Management, Salaries and Expenses	30,403	30,279	30,279	30,279	- 124	.....
Departmental Management, Inspector General	327	327	327	327	.....	.....
Subtotal, Black Lung Disability	325,599	341,111	341,111	341,111	+ 15,512	.....
Treasury Department Administrative Costs	356	356	356	356	.....	.....
Total, Black Lung Disability Trust Fund	325,955	341,467	341,467	341,467	+ 15,512	.....
Total, Workers' Compensation Programs	803,623	817,895	807,998	807,998	+ 4,375	- 9,897
Federal Funds	801,446	815,718	805,821	805,821	+ 4,375	- 9,897
Current year	(780,446)	(796,718)	(786,821)	(786,821)	(+ 6,375)	(- 9,897)
Fiscal year 2017	(21,000)	(19,000)	(19,000)	(19,000)	(- 2,000)	.....
Trust Funds	2,177	2,177	2,177	2,177	.....	.....
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)						
Salaries and Expenses						
Safety and Health Standards	20,000	23,306	17,000	17,000	- 3,000	- 6,306
Federal Enforcement	208,000	225,608	194,000	194,000	- 14,000	- 31,608
Whistleblower enforcement	17,500	22,628	15,750	15,750	- 1,750	- 6,878
State Programs	100,850	104,337	98,746	98,746	- 2,104	- 5,591
Technical Support	24,469	24,614	24,000	24,000	- 469	- 614
Compliance Assistance:						
Federal Assistance	68,433	73,044	66,500	66,500	- 1,933	- 6,544
State Consultation Grants	57,775	57,775	56,500	56,500	- 1,275	- 1,275
Training Grants	10,537	10,687	10,149	10,149	- 388	- 538
Subtotal, Compliance Assistance	136,745	141,506	133,149	133,149	- 3,596	- 8,357
Safety and Health Statistics	34,250	38,763	31,681	31,681	- 2,569	- 7,082
Executive Direction and Administration	10,973	11,309	10,150	10,150	- 823	- 1,159
Total, OSHA	552,787	592,071	524,476	524,476	- 28,311	- 67,595

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2016—Continued
(In thousands of dollars)

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
MINE SAFETY AND HEALTH ADMINISTRATION					
Salaries and Expenses					
Coal Enforcement	167,859	175,769	158,052	-9,807	-17,717
Metal/Non-Metal Enforcement	91,697	93,841	87,000	-4,697	-6,841
Standards Development	5,416	6,070	4,500	-916	-1,570
Assessments	6,976	8,122	6,627	-349	-1,495
Educational Policy and Development	36,320	40,448	35,412	-908	-5,036
Technical Support	33,791	34,583	33,946	-245	-1,037
Program Evaluation and Information Resources [PEIR]	17,990	19,783	17,091	-899	-2,692
Program Administration	15,838	16,316	14,650	-1,188	-1,666
Total, Mine Safety and Health Administration	375,887	394,932	356,878	-19,009	-38,054
Total, Worker Protection Agencies					
Federal Funds	1,595,779	1,751,800	1,501,961	-93,818	-249,839
Trust Funds	(1,593,602)	(1,749,623)	(1,499,784)	(-93,818)	(-249,839)
	(2,177)	(2,177)	(2,177)		
BUREAU OF LABOR STATISTICS					
Salaries and Expenses					
Employment and Unemployment Statistics	204,788	219,129	200,383	-4,405	-18,746
Labor Market Information	65,000	65,000	63,700	-1,300	-1,300
Prices and Cost of Living	200,000	216,048	196,000	-4,000	-20,048
Compensation and Working Conditions	78,000	85,793	76,000	-2,000	-9,793
Productivity and Technology	11,424	10,795	10,627	-797	-168
Executive Direction and Staff Services	33,000	35,972	32,484	-516	-3,488
Total, Bureau of Labor Statistics	592,212	632,737	579,194	-13,018	-53,543
Federal Funds	527,212	567,737	515,494	-11,718	-52,243

	65,000	65,000	63,700	- 1,300	- 1,300
Trust Funds	65,000	65,000	63,700	- 1,300	- 1,300
OFFICE OF DISABILITY EMPLOYMENT POLICY					
Salaries and Expenses	38,500	38,203	.....	- 38,500	- 38,203
DEPARTMENTAL MANAGEMENT					
Salaries and Expenses					
Executive Direction	31,010	35,302	28,684	- 2,326	- 6,618
Departmental Program Evaluation	8,040	9,500	7,236	- 804	- 2,264
Legal Services	126,136	139,680	116,000	- 10,136	- 23,680
Trust Funds	308	308	293	- 15	- 15
International Labor Affairs	91,125	94,517	30,000	- 61,125	- 64,517
Administration and Management	28,413	35,835	27,750	- 663	- 8,085
Adjudication	29,420	35,854	28,500	- 920	- 7,354
Women's Bureau	11,536	11,788	9,465	- 2,071	- 2,323
Civil Rights Activities	6,880	7,996	6,192	- 688	- 1,804
Chief Financial Officer	5,061	5,205	4,900	- 161	- 305
Total, Departmental Management	337,929	375,985	259,020	- 78,909	- 116,965
Federal Funds	(337,621)	(375,677)	(258,727)	(- 78,894)	(- 116,950)
Trust Funds	(308)	(308)	(293)	(- 15)	(- 15)
Veterans Employment and Training					
State Administration, Grants	175,000	175,000	175,000	.....	.....
Transition Assistance Program	14,000	14,100	14,000	.....	- 100
Federal Administration	39,458	40,487	39,458	.....	- 1,029
National Veterans Training Institute	3,414	3,414	3,414	.....	.....
Homeless Veterans Program	38,109	38,109	38,109	.....	.....
Total, Veterans Employment and Training	269,981	271,110	269,981	.....	- 1,129
Federal Funds	38,109	38,109	38,109	.....	.....
Trust Funds	231,872	233,001	231,872	.....	- 1,129
IT Modernization					
Departmental support systems	4,898	4,898	4,898	.....	.....
Infrastructure technology modernization	10,496	53,880	8,000	- 2,496	- 45,880
Digital Government Integrated Platform .....	.....	60,824	.....	.....	- 60,824

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2016—Continued
 [In thousands of dollars]

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
Total, IT Modernization	15,394	119,602	12,898	-2,496	-106,704
Office of Inspector General					
Program Activities	76,000	82,325	73,721	-2,279	-8,604
Trust Funds	5,590	5,660	5,590		-70
Total, Office of Inspector General	81,590	87,985	79,311	-2,279	-8,674
Total, Departmental Management					
Federal Funds	704,894	854,682	621,210	-83,684	-233,472
Current Year	467,124	615,713	383,455	-83,669	-232,258
Trust Funds	237,770	238,969	237,755	-15	-1,214
Total, Workforce Investment Act Programs	4,826,867	5,121,607	4,619,399	-207,468	-502,208
Current Year	(3,054,867)	(3,349,607)	(2,847,399)	(-207,468)	(-502,208)
Fiscal year 2017	(1,772,000)	(1,772,000)	(1,772,000)		
Total, Title I, Department of Labor					
Federal Funds	13,346,549	14,545,508	12,747,863	-598,686	-1,797,645
Current Year	9,476,036	10,149,101	8,964,814	-511,222	-1,184,287
Fiscal year 2017	(7,683,036)	(8,358,101)	(7,173,814)	(-509,222)	(-1,184,287)
Trust Funds	3,870,513	4,396,407	3,783,049	(-87,464)	-613,358
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
HEALTH RESOURCES AND SERVICES					
Primary Health Care					
Community Health Centers	1,491,422	1,491,422	1,491,422		

	100	100	100	100	100	100
Free Clinics Medical Malpractice						
Total, Primary Health Care	1,491,522	1,491,522	1,491,522	1,491,522	1,491,522	
Health Workforce						
National Health Service Corps		287,370				-287,370
Training for Diversity:						
Centers of Excellence	21,711	25,000	21,711			-3,289
Health Careers Opportunity Program	14,189				-14,189	
Faculty Loan Repayment	1,190	1,190	1,190			
Scholarships for Disadvantaged Students	45,970	45,970	50,970		+5,000	
Health workforce diversity		14,000				-14,000
Subtotal, Training for Diversity	83,060	86,160	73,871		-9,189	-12,289
Training in Primary Care Medicine	38,924	38,924	36,831		-2,093	-2,093
Rural Physician Training Grants		4,000				-4,000
Oral Health Training	33,928	33,928	32,000		-1,928	-1,928
Subtotal, Oral Health programs	33,928	33,928	32,000		-1,928	-1,928
Interdisciplinary Community-Based Linkages:						
Area Health Education Centers	30,250		31,000		+750	+31,000
Geriatric Programs	34,237	34,237	35,076		+839	+839
Clinical Training in Interprofessional Practice		10,000				-10,000
Mental and Behavioral Health	8,916	8,916	8,916			
Subtotal, Interdisciplinary Community Linkages	73,403	53,153	74,992		+1,589	+21,839
Total, Interdisciplinary Community Linkages	73,403	53,153	74,992		+1,589	+21,839
Workforce Information and Analysis	4,663	4,663	2,782		-1,881	-1,881
Public Health and Preventive Medicine programs	21,000	17,000	9,864		-11,136	-7,136
Subtotal	21,000	17,000	9,864		-11,136	-7,136
Nursing Programs:						
Advanced Education Nursing	63,581	63,581	61,089		-2,492	-2,492
Nurse Education, Practice, and Retention	39,913	39,913	39,913			
Nursing Workforce Diversity	15,343	15,343	15,343			
Loan Repayment and Scholarship Program	81,785	81,785	79,785		-2,000	-2,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2016—Continued
(In thousands of dollars)

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
Comprehensive Geriatric Education	4,500	4,500	.....	-4,500	-4,500
Nursing Faculty Loan Program	26,500	26,500	24,500	-2,000	-2,000
Total, Nursing programs	231,622	231,622	220,630	-10,992	-10,992
Children's Hospitals Graduate Medical Education	265,000	100,000	270,000	+5,000	+170,000
National Practitioner Data Bank	18,814	19,728	18,814	.....	-914
User Fees	-18,814	-19,728	-18,814	.....	+914
Total, Health Workforce	751,600	856,820	720,970	-30,630	-135,850
Maternal and Child Health					
Maternal and Child Health Block Grant	637,000	637,000	615,276	-21,724	-21,724
Sickle Cell Anemia Demonstration Program	4,455	4,455	4,455	.....	.....
Traumatic Brain Injury	9,321	9,321	9,321	.....	.....
Autism and Other Developmental Disorders	47,099	47,099	47,099	.....	.....
Heritable Disorders	13,883	13,883	11,883	-2,000	-2,000
Healthy Start	102,000	102,000	102,000	.....	.....
Universal Newborn Hearing Screening	17,818	17,818	17,818	.....	.....
Emergency Medical Services for Children	20,162	20,162	20,162	.....	.....
Total, Maternal and Child Health	851,738	851,738	828,014	-23,724	-23,724
Ryan White HIV/AIDS					
Emergency Assistance	655,876	655,876	655,876	.....	.....
Comprehensive Care Programs	1,315,005	1,315,005	1,315,005	.....	.....
AIDS Drug Assistance Program [ADAP] (NA)	(900,313)	(900,313)	(900,313)	.....	.....
Early Intervention Program	201,079	280,167	201,079	.....	-79,088
Children, Youth, Women, and Families	75,088	.....	75,088	.....	+75,088

AIDS Dental Services	13,122	13,122	13,122	.....	.....	.....
Education and Training Centers	33,611	33,611	33,611	.....	.....	.....
Special Projects of National Significance	25,000	25,000	.....	.....	-25,000	-25,000
Total, Ryan White HIV/AIDS program level	(2,318,781)	(2,322,781)	(2,293,781)	.....	(-25,000)	(-29,000)
Health Care Systems						
Organ Transplantation	23,549	23,549	23,549	.....	.....	.....
National Cord Blood Inventory	11,266	11,266	11,266	.....	.....	.....
Bone Marrow Program	22,109	22,109	22,109	.....	.....	.....
Office of Pharmacy Affairs	10,238	17,238	10,238	.....	.....	-7,000
340B Drug Pricing User Fees .....	.....	7,500	7,500	.....	+7,500	.....
User Fees .....	.....	-7,500	-7,500	.....	-7,500	.....
Poison Control	18,846	18,846	18,846	.....	.....	.....
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	.....	.....	.....
Subtotal, Health Care Systems	103,193	110,193	103,193	.....	.....	-7,000
Rural Health						
Rural Outreach Grants	59,000	59,000	63,500	.....	+4,500	+4,500
Rural Health Research/Policy Development	9,351	9,351	9,351	.....	.....	.....
Rural Hospital Flexibility Grants	41,609	26,200	41,609	.....	.....	+15,409
Rural and Community Access to Emergency Devices	4,500	.....	.....	.....	-4,500	.....
State Offices of Rural Health	9,511	9,511	9,511	.....	.....	.....
Black Lung Clinics	6,766	6,766	6,766	.....	.....	.....
Radiation Exposure Screening and Education Program	1,834	1,834	1,834	.....	.....	.....
Telehealth	14,900	14,900	18,000	.....	+3,100	+3,100
Total, Rural Health	147,471	127,562	150,571	.....	+3,100	+23,009
Family Planning	286,479	300,000	257,832	.....	-28,647	-42,168
Program Management	154,000	157,061	151,000	.....	-3,000	-6,061
Vaccine Injury Compensation Program Trust Fund						
Post-fiscal year 1988 Claims	235,000	237,000	237,000	.....	+2,000	.....
HRSA Administration	7,500	7,500	7,500	.....	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2016—Continued
 (In thousands of dollars)

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
Total, Vaccine Injury Compensation Trust Fund	242,500	244,500	244,500	+ 2,000	.....
Total, Health Resources & Services Administration	6,347,284	6,462,177	6,241,383	-105,901	-220,794
CENTERS FOR DISEASE CONTROL AND PREVENTION					
Immunization and Respiratory Diseases	573,105	537,766	573,105	.....	+ 35,339
Pandemic Flu balances (Public Law 111-32)	(15,000)	.....	(15,000)	.....	(+ 15,000)
Prevention and Public Health Fund ¹	(210,300)	(210,300)	(210,300)	.....	.....
Subtotal	(798,405)	(748,066)	(798,405)	.....	(+ 50,339)
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	1,117,609	1,161,747	1,090,609	-27,000	-71,138
Emerging and Zoonotic Infectious Diseases	352,990	644,687	388,590	+ 35,600	-256,097
Prevention and Public Health Fund ¹	(52,000)	(54,580)	(52,000)	.....	(- 2,580)
Subtotal	404,990	699,267	440,590	+ 35,600	-258,677
Subtotal, Emerging and Zoonotic Infectious	352,990	644,687	388,590	+ 35,600	-256,097
Subtotal, Prevention and Public Health Fund ¹	(52,000)	(54,580)	(52,000)	.....	(- 2,580)
Total	404,990	699,267	440,590	+ 35,600	-258,677
Chronic Disease Prevention and Health Promotion	747,220	577,854	595,272	-151,948	+ 17,418
Prevention and Public Health Fund ¹	(452,000)	(480,204)	(457,650)	(+ 5,650)	(- 22,554)
Subtotal	1,199,220	1,058,058	1,052,922	-146,298	- 5,136
Birth Defects, Developmental Disabilities, Disabilities, and Health	131,781	63,815	132,781	+ 1,000	+ 68,966
Prevention and Public Health Fund ¹ .....	.....	(67,966)	.....	.....	(- 67,966)
Subtotal	131,781	131,781	132,781	+ 1,000	+ 1,000

Public Health Scientific Services	481,061	474,559	471,061	- 10,000	- 3,498
Prevention and Public Health Fund ¹	(64,250)	(64,250)	(64,250)		(- 64,250)
Subtotal	(481,061)	(538,809)	(471,061)	(- 10,000)	(- 67,748)
Environmental Health	166,404	141,500	132,286	- 34,118	- 9,214
Prevention and Public Health Fund ¹	(13,000)	(37,000)	(13,000)		(- 24,000)
Subtotal	179,404	178,500	145,286	- 34,118	- 33,214
Injury Prevention and Control	170,447	256,977	187,947	+ 17,500	- 69,030
National Institute for Occupational Safety & Health ¹	334,863	283,418	305,887	- 28,976	+ 22,469
Evaluation Tap Funding					
Subtotal	(334,863)	(283,418)	(305,887)	(- 28,976)	(+ 22,469)
Energy Employees Occupational Illness Compensation Program	55,358	55,358	55,358		
Global Health	416,517	448,092	411,758	- 4,759	- 36,334
Ebola funding (Public Law 113-164)	(30,000)			(- 30,000)	
Subtotal	(446,517)	(448,092)	(411,758)	(- 34,759)	(- 36,334)
Public Health Preparedness and Response	1,352,551	1,381,818	1,340,118	- 12,433	- 41,700
Buildings and Facilities	10,000	10,000	10,000		
Subtotal	(160,000)		(160,000)		
Prevention and Public Health Fund ¹	113,570	113,570	107,892	- 5,678	(+ 160,000)
Office of the Director	(1,771,000)			(- 1,771,000)	- 5,678
Title VI Ebola funding					
Subtotal, CDC-Wide Activities	(273,570)	(113,570)	(267,892)	(- 5,678)	(+ 154,322)
Total, Centers for Disease Control	6,023,476	6,151,161	5,802,664	- 220,812	- 348,497
Discretionary	5,968,118	6,095,803	5,747,306	- 220,812	- 348,497
Pandemic Flu balances (Public Law 111-32)	(15,000)		(15,000)		(+ 15,000)
Prevention and Public Health Fund ¹	(887,300)	(914,300)	(892,950)	(+ 5,650)	(- 21,350)
Title VI Ebola funding	(1,771,000)			(- 1,771,000)	
Total, Centers for Disease Control Program Level	(6,925,776)	(7,065,461)	(6,710,614)	(- 215,162)	(- 354,847)
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute	4,953,028	5,098,479	5,204,058	+ 251,030	+ 105,579

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2016—Continued
(In thousands of dollars)

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
National Heart, Lung, and Blood Institute	2,995,865	3,071,906	3,135,519	+ 139,654	+ 63,613
National Institute of Dental & Craniofacial Research	397,700	406,746	415,169	+ 17,469	+ 8,423
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	1,749,140	1,788,133	1,825,162	+ 76,022	+ 37,029
Juvenile Diabetes (mandatory)	(150,000)	(150,000)	(150,000)	.....	.....
Subtotal, NIDDK program level	1,899,140	1,938,133	1,975,162	+ 76,022	+ 37,029
National Institute of Neurological Disorders & Stroke	1,604,607	1,660,375	1,694,758	+ 90,151	+ 34,383
National Institute of Allergy and Infectious Diseases	4,417,558	4,614,779	4,710,342	+ 292,784	+ 95,563
Title VI Ebola Funding	(238,000)	.....	.....	( - 238,000)	.....
National Institute of General Medical Sciences	1,657,301	1,586,291	1,571,431	- 85,870	- 14,860
Evaluation Tap Funding	(715,000)	(847,489)	(940,000)	(+ 225,000)	(+ 92,511)
Subtotal, NGMS program level	2,372,301	2,433,780	2,511,431	+ 139,130	+ 77,651
Eunice Kennedy Shriver National Institute of Child Health & Human Development	1,286,869	1,318,061	1,345,355	+ 58,486	+ 27,294
National Eye Institute	676,764	695,154	709,549	+ 32,785	+ 14,395
National Institute of Environmental Health Sciences	667,333	681,782	695,900	+ 28,567	+ 14,118
National Institute on Aging	1,197,523	1,267,078	1,548,494	+ 350,971	+ 281,416
National Institute of Arthritis and Musculoskeletal and Skin Diseases	521,528	533,232	544,274	+ 22,746	+ 11,042
National Institute on Deafness and Other Communication Disorders	405,207	416,241	424,860	+ 19,653	+ 8,619
National Institute of Nursing Research	140,852	144,515	147,508	+ 6,656	+ 2,993
National Institute on Alcohol Abuse and Alcoholism	447,153	459,833	469,355	+ 22,202	+ 9,522
National Institute on Drug Abuse	1,015,705	1,047,397	1,069,086	+ 53,381	+ 21,689
National Institute of Mental Health	1,433,651	1,489,417	1,520,260	+ 86,609	+ 30,843
National Human Genome Research Institute	498,677	515,491	526,166	+ 27,489	+ 10,675
National Institute of Biomedical Imaging and Bioengineering	327,243	337,314	344,299	+ 17,056	+ 6,985
National Center for Complementary and Integrative Health	124,062	130,162	134,299	+ 6,100	+ 2,641
National Institute on Minority Health and Health Disparities	270,969	281,549	287,379	+ 16,410	+ 5,830
John E. Fogarty International Center	67,634	69,505	70,944	+ 3,310	+ 1,439
National Center for Advancing Translational Sciences	632,710	660,131	699,319	+ 66,609	+ 39,188
National Library of Medicine (NLM)	337,324	394,090	402,251	+ 64,927	+ 8,161

Office of the Director	1,401,134	1,430,028	860,937	-540,197	-569,091
Common Fund (non-add)	(533,039)	(544,077)	(544,077)	(+11,038)	
Gabriella Miller Kids First Research Act (Common Fund non-add)	12,600	12,600	12,600		
Transfers from non-recurring expenses fund			(650,000)	(+650,000)	
Subtotal	1,413,734	1,442,628	1,523,537	+109,803	+80,909
Buildings and Facilities	128,863	128,863	128,863		
Total, National Institutes of Health [NIH]	29,369,000	30,236,511	30,494,000	+1,125,000	+257,489
(Evaluation Tap Funding)	(715,000)	(847,489)	(940,000)	(+225,000)	(+92,511)
(Transfers from non-recurring expenses fund)			(650,000)	(+650,000)	(+650,000)
(Title VI Ebola funding)	(238,000)			(-238,000)	
Total, NIH Program Level	(30,084,000)	(31,084,000)	(32,084,000)	(+2,000,000)	(+1,000,000)
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)					
Mental Health					
Programs of Regional and National Significance	366,597	334,289	366,597		+32,308
Evaluation Tap Funding	(12,000)	(5,000)			(-5,000)
Prevention and Public Health Fund ¹		(38,000)	(12,000)		(-26,000)
Subtotal	378,597	377,289	378,597		+1,308
Mental Health block grant	461,532	461,532	461,532		
Evaluation Tap Funding	(21,039)	(21,039)	(21,039)		
Subtotal	(482,571)	(482,571)	(482,571)		
Children's Mental Health	117,026	117,026	117,026		
Grants to States for the Homeless (PATH)	64,635	64,635	40,000		
Protection and Advocacy	36,146	36,146	36,146		-24,635
Subtotal, Mental Health	1,045,936	1,013,628	1,021,301	-24,635	+7,673
(Evaluation Tap Funding)	(21,039)	(26,039)	(21,039)		(-5,000)
(Prevention and Public Health Fund ¹)	(12,000)	(38,000)	(12,000)		(-26,000)
Subtotal, Mental Health program level	(1,078,975)	(1,077,667)	(1,054,340)	(-24,635)	(-23,327)
Substance Abuse Treatment					
Programs of Regional and National Significance	362,002	290,701	282,260	-79,742	-8,441

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2016—Continued
[In thousands of dollars]

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
Evaluation Tap Funding	(2,000)	(30,000)	(2,000)		(- 28,000)
Subtotal	(364,002)	(320,701)	(284,260)	(- 79,742)	(- 36,441)
Substance Abuse block grant	1,740,656	1,740,656	1,690,656	- 50,000	- 50,000
Evaluation Tap Funding	(79,200)	(79,200)	(79,200)		
Subtotal, Block grant	(1,819,856)	(1,819,856)	(1,769,856)	(- 50,000)	(- 50,000)
Subtotal, Substance Abuse Treatment	2,102,658	2,031,357	1,972,916	- 129,742	- 58,441
(Evaluation Tap Funding)	(81,200)	(109,200)	(81,200)		(- 28,000)
Subtotal, Program level	(2,183,858)	(2,140,557)	(2,054,116)	(- 129,742)	(- 86,441)
Substance Abuse Prevention					
Programs of Regional and National Significance	175,219	194,450	182,731	+ 7,512	- 11,719
Evaluation Tap Funding		(16,468)			(- 16,468)
Subtotal	175,219	210,918	182,731	+ 7,512	- 28,187
Health Surveillance and Program Support	150,232	156,228	137,869	- 12,363	- 18,359
Evaluation Tap Funding (NA)	(31,428)	(58,917)	(31,428)		(- 27,489)
Prevention and Public Health Fund 1		(20,000)			(- 20,000)
Subtotal	181,660	235,145	169,297	- 12,363	- 65,848
Total, SAMHSA	3,474,045	3,395,663	3,314,817	- 159,228	- 80,846
(Evaluation Tap Funding)	(133,667)	(210,624)	(133,667)		(- 76,957)
(Prevention and Public Health Fund 1)	(12,000)	(58,000)	(12,000)		(- 46,000)
Total, SAMHSA Program Level	(3,619,712)	(3,664,287)	(3,460,484)	(- 159,228)	(- 203,803)

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)					
Healthcare Research and Quality					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds					
Evaluation Tap Funding	228,551	134,889	151,428	-77,123	+16,539
Patient-Centered Outcomes Research Transfer		(87,888)			(-87,888)
Preventive/Care Management (NA)		(115,636)			(-115,636)
Subtotal, Health Costs, Quality, and Outcomes	(228,551)	(338,413)	(151,428)	(-77,123)	(-186,985)
(Evaluation Tap Funding)		(87,888)			(-87,888)
Medical Expenditures Panel Surveys:					
Federal Funds	65,447	68,877	39,268	-26,179	-29,609
Evaluation Tap Funding (NA)					
Subtotal, Medical Expenditures Panel Surveys	(65,447)	(68,877)	(39,268)	(-26,179)	(-29,609)
Program Support:					
Federal Funds	69,700	72,044	45,305	-24,395	-26,739
Total, AHRQ Program Level	(363,698)	(363,698)	(236,001)	(-127,697)	(-127,697)
Federal funds	(363,698)	(275,810)	(236,001)	(-127,697)	(-39,809)
(Evaluation Tap Funding)		(87,888)			(-87,888)
Total, Public Health Service (PHS) appropriation	45,577,503	46,521,322	46,088,865	+511,362	-432,457
Total, Public Health Service Program Level (excluding Ebola funding)	(49,111,470)	(48,755,259)	(48,732,482)	(-378,988)	(-22,777)
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits	315,238,600	334,936,328	334,936,328	+19,697,728	
State and Local Administration	18,766,022	17,771,915	17,771,915	-994,107	
Vaccines for Children	4,076,617	4,109,307	4,109,307	+32,690	
Subtotal, Medicaid Program Level	338,081,239	356,817,550	356,817,550	+18,736,311	
Less funds advanced in prior year	-103,472,323	-113,272,140	-113,272,140	-9,799,817	
Total, Grants to States for Medicaid	234,608,916	243,545,410	243,545,410	+8,936,494	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2016—Continued
(In thousands of dollars)

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
New advance, 1st quarter, fiscal year 2017	113,272,140	115,582,502	115,582,502	+ 2,310,362	.....
Payments to Health Care Trust Funds					
Supplemental Medical Insurance	194,343,000	198,530,000	198,530,000	+ 4,187,000	.....
Federal Uninsured Payment	187,000	158,000	158,000	- 29,000	.....
Program Management	763,000	1,044,000	1,044,000	+ 281,000	.....
General Revenue for Part D Benefit	63,342,000	82,453,000	82,453,000	+ 19,111,000	.....
General Revenue for Part D Administration	418,000	691,000	691,000	+ 273,000	.....
HC/FAC Reimbursement	153,000	291,000	291,000	+ 138,000	.....
State Low-Income Determination for Part D	6,000	4,800	4,800	- 1,200	.....
Total, Payments to Trust Funds, Program Level	259,212,000	283,171,800	283,171,800	+ 23,959,800	.....
Program Management					
Research, Demonstration, Evaluation	20,054	.....	6,900	- 13,154	+ 6,900
Program Operations	2,519,823	3,024,386	1,890,823	- 629,000	- 1,133,563
State Survey and Certification	397,334	437,200	397,334	.....	- 39,866
Federal Administration	732,533	783,600	732,533	.....	- 51,067
Total, Program management	3,669,744	4,245,186	3,027,590	- 642,154	- 1,217,596
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services	477,120	474,175	474,175	- 2,945	.....
HHS Office of Inspector General	67,200	118,631	77,275	+ 10,075	- 41,356
Medicaid/CHIP	67,000	.....	77,275	+ 10,075	+ 77,275
Department of Justice	60,480	113,194	77,275	+ 16,795	- 35,919
Total, Health Care Fraud and Abuse Control	672,000	706,000	706,000	+ 34,000	.....

Total, Centers for Medicare and Medicaid Services	611,434,800	647,250,898	646,033,302	+ 34,598,502	- 1,217,596
Federal funds	607,093,056	642,299,712	642,299,712	+ 35,206,656	.....
Current year	(493,820,916)	(526,717,210)	(526,717,210)	(+ 32,896,294)	.....
New advance, fiscal year 2017	(113,272,140)	(115,582,502)	(115,582,502)	(+ 2,310,362)	.....
Trust Funds	4,341,744	4,951,186	3,733,590	- 608,154	- 1,217,596
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)					
Payments to States for Child Support Enforcement and Family Support Programs					
Payments to Territories	33,000	33,000	33,000	.....	.....
Repatriation	1,000	1,000	1,000	.....	.....
Subtotal	34,000	34,000	34,000	.....	.....
Child Support Enforcement:					
State and Local Administration	3,117,555	3,541,359	3,541,359	+ 423,804	.....
Federal Incentive Payments	526,968	519,547	519,547	- 7,421	.....
Access and Visitation	10,000	10,000	10,000	.....	.....
Subtotal, Child Support Enforcement	3,654,523	4,070,906	4,070,906	+ 416,383	.....
Total, Family Support Payments Program Level	3,688,523	4,104,906	4,104,906	+ 416,383	.....
Less funds advanced in previous years	- 1,250,000	- 1,160,000	- 1,160,000	+ 90,000	.....
Total, Family Support Payments, current year	2,438,523	2,944,906	2,944,906	+ 506,383	.....
New advance, 1st quarter, fiscal year 2017	1,160,000	1,300,000	1,300,000	+ 140,000	.....
Low Income Home Energy Assistance (LIHEAP)					
Formula Grants	3,390,304	3,190,304	3,390,304	.....	+ 200,000
Utility Innovation Fund .....	.....	200,000	.....	.....	- 200,000
Total, LIHEAP, Program Level	3,390,304	3,390,304	3,390,304	.....	.....
Refugee and Entrant Assistance					
Transitional and Medical Services	383,266	426,749	426,749	+ 43,483	.....
Victims of Trafficking	15,755	22,000	15,755	.....	- 6,245
Social Services	149,927	149,927	149,927	.....	.....
Preventive Health	4,600	4,600	4,600	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2016—Continued
[In thousands of dollars]

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
Targeted Assistance	47,601	47,601	47,601	.....	.....
Unaccompanied Minors	948,000	948,000	750,000	-198,000	-198,000
Unaccompanied Minors Contingency Fund (CBO estimate) .....	.....	15,000	.....	.....	-15,000
Victims of Torture	10,735	10,735	10,735	.....	.....
Total, Refugee and Entrant Assistance	1,559,884	1,624,612	1,405,367	-154,517	-219,245
Payments to States for the Child Care and Development Block Grant	2,435,000	2,805,149	2,585,000	+150,000	-220,149
Social Services Block Grant (Title XX)	1,700,000	1,700,000	1,700,000	.....	.....
Children and Families Services Programs					
Programs for Children, Youth and Families:					
Head Start, current funded	8,598,095	10,117,706	8,698,095	+100,000	-1,419,611
Consolidated Runaway, Homeless Youth Program	97,000	105,980	99,000	+2,000	-6,980
Prevention Grants to Reduce Abuse of Runaway Youth	17,141	17,491	17,141	.....	-350
Child Abuse State Grants	25,310	25,310	25,310	.....	.....
Child Abuse Discretionary Activities	28,744	48,744	28,744	.....	-20,000
Community Based Child Abuse Prevention	39,764	39,764	39,764	.....	.....
Abandoned Infants Assistance	11,063	11,063	.....	-11,063	-11,063
Child Welfare Services	268,735	268,735	268,735	.....	.....
Child Welfare Training, Research, or Demonstration projects	15,984	15,984	13,984	-2,000	-2,000
Adoption Opportunities	39,100	42,622	39,100	.....	-3,522
Adoption Incentive	37,943	37,943	37,943	.....	.....
Social Services and Income Maintenance Research	5,762	17,762	5,762	.....	-12,000
Native American Programs	46,520	50,000	46,520	.....	-3,480
Community Services:					
Community Services Block Grant Act programs:					
Grants to States for Community Services	674,000	674,000	674,000	.....	.....
Economic Development	29,883	.....	.....	-29,883	.....
Rural Community Facilities	6,500	.....	.....	-6,500	.....

Subtotal	710,383	674,000	674,000	-36,383	.....
Individual Development Account Initiative	18,950	18,950	12,000	-6,950	-6,950
Subtotal, Community Services	729,333	692,950	686,000	-43,333	-6,950
Domestic Violence Hotline	4,500	12,300	4,500	.....	-7,800
Family Violence/Battered Women's Shelters	135,000	150,000	135,000	.....	-15,000
Independent Living Training Vouchers	43,257	43,257	43,257	.....	.....
Faith-Based Center	1,299	.....	.....	-1,299	.....
Disaster Human Services Case Management	1,864	1,864	1,864	.....	.....
Program Direction	199,701	211,767	197,901	-1,800	-13,866
Total, Children and Families Services Programs	10,346,115	11,911,242	10,388,620	+42,505	-1,522,622
Current Year	(10,346,115)	(11,911,242)	(10,388,620)	(+42,505)	(-1,522,622)
Promoting Safe and Stable Families	345,000	345,000	345,000	.....	.....
Discretionary Funds	59,765	89,765	59,765	.....	-30,000
Total, Promoting Safe and Stable Families	404,765	434,765	404,765	.....	-30,000
Payments for Foster Care and Permanency					
Foster Care	4,289,000	4,772,100	4,772,100	+483,100	.....
Adoption Assistance	2,504,000	2,562,900	2,562,900	+58,900	.....
Guardianship	99,000	123,000	123,000	+24,000	.....
Independent Living	140,000	140,000	140,000	.....	.....
Total, Payments to States	7,032,000	7,598,000	7,598,000	+566,000	.....
Less Advances from Prior Year	-2,200,000	-2,300,000	-2,300,000	-100,000	.....
Total, payments, current year	4,832,000	5,298,000	5,298,000	+466,000	.....
New Advance, 1st quarter, fiscal year 2017	2,300,000	2,300,000	2,300,000	.....	.....
Total, ACF	30,566,591	33,708,978	31,716,962	+1,150,371	-1,992,016
Current year	(27,106,591)	(30,108,978)	(28,116,962)	(+1,010,371)	(-1,992,016)
Fiscal year 2017	(3,460,000)	(3,600,000)	(3,600,000)	(+140,000)	.....
(Evaluation Tap Funding) .....	.....	.....	.....	.....	.....
Total, ACF Program Level	30,566,591	33,708,978	31,716,962	+1,150,371	-1,992,016

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2016—Continued
(In thousands of dollars)

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
ADMINISTRATION FOR COMMUNITY LIVING					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-based Supportive Services	347,724	386,182	347,724		- 38,458
Preventive Health	19,848	19,848	19,848		
Protection of Vulnerable Older Americans-Title VII	20,658	20,658	20,658		
Subtotal	388,230	426,688	388,230		- 38,458
Family Support Initiative		15,000			- 15,000
Family Caregivers	145,586	150,586	145,586		- 5,000
Native American Caregivers Support	6,031	6,800	6,031		- 769
Subtotal, Caregivers	151,617	172,386	151,617		- 20,769
Nutrition:					
Congregate Meals	438,191	458,091	438,191		- 19,900
Home Delivered Meals	216,397	236,397	216,397		- 20,000
Nutrition Services Incentive Program	160,069	160,069	160,069		
Nutrition Initiative		20,000			- 20,000
Subtotal	814,657	874,557	814,657		- 59,900
Subtotal, Grants to States	1,354,504	1,473,631	1,354,504		- 119,127
Grants for Native Americans	26,158	29,100	24,850	- 1,308	- 4,250
Aging Network Support Activities	9,961	9,961	7,088	- 2,873	- 2,873
Alzheimer's Disease Demonstrations	3,800	3,800	3,800		
Prevention and Public Health Fund ¹	(14,700)	(14,700)	(14,700)		
Lifespan Respite Care	2,360	5,000	2,242	- 118	- 2,758
Prevention and Public Health Fund ¹	(8,000)	(8,000)	(7,600)	(- 400)	(- 400)
Prevention and Public Health Fund ¹	(5,000)	(5,000)	(4,750)	(- 250)	(- 250)

Senior Medicare Patrol Program	8,910	8,910	.....	-8,910	-8,910
Elder Rights Support Activities	28,874	28,874	7,874	.....	-21,000
Agng and Disability Resources	5,813	20,000	5,813	-306	-14,187
State Health Insurance Program	52,115	52,115	30,000	-22,115	-22,115
National Clearinghouse for Long-Term Care Information	1,000	1,000	.....	.....	-1,000
Paralysis Resource Center	6,700	6,700	6,365	-335	-335
Limb loss	2,800	2,810	2,660	-140	-150
Developmental Disabilities Programs:					
State Councils	71,692	71,692	68,107	-3,585	-3,585
Protection and Advocacy	38,734	38,734	36,797	-1,937	-1,937
Voting Access for Individuals with Disabilities	4,963	4,963	4,715	-248	-248
Developmental Disabilities Projects of National Significance	8,857	14,500	8,414	-443	-6,086
University Centers for Excellence in Developmental Disabilities	37,674	38,619	35,790	-1,884	-2,829
Subtotal, Developmental Disabilities Programs	161,920	168,508	153,823	-8,097	-14,685
Workforce Innovation and Opportunity Act Independent Living	.....	106,183	96,124	+96,124	-10,059
National Institute on Disability, Independent Living, and Rehabilitation Research	.....	108,000	98,772	+98,772	-9,228
Assistive Technology	.....	31,000	31,350	+31,350	+350
Subtotal, Workforce Innovation and Opportunity Act	.....	245,183	226,246	+226,246	-18,937
Program Administration	30,035	40,063	35,824	+5,789	-4,239
Total, Administration for Community Living [ACL]	1,673,256	2,095,655	1,861,089	+187,833	-234,566
Federal funds	1,621,141	2,043,540	1,831,089	+209,948	-212,451
Trust Funds	(52,115)	(52,115)	(30,000)	(-22,115)	(-22,115)
(Prevention and Public Health Fund 1)	(27,700)	(27,700)	(27,050)	(-650)	(-650)
Total, ACL program level	1,700,956	2,123,355	1,888,139	+187,183	-235,216
OFFICE OF THE SECRETARY					
General Departmental Management					
General Departmental Management, Federal Funds	200,000	225,336	195,000	-5,000	-30,336
Subtotal	200,000	225,336	195,000	-5,000	-30,336
Teen Pregnancy Prevention and Abstinence Education	101,000	104,790	20,000	-81,000	-84,790
Evaluation Tap Funding	(6,800)	(6,800)	.....	(-6,800)	(-6,800)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2016—Continued
 [In thousands of dollars]

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
Subtotal, Grants	(107,800)	(111,590)	(20,000)	(- 87,800)	(- 91,590)
Abstinence Education	5,000	.....	20,000	+ 15,000	+ 20,000
Minority Health	56,670	56,670	36,000	- 20,670	- 20,670
Office of Women's Health	32,140	31,500	29,500	- 2,640	- 2,000
Minority HIV/AIDS	52,224	53,900	.....	- 52,224	- 53,900
Embryo Adoption Awareness Campaign	1,000	.....	1,000	.....	+ 1,000
DATA Act activities .....	.....	10,320	.....	.....	- 10,320
HHS Digital Service Team .....	.....	10,000	.....	.....	- 10,000
Planning and Evaluation, Evaluation Tap Funding	(58,028)	(59,278)	(46,762)	(- 11,266)	(- 12,516)
Total, General Departmental Management	448,034	492,516	301,500	- 146,534	- 191,016
Federal Funds	(448,034)	(492,516)	(301,500)	(- 146,534)	(- 191,016)
(Evaluation Tap Funding)	(64,828)	(66,078)	(46,762)	(- 18,066)	(- 19,316)
Total, General Departmental Management Program	512,862	558,594	348,262	- 164,600	- 210,332
Office of Medicare Hearings and Appeals	87,381	140,000	97,381	+ 10,000	- 42,619
Office of the National Coordinator for Health Information Technology	60,367	.....	60,367	.....	+ 60,367
Evaluation Tap Funding .....	.....	(91,800)	.....	.....	(- 91,800)
Total, Program Level	(60,367)	(91,800)	(60,367)	.....	(- 31,433)
Office of Inspector General					
Inspector General Federal Funds	71,000	83,000	71,000	.....	- 12,000
HIPAA/HCFAC funding (NA)	(240,455)	(333,893)	(333,893)	(+ 93,438)	.....
Total, Inspector General Program Level	(311,455)	(416,893)	(404,893)	(+ 93,438)	(- 12,000)
Office for Civil Rights					
Federal Funds	38,798	42,705	38,798	.....	- 3,907

Retirement Pay and Medical Benefits for Commissioned Officers						
Retirement Payments	432,177	441,977	441,977	+ 9,800	.....	.....
Survivors Benefits	28,186	28,603	28,603	+ 417	.....	.....
Dependents' Medical Care	101,878	115,608	115,608	+ 13,730	.....	.....
Total, Medical Benefits for Commissioned Officers	562,241	586,188	586,188	+ 23,947	.....	.....
Public Health and Social Services Emergency Fund [PHSSEF]						
Assistant Secretary for Preparedness and Response						
Operations	31,305	30,938	30,938	- 367	.....	.....
Preparedness and Emergency Operations	24,789	24,654	24,654	- 135	.....	.....
National Disaster Medical System	50,054	49,904	49,904	- 150	.....	.....
Hospital Preparedness Cooperative Agreement Grants:						
Formula Grants	254,555	254,555	254,555	.....	.....	.....
Biomedical Advanced Research and Development Authority [BARDA]	415,000	521,732	473,000	+ 58,000	.....	- 48,732
Ebola funding (Public Law 113-164)	(58,000)	.....	.....	(- 58,000)	.....	.....
Title VI Ebola Funding	14,877	14,877	14,877	.....	.....	.....
Policy and Planning	14,877	646,425	255,000	(- 733,000)	.....	.....
Project BioShield	255,000	.....	.....	.....	.....	- 391,425
Subtotal, Preparedness and Response	1,045,580	1,543,085	1,102,928	+ 57,348	.....	- 440,157
Assistant Secretary for Administration						
Office of Security, Cybersecurity	41,125	73,417	41,125	.....	.....	- 32,292
Office of Security and Strategic Information	7,470	7,470	7,470	.....	.....	.....
Public Health and Science						
Medical Reserve Corps	8,979	6,000	3,839	- 5,140	.....	- 2,161
Office of the Secretary						
Pandemic Influenza Preparedness	71,915	170,009	71,915	.....	.....	- 98,094
Emergency response initiative .....	.....	110,000	.....	.....	.....	- 110,000
Health insurance initiative (PHS evaluation funding) .....	.....	(30,000)	.....	.....	.....	(- 30,000)
Subtotal, Non-pandemic flu/BioShield/Parklawn/Other construction	- 326,915	- 816,434	- 326,915	.....	.....	+ 489,519
Total, PHSSEF	1,175,069	1,909,981	1,227,277	+ 52,208	.....	- 682,704

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2016—Continued
(In thousands of dollars)

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
Total, Office of the Secretary	2,442,890	3,254,390	2,382,511	- 60,379	- 871,879
Federal Funds	2,355,509	3,114,390	2,285,130	- 70,379	- 829,260
Trust Funds	87,381	140,000	97,381	+ 10,000	- 42,619
(Evaluation Tap Funding)	(64,828)	(187,878)	(46,762)	(- 18,066)	(- 141,116)
(Title VI Ebola funding)	(733,000)	.....	.....	(- 733,000)	.....
Total, Office of the Secretary Program Level	2,507,718	3,442,268	2,429,273	- 78,445	- 1,012,995
Total, Title II, Health and Human Services	691,695,040	732,831,243	728,082,729	+ 36,387,689	- 4,748,514
Federal Funds	687,213,800	727,687,942	724,221,758	+ 37,007,958	- 3,466,184
Current year	(570,481,660)	(608,505,440)	(605,039,256)	(+ 34,557,596)	(- 3,466,184)
Fiscal year 2017	(116,732,140)	(119,182,502)	(119,182,502)	(+ 2,450,362)	.....
Trust Funds	4,481,240	5,143,301	3,860,971	- 620,269	- 1,282,330
Pandemic Flu balances (Public Law 111-32)	(927,000)	(1,000,000)	(932,000)	(+ 5,000)	(- 68,000)
Total, Prevention and Public Health Fund ¹	(927,000)	(1,000,000)	(932,000)	(+ 5,000)	(- 68,000)
TITLE III—DEPARTMENT OF EDUCATION					
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies [LEAs] Basic Grants:					
Advance from prior year	(2,915,776)	(2,890,776)	(2,890,776)	(- 25,000)	.....
Forward funded	3,564,641	4,568,625	3,714,641	+ 150,000	- 853,984
Current funded	3,984	.....	3,984	.....	+ 3,984
Subtotal, Basic grants current year approp	3,568,625	4,568,625	3,718,625	+ 150,000	- 850,000
Subtotal, Basic grants total funds available	(6,484,401)	(7,459,401)	(6,609,401)	(+ 125,000)	(- 850,000)
Basic Grants fiscal year 2017 Advance	2,890,776	1,890,776	2,740,776	- 150,000	+ 850,000
Subtotal, Basic grants, program level	6,459,401	6,459,401	6,459,401	.....	.....

Concentration Grants:							
Advance from prior year	(1,362,301)	(1,362,301)	(1,362,301)				
Fiscal year 2017 Advance	1,362,301	1,362,301					
Targeted Grants:							
Advance from prior year	(3,281,550)	(3,294,050)	(3,294,050)	(+ 12,500)			
Fiscal year 2017 Advance	3,294,050	3,794,050	3,369,050	+ 75,000			- 425,000
Subtotal	3,294,050	3,794,050	3,369,050	+ 75,000			- 425,000
Education Finance Incentive Grants:							
Advance from prior year	(3,281,550)	(3,294,050)	(3,294,050)	(+ 12,500)			
Fiscal year 2017 Advance	3,294,050	3,794,050	3,369,050	+ 75,000			- 425,000
Subtotal	3,294,050	3,794,050	3,369,050	+ 75,000			- 425,000
Subtotal, Grants to LEAs, program level	14,409,802	15,409,802	14,559,802	+ 150,000			- 850,000
Subtotal, Grants to LEAs, program level	14,409,802	15,409,802	14,559,802	+ 150,000			- 850,000
School Improvement Grants	505,756	555,756	450,000	- 55,756			- 105,756
Striving Readers	160,000	160,000		- 160,000			- 160,000
State Agency Programs:							
Migrant	374,751	374,751	365,000	- 9,751			- 9,751
Neglected and Delinquent/High Risk Youth	47,614	47,614	46,000	- 1,614			- 1,614
Subtotal, State Agency programs	422,365	422,365	411,000	- 11,365			- 11,365
Evaluation	710			- 710			
Migrant Education:							
High School Equivalency Program	37,474	44,623	35,000	- 2,474			- 9,623
Total, Education for the disadvantaged	15,536,107	16,592,546	15,455,802	- 80,305			- 1,136,744
Current Year	(4,694,930)	(5,751,369)	(4,614,625)	(- 80,305)			(- 1,136,744)
Fiscal year 2017	(10,841,177)	(10,841,177)	(10,841,177)				
Subtotal, Forward Funded	(4,652,762)	(5,706,746)	(4,575,641)	(- 77,121)			(- 1,131,105)
PRESCHOOL DEVELOPMENT GRANTS		750,000					- 750,000
Basic Support Payments	1,151,233	1,151,233	1,151,233				
IMPACT AID							

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2016—Continued
(In thousands of dollars)

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
Payments for Children with Disabilities	48,316	48,316	48,316	.....	.....
Facilities Maintenance (Sec. 8008)	4,835	71,648	4,835	.....	-66,813
Construction (Sec. 8007)	17,406	17,406	17,406	.....	.....
Payments for Federal Property (Sec. 8002)	66,813	.....	66,813	.....	+66,813
Total, impact aid	1,288,603	1,288,603	1,288,603	.....	.....
SCHOOL IMPROVEMENT PROGRAMS					
State Grants for Improving Teacher Quality	668,389	668,389	565,000	-103,389	-103,389
Advance from prior year	(1,681,441)	(1,681,441)	(1,681,441)	.....	.....
Fiscal year 2017	1,681,441	1,681,441	1,681,441	.....	.....
Subtotal, State Grants for Improving Teacher Quality, program level	2,349,830	2,349,830	2,246,441	-103,389	-103,389
Mathematics and Science Partnerships	152,717	202,717	141,299	-11,418	-61,418
Educational Technology State Grants .....	.....	200,000	.....	.....	-200,000
Supplemental Education Grants	16,699	16,699	16,699	.....	.....
21st Century Community Learning Centers	1,151,673	1,151,673	1,035,000	-116,673	-116,673
State Assessments/Enhanced Assessment Instruments	378,000	403,000	350,000	-28,000	-53,000
Education for Homeless Children and Youth	65,042	71,542	65,042	.....	-6,500
Training and Advisory Services (Civil Rights)	6,575	6,575	6,575	.....	.....
Education for Native Hawaiians	32,397	33,397	32,397	.....	-1,000
Alaska Native Education Equity	31,453	32,453	31,453	.....	-1,000
Rural Education	169,840	169,840	169,840	.....	.....
Comprehensive Centers	48,445	55,445	40,000	-8,445	-15,445
Total, School Improvement Programs	4,402,671	4,693,171	4,134,746	-267,925	-558,425
Current Year	(2,721,230)	(3,011,730)	(2,453,305)	(-267,925)	(-558,425)
Fiscal year 2017	(1,681,441)	(1,681,441)	(1,681,441)	.....	.....
Subtotal, Forward Funded	(2,585,661)	(2,867,161)	(2,326,181)	(-259,480)	(-540,980)

INDIAN EDUCATION						
Grants to Local Educational Agencies	100,381	100,381	100,381			
Federal Programs:						
Special Programs for Indian Children	17,993	67,993	17,993			-50,000
National Activities	5,565	5,565	5,565			
Subtotal, Federal Programs	23,558	73,558	23,558			-50,000
Total, Indian Education	123,939	173,939	123,939			-50,000
INNOVATION AND IMPROVEMENT						
Investing in Innovation Fund	120,000	300,000			-120,000	-300,000
Teacher and Principal Pathways (proposed legislation)		138,762				-138,762
Transition to Teaching	13,700				-13,700	
School Leadership	16,368				-16,368	
Charter Schools Grants	253,172	375,000	273,172		+20,000	-101,828
Magnet Schools Assistance	91,647	91,647	85,000		-6,647	-6,647
Fund for the Improvement of Education [FIE]	323,000	166,926	62,815		-260,185	-104,111
Teacher Incentive Fund (Excellent Educators Grants)	230,000	350,000	225,000		-5,000	-125,000
Ready-to-Learn television	25,741	25,741	25,741			
Next Generation High Schools (proposed legislation)		125,000				-125,000
Advanced Placement	28,483	28,483	22,888		-5,595	-5,595
Total, Innovation and Improvement	1,102,111	1,601,559	694,616		-407,495	-906,943
Current Year	(1,102,111)	(1,601,559)	(694,616)		(-407,495)	(-906,943)
SAFE SCHOOLS AND CITIZENSHIP EDUCATION						
Promise Neighborhoods	56,754	150,000	37,000		-19,754	-113,000
National Programs	70,000	90,000	60,000		-10,000	-30,000
Elementary and Secondary School Counseling	49,561	49,561	23,314		-26,247	-26,247
Carol M. White Physical Education Program	47,000	60,000			-47,000	-60,000
Total, Safe Schools and Citizenship Education	223,315	349,561	120,314		-103,001	-229,247
ENGLISH LANGUAGE ACQUISITION						
Current funded	47,931	50,271	46,281		-1,650	-3,990

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2016—Continued
[In thousands of dollars]

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
Forward funded	689,469	723,129	665,740	- 23,729	- 57,389
Total, English Language Acquisition	737,400	773,400	712,021	- 25,379	- 61,379
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B current year	2,214,465	2,389,465	2,314,465	+ 100,000	- 75,000
Part B advance from prior year	(9,283,383)	(9,283,383)	(9,283,383)	.....	.....
Grants to States Part B (fiscal year 2017)	9,283,383	9,283,383	9,283,383	.....	.....
Subtotal, program level	11,497,848	11,672,848	11,597,848	+ 100,000	- 75,000
Preschool Grants	353,238	403,238	363,238	+ 10,000	- 40,000
Grants for Infants and Families	438,556	503,556	453,556	+ 15,000	- 50,000
Subtotal, program level	12,289,642	12,579,642	12,414,642	+ 125,000	- 165,000
IDEA National Activities (current funded):					
State Personnel Development	41,630	41,630	35,000	- 6,630	- 6,630
Technical Assistance and Dissemination	51,928	61,928	51,928	.....	- 10,000
Personnel Preparation	83,700	83,700	81,700	- 2,000	- 2,000
Parent Information Centers	27,411	27,411	26,500	- 911	- 911
Technology and Media Services	28,047	28,047	27,047	- 1,000	- 1,000
Subtotal, IDEA special programs	232,716	242,716	222,175	- 10,541	- 20,541
Total, Special education	12,522,358	12,822,358	12,636,817	+ 114,459	- 185,541
Current Year	(3,238,975)	(3,538,975)	(3,553,434)	(+ 114,459)	(- 185,541)
Fiscal year 2017	(9,283,383)	(9,283,383)	(9,283,383)	.....	.....
Subtotal, Forward Funded	(3,006,259)	(3,296,259)	(3,131,259)	(+ 125,000)	(- 165,000)

REHABILITATION SERVICES AND DISABILITY RESEARCH					
Vocational Rehabilitation State Grants	3,295,914	3,350,594	3,350,594	+ 54,680	.....
Vocational Rehabilitation Grants to Indians	39,160	41,176	41,176	+ 2,016	.....
Subtotal, Vocational Rehabilitation Grants program level	3,335,074	3,391,770	3,391,770	+ 56,696	.....
Client Assistance State grants	13,000	13,000	12,000	- 1,000	- 1,000
Training	30,188	30,188	24,000	- 6,188	- 6,188
Demonstration and Training programs	5,796	5,796	.....	- 5,796	- 5,796
Protection and Advocacy of Individual Rights (PAIR)	17,650	17,650	17,650	.....	.....
Supported Employment State grants	27,548	30,548	.....	- 27,548	- 30,548
Independent Living:					
State Grants	22,878	.....	.....	- 22,878	.....
Centers	78,305	.....	.....	- 78,305	.....
Services for Older Blind Individuals	33,317	33,317	33,317	.....	.....
Subtotal	134,500	33,317	33,317	- 101,183	.....
Helen Keller National Center for Deaf/Blind Youth and Adults	9,127	9,840	9,127	.....	- 713
National Inst. Disability and Rehab. Research [NIDRR]	103,970	.....	.....	- 103,970	.....
Assistive Technology	33,000	.....	.....	- 33,000	.....
Subtotal, Discretionary programs	374,779	140,339	96,094	- 278,685	- 44,245
Total, Rehabilitation services	3,709,853	3,532,109	3,487,864	- 221,989	- 44,245
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
American Printing House for the Blind	24,931	24,931	24,931	.....	.....
National Technical Institute for the Deaf (NTID):					
Operations	67,016	67,016	69,016	+ 2,000	+ 2,000
Total, NTID	67,016	67,016	69,016	+ 2,000	+ 2,000
Gallaudet University:					
Operations	120,275	120,275	120,275	.....	.....
Total, Gallaudet University	120,275	120,275	120,275	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2016—Continued
(In thousands of dollars)

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
Total, Special Institutions for Persons with Disabilities	212,222	212,222	214,222	+ 2,000	+ 2,000
CAREER, TECHNICAL, AND ADULT EDUCATION					
Career Education:					
Basic State Grants/Secondary & Technical Education State Grants, current funded	326,598	526,598	326,598		- 200,000
Advance from prior year	(791,000)	(791,000)	(791,000)		
Fiscal year 2017	791,000	791,000	791,000		
Subtotal, Basic State Grants, program level	1,117,598	1,317,598	1,117,598		- 200,000
National Programs	7,421	9,421	4,421	- 3,000	- 5,000
Subtotal, Career Education	1,125,019	1,327,019	1,122,019	- 3,000	- 205,000
Adult Education:					
State Grants/Adult Basic and Literacy Education:					
State Grants, current funded	568,955	568,955	540,000	- 28,955	- 28,955
National Leadership Activities	13,712	19,712	7,712	- 6,000	- 12,000
Subtotal, Adult education	582,667	588,667	547,712	- 34,955	- 40,955
Total, Career, Technical, and Adult Education	1,707,686	1,915,686	1,669,731	- 37,955	- 245,955
Current Year	(916,686)	(1,124,686)	(878,731)	(- 37,955)	(- 245,955)
Fiscal year 2017	(791,000)	(791,000)	(791,000)		
Subtotal, Forward Funded	(916,686)	(1,124,686)	(878,731)	(- 37,955)	(- 245,955)
STUDENT FINANCIAL ASSISTANCE					
Pell Grants—maximum grant (NA)	(4,860)	(4,860)	(4,860)		
Pell Grants	22,475,352	22,475,352	22,475,352		
Federal Supplemental Educational Opportunity Grants	733,130	733,130	704,000	- 29,130	- 29,130

Federal Work Study	989,728	989,728	950,000	- 39,728	- 39,728
Total, Student Financial Assistance [SFA]	24,198,210	24,198,210	24,129,352	- 68,858	- 68,858
STUDENT AID ADMINISTRATION					
Salaries and Expenses	675,224	726,643	640,000	- 35,224	- 86,643
Servicing Activities	721,700	855,211	721,700	.....	- 133,511
Total, Student Aid Administration	1,396,924	1,581,854	1,361,700	- 35,224	- 220,154
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions	80,462	80,462	78,048	- 2,414	- 2,414
Hispanic Serving Institutions	100,231	100,231	97,224	- 3,007	- 3,007
Promoting Post-Baccalaureate Opportunities for Hispanic Americans	8,992	10,565	8,722	- 270	- 1,843
Strengthening Historically Black Colleges (HBCUs)	227,524	227,524	220,698	- 6,826	- 6,826
Strengthening Historically Black Graduate Institutions	58,840	58,840	57,075	- 1,765	- 1,765
Strengthening Predominantly Black Institutions	9,244	9,244	8,967	- 277	- 277
Asian American Pacific Islander	3,113	3,113	3,020	- 93	- 93
Strengthening Alaska Native and Native Hawaiian-Serving Institutions	12,833	12,833	12,448	- 385	- 385
Strengthening Native American-Serving Nontribal Institutions	3,113	3,113	3,020	- 93	- 93
Strengthening Tribal Colleges	25,662	25,662	24,892	- 770	- 770
Subtotal, Aid for Institutional development	530,014	531,587	514,114	- 15,900	- 17,473
International Education and Foreign Language:					
Domestic Programs	65,103	67,103	43,445	- 21,658	- 23,658
Overseas Programs	7,061	9,061	3,500	- 3,561	- 5,561
Subtotal, International Education & Foreign Lang	72,164	76,164	46,945	- 25,219	- 29,219
Fund for the Improvement of Postsec. Ed. (FIPSE)	67,775	200,000	.....	- 67,775	- 200,000
Postsecondary Program for Students with Intellectual Disabilities	11,800	11,800	10,384	- 1,416	- 1,416
Minority Science and Engineering Improvement	8,971	8,971	8,971	.....	.....
Tribally Controlled Postsec Voc/Tech Institutions	7,705	7,705	7,705	.....	.....
Federal TRIO Programs	839,752	859,752	839,752	.....	- 20,000
GEAR UP	301,639	301,639	301,639	.....	.....
Graduate Assistance in Areas of National Need	29,293	29,293	20,000	- 9,293	- 9,293
Teacher Quality Partnerships	40,592	.....	34,000	- 6,592	+ 34,000
Child Care Access Means Parents in School	15,134	15,134	.....	- 15,134	- 15,134

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2016—Continued
[In thousands of dollars]

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
CPRA Data/HEA Program Evaluation		30,000			-30,000
Total, Higher Education	1,924,839	2,072,045	1,783,510	-141,329	-288,535
HOWARD UNIVERSITY					
Academic Program	191,091	194,496	189,650	-1,441	-4,846
Endowment Program	3,405		3,350	-55	+3,350
Howard University Hospital	27,325	27,325	26,500	-825	-825
Total, Howard University	221,821	221,821	219,500	-2,321	-2,321
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS					
	435	450	435		-15
HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU) CAPITAL FINANCING PROGRAM					
HBCU Federal Administration	334	340	334		-6
HBCU Loan Subsidies	19,096	19,096	19,096		
Total, HBCU Capital Financing Program	19,430	19,436	19,430		-6
INSTITUTE OF EDUCATION SCIENCES (IES)					
Research, Development and Dissemination	179,860	202,273	177,860	-2,000	-24,413
Statistics	103,060	124,744	102,060	-1,000	-22,684
Regional Educational Laboratories	54,423	54,423	53,823	-600	-600
Research in Special Education	54,000	54,000	48,000	-6,000	-6,000
Special Education Studies and Evaluations	10,818	13,000	10,500	-318	-2,500
Statewide Data Systems	34,539	70,000	33,500	-1,039	-36,500
Assessment: National Assessment	129,000	149,616	129,000		-20,616

National Assessment Governing Board	8,235	7,827	8,235	.....	+ 408
Subtotal, Assessment	137,235	157,443	137,235	.....	-20,208
Total, IES	573,935	675,883	562,978	- 10,957	- 112,905
DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses	410,000	460,259	390,326	- 19,674	-69,933
Building Modernization	1,000	13,830	1,000	.....	- 12,830
Total, Program administration	411,000	474,089	391,326	- 19,674	- 82,763
Office for Civil Rights	100,000	130,691	100,000	.....	-30,691
Office of Inspector General	57,791	59,256	57,791	.....	- 1,465
Total, Departmental management	568,791	664,036	549,117	- 19,674	- 114,919
Total, Title III, Department of Education	70,470,650	74,138,889	69,164,697	- 1,305,953	- 4,974,192
Current Year	(47,873,649)	(51,541,888)	(46,567,696)	(- 1,305,953)	(- 4,974,192)
Fiscal year 2017	(22,597,001)	(22,597,001)	(22,597,001)	.....	.....
TITLE IV—RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED	5,362	5,441	5,362	.....	- 79
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America [VISTA]	92,364	96,885	90,000	- 2,364	- 6,885
National Senior Volunteer Corps:					
Foster Grandparents Program	107,702	107,702	104,781	- 2,921	- 2,921
Senior Companion Program	45,512	45,512	44,278	- 1,234	- 1,234
Retired Senior Volunteer Program	48,903	48,903	47,578	- 1,325	- 1,325
Subtotal, Senior Volunteers	202,117	202,117	196,637	- 5,480	- 5,480
Subtotal, Domestic Volunteer Service	294,481	299,002	286,637	- 7,844	- 12,365

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2016—Continued
(In thousands of dollars)

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
National and Community Service Programs:					
AmeriCorps State and National Grants	335,430	425,105	270,000	-65,430	-155,105
Innovation, Assistance, and Other Activities	77,400	78,601	7,400	-70,000	-71,201
Evaluation	5,000	5,000	4,000	-1,000	-1,000
National Civilian Community Corps (NCCC)	30,000	30,000	30,000		
State Commission Support Grants	16,038	17,000	16,038		-962
Subtotal, National and Community Service	463,868	556,206	327,438	-136,430	-228,768
Total, Operating expenses	758,349	855,208	614,075	-144,274	-241,133
National Service Trust	209,618	237,077	145,000	-64,618	-92,077
Salaries and Expenses	81,737	86,176	80,000	-1,737	-6,176
Office of Inspector General	5,250	6,000	5,250		-750
Total, Corp. for National and Community Service	1,054,954	1,184,461	844,325	-210,629	-340,136
CORPORATION FOR PUBLIC BROADCASTING:					
Fiscal year 2018 (current) with fiscal year 2016 comparable	445,000	445,000	445,000		
Fiscal year 2017 advance with fiscal year 2015 comparable (NA)	(445,000)	(445,000)	(445,000)		
Fiscal year 2016 advance with fiscal year 2014 comparable (NA)	(445,000)	(445,000)	(445,000)		
Public television interconnection system (current)		40,000			-40,000
FEDERAL MEDIATION AND CONCILIATION SERVICE	45,666	48,748	47,823	+2,157	-925
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION	16,751	17,085	15,950	-801	-1,135
INSTITUTE OF MUSEUM AND LIBRARY SERVICES	227,860	237,428	227,860		-9,568
MEDICARE PAYMENT ADVISORY COMMISSION	11,749	12,100	11,100	-649	-1,000
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION	7,650	8,700	7,250	-400	-1,450
NATIONAL COUNCIL ON DISABILITY	3,250	3,432	3,075	-175	-357
NATIONAL LABOR RELATIONS BOARD	274,224	278,000	246,802	-27,422	-31,198
NATIONAL MEDIATION BOARD	13,227	13,230	12,600	-627	-630

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION	11,639	13,212	11,100	-539	-2,112
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account	34,000	29,000	29,000	-5,000	.....
Less Income Tax Receipts on Dual Benefits	-3,000	-2,000	-2,000	+1,000	.....
Subtotal, Dual Benefits	31,000	27,000	27,000	-4,000	.....
Federal Payment to the RR Retirement Accounts	150	150	150	.....	.....
Limitation on Administration	111,225	119,918	111,225	.....	-8,693
Limitation on the Office of Inspector General	8,437	9,450	8,437	.....	-1,013
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds	16,400	20,400	20,400	+4,000	.....
Supplemental Security Income Program					
Federal Benefit Payments	56,201,000	60,683,000	60,683,000	+4,482,000	.....
Beneficiary Services	70,000	70,000	70,000	.....	.....
Research and Demonstration	83,000	101,000	101,000	+18,000	.....
Afghanistan Special Immigrant Visa .....	.....	3,000	3,000	+3,000	.....
Administration	4,578,978	4,765,000	4,453,777	-125,201	-311,223
Subtotal, SSI program level	60,932,978	65,622,000	65,310,777	+4,377,799	-311,223
Less funds advanced in prior year	-19,700,000	-19,200,000	-19,200,000	+500,000	.....
Subtotal, regular SSI current year	41,232,978	46,422,000	46,110,777	+4,877,799	-311,223
New advance, 1st quarter, fiscal year 2017	19,200,000	14,500,000	14,500,000	-4,700,000	.....
Total, SSI program	60,432,978	60,922,000	60,610,777	+177,799	-311,223
Limitation on Administrative Expenses					
OAS/IDI Trust Funds	4,913,260	5,248,608	4,819,494	-93,766	-429,114
HI/SMI Trust Funds	1,755,376	1,858,882	1,707,374	-48,002	-151,508
Social Security Advisory Board	2,300	2,400	2,300	.....	-100
SSI	3,614,009	3,827,110	3,515,777	-98,232	-311,333
Subtotal, regular LAE	10,284,945	10,937,000	10,044,945	-240,000	-892,055
User Fees:					
SSI User Fee activities	124,000	136,000	136,000	+12,000	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2015 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2016—Continued
[In thousands of dollars]

Item	2015 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2015 appropriation	Budget estimate
SSPA User Fee Activities	1,000	1,000	1,000		
Subtotal, User fees	125,000	137,000	137,000	+ 12,000	
Subtotal, Limitation on administrative expenses	10,409,945	11,074,000	10,181,945	- 228,000	- 892,055
Program Integrity:					
OASDI Trust Funds	431,031	500,580	500,580	+ 69,549	
SSI	964,969	938,420	938,420	- 26,549	
Subtotal, Program integrity funding	1,396,000	1,439,000	1,439,000	+ 43,000	
Total, Limitation on Administrative Expenses	11,805,945	12,513,000	11,620,945	- 185,000	- 892,055
Office of Inspector General					
Federal Funds	28,829	30,000	28,829		- 1,171
Trust Funds	74,521	78,795	74,521		- 4,274
Total, Office of Inspector General	103,350	108,795	103,350		- 5,445
Adjustment: Trust fund transfers from general revenues	- 4,578,978	- 4,765,000	- 4,453,777	+ 125,201	+ 311,223
Total, Social Security Administration	67,779,695	68,799,195	67,901,695	+ 122,000	- 897,500
Federal funds	60,603,207	61,109,400	60,797,006	+ 193,799	- 312,394
Current year	(41,403,207)	(46,609,400)	(46,297,006)	(+ 4,893,799)	(- 312,394)
New advances, 1st quarter, fiscal year 2017	(19,200,000)	(14,500,000)	(14,500,000)	(- 4,700,000)	
Trust funds	7,176,488	7,689,795	7,104,689	- 71,799	- 585,106
Total, Title IV, Related Agencies	70,047,839	71,262,550	69,926,754	- 121,085	- 1,335,796
Federal Funds	62,739,940	63,431,287	62,691,303	- 48,637	- 739,984

Current Year	(43,094,940)	(48,486,287)	(47,746,303)	(+ 4,651,363)	(- 739,984)
Current Year (emergency)	(19,200,000)	(14,500,000)	(14,500,000)	(- 4,700,000)	.....
Fiscal year 2017 Advance	(445,000)	(445,000)	(445,000)	.....	.....
Fiscal year 2018 Advance	7,307,899	7,831,263	7,235,451	- 72,448	- 595,812
Trust Funds .....	.....	.....	.....	.....	.....
TITLE VI—EBOLA RESPONSE AND PREPAREDNESS (total)	(1,001,000)	.....	.....	(- 1,001,000)	.....
Grand Total, current year	845,560,078	892,778,190	879,922,043	+ 34,361,965	- 12,856,147

¹ Section 4002 of Public Law 111-148.

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