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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES,
AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2018

SEPTEMBER 7, 2017.—Ordered to be printed

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

REPORT

[To accompany S. 1771]

The Committee on Appropriations reports the bill (S. 1771) making appropriations for Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2018, 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	\$991,867,000,000
Amount of 2017 appropriations	933,945,868,000
Amount of 2018 budget estimate	964,663,824,000
Bill as recommended to Senate compared to:	
2017 appropriations	+ 57,921,132,000
2018 budget estimate	+ 27,203,176,000

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LIST OF ABBREVIATIONS

ACA—Patient Protection and Affordable Care Act
ACL—Administration for Community Living
ADAP—AIDS Drug Assistance Program
AHEC—Area Health Education Center
AHRQ—Agency for Healthcare Research and Quality
AP—Advanced Placement
APH—American Printing House for the Blind
ASH—Assistant Secretary for Health
ASPR—Assistant Secretary for Preparedness and Response
BARDA—Biomedical Advanced Research and Development Authority
BCA—Budget Control Act of 2011
BLS—Bureau of Labor Statistics
CAN—Cures Acceleration Network
CCAMPIS—Child Care Access Means Parents in School
CCDBG—Child Care and Development Block Grant
CDC—Centers for Disease Control and Prevention
CHAFL—College Housing and Academic Facilities Loans
CHC—Community Health Center
CHGME—Children’s Hospitals Graduate Medical Education
CJ—Congressional Justification of Estimates for Appropriations Committees
CMS—Centers for Medicare and Medicaid Services
CNCS—Corporation for National and Community Service
CPB—Corporation for Public Broadcasting
CSAP—Center for Substance Abuse Prevention
CSAT—Center for Substance Abuse Treatment
CSBG—Community Services Block Grant
CSEOA—Community Service Employment for Older Americans
DOD—Department of Defense
DOL—Department of Labor
DRA—Delta Regional Authority
EBSA—Employee Benefits Security Administration
EEOICPA—Energy Employees Occupational Illness Compensation 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
 HCFAC—Health Care Fraud and Abuse Control
 HEA—Higher Education Act
 HELP—Health, Education, Labor, and Pensions
 HHS—Health and Human Services
 HRSA—Health Resources and Services Administration
 IC—Institute and Center
 IDeA—Institutional Development Award
 IDEA—Individuals with Disabilities Education Act
 IES—Institute of Education Sciences
 IMLS—Institute of Museum and Library Services
 IOM—Institute of Medicine
 LEA—local educational agency
 LIHEAP—Low Income Home Energy Assistance Program
 MACPAC—Medicaid and CHIP Payment and Access Commission
 MCH—Maternal and Child Health
 MedPAC—Medicare Payment Advisory Commission
 MSHA—Mine Safety and Health Administration
 NAEP—National Assessment of Educational Progress
 NAGB—National Assessment Governing Board
 NCATS—National Center for Advancing 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 of 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 Occupations
WHD—Wage and Hour Division
WIA—Workforce Investment Act
WIOA—Workforce Innovation and Opportunity Act
WIF—Workforce Innovation Fund
WISEWOMAN—Well-Integrated Screening and Evaluation for Women Across the Nation

SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 2018, the Committee recommends total budget authority of \$969,052,391,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. This amount includes \$164,066,000,000 in current year discretionary funding subject to discretionary spending caps and \$1,896,000,000 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 2017 levels cited in this report reflect the enacted amounts in Public Law 115–31, the Consolidated Appropriations Act, 2017, adjusted for comparability where noted.

OVERVIEW

The Labor, Health and Human Services, and Education, and Related Agencies [Labor-HHS-Education] appropriations bill constitutes the largest share of non-defense discretionary spending, 32 percent of the total in fiscal year 2018. Total spending in this bill subject to discretionary spending caps is \$3,041,000,000 above the comparable fiscal year 2017 level. In addition, the bill includes \$4,393,000,000 in spending offset by savings from changes in mandatory programs, \$3,831,900,000 less than the fiscal year 2017 level. This decreased funding level has required the Committee to make difficult funding decisions and consider the appropriate role and jurisdiction of Federal programs. The priorities and considerations of the Committee in developing this bill are summarized in the section below:

NATIONAL INSTITUTES OF HEALTH

The Committee recommendation includes \$36,084,000,000 for the NIH, an increase of \$2,000,000,000. Even in a difficult funding environment, the Committee believes it is critical to prioritize funding for NIH and build on the last 2 years of funding increases in a predictable and consistent way. Without continued investment in the NIH, we jeopardize our current scientific progress, risk losing a generation of scientists, and stunt our Nation's global competitiveness.

The Committee rejects the Administration's proposal to cap Facilities & Administrative [F&A] costs for NIH grantees at 10 percent. While the Committee understands the desire to identify budget and administrative savings, F&A costs are not optional; they are a fundamental part of doing research. The Committee also disagrees with the proposal to eliminate the John E. Fogarty International Center and provides funding to maintain the Center at NIH. Disease knows no borders. It is critical to ensure that NIH continues to have the resources to build scientific expertise in de-

veloping countries and, as we saw with the Zika virus, continue its strong partnerships internationally to protect the health and safety of Americans.

Finally, the Committee recommendation allocates funding to areas holding the most promise of scientific advancement, while allowing NIH to maintain flexibility to pursue unplanned scientific opportunities and address unforeseen public health needs. The Committee recommendation is estimated to support over 10,600 new and competing grants in fiscal year 2018.

Alzheimer's Disease.—In 2017, Medicare and Medicaid will spend an estimated \$175,000,000,000 caring for those with Alzheimer's and other dementias, 68 percent of total costs. It is the most expensive disease in America. Without a medical breakthrough to prevent, slow, or stop the disease, by 2050 the combined Medicare and Medicaid spending on people with Alzheimer's disease will more than quadruple. The Committee recommendation includes an increase of \$414,000,000 for Alzheimer's disease research, bringing the total available in fiscal year 2018 to approximately \$1,828,000,000, a 29.3 percent increase above fiscal year 2017. Over the last three years, specific funding for Alzheimer's disease research has increased \$1,239,000,000, a 210 percent increase.

Brain Research through Advancing Innovative Neurotechnologies [BRAIN].—The Committee continues to strongly support the BRAIN Initiative and provides \$400,000,000 in fiscal year 2018. This is an increase of \$140,000,000 above fiscal year 2017. The BRAIN Initiative is developing a more complete understanding of brain function and has the possibility of helping millions of people who suffer from a wide variety of neurological and psychiatric disorders such as Parkinson's disease, schizophrenia, Alzheimer's disease and dementia, depression, and traumatic brain injury.

Combating Antibiotic Resistant Bacteria [CARB].—The Committee supports efforts to develop new antibiotics and rapid diagnostic tests. Given the threat posed by the spread of antibiotic resistant bacteria, the recommendation includes \$513,000,000, an increase of \$50,000,000 above fiscal year 2017.

Precision Medicine.—The Committee provides \$370,000,000, an increase of \$70,000,000 above fiscal year 2017, for the Precision Medicine Initiative. This includes \$80,000,000 for the National Cancer Institute's precision medicine initiative that applies advances in cancer genomics and precision oncology to allow physicians to individualize cancer treatments to a patient. In addition, \$290,000,000 is provided for the *All of Us* study.

COMBATING OPIOID ABUSE

Nearly 2 million American adults have an opioid use disorder related to prescription pain relievers, and almost 600,000 have an opioid use disorder related to heroin. According to the Centers for Disease Control and Prevention [CDC], the amount of opioids prescribed per person was three times higher in 2015 than in 1999, and drug overdose deaths have nearly tripled in the last 15 years. Even more troubling, prescription opioid abuse is a risk factor for heroin use, another form of opioids. Approximately 3 out of 4 new heroin users abused prescription opioids before switching to heroin. To stop the spread of further opioid abuse, the bill provides

\$816,210,000, an increase of \$665,000,000, or 440 percent, since fiscal year 2016, in discretionary funding to fight both prescription opioid and heroin abuse:

State Targeted Response to the Opioid Abuse Crisis Grants.—The Committee continues to provide \$500,000,000 for State responses to opioid abuse, for a total of \$1,000,000,000 in the past two fiscal years. The Committee strongly encourages the U.S. Department of Health and Human Services [HHS] and the Substance Abuse and Mental Health Services Administration [SAMHSA] not to change requirements that would require States and Territories to reapply for the second year of State grant funding. By doing so, States could reduce administrative burdens and the Department could focus on promoting effective implementation of the already approved plans. The Department is directed to brief the Committee on any planned changes for fiscal year 2018 at least 30 days prior to any public announcement of such changes. Further, the Department is directed to brief the Committee quarterly on implementation of the program, including detailing obligation of such funding.

Community Health Centers.—The Committee continues \$50,000,000 from the prior year for grants to expand services for the treatment, prevention, and awareness of opioid abuse. This funding will help health centers support 220,000 patients with accessing substance abuse services.

Opioid Prevention Grant.—The Committee includes a new \$15,000,000 opioid prevention grant targeted to communities and community coalitions. The Committee directs SAMHSA to develop and distribute evidence-based practices to prevent opioid abuse.

In total, the Department is expected to spend \$910,210,000 in discretionary and mandatory funding for targeted efforts to combat opioid abuse in fiscal year 2018. In addition, States have access to the Substance Abuse Prevention and Treatment Block Grant, funded at \$1,858,079,000 in fiscal year 2018. Finally, the National Institute on Drug Abuse [NIDA] continues its efforts to understand addiction, fund research on medications to alleviate pain, support efforts to better understand the long-term effects of prescription opioid use, and research alternative ways to treat pain. NIDA receives an increase of \$1,113,442,000 in this act.

PROMOTING COLLEGE AFFORDABILITY AND COMPLETION

The Committee recommendation includes a 1.7 percent increase in the maximum Pell grant, from a total maximum award of \$5,920 in the 2017–18 academic year, to \$6,020 for the 2018–19 academic year. This represents the first discretionary increase in the maximum Pell grant award in over a decade. The maximum Pell grant has increased each year since the 2007–08 award year, and automatically each year since 2013–14 based on increases in the Consumer Price Index, paid for with mandatory funding. The automatic increase in the “mandatory add-on” expires this year and the Committee recommendation ensures the maximum Pell grant will continue to increase for the 2018–19 award year, helping students keep up with rising costs and reducing the need for student loans.

In addition, the Committee recommendation includes more than sufficient funding to continue Year-Round Pell, a permanent law change included in the Consolidated Appropriations Act, 2017. The

2018–19 academic year will be the first full year of implementation of Year-Round Pell, which will allow students who have exhausted their traditional Pell grant award for a given academic year, to receive an additional Pell grant if they enroll in coursework for an additional term during the same academic year, traditionally the summer. This is expected to provide over 900,000 students an additional award of over \$1,600 for the 2018–19 school year, which will help them complete their program faster, enter or re-enter the workforce sooner, and graduate with less debt.

The Committee recommendation also includes new bill language restoring the eligibility period for Pell grants for those students defrauded by institutions of higher education and report language directing the Secretary to take additional actions to provide relief from fraudulently issued Federal loan debt, including by contacting potentially eligible borrowers.

IMPROVING FISCAL ACCOUNTABILITY

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

Taxpayer Transparency.—U.S. taxpayers have a right to know how the Federal Government is spending their hard-earned taxpayer dollars—especially when that money is being spent on advertising Federal programs. The Committee recommendation continues a provision to promote Government transparency and accountability by requiring Federal agencies funded in this act to include disclaimers when advertising materials are paid for with Federal funds. The Committee expects each agency to include in their fiscal year 2019 CJ information detailing how much funding was spent on advertising in fiscal year 2018.

Federal Vehicle Fleet Management.—The General Services Administration [GSA] issues guidance on Federal fleet management, but the Federal vehicle fleet is decentralized, with each agency maintaining flexibility to manage vehicle utilization as appropriate. To provide greater transparency and accountability of funding for Federal vehicles, the Committee directs agencies funded in this bill to conduct an annual review of fleet utilization during the third quarter of each fiscal year. Agencies are directed to provide their Offices of Inspectors General [OIGs] with supporting documentation on the method used for determining optimal fleet inventories and justification for any deviation from GSA’s Federal Property Management Regulations. OIGs shall be responsible for conducting annual audits of fleet management practices and making the subsequent results publicly available.

Public Health Services Act [PHS] Evaluation Transfer.—The Committee recommendation continues to ensure that in fiscal year 2018, no funds will leave NIH via the transfer required by section 241 of the PHS Act.

INCREASING THE EFFICIENCY AND COST EFFECTIVENESS OF
GOVERNMENT

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

Fighting Healthcare Fraud and Abuse.—The Committee includes \$745,000,000 for the Health Care Fraud and Abuse Control program at CMS. The Committee notes that the latest data demonstrates for every new \$1 spent on fraud and abuse, \$2 is recovered by the U.S. Treasury.

Inspectors General.—The Committee recommendation provides \$350,477,000 for the Inspectors General funded in this act to conduct additional audits and investigations of possible waste and fraud in Government programs. The Committee appreciates the strong working relationships between the Inspectors General and the agencies they work with under this Committee's jurisdiction. The Committee reiterates the strong expectation that Inspectors General have timely and independent access to all records, reports, audits, reviews, documents, papers, recommendations, data and data systems, or other materials related to their responsibilities under this act and under the Inspector General Act of 1978. Further, the Committee also expects that all agencies funded by this act treat electronic data, records, and systems no differently than paper-based records and files with respect to access by OIGs unless particular electronic systems are clearly and explicitly protected from Inspectors General access by statute.

Preventing Improper Social Security Payments.—The Committee recommendation includes \$1,735,000,000 for the Social Security Administration [SSA] to conduct continuing disability reviews and SSI program redeterminations of non-medical eligibility and for other program integrity efforts. Combined, these activities are estimated to save approximately \$9,828,000,000 over 10 years in taxpayer dollars by reducing waste, fraud, abuse, and improper payments in the Social Security, Medicare, and Medicaid programs.

Taxpayer Accountability.—In recent years, GAO has published reports showing as many as 249 areas of potential duplication and overlap. Since 2011, GAO has identified 724 actions to reduce, eliminate, or better manage fragmentation, overlap, or duplication; achieve costs savings; or enhance revenue. While GAO has noted that the Nation has achieved \$136,000,000,000 in savings based on these reports, many more efficiencies may be realized. The Committee directs each agency funded in this bill to report to the Committee, within 1 year of enactment of this act, on all efforts made to address the duplication identified by the annual GAO reports along with identifying substantive challenges and legal barriers to implementing GAO's recommendations, as well as suggested legis-

lative recommendations that could help the agency to further reduce duplication. Given the current fiscal environment, it is imperative for Government agencies to increase efficiencies to maximize the effectiveness of agency programs.

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

Unemployment Insurance Trust Fund Integrity.—The Committee provides \$130,000,000 for Reemployment Services and Eligibility Assessments [RESEA] for fiscal year 2018. The RESEA program provides for intensive, in-person attention from specialists in the One-Stop career center system for individuals most likely to exhaust unemployment compensation benefits, those with particular barriers to reemployment, and others who have been difficult to place. RESEA has significantly reduced the time participating individuals must rely on unemployment compensation payments and reduced the total amount of benefits paid from the Unemployment Insurance Trust Fund. The program has also shown the benefit of reducing improper payments to ineligible claimants, thus helping protect the fiscal solvency of the trust fund.

GUIDANCE DOCUMENTS

The Committee continues to note that executive branch agencies may, as authorized by the Administrative Procedures Act, issue a variety of types of interpretive guidance documents that are exempt from the public notice and comment process. However, some have raised concerns under the last Administration about the use of guidance documents because, while such documents are not legally binding, regulated entities may interpret them as imposing new legally binding requirements. Further, the GAO has found that executive branch agencies could improve procedures for approving, disseminating, and periodically reviewing guidance documents. For example, after a sub-agency in the Department of Labor reviewed its guidance to determine if it was relevant and current, the sub-agency was able to reduce its guidance by 85 percent.

Consistent with GAO recommendations, the Committee believes Departments and agencies funded in this act need to make more progress in adhering to and implementing OMB's 2007 "Final Bulletin for Agency Good Guidance Practices," which establishes policies and procedures for the development, issuance, and use of significant guidance documents by executive branch departments and agencies.

The Committee recommends that guidance documents include a statement explaining why the agency believes it is appropriate to issue guidance about a matter instead of proposing a regulation and the specific statutory provisions or regulation(s) the guidance is interpreting. The Committee further recommends all guidance documents be posted in one place on its Web site as well as on the relevant sub-agency Web page. This information should be easily accessible for the public to comment on guidance. Finally, when appropriate, guidance should be sent to the Office of Management and Budget for review if it is significant.

BILL-WIDE DIRECTIVES

Children Exposed to Trauma.—The Committee encourages the Departments and agencies funded in this bill to enhance coordination on activities that address child trauma, including data collection and awarding grants. The Committee encourages the Departments and agencies to examine practices already supported by Federal agencies and solicit public feedback in order to identify, recommend, and disseminate best practices for the identification, referral, and implementation of trauma-informed interventions in child and youth-serving settings. The Committee further encourages the Departments and agencies to promote programs that incorporate trauma-informed best practices, including two-generational interventions, integration or co-location of mental health services, or training front-line service providers in understanding trauma and implementing appropriate responses.

Further, the Committee is interested in the expansion of Performance Partnerships to identify strategies to improve the effectiveness of and increase opportunities for collaboration in Federal programs serving children exposed to trauma. The Committee requests that the GAO issue a report to explore the potential opportunities for such pilots in this area, including identifying significant Federal programs that are commonly used to provide services to children exposed to trauma; identifying overlapping but varying eligibility rules, allowable uses of funds, and other requirements, including reporting requirements, in such programs; and identifying barriers or challenges commonly faced by organizations receiving funding from multiple Federal programs to serve children exposed to trauma.

Congressional Budget Justifications.—Congressional justifications are the primary tool used for the Committee to evaluate budget requests and resource requirements. The Committee expects the fiscal year 2019 congressional justifications to include sufficient detail to justify all programs, projects, and activities contained in each department, agency, board, corporation, or commission's budget request. The justifications shall include a sufficient level of detailed data, exhibits, and explanatory statements to support the appropriations requests, including tables that outline each agency's programs, projects, and activities for fiscal years 2018 and 2019. Specifically, every bill and report number included in either the House of Representatives or Senate Appropriations bill or report or the final appropriations bill or explanatory statement of the fiscal year should be reflected within these justifications.

The Committee directs the chief financial officer of each department, agency, board, corporation, or commission funded in this act's jurisdiction to ensure that adequate justification is given to support each increase, decrease, and staffing change proposed in the fiscal year 2019 budget. When requesting additional resources, reduced funding, or eliminations of programs, changes should be outlined with an adequate justification. Should the final fiscal year 2018 appropriations bill be enacted within a timeframe that does not allow it to be reflected within the congressional justifications for fiscal year 2019, the Committee directs each department, agency, board, corporation, or commission funded in this act to submit

within 30 days of enactment updated information to the Committee on funding comparisons to fiscal year 2018.

Two Generation Approaches to Poverty Reduction.—The Committee is also interested in the expansion of Performance Partnerships to identify strategies to increase opportunities for collaboration in Federal programs to carry out two-generational approaches to poverty reduction. The Committee requests that GAO issue a report to explore the potential for pilots in this area, including identifying significant Federal programs that could be used for two-generational approaches to poverty reduction; identifying potential opportunities for collaboration between such programs; identifying overlapping but varying eligibility rules, allowable uses of funds, and other requirements, including reporting requirements, in such programs; and identifying barriers or challenges commonly faced, or potentially faced, by organizations receiving funding from multiple Federal programs in implementing two-generation approaches to poverty reduction.

OTHER HIGHLIGHTS OF THE BILL

Children's Hospitals Graduate Medical Education [CHGME].—The Committee recommendation includes \$305,000,000 for CHGME, an increase of \$5,000,000 above fiscal year 2017. This funding supports freestanding children's teaching hospitals to provide Graduate Medical Education for physicians.

Community Health Centers [CHC].—The Committee recommendation includes \$1,491,522,000 for CHC's, level with fiscal year 2017. The Committee's recommendation is projected to support 26 million patients and continues quality improvement activities for more than 1,400 health centers operating over 10,400 primary sites.

Corporation for Public Broadcasting.—The bill continues advance funding in the amount of \$445,000,000 for the Corporation for Public Broadcasting [CPB] and an additional \$20,000,000 to continue the interconnection project.

Corporation for National and Community Service.—The Committee recommendation includes \$386,010,000 for AmeriCorps State and National Grants, \$30,000,000 for NCCC, \$92,364,000 for VISTA, and \$202,117,000 for Senior Corps, all the same as the fiscal year 2017 funding levels.

Domestic Violence and Sexual Assault Programs.—The bill includes \$5,000,000 for a new initiative to support clinical training of sexual assault nurse examiners (including registered nurses, nurse practitioners, and nurse midwives) to administer medical forensic examinations and treatments to victims of sexual assault in hospitals, health centers, and other emergency healthcare settings. The bill also includes an additional \$5,000,000, a 30 percent increase, in the tribal set-aside for Family Violence Prevention and Services programs, as well as an increase of \$5,000,000 to CDC's Rape Prevention and Education program. Finally, the bill provides an increase of \$2,000,000 to the Victims of Trafficking program, which provides a variety of services to victims of commercial sex and forced labor trafficking.

Institute for Museum and Library Services [IMLS].—The Committee recommendation includes \$235,000,000 for IMLS, an in-

crease of \$4,000,000 above fiscal year 2017. This funding supports 123,000 libraries and 35,000 museums, ensuring that all Americans have access to essential museum, library, and information services.

Medicare Appeals Backlog.—The Committee continues to be concerned that the Office of Medicare Hearing and Appeals [OMHA] has a current case backlog of approximately 600,000 cases. The bill directs \$10,000,000 in Recovery Audit Contractor [RAC] funds be available to OMHA and the Departmental Appeals Board to process RAC-related appeals.

Rural Health and Telehealth.—The Committee continues to prioritize funding for telehealth and the impact it is having on access to care for medically underserved and rural populations. The Committee recommendation includes \$160,560,000 for Rural Health programs, an increase of \$4,500,000 above fiscal year 2017. Included in that amount is \$21,000,000 for the Office for the Advancement of Telehealth [OAT], an increase of \$2,500,000 above fiscal year 2017.

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

- \$15,485,210,000, an increase of \$25,408,000 for title I grants to LEAs
- \$450,000,000, an increase of \$50,000,000 for title IV Student Support and Academic Enrichment Grants
- \$1,340,112,000, an increase of \$11,509,000 for Impact Aid
- \$367,172,000, an increase of \$25,000,000 for the Charter Schools Program

Training Assistance to Appalachian Regional Commission [ARC] and Delta Regional Authority [DRA] regions.—The bill broadens and adapts an initiative within the Dislocated Worker National Reserve from the last two fiscal years. The initiative is intended to ensure reemployment and training assistance is provided to workers dislocated in rural areas of the country hit hardest by the recession and recovering more slowly. The bill devotes \$30,000,000 to assist unemployed workers from any industry within the ARC and DRA regions to adapt existing skills and learn new ones demanded by growing industries.

Veterans Employment and Training Service.—The Committee includes \$284,041,000, an increase of \$5,000,000. This amount includes funding to expand transition assistance for separating service members and to implement the Honoring Investments in Recruiting and Employing [HIRE] American Military Veterans Act of 2017.

WIOA State Grants.—The bill includes \$2,709,832,000 for employment training grants distributed by formula to States under the Workforce Innovation and Opportunity Act. These grants, which provide tremendous flexibility to State and local governments to meet their own unique job training needs, form the bedrock of the Federal workforce development effort.

The Committee recommendation maintains funding for several other important programs including:

- \$86,125,000 for the Bureau of International Labor Affairs
- \$2,318,781,000 for Ryan White AIDS Programs
- \$660,000,000 Public Health Emergency Preparedness Cooperative Agreement
- \$562,571,000 for Mental Health Block Grant
- \$3,390,304,000 for the Low Income Home Energy Assistance Program [LIHEAP]
- \$2,856,000,000 for the Child Care and Development Block Grant
- \$9,253,095,000 for Head Start
- \$837,753,000 for Nutrition programs, including Meals on Wheels programs
- \$47,115,000 for the State Health Insurance Program
- \$254,555,000 Hospital Preparedness Program
- \$511,700,000 for Biomedical Advanced Research and Development Authority
- \$510,000,000 for Project BioShield
- \$12,002,848,000 for IDEA Grants to States (Part B, Section 611)
- \$1,191,673,000 for 21st Century Community Learning Centers
- \$2,055,830,000 for Supporting Effective Instruction State Grants
- \$1,117,598,000 for Career and Technical Education State Grants
- \$733,130,000 for Supplemental Educational Opportunity Grants
- \$989,728,000 for Federal Work Study
- \$274,224,000 for National Labor Relations Board

TITLE I
DEPARTMENT OF LABOR
EMPLOYMENT AND TRAINING ADMINISTRATION
TRAINING AND EMPLOYMENT SERVICES

Appropriations, 2017	\$3,338,699,000
Budget estimate, 2018	2,053,766,000
Committee recommendation	3,335,199,000

The Training and Employment Services account provides funding primarily for activities under the Workforce Innovation and Opportunity Act [WIOA], and is a decentralized, integrated system of skill training and related services designed to enhance the employment and earnings of economically disadvantaged and dislocated workers. Funds provided for many training programs for fiscal year 2018 will support the program from July 1, 2018, through June 30, 2019. A portion of this account’s funding, \$1,772,000,000, is available on October 1, 2018, for the 2018 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 to achieve these goals, the President’s budget request should include recommendations and specific proposals for consolidation of programs.

The Committee urges the Department to continue and expand its efforts in preparing workers for in-demand occupations through a coordinated Federal, State, and local 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 encourages the Employment and Training Administration [ETA] to expand its collaborative work with the Institute for Museum and Library Services to assist in the implementation of WIOA to assist States and local boards in integrating the education, employment, and training services provided by public libraries into the workforce investment system. The Committee also encourages ETA to continue to invest in building and strengthening partnerships between the one-stop system and public libraries by encouraging applicants for competitive grant opportunities to collaborate with public libraries.

The Committee continues to believe that the Pay for Performance authority under WIOA is a promising, innovative approach to using data, evidence, and evaluation to improve workforce development

outcomes for the most vulnerable citizens. The Committee encourages the Department to continue to provide technical assistance to States and localities to help them utilize Pay for Performance strategies.

The Committee has been made aware of concerns about shortages nationwide of well-trained drinking water and wastewater management professionals. Safe and effective water utility management is in the national interest. The Committee strongly urges the Department to evaluate these concerns and to consider innovative ways to address the shortage of trained water system management professionals through the WIOA system.

Grants to States

The Committee recommends \$2,709,832,000 for Training and Employment Services Grants to States.

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

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

Adult Employment and Training.—For adult employment and training activities, the Committee recommends \$815,556,000.

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

Funds are made available in this bill for adult employment and training activities in program year 2018, which occurs from July 1, 2018, through June 30, 2019. The bill provides that \$103,556,000 is available for obligation on July 1, 2018, and that \$712,000,000 is available on October 1, 2018. Both categories of funding are available for obligation through June 30, 2019.

Youth Training.—For youth training activities, the Committee recommends \$873,416,000.

The purpose of this program is to provide low-income youth facing barriers to employment with services that prepare them to succeed in the knowledge-based economy. Funds are made available for youth training activities in program year 2018, which occurs from April 1, 2018, through June 30, 2019.

The Department is directed to carry out an evaluation of the use of Youth Activities funds under WIOA to support youth in areas with high crime rates. This evaluation should include a description of the activities carried out by local workforce development boards in high crime areas and the number of youth being served in these areas. In addition, it should identify successful models for youth workforce development in high crime areas. The Department is encouraged to continue pilot or demonstration programs that have been demonstrated to be effective.

Dislocated Worker Assistance.—For dislocated worker assistance, the Committee recommends \$1,020,860,000.

This program is a State-operated effort that provides training services and support to help permanently separated workers return

to productive unsubsidized employment. In addition, States must use State-wide reserve funds for rapid response assistance to help workers affected by mass layoffs and plant closures. States must also use these funds to carry out additional State-wide employment and training activities such as providing technical assistance to certain low-performing local areas, evaluating State programs, and assisting with the operation of one-stop delivery systems. States may also use funds for implementing innovative training programs.

Funds made available in this bill support activities in program year 2018, which occurs from July 1, 2018, through June 30, 2019. The bill provides that \$160,860,000 is available for obligation on July 1, 2018, and that \$860,000,000 is available on October 1, 2018. Both categories of funding are available for obligation through June 30, 2019.

Federally Administered Programs

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

Funds made available for the National Reserve in this bill support activities in program year 2018. The bill provides that \$20,859,000 is available for obligation on July 1, 2018, and that \$200,000,000 is available on October 1, 2018. Both categories of funding are available for obligation through September 30, 2019.

The Committee bill makes \$30,000,000 available for obligation on October 1, 2017, through September 30, 2019, to provide enhanced dislocated worker training to promote economic recovery in the Appalachian and Delta regions. The bill rescinds \$30,000,000 from fiscal year 2018 Dislocated Worker National Reserve advances appropriated in the fiscal year 2017 act and reappropriates it for this purpose.

The initiative will include projects for dislocated workers within the Delta Regional Authority [DRA] and Appalachian Regional Commission [ARC] areas. These regions have been particularly hard hit by industrial downsizing and closures, and funding is provided to target these underserved areas. The Department is strongly urged to engage proactively with Workforce Development Boards and other appropriate entities at the State and local levels, including those typically involved in applying for and administering National Dislocated Worker Grants to ensure that they are aware of the availability of the targeted funds so they will be sought and utilized promptly and effectively to assist workers in areas hardest hit by job loss. The Department, DRA, and ARC are directed to jointly brief the Committee not later than 90 days after enactment of this Act on an operating plan, community engagement, and progress made on this program and shall update the Committee quarterly thereafter until all funds are expended.

The Committee recognizes Federal infrastructure investment and reorganization, such as the relocation of an agency headquarters, can lead to major construction projects in local areas. Such projects

result in positive regional employment opportunities as well as challenges to prepare new workers and dislocated workers to fill these jobs. This surge in need for job training does not arise from a negative incident like a natural disaster or a major industrial layoff, but it results in similar workforce preparation needs. In light of these ongoing Federal infrastructure investments, the Secretary is urged to find innovative ways to enhance workforce training capabilities in areas that have the opportunity to train and retrain local workforces to meet the construction needs related to new Federal investments.

Indian and Native American Programs.—The Committee recommends \$50,000,000 for Indian and Native American Programs. These programs are designed to improve the academic, occupational, and literacy skills of Native Americans, Alaskan Natives, and Native Hawaiians to aid the participants in securing permanent, unsubsidized employment. Allowable training services include adult basic education, GED attainment, literacy training, English language training, as well as the establishment of linkages with remedial education.

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

Migrant and Seasonal Farmworker Programs.—The Committee recommends \$81,896,000 for migrant and seasonal farmworkers programs, which serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farm work, fishing, or logging activities. Enrollees and their families are provided with employment, training, and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry.

The Committee recommendation provides that \$75,885,000 be used for State service area grants. The Committee recommendation also includes bill language directing that \$5,517,000 be used for migrant and seasonal farmworker housing grants, of which not less than 70 percent shall be for permanent housing. The principal purpose of these funds is to continue the network of local farmworker housing organizations working on permanent housing solutions for migrant and seasonal farmworkers. The Committee recommendation also includes \$494,000 to be used for section 167 training, technical assistance, and related activities, including funds for migrant rest center activities.

The Committee is concerned by continued labor shortages in the agricultural sector. The Committee directs the Department to ensure that agricultural worker training programs funded under section 167 of WIOA prioritize the development of additional and enhanced skills specifically relevant to continued agricultural work.

YouthBuild.—The Committee strongly supports the YouthBuild program and recommends \$84,534,000 to support its work to target at-risk high school dropouts and prepare them with the skills and knowledge they need to succeed in a knowledge-based economy. YouthBuild helps low-income young people learn valuable, marketable job skills by combining educational resources, a supportive environment, and real construction experience with the successful completion of more than 30,000 units of affordable housing for low-

income communities since 1994. There are currently over 220 YouthBuild programs across the country serving more than 6,000 youth per year.

National Activities

Reintegration of Ex-Offenders.—The Committee recommends \$88,078,000 for the Reintegration of Ex-Offenders program. The Reintegration of Ex-Offenders program helps prepare and assist adult ex-offenders return to their communities through pre-release services, mentoring, and case management. The program also provides support, opportunities, education, and training to youth who are involved in court and on probation, in aftercare, on parole, or who would benefit from alternatives to incarceration or diversion from formal judicial proceedings. Programs are carried out directly through State and local governmental entities and community based organizations, as well as indirectly through intermediary organizations. States are encouraged to continue to support reintegration efforts for ex-offenders with resources available through the comprehensive workforce development investment system. The Committee directs the Department to use funding to support efforts in high-crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of civil unrest and high levels of community violence. The Committee directs the Department to require grantees to offer training and industry-recognized credentials that meet the needs of local, high-demand industries and to establish formal partnerships and job-placement services with industry employers.

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

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

Workforce Data Quality Initiative.—The Committee recommends \$5,000,000 for the Workforce Data Quality Initiative. Funds are used to assist States with incorporating comprehensive workforce information into longitudinal data systems being developed in part with the support of funding provided by the Department of Education. The initiative is also intended to help improve the quality and accessibility of performance data being produced by training providers.

Apprenticeship Grants.—The recommendation includes \$95,000,000 for continued support for the apprenticeship program that the Committee created in fiscal year 2016. This funding shall be for making competitive contracts and to continue funding grants

to States and industry partnerships. The Department is directed to ensure approval of apprenticeship opportunities that engage, recruit, and serve women and other under-represented populations and local communities that have high rates of unemployment and high levels of community violence. The Committee also directs the Department to collaborate with the Delta Regional Authority to develop a targeted apprenticeship and job training program to meet the unique needs of underserved rural communities in this region. The Committee recognizes the role that sector partnerships play in organizing key stakeholders in an industry cluster to address the shared goals and human resources needs of the industry cluster. The Committee supports the funding and development of industry or sector partnerships as a means of closing the skills gap and expanding apprenticeships in in-demand industries. The Department is encouraged to develop a nationally-recognized apprenticeship standard to enhance the skills and workforce opportunities for water utility related jobs. The Committee also notes the Department’s proposal to use \$100,000,000 in high-tech job training funds available under the authority of the American Competitiveness and Workforce Improvement Act to further expand the program. The Committee encourages the Secretary to ensure approval of apprenticeship opportunities that are already effective and substantially widespread, including, but not limited to, programs certified by the National Center for Construction Education and Research [NCCER] as Industry-Recognized Apprenticeships.

JOB CORPS

Appropriations, 2017	\$1,704,155,000
Budget estimate, 2018	1,448,444,000
Committee recommendation	1,699,155,000

The recommendation for operations of Job Corps centers is \$1,699,155,000, a decrease of \$5,000,000 from fiscal year 2017.

The Committee remains deeply concerned about the issue of student safety on Job Corps campuses across the country as well as findings by the Department’s Office of Inspector General [OIG] regarding the enforcement of Job Corps’ disciplinary policies, potentially exposing students to unsafe environments. The Committee recognizes the Department has taken important steps toward addressing these issues and strongly urges the Department to take fully corrective actions to ensure the safety of students and staff.

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

The Committee also recommends a total of \$79,500,000 in construction, renovation, and acquisition [CRA] funds, a decrease of \$5,000,000 from fiscal year 2017. This amount is available from July 1, 2018, to June 30, 2020. The Committee continues bill language allowing the Secretary to transfer up to 15 percent of CRA funds, if necessary, to meet the operational needs of Job Corps centers or to achieve administrative efficiencies. The bill continues to require the Secretary to notify the House and Senate Committees on Appropriations at least 15 days in advance of any transfer. The Committee expects any notification to include a justification.

While most Job Corps centers meet or exceed program standards, there are some centers that are chronically low-performing and

have remained so despite significant and long-term Departmental intervention. The Committee expects the Department to use WIOA performance measures as the key component for developing its methodology for identifying centers for closure and to adhere to the process for closing a Job Corps center as described in section 159 of WIOA, which includes advance announcement to the general public of the proposed closure; 30 day comment period for interested parties to submit written comments to the Secretary; and notification to the Members of Congress who represent the district or State in which such center is located. Further, the Committee strongly encourages the Department to provide Job Corps students enrolled in a closing low-performing center the opportunity to transfer to another higher-performing Job Corps center. Finally, the Committee requests a detailed description of the Department's plan for identifying centers for closure, including a definition of a "low-performing center," the methodology used for identifying those centers, and a timeline for the closure process. The Committee expects to receive this information no later than 180 days after the enactment of this act or at least 30 days prior to any public notice published in the Federal Register.

The Job Corps program provides disconnected youth with the education and job training necessary to successfully enter the workforce and earn a living wage. The Committee urges the Office of Job Corps to increase recruitment efforts, particularly in areas experiencing increased levels of community violence.

Technological limitations can hinder students' preparation for the high-tech 21st century college and work environment. Therefore, the Committee encourages the Department to utilize available funds for upgrading the telecommunications infrastructure of Job Corps centers to provide students access to online learning and job search tools in appropriate campus buildings.

The Committee urges the Secretary to ensure that Job Corps center operators are providing effective professional development for their staff. Without consistent and on-going training, the quality of services, as well as the safety and security of the students and staff, can be compromised. The Secretary is encouraged to ensure that adequate contract funds, as direct contract allowable costs, are available for center instructor training and related travel costs to maintain a high level of staff qualifications and student work-based learning opportunities. The Department is requested to report within 120 days of the enactment of this Act, on how professional development is provided to center staff by the Office of Job Corps and center operators, especially in the areas of safety, security, education, and training. Further, the Department is requested to report to Congress on the competitiveness of Job Corps teacher and instructor salaries, as well as staff retention and vacancy rates.

Funds should not be used to award a new contract for operation of a Job Corps center, unless ETA ensures that each of the factors listed in section 147(a)(3) of WIOA are applied to the procurement process to award a new contract to operate a Job Corps center as well as to any decision to restrict competition.

Gulfport Job Corps Center.—The Committee continues to be encouraged by the progress made toward rebuilding the Gulfport Job

Corps Center, including the Memorandum of Agreement signed by the Department and the City of Gulfport. The Committee expects the Department to complete the Section 106 process, complete the design of the new Center, and open request for contracts as quickly as possible. Despite transition to a new Administration, the Committee expects the Department to remain diligently committed to ensuring that the Center is rebuilt and able to return to serving the number of young people that it once served while, in the meantime, reserving sufficient funds for the restoration of the facility consistent with the expectations of the Committee. Given that Congress provided emergency appropriations for this purpose shortly after the damage caused by Hurricane Katrina, the Committee continues to direct the Department to prioritize the Gulfport Job Corps Center among pending construction cases in the CRA. The Committee requests to be updated every 30 days regarding progress on this project.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2017	\$400,000,000
Budget estimate, 2018 .....	.....
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, 2017	\$849,000,000
Budget estimate, 2018	790,000,000
Committee recommendation	790,000,000

The Committee recommendation includes mandatory funds for the Federal unemployment benefits and allowances program that assists trade-impacted workers with benefits and services to upgrade skills and retrain in new careers. These benefits and services are designed to help participants find a path back into middle-class jobs, improve earnings, and increase credential and education rates. The Committee recommendation provides for the full operation of the Trade Adjustment Act program in fiscal year 2018 consistent with current law.

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

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 2017	\$3,523,691,000
Budget estimate, 2018	3,213,159,000
Committee recommendation	3,462,691,000

The Committee recommendation includes \$3,378,625,000 authorized to be drawn from the Employment Security Administration ac-

count of the Unemployment Trust Fund and \$84,066,000 to be provided from the general fund of the Treasury.

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

The Committee recommends a total of \$2,651,497,000 for UI activities. For UI State operations, the Committee recommends \$2,637,600,000. Of these funds, the Committee includes \$130,000,000, an increase of \$15,000,000, to expand intensive, individualized reemployment assistance and to help address and prevent long-term unemployment and reduce improper payments through the Reemployment Services and Eligibility Assessments [RESEA] initiative.

As State consortia continue work to modernize their UI information technology systems with newly-appropriated fiscal year 2017 funds, the Committee expects the Department to closely support and oversee the consortia's efforts and to keep the Committee on Appropriations informed on how new funds are utilized and progress on system development.

The Committee recommendation includes \$6,000,000 for the UI Integrity Center of Excellence, including supporting an integrated data hub, training modules, and data analytics capacity to help States reduce fraud.

The Committee recommendation provides for a contingency reserve amount should the unemployment workload exceed an average weekly insured claims volume of 2,246,000.

The Committee recommends \$13,897,000 for UI national activities, which will support activities that benefit the entire Federal-State UI system, including supporting the continuation of IT upgrades and technical assistance.

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

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

For carrying out the Department's responsibilities related to foreign labor certification activities, the Committee recommends \$48,028,000. In addition, 5 percent of the revenue from H-1B fees is available to the Department for costs associated with processing H-1B alien labor certification applications, and \$14,282,000, the same as the fiscal year 2017 enacted level, is available for related State grants.

The Committee remains concerned about efficient, effective management of the H-2B and H-2A programs. Unacceptable processing delays in the past two years have degraded the effectiveness

of the programs for those who depend on them for meeting short-term, seasonal surges in demand. Authority was included in fiscal year 2017 to utilize H-1B fee receipts through fiscal year 2018 to augment processing capacity. This short-term authority was intended to prevent excessive labor certification and wage determination delays while the Department develops improved administrative procedures for the longer term. The Committee expects the Department to provide timely updates about the use of the fee authority and Department's longer-term plans to improve the efficiency of these programs.

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

Additionally, the Committee has been informed of instances in which certain job duties related to seafood processing have been categorized by the Department into OES wage rate categories that may not accurately reflect the work being performed by workers normally placed in that category, resulting in inaccurate prevailing wage determinations for many seafood workers. Therefore, the Committee strongly urges the Department to establish an OES wage rate category for seafood processing.

For one-stop career centers and labor market information, the Committee recommends \$62,653,000. The Committee includes \$2,500,000 to finalize the work of the collaborative effort with States to reduce unnecessary occupational licensing barriers. The Committee included \$15,000,000 over the past two fiscal years to establish occupational licensing grants for State consortia to identify, explore, and address areas where licensing requirements create an unnecessary barrier to labor market entry or labor mobility across State lines. The Committee appreciates the Secretary's support of pursuing cooperative approaches to 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 service members. The Committee directs the Department to report, within 60 days of enactment of this Act, on progress and outcomes of the occupational licensing portability initiative funded in fiscal year 2016 and fiscal year 2017.

These funds also support system capacity building efforts which allow the American Job Center network to respond to the needs of the job seekers and businesses in the current economy, including the Disability Employment Initiative. When reviewing investment alternatives for the Disability Employment Initiative in fiscal year 2018, the Committee directs that the Department strongly consider needs in rural, underserved States especially in cases where meaningful applicant partnerships exist with institutions of higher learning and the workforce investment system.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

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

PROGRAM ADMINISTRATION

Appropriations, 2017	\$158,656,000
Budget estimate, 2018	154,265,000
Committee recommendation	158,656,000

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

General funds in this account pay for the Federal staff needed to administer employment and training programs under WIOA, 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.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2017	\$181,000,000
Budget estimate, 2018	183,926,000
Committee recommendation	181,000,000

The Committee recommends \$181,000,000 for the Employee Benefits Security Administration [EBSA]. 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. New authority is provided, as requested, making \$3,000,000 available through September 30, 2019. These funds may be used to facilitate procurement of expert outside witnesses for enforcement litigation. The authority will be useful in situations where services may be needed for cases extending beyond the end of the fiscal year.

PENSION BENEFIT GUARANTY CORPORATION

The Pension Benefit Guaranty Corporation's [PBGC's] estimated obligations for fiscal year 2018 include single-employer benefit payments of \$6,770,000,000, multi-employer financial assistance of \$169,000,000, and consolidated administrative expenses of \$522,917,000. Administrative expenses are comprised of three activities: pension insurance activities, pension plan termination expenses, and operational support. These expenditures are financed by permanent authority. Previously, the Committee accepted the PBGC's proposal to reform the previous administrative apportionment classifications from three budget activities to one budget ac-

tivity to make operations more efficient and improve stewardship of resources. That consolidated approach for the three activities is continued, but PBGC is directed to continue providing detail every year on the three activities in its annual congressional budget justification.

Funding requested by PBGC in fiscal year 2017 to consolidate three separate headquarters facilities into one combined location was provided in full. Therefore requested funds are not included for that purpose in fiscal year 2018.

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 PBGC is to guarantee the payment of pension plan benefits to participants if covered defined benefit plans fail or go out of existence.

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, 2019, 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.

The Committee recognizes PBGC’s “Smaller Asset Managers Pilot Program” to ensure that smaller and more diverse investment management entities more effectively compete for investment allocations. The project, announced in 2015 and now underway, provided access to smaller allocations ranging from \$50,000,000 to \$250,000,000, creating new opportunities for smaller asset managers to participate. Similarly, several States have established programs to encourage greater participation by smaller and diverse asset management entities, and studies have found that women and minority-owned firms have achieved at least comparable performance, both in terms of absolute returns and risk-adjusted returns, as the rest of the market. The Committee directs the PBGC to provide by December 31, 2017, an interim update on the performance of the pilot program, as well as a written account of additional steps that can be explored to expand opportunities for smaller and diverse asset management entities.

WAGE AND HOUR DIVISION

SALARIES AND EXPENSES

Appropriations, 2017	\$227,500,000
Budget estimate, 2018	230,068,000
Committee recommendation	227,500,000

The Committee recommends \$227,500,000 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, 2017	\$38,187,000
Budget estimate, 2018	46,634,000
Committee recommendation	40,187,000

The Committee recommends \$40,187,000 for the Office of Labor-Management Standards [OLMS].

OLMS administers the Labor-Management Reporting and Disclosure Act of 1959 [LMRDA] 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, 2017	\$104,476,000
Budget estimate, 2018	88,000,000
Committee recommendation	103,476,000

The Committee recommends \$103,476,000 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 rejects the budget's proposal to begin plans to merge the OFCCP with the Equal Employment Opportunity Commission. The Committee strongly urges OFCCP to find efficiencies and cost savings, including the consolidation of offices, within its current budget structure. This should include a review of the current OFCCP office locations and infrastructure across the country and whether these offices align with current workload needs. OFCCP is directed to report to the Committee with an inventory of current infrastructure and a plan to consolidate and right-size the agency 180 days after enactment of this Act.

OFFICE OF WORKERS' COMPENSATION PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2017	\$117,601,000
Budget estimate, 2018	115,282,000
Committee recommendation	117,601,000

The Committee recommends \$117,601,000 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 Compensation Program. In addition, OWCP houses the Division of Information Technology Management and Services.

SPECIAL BENEFITS

Appropriations, 2017	\$220,000,000
Budget estimate, 2018	220,000,000
Committee recommendation	220,000,000

The Committee recommends \$220,000,000 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 numbers by individuals filing claims under FECA or the Longshore and Harbor Workers' Compensation Act and its extensions.

The Committee continues 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 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.

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

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 2017	\$61,319,000
Budget estimate, 2018	54,319,000
Committee recommendation	54,319,000

The Committee recommends a mandatory appropriation of \$54,319,000 in fiscal year 2018 for special benefits for disabled coal

miners. This is in addition to the \$16,000,000 appropriated last year as an advance for the first quarter of fiscal year 2018, for a total program level of \$70,319,000 in fiscal year 2018. The decrease in this account below the fiscal year 2017 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 \$15,000,000 for the first quarter of fiscal year 2019. 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, 2017	\$59,846,000
Budget estimate, 2018	59,846,000
Committee recommendation	59,846,000

The Committee recommends \$59,846,000 for the Division of Energy Employees Occupational Illness Compensation. This is a mandatory appropriation.

The Division administers the Energy Employees Occupational Illness Compensation Program Act [EEOICPA], 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 2018, the volume of incoming claims under part B of EEOICPA is estimated at about 4,977 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 4,754 new claims will be received during fiscal year 2018. Under this authority, the Department provides benefits to eligible DOE contractor employees who were found to have work-related occupational illnesses due to exposure to a toxic substance at a DOE facility, or to the employees' survivors.

The Committee is disturbed by reports that a DOL whistleblower charged that DOL's Division of Energy Employees Compensation Program thwarted workers' attempts to seek compensation by "writing regulations that made qualification much more stringent than Congress intended, failing to disclose all the application rules, changing eligibility rules midstream, and delaying compensation for years until the sick workers died." Outside groups also have raised concerns about implementation of the program. Therefore, the Secretary shall implement changes to assist current and former workers navigate the EEOICPA program. The Committee expects these steps to be strongly considered: establishing a 1-800 number for current and former workers to receive information on the

EEOICPA claims process, including next steps after a claims is accepted or denied, and assistance with completing the Occupational Health Questionnaire; developing literature on EEOICPA and the claims process, such as frequently asked questions; providing current and former workers with a copy of their entire claims file upon request in electronic or paper form; allowing Industrial Hygienists to contact current or former workers regarding their claim; and extending the timeline for current or former workers to file an appeal in U.S. District Court from 60 days to 180 days when a claim is denied.

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 2017	\$373,041,000
Budget estimate, 2018	415,162,000
Committee recommendation	415,162,000

The Committee bill provides an estimated \$415,162,000 as requested for this mandatory appropriations account. This estimate is comprised of \$69,527,000 for administrative expenses and an estimated \$345,635,000 for benefit payment and interest costs.

The Committee bill continues to provide indefinite authority for the Black Lung Disability Trust Fund to provide for benefit payments. In addition, the bill provides for transfers from the trust fund for administrative expenses for the following Department agencies as requested: up to \$38,246,000 for the part C costs of the Division of Coal Mine Workers' Compensation Programs; up to \$30,595,000 for Departmental Management, Salaries and Expenses; and up to \$330,000 for Departmental Management, Inspector General. The bill also allows a transfer of up to \$356,000 for the Department of the Treasury.

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

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2017	\$552,787,000
Budget estimate, 2018	543,257,000
Committee recommendation	552,787,000

The Committee recommends \$552,787,000 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 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 \$100,850,000 for grants to States under section 23(g) of the Occupational Safety and Health Act. These funds primarily are provided to States that have taken responsibility for administering their own occupational safety and health programs for the private sector and/or the public sector. State plans must be at least as effective as the Federal program and are monitored by OSHA. The Committee bill continues language that allows OSHA to provide grants of up to 50 percent for the costs of State plans approved by the agency.

The Committee believes that OSHA's compliance assistance activities are a critical and underutilized component of a comprehensive approach to worker protection. This approach includes grants made to various types of organizations representing employers and labor organizations for direct training of workers on occupational safety and health. OSHA is urged to enhance its industry-specific compliance assistance efforts, including but not limited to increased informational publications and training materials available through its website and enhanced consultation services. OSHA is also urged to take additional proactive steps to make small businesses and contractors more aware of the types of health and safety compliance assistance and consultation available from OSHA.

The Committee recommendation includes \$10,537,000 for the OSHA Susan Harwood Training Grant Program and directs OSHA to dedicate no less than \$3,500,000 per year for the purpose of administering the Voluntary Protection Program [VPP] in its Federal Compliance Assistance budget. OSHA shall not reduce funding levels or the number of employees administering the VPP, the Safety and Health Achievement Recognition Program [SHARP], or Federal Compliance Assistance, and shall not collect any monies from participants for the purpose of administering these programs.

The Committee has created a new capacity-building setaside within the Susan Harwood training grant program to improve safety training efforts. The Committee directs OSHA to work with grantees and applicants under this subsection of the program to develop and implement a plan to achieve self-sufficiency as required by the cited, previous application notice. Nothing in this provision should be construed to prohibit periodic recompetition of grants.

The Committee recognizes that fewer injuries mean safer, more productive workers and lower worker compensation and healthcare costs. Statistical evidence for 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.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2017	\$373,816,000
Budget estimate, 2018	375,172,000
Committee recommendation	373,816,000

The Committee recommendation includes \$373,816,000 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.

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

The Committee supports the significant advances MSHA has achieved in mine rescue and communications capabilities. To prepare properly for an actual mine rescue emergency, the Committee directs MSHA to continue to devote sufficient resources towards mine rescue technology by fully equipping and maintaining the existing MSHA mine rescue stations. Considering changes in economic conditions throughout the mining industry in recent years, the Committee urges MSHA to provide all necessary technical advice regarding mine rescue communications to State and private mine rescue teams and to ensure that all relevant MSHA grant programs prioritize mine rescue communications technology.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriations, 2017	\$609,000,000
Budget estimate, 2018	607,842,000
Committee recommendation	609,000,000

The Committee recommends \$609,000,000 for the Bureau of Labor Statistics [BLS]. This amount includes \$65,000,000 from the Employment Security Administration account of the Unemployment Trust Fund and \$544,000,000 in Federal funds.

BLS is the principal fact finding agency in the Federal Government in the broad field of labor economics. The Committee recognizes that the Nation requires current, accurate, detailed workforce statistics for Federal and non-Federal data users as provided by BLS.

The Committee urges BLS to take steps to improve information it collects and reports related to education occupations in career and technical fields. This should include expanded sample size, survey question refinement, and enhanced analytical capacity for the annual supplement to the Current Population Survey [CPS], so it produces better information about occupational credentials. The Committee requests BLS to provide a report not later than 90 days after enactment of this act on the cost and design options for a new survey on employer-provided training.

OFFICE OF DISABILITY EMPLOYMENT POLICY

Appropriations, 2017	\$38,203,000
Budget estimate, 2018	27,203,000
Committee recommendation	38,203,000

The Committee recommends \$38,203,000, the same as fiscal year 2017, for the Office of Disability Employment Policy to provide leadership, develop policy and initiatives, and award grants furthering the objective of eliminating physical and programmatic barriers to the training and employment of people with disabilities and to design and implement research and technical assistance grants and contracts to develop policy that reduces barriers to competitive, integrated employment for youth and adults with disabilities.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 2017	\$334,844,000
Budget estimate, 2018	259,858,000
Committee recommendation	336,844,000

The Committee recommendation includes \$336,844,000 for the Departmental Management account. Of this amount, \$336,536,000 is available from general funds and \$308,000 is available by transfer from the Employment Security account of the Unemployment Trust Fund. In addition, \$30,595,000 is available by transfer from the Black Lung Disability Trust Fund.

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

The Committee recommendation includes \$86,125,000 for the Bureau of International Labor Affairs [ILAB], of which \$59,825,000 is available for obligation through December 31, 2018. ILAB's appro-

priation is available to help improve working conditions and labor standards for workers around the world by carrying out ILAB’s statutory mandates and international responsibilities including in promoting the elimination of child labor and forced labor. ILAB will continue to oversee 61 active grant projects totaling over \$316,000,000 in 67 countries around the world in fiscal year 2018 in addition to new grants appropriated in fiscal year 2017 which have not yet been awarded.

ILAB will also continue to publish its annual List of Goods Produced by Child or Forced Labor that helps to identify global sectors where human trafficking has occurred. Funding for international programming to eliminate the worst forms of child labor should prioritize comprehensive and sustainable initiatives that address the root causes of the problem, including lack of education and vocational training opportunities; household poverty; lack of data and awareness of the scope and impact of the worst forms of child labor; gaps in social protection services; and weak enforcement of labor laws, which increase the vulnerability of households to the worst forms of child labor. ILAB plays an important role in identifying and addressing labor violations in U.S. trade agreements, and its work leads to greater worker rights and protections globally, which helps to ensure that U.S. workers compete on a level playing field.

The Committee recommendation provides \$8,040,000 for program evaluation and allows these funds to be available for obligation through September 30, 2019. The Committee bill also continues the authority of the Secretary to transfer these funds to any other account in the Department for evaluation purposes. The Committee bill continues authority to use up to 0.75 percent of certain Department appropriations for evaluation activities identified by the chief evaluation officer. The Committee expects to be notified of the planned uses of funds derived from this authority.

The recommendation includes \$23,534,000 for the Office of the Assistant Secretary for Administration and Management. The reduction reflects the transfer of the Departmental Budget Center to the Office of the Chief Financial Officer as requested.

The recommendation includes \$35,000,000 for the Adjudication activity, level with fiscal year 2017.

The Committee recommendation provides \$12,530,000 for the Women’s Bureau. The Committee continues bill language allowing the Bureau to award grants.

VETERANS EMPLOYMENT AND TRAINING

Appropriations, 2017	\$279,041,000
Budget estimate, 2018	279,595,000
Committee recommendation	284,041,000

The Committee recommendation of \$284,041,000 for the Veterans Employment and Training Service [VETS] includes \$45,000,000 in general revenue funding and \$239,041,000 to be expended from the Employment Security Administration account of the Unemployment Trust Fund.

This account provides resources for VETS to maximize employment opportunities for veterans and transitioning service members, including protecting their employment rights. VETS carries out its

mission through a combination of grants to States, competitive grants, and Federal enforcement and oversight.

The Committee provides \$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 \$18,500,000 for the Transition Assistance Program [TAP], an increase of \$3,900,000 over fiscal year 2017 to support employment workshops at military installations and in virtual classrooms worldwide for exiting service members and spouses.

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

The Committee recommends \$45,000,000 for the Homeless Veterans' Reintegration Program [HVRP], level with fiscal year 2017, to help homeless veterans attain the skills they need to gain meaningful employment. This funding will allow DOL to provide HVRP services to over 18,000 homeless veterans nationwide, including homeless women veterans. The bill allows Incarcerated Veterans' Transition funds to be awarded through September 30, 2018, 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. The Committee includes funding and new authority to facilitate the Department's implementation of the Honoring Investments in Recruiting and Employing American Military Veterans Act of 2017.

INFORMATION TECHNOLOGY MODERNIZATION

Appropriations, 2017	\$18,778,000
Budget estimate, 2018	29,722,000
Committee recommendation	18,778,000

The Committee recommends \$18,778,000 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. The second activity, IT Infrastructure Modernization, supports necessary activities associated with the Federal Data Center Consolidation Initiative.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2017	\$87,721,000
Budget estimate, 2018	86,136,000
Committee recommendation	87,721,000

The Committee recommends \$87,721,000 for the DOL OIG. The bill includes \$82,061,000 in general funds and authority to transfer \$5,660,000 from the Employment Security Administration account of the Unemployment Trust Fund. In addition, an amount of \$330,000 is available by transfer from the Black Lung Disability Trust Fund.

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

The Department has reported improper payments, including fraud, in the UI and Employee Compensation programs totaling approximately \$3,850,000,000 and \$106,300,000 respectively for fiscal year 2016. The Committee strongly supports and commends the efforts of the OIG to identify and prosecute those who defraud the Department's worker benefit programs and to help protect the solvency of these important programs.

The Committee is disturbed by reports that a DOL whistleblower charged that DOL's Division of Energy Employees Compensation Program sought to thwart workers' attempts to seek compensation. Outside groups also have raised concerns about implementation of the program. Therefore, the Office of Inspector General shall conduct a comprehensive review of DOL's Division of Energy Employees Compensation Program [DEEOIC] to determine the impact of policy changes in the past two years under the Energy Employees Occupational Illness Compensation Program Act [EEOICPA] on workers and the fulfilling of the program's statutory mission.

GENERAL PROVISIONS

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

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

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

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

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

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

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

Section 108. The bill continues a longstanding provision regarding the application of the Fair Labor Standards Act after the occurrence of a major disaster.

Section 109. The Committee continues a provision rescinding advance appropriations in the Dislocated Workers' National Reserve account.

Section 110. The bill continues a provision that provides flexibility with respect to the crossing of H-2B nonimmigrants.

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

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

Section 113. The bill includes a new provision providing authority related to the disposition of excess property related to the training of apprentices.

Section 114. The bill includes a new provision providing enhanced dislocated worker training resources to support economic recovery in the Appalachian and the Delta regions.

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

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, 2017	\$1,491,522,000
Budget estimate, 2018	1,488,687,000
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 Committee provides \$1,491,522,000 in this bill for Community Health Centers, equal to the amount provided last year.

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

The Committee is supportive of ongoing efforts to expand the capacity of community health centers to offer a comprehensive, integrated range of services, through strategic investment in behavioral health, substance abuse, oral health, and other services and capacity. The Committee also recognizes the need for capital resources at community health centers to meet increased demand and upgrade facilities.

The Committee believes that enhanced funding for the technical assistance and networking functions available for health centers through national and State cooperative agreements and grants is critical to the successful operation and expansion of the health centers program. Funds are available within the amount provided to enhance technical assistance and training activities, further quality improvement initiatives, and continue the development of and sup-

port for health center-controlled networks so that new and existing centers can improve patient access to quality health services.

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

Native Hawaiian Health Care.—The Committee expects that no less than \$14,400,000 be provided for the Native Hawaiian Health Care Program.

Perinatal Transmission of Hepatitis B.—The Committee appreciates that HRSA has agreed to fund an evaluation of intervention strategies to eliminate the perinatal transmission of Hepatitis B. This is consistent with the urgings of the Committee for the last four fiscal years. The Committee recognizes that a full evaluation of intervention strategies will require the training of health care professionals, followed by service delivery, and data collection. The Committee directs that HRSA's funding plans accommodate these components and this necessary sequence of activities in order to accommodate a full evaluation of the recommended intervention strategies.

Free Clinics Medical Malpractice Coverage

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

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

BUREAU OF HEALTH PROFESSIONS

Appropriations, 2017	\$838,695,000
Budget estimate, 2018	382,631,000
Committee recommendation	856,195,000

The Committee recommendation for the activities of the Bureau of Health Professions is \$856,195,000.

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.

National Health Service Corps

The Committee recommendation does not include discretionary funding for the National Health Service Corps [Corps]. 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.

Nearly 3-in-4 Corps members choose to stay in the area in which they serve upon completion of their service, and it is essential to

ensure that the Committee is supporting the creation and development of health care professionals in rural areas.

The Committee recognizes that the Corps is an essential tool for recruitment and retention of health professionals at community health centers, especially given recent expansions of the program. The Committee encourages HRSA to increase the proportion of clinicians serving at health centers to improve alignment between these two programs and to best leverage investments in Corps health professionals. 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 and pediatric subspecialists as eligible recipients of scholarships and loan repayments through the program.

The Committee recognizes the importance of the Corps scholarship and loan-repayment programs with Corps members in all 50 States. The Committee encourages HRSA to ensure that States with fewer than ten Corps awardees in the most recent fiscal year, will receive at least five awards in that State this fiscal year, prioritizing awards to individuals for whom that is their home State or to those that received their education in that State.

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

Minorities in Health Professions.—The Committee understands that there is a concern about the supply of underrepresented minorities [URM] in health professions. The Committee supports more attention be focused on ways to better address URM in areas such as pharmacy, medicine, and behavioral health and encourages HRSA to emphasize the importance of adequate industrial training space with better secured/controlled access, bacteria free environment and temperature/humidity control as a means to enhance the academic performance, support faculty development and facilitate research.

Centers of Excellence

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

The Committee recognizes that the COE Program increases the supply and competencies of 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.

Health Careers Opportunity Program

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

Faculty Loan Repayment

The Committee provides \$1,190,000 for the Faculty Loan Repayment Program. This amount is the same as the fiscal year 2017 enacted level.

Scholarships for Disadvantaged Students

The Committee provides \$45,970,000 for Scholarships for Disadvantaged Students, equal to the fiscal year 2017 level. The Committee supports diversity among health professionals. This program provides grants to eligible health professions and nursing schools to award scholarships to students from disadvantaged backgrounds who have financial need.

Primary Care Training and Enhancement

The Committee provides \$38,924,000 for Primary Care Training and Enhancement programs, which support the expansion of training in internal medicine, family medicine, pediatrics, and physician assistance. Funds may be used for developing training programs or providing direct financial assistance to students and residents.

Training in Oral Health Care

The Committee provides \$36,673,000 for Training in Oral Health Care programs, which includes not less than \$10,000,000 each for general and pediatric dentistry. Funds may be used to expand training in general dentistry, pediatric dentistry, public health dentistry, dental hygiene, and other oral health access programs. Funds may also be used to plan and operate training programs, as well as to provide financial assistance to students and residents.

The Committee is pleased that HRSA has restored the position of Chief Dental Office [CDO] and looks forward to learning how the agency has ensured that the CDO is functioning at an executive level authority with resources to oversee and lead HRSA oral health programs and initiatives. The Committee directs HRSA to provide an update on how the CDO is serving as the agency representative on oral health issues to international, national, State, and local government agencies, universities, and oral health stakeholder organizations in the fiscal year 2019 CJ.

The Nation continues to confront an oral health access crisis, which will not be ameliorated without better utilization of existing dental providers and exploration of new types of licensed dental providers. The Committee urges HRSA to convene a stakeholder meeting in order to determine how best to create new entry points into the oral health care delivery system for rural and other underserved populations, better utilization of existing dental personnel, and exploration of new types of dental providers.

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

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

*Interdisciplinary, Community-Based Linkages**Area Health Education Centers*

The Committee provides \$32,750,000, an increase of \$2,500,000 for Area Health Education Centers [AHEC]. The Committee does not support the administration's proposed elimination of AHEC funding.

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

Geriatric Programs

The Committee provides \$38,737,000 for Geriatric Programs.

The Committee recognizes the importance of geriatric training programs incorporating culturally sensitive training programs and encourages HRSA to work to ensure training programs are collaborative, interdisciplinary, and culturally competent.

Behavioral Health Workforce Education and Training Program

The Committee provides \$50,000,000 for Behavioral Health Workforce Education and Training Program [BHWET]. The BHWET Program is focused on developing and expanding the mental health and substance abuse workforce serving populations across the lifespan. HRSA will continue to leverage SAMHSA's subject matter expertise in formatting new investments in fiscal year 2018.

The Committee supports the broadened target populations of people to be served by the BHWET program. The Committee continues to direct that eligible entities for this program shall include, but is not limited to, accredited programs that train masters and clinical doctoral level social workers, psychologists, counselors, marriage and family therapists, psychiatric mental health nurse practitioners, occupational therapists; psychology interns; and behavioral health paraprofessionals.

Mental and Behavioral Health Education Training Programs

The Committee provides \$9,916,000 for Mental and Behavioral Health Education Training Programs. The programs provide grants to higher education institutions and accredited training programs to recruit and train professionals and faculty in the fields of social work, psychology, psychiatry, marriage and family therapy, sub-

stance abuse prevention and treatment, and other areas of mental and behavioral health.

Graduate Psychology Education Program [GPE].—The Committee recognizes the growing need for highly trained behavioral health professionals to deliver evidence-based services to vulnerable populations, including the elderly, returning military veterans, and those suffering from trauma. The GPE program is the main Federal initiative dedicated to the education and training of psychologists. The Committee urges HRSA to explore evidence-based approaches to leverage workforce capacity through this program, to invest in geropsychology training programs, and to help integrate health service psychology trainees at Federally Qualified Health Centers.

Screening and Treatment for Maternal Depression

The Committee provides \$5,000,000 for a new Screening and Treatment for Maternal Depression program as authorized in Section 10005 of the 21st Century Cures Act (Public Law 114–255). HRSA is directed to make grants to States to establish, improve, or maintain programs to train professionals to screen, assess, and treat for maternal depression in women who are pregnant or who have given birth within the preceding 12 months.

Health Professions Workforce Information and Analysis

The Committee provides \$4,663,000 for health professions workforce information and analysis. The program provides for the collection and analysis of targeted information on the Nation’s healthcare workforce, research on high-priority workforce questions, the development of analytic and research infrastructure, and program evaluation and assessment.

Public Health Workforce Development

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

Nursing Workforce Development Programs

The Committee provides \$234,472,000 for Nursing Workforce Development programs. These programs provide funding to address all aspects of nursing workforce demand, including education, practice, recruitment, and retention.

Advanced Education Nursing

The Committee recommends \$69,581,000 for the Advanced Education Nursing programs, which increases the number of qualified nurses in the workforce by improving nursing education through curriculum and faculty development.

The Committee notes that in 2015, approximately 400,000 individuals age 12 or older were reported victims of sexual assault according to the Bureau of Justice Statistics. Studies have shown that exams performed by sexual assault forensic examiners—med-

ical providers trained in collecting and preserving forensic evidence—may result in better physical and mental health care for victims, better evidence collection, and higher prosecution rates. The Committee is concerned that a recent GAO report identified major gaps in access to sexual assault examinations at hospitals nationwide, including a lack of trained sexual assault nurse examiners, or SANEs, whose job is to provide uninterrupted compassionate care and to collect the evidence critical to successful prosecutions. As such, the Committee provides an increase of \$5,000,000 to award grants for the clinical training of sexual assault nurse examiners to administer medical forensic examinations and treatments to victims of sexual assault in hospitals, health centers, and other emergency health care service provider settings, including Federally qualified health centers, clinics receiving funding under title X, and other health care providers as determined appropriate by the Secretary.

Children's Hospitals Graduate Medical Education

The Committee provides \$305,000,000, an increase of \$5,000,000, for the Children's Hospitals Graduate Medical Education [CHGME] program. The Committee strongly supports the CHGME program which provides support for graduate medical education training programs in both ambulatory and in-patient settings within free-standing 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.

The Committee recognizes changes made to the program that have increased the number of children's teaching hospitals eligible to apply for funding. The Committee notes the Secretary's use of the authority provided under the current authorization to make funding available for hospitals previously ineligible for the program, and urges the Secretary to continue to make such funding available in future CHGME application and funding cycles. The Committee encourages HRSA to continue its work with the Children's Hospitals on the development and collection of enhanced program performance measures.

National Practitioner Data Bank

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

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

MATERNAL AND CHILD HEALTH

Appropriations, 2017	\$848,617,000
Budget estimate, 2018	795,290,000
Committee recommendation	848,617,000

The Committee recommendation for the Maternal and Child Health [MCH] Bureau is \$848,617,000. 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.

Virtual Pediatric Trauma Center.—The Committee recognizes the importance of a Virtual Pediatric Trauma Center, which would provide 24/7 virtual access to critical pediatric acute trauma care resources for providers in the United States and around the world, for civilian and military purposes. When trauma strikes a child, most of them will receive care from a surgeon, physician, nurse, or physician-extender with limited pediatric trauma experience or be distant from necessary, pediatric subspecialties such as pediatric surgery. The Committee acknowledges the work that HRSA has undertaken with the Uniformed Services University of the Health Sciences to cooperatively introduce and develop the concept of a Virtual Pediatric Trauma Center. Recognizing the value of the concept and the established conceptual framework, the Committee requests that HRSA provide an update on the status of the Virtual Pediatric Trauma Center model in the fiscal year 2019 CJ.

Maternal and Child Health Block Grant

The Committee provides \$641,700,000 for the MCH Block Grant, which provides a flexible source of funding that allows States to target their most urgent maternal and child health needs. The program supports a broad range of activities including: providing prenatal care, well child services, and immunizations; reducing infant mortality; preventing injury and violence; expanding access to oral healthcare; addressing racial and ethnic disparities; and providing comprehensive care through clinics, home visits, and school-based health programs.

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

Maternal Mortality.—The Committee is aware that many women in the United States suffer from maternal morbidity and the maternal mortality rate in the United States has more than doubled between 1987 and 2013. The Committee directs the Maternal and Child Health Bureau to submit a report to the Committee, no later

than 180 days after the enactment of this act, on recommendations to reduce maternal mortality and morbidity rates in the United States. The report should include information and insights from States gathered through the Alliance for Innovation on Maternal Health program and other sources.

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

Sickle Cell Anemia

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

Autism and Other Developmental Disorders

The Committee provides \$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.

Leadership Education in Neurodevelopmental and Related Disabilities [LEND] Programs.—The Committee provides \$28,990,000 for the LEND program to maintain capacity and expand the number of sites to train professionals to diagnose, treat, and provide interventions to individuals with autism spectrum disorder authorized by the Combating Autism Act. This funding will help these programs initiate or expand their work in the area of interdisciplinary leadership training to meet the needs of children with Autism Spectrum Disorders and related developmental disabilities. This funding will also enable the LEND network to assist in ongoing developmental monitoring, especially for children exposed to lead and other environmental toxins and for infants exposed to the Zika virus with its resulting complications. In addition, the funding will allow these programs to develop innovative strategies to integrate and enhance existing investments, including translating research findings on interventions, guidelines, tools and systems management approaches to training settings, communities and into practice; and promote life-course considerations, from developmental screening in early childhood to transition to adulthood issues.

Newborn Screening for Heritable Disorders

The Committee provides \$13,883,000 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.

Healthy Start

The Committee provides \$103,500,000 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.

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, 2017	\$2,318,781,000
Budget estimate, 2018	2,260,008,000
Committee recommendation	2,318,781,000

The Committee recommendation includes \$2,318,781,000 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.

Screening for Sexually Transmitted Diseases [STDs].—The Committee continues to support HRSA’s efforts to include screening and treatment for all STDs as a part of the comprehensive clinical care provided to HIV infected individuals. The Committee encourages HRSA to continue to work with CDC’s Division of STD Prevention to establish appropriate protocols and standards to assure that these screenings are fully integrated into grant recipients comprehensive clinical care plan.

Emergency Assistance

The Committee provides \$655,876,000 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 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 provides \$900,313,000 for AIDS medications in ADAP.

Early Intervention Services

The Committee provides \$201,079,000 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 for grants for coordinated services to women, infants, children, and youth.

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

AIDS Dental Services

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

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

AIDS Education and Training Centers

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

Special Projects of National Significance

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

HEALTH CARE SYSTEMS

Appropriations, 2017	\$104,193,000
Budget estimate, 2018	99,351,000
Committee recommendation	101,640,000

The Committee recommendation for the Health Care Systems Bureau is \$101,640,000.

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.

Liver Transplant.—The Committee understands that HRSA is considering a new proposal to address liver distribution by the end of the year. The Committee encourages UNOS and HRSA to proceed carefully, taking into consideration all regional concerns and available analyses. The Committee directs HRSA, in consultation with UNOS, to submit a report the Committee no later than 180 days after enactment of this act on the following: costs to transplant programs and to liver recipients, transportation of livers, and health disparities, with a particular focus on its effects among vulnerable populations. The report should examine whether these effects vary due to a donor or patient’s socioeconomic status or rural location.

National Cord Blood Inventory

The Committee provides \$12,266,000 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 is aware that the 340B statute requires HRSA to make 340B ceiling prices available to covered entities through a secure Web site and continues to be concerned that OPA has failed to meet deadlines to complete work on the secure Web site. The Committee urges OPA to complete the development of a transparent system to verify the accuracy of the 340B discount or ceiling prices.

Poison Control Centers

The Committee provides \$19,846,000, an increase of \$1,000,000 from fiscal year 2017, for poison control activities. The Poison Control Centers [PCCs] program is a national network of 55 PCCs that prevent and treat poison exposures by providing cost effective, quality healthcare advice to the general public and healthcare providers.

The Committee continues to recognize the role PCCs have played in the opioid crisis through management of opioid overdoses by assisting first responders and hospital personnel through the National Poison Help Line.

National Hansen’s Disease Program

The Committee includes \$11,653,000 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. The decrease in this account below the fiscal year 2017 level reflects a declining beneficiary population.

National Hansen’s Disease Program Buildings and Facilities

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

Payment to Hawaii for Hansen’s Disease Treatment

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

RURAL HEALTH

Appropriations, 2017	\$156,060,000
Budget estimate, 2018	74,395,000
Committee recommendation	160,560,000

The Committee recommendation for Rural Health programs is \$160,560,000, an increase of \$4,500,000 above the fiscal year 2017 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.

Rural Health Outreach

The Committee provides \$67,500,000 for the Rural Health Outreach program, \$2,000,000 above the fiscal year 2017 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 \$15,000,000 for Rural Network Development Grants; not less than \$14,000,000 for Delta States Network Grant Program; not more than \$2,200,000 for Network Planning Grants; and not less than \$6,500,000 for Small Healthcare Provider Quality Improvement Grants.

Delta States Rural Development Network Grant Program.—The Committee encourages HRSA to continue to consult with the Delta Regional Authority [DRA] on the awarding, implementing, administering, and monitoring grants under the Delta States Network Grant Program in fiscal year 2018. The Committee continues to encourage HRSA to align its awards as closely as possible with the DRA's strategic plan and with DRA economic and community development plans. In addition, of the funds provided, the Committee provides \$4,000,000 to support HRSA's collaboration with the DRA to continue DRA's program to help underserved rural communities identify and better address their health care needs and to help small rural hospitals improve their financial and operational performance. Finally, the Committee encourages HRSA to participate and collaborate on DRA's Next Health strategic plan for the Delta Region. The Committee believes that the information the DRA collects in the development of that plan will be of substantial value to HRSA, and encourages HRSA to provide support to DRA for the provision of that information. Within 90 days of enactment of this act, the Committee directs HRSA and DRA to jointly brief the Committee on this program's progress.

Expanding Capacity for Health Outcomes.—The Committee notes the passage of Public Law 114–270 supporting Project ECHO and the efforts to deliver high-quality, professional care to rural and underserved communities. The Committee notes there is increasing demand for technical training on Project ECHO and encourages HRSA to support a national resource center focused on Project ECHO technical training.

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 \$43,609,000 for Rural Hospital Flexibility grants and the Small Hospital Improvement Program. Under these grant programs, HRSA works with States to provide support and technical assistance to critical access hospitals to focus on quality and performance improvement and to integrate emergency medical services.

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

State Offices of Rural Health

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

Black Lung Clinics

The Committee provides \$7,266,000 for the Black Lung Clinics program. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners, steel mill workers, agricultural workers, and others with occupationally related respiratory and pulmonary impairments. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

The Committee continues to direct the Secretary to evaluate funding levels for applicants based on the needs of the populations those applicants will serve and the ability of those applicants to provide health care 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 \$21,000,000, an increase of \$2,500,000 above the fiscal year 2017 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 iso-

lated 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.

Telehealth Center of Excellence [COE].—The Committee commends HRSA’s OAT for providing the requested report to Congress and for awarding the Telehealth COE grant during fiscal year 2017. Within the funds provided for OAT activities, the Committee includes \$4,000,000 for a second year of funding for the Telehealth COE awarded site. This site is responsible for testing the efficacy of telehealth services in various sites and models, providing research and coordination efforts across the Federal Government, developing best practices for telehealth, collecting data, and providing relevant telehealth training.

Telehealth Network Grant Program.—The Committee remains encouraged by the ability of telehealth services to provide access to vital care for patients in underserved areas. One very promising area for the expansion of telemedicine is in stroke treatment, where patients without access to specialty neurological care can significantly improve their standard of care through telehealth. Stroke is a leading cause of death but remains the major cause of long-term disability, and the speedy access to appropriate care is the key factor in determining patient mortality and recovery. The Committee encourages HRSA to support telestroke initiatives in the Telehealth Network Grant Program.

Telehealth Resource Centers Grant Program.—The Committee recognizes the vital role of existing Telehealth Resource Centers across the United States to provide support to healthcare organizations, providers, and networks. In addition, these current centers are an important part of the telehealth infrastructure; helping to improve access to healthcare and ultimately improve outcomes for underserved populations. The Committee recommends that part of OAT funding should be used to support increased outreach to providers and communities regarding the benefits of telehealth and the availability of technical assistance to support its further adoption. The Committee supports continued funding of the current 12 regional centers and two National centers in fiscal year 2018.

FAMILY PLANNING

Appropriations, 2017	\$286,479,000
Budget estimate, 2018	286,479,000
Committee recommendation	286,479,000

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

PROGRAM MANAGEMENT

Appropriations, 2017	\$154,000,000
Budget estimate, 2018	151,993,000
Committee recommendation	154,000,000

The Committee provides \$154,000,000 for program management activities.

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

Appropriations, 2017	\$247,750,000
Budget estimate, 2018	277,200,000
Committee recommendation	247,750,000

The Committee provides that \$247,750,000 be released from the Vaccine Injury Compensation Trust Fund in fiscal year 2018. Of that amount, \$7,750,000 is for administrative costs.

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

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Committee recommendation provides a program level of \$7,175,211,000 in this bill for the Centers for Disease Control and Prevention [CDC], which includes \$55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act [EEOICPA], and \$800,900,000 in transfers from the Prevention and Public Health [PPH] Fund.

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

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriations, 2017	\$794,350,000
Budget estimate, 2018	700,828,000
Committee recommendation	794,350,000

The Committee recommendation for the activities of the National Center for Immunization and Respiratory Diseases is \$794,350,000, which includes \$324,350,000 in transfers from the PPH Fund.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2017 appropriation	Fiscal year 2018 request	Committee recommendation
Section 317 Immunization Program	606,792	520,828	606,792
National Immunization Survey (non-add)	12,864	.....	12,864
Influenza Planning and Response	187,558	180,000	187,558

Cost Estimates.—The Committee looks forward to reviewing the fiscal year 2018 report on estimated funding needs of the Section

317 Immunization Program and requests that the report be updated and submitted not later than February 1, 2018, to reflect fiscal year 2019 cost estimates. The updated report should also include an estimate of optimum State and local operations funding, as well as a discussion of the evolving role of the 317 program as expanded coverage for vaccination becomes available from private and public sources over the next several years.

Immunizations.—The Committee does not support the proposed reduction to the Section 317 Immunization Program by the Administration and provides funding at last year’s level. The Committee believes a strong public health immunization infrastructure is critical for ensuring high vaccination coverage levels, preventing vaccine-preventable diseases, and responding to outbreaks. The Committee acknowledges that immunization program investments in Immunization Information Systems [IIS] improve data exchange security standards and enhance the interface with electronic health records [EHRs] and other health information technology systems. IISs inform providers and support clinical decision making in terms of a patient’s immunization status as well as help to identify recommended vaccines the patient may not have received, which guide public health strategies to reduce vaccine-preventable diseases. During the 2015 multi-State measles outbreak and the ongoing, multi-State mumps outbreaks, funds from this program supported State and local health departments in rapid response, public health communication, community outreach and education, data gathering, and laboratory testing.

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

Appropriations, 2017	\$1,117,278,000
Budget estimate, 2018	934,000,000
Committee recommendation	1,117,278,000

The Committee recommendation for the activities of the National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases [STDs], and TB Prevention is \$1,117,278,000.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2017 appropriation	Fiscal year 2018 request	Committee recommendation
Domestic HIV/AIDS Prevention and Research	788,712	640,065	788,712
HIV Prevention by Health Department	397,161	N/A	397,161
HIV Surveillance	119,861	N/A	119,861
Activities to Improve Program Effectiveness	103,208	N/A	103,208
National, Regional, Local, Community & Other Organiza- tions	135,401	N/A	135,401
School Health	33,081	N/A	33,081
Viral Hepatitis	34,000	33,935	34,000
Sexually Transmitted Infections	152,310	130,000	152,310
Tuberculosis	142,256	130,000	142,256

Hepatitis B.—The Committee is concerned that even with a Hepatitis B vaccine that is 95 percent effective, CDC estimates that there are at least 850,000 Americans infected with Hepatitis B, with an estimated 21,900 infections occurring in 2015. The Committee notes that as a result of the opioid epidemic, infections are on the rise, with significant spikes in those areas that suffer from widespread opioid abuse. Additionally, the Committee highlights that the link between hepatitis B infection and primary liver cancer is well established with up to 15 percent of liver cancer cases in the United States caused by HBV. Many of these liver cancer cases are preventable with early detection, treatment, and vaccination. The Committee encourages CDC to prioritize the acceleration of Hepatitis B interventions within its Viral Hepatitis program commensurate with its disease burden.

Hepatitis C.—The Committee recognizes the rising rates of hepatitis C virus [HCV] infection among American Indians [AI] and Alaska Natives [AN], which surpasses many other populations. The Committee encourages CDC to work in collaboration with the Indian Health Service to support increased prevention, HCV screening, and access to treatment for AI and AN tribes.

HIV Screening.—The Committee continues to support CDC grant programs that work to improve awareness of HIV status and linkage to care. The Committee requests an update in the fiscal year 2019 CJ on CDC action to improve testing rates and reduce late stage diagnosis in States that scored low on these measures of effectiveness.

Sexually Transmitted Infections [STIs].—The Committee encourages CDC to sustain public health infrastructure, support surveillance, and continue initiatives to address STI elimination with a special focus on congenital syphilis, gonorrhea disease reduction, and the use of technology to reach at-risk populations.

Viral Hepatitis Screening.—The Committee continues to support hepatitis screening activities and encourages CDC to prioritize screening programs in medically-underserved and minority communities. Point-of-care testing allows for utilization of effective and innovative screening technology in a variety of health care settings.

EMERGING AND ZOO NOTIC INFECTIOUS DISEASES

Appropriations, 2017	\$584,922,000
Budget estimate, 2018	514,000,000
Committee recommendation	584,922,000

The Committee recommendation for the activities of the National Center for Emerging and Zoonotic Diseases is \$584,922,000, 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 2017 appropriation	Fiscal year 2018 request	Committee recommendation
Core Infectious Diseases	396,350	379,684	396,350
Antibiotic Resistance Initiative	163,000	137,000	163,000
Lab Safety and Quality	8,000	7,985	8,000
Vector-borne Diseases	26,410	38,816	26,410
Lyme Disease	10,700	10,643	10,700
Prion Disease	6,000	.....	6,000
Chronic Fatigue Syndrome	5,400	.....	5,400
Emerging Infectious Diseases	147,000	155,457	147,000
All Other Infectious Diseases	29,840	29,783	29,840
Food Safety	54,000	51,901	54,000
National HealthCare Safety Network	21,000	20,960	21,000
Quarantine	31,572	31,512	31,572
Advanced Molecular Detection	30,000	29,943	30,000
Epidemiology and Lab Capacity Program	40,000	.....	40,000
Healthcare-Associated Infections	12,000	.....	12,000

Catheter Associated Urinary Tract Infections.—Each year, hospital-acquired, catheter-associated urinary tract infections [CAUTIs] result in the death of 15,000 patients. When CDC’s Healthcare Infection Control Practices Advisory Committee last updated its guidelines for prevention of CAUTIs in 2009, it recommended additional research on the use of urinary stents to reduce infection. The Committee encourages CDC to examine existing evidence regarding the use of stents to address CAUTIs and issue appropriate communications to hospitals, up to and including an update to its 2009 Guidelines.

Combating Antibiotic Resistant Bacteria [CARB].—The Committee continues to support the CARB initiative and provides \$163,000,000 for this effort. The Committee recognizes the importance of addressing antibiotic-resistant bacteria through a “One Health” approach, simultaneously combating antibiotic resistance in human, animal, and environmental settings. The Committee encourages CDC to competitively award research activities that address aspects of antibiotic resistance related to “One Health” among entities, including public academic medical centers, veterinary schools with agricultural extension services, and State public health departments whose proposals are in line with CDC’s strategy for addressing antibiotic resistant bacteria. CDC shall include an update on these efforts in the fiscal year 2019 CJ.

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

Lyme Disease and Related Tick-Borne Illnesses.—The Committee encourages CDC to support surveillance and prevention of Lyme disease and other high-consequence tick-borne diseases in endemic areas as well as areas not yet considered endemic. CDC should work closely with States to advance the use of Integrated Pest

Management for prevention and control of tick-borne diseases. The Committee encourages CDC to coordinate with NIH, NIMH, and NINDS on publishing reports that assess diagnostic advancements, methods for prevention, the state of treatment, and links between tick-borne disease and psychiatric illnesses. Further, the Committee is concerned by reports that cases of Lyme disease are under-reported and encourages CDC to re-evaluate surveillance criteria used to track cases of the disease while assisting States to more accurately evaluate prevalence. The Committee requests a report within 180 days of enactment of this act on how CDC is examining the potential misuse of the Lyme disease case definition. The report should also include updates on the implementation of the Lyme disease program, including advancing more sensitive diagnostic tests and details of how Lyme disease funds were spent in fiscal year 2017.

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

Sepsis.—The Committee is encouraged that CDC has addressed sepsis as a priority within the CARB initiative and has also improved its online sepsis awareness and prevention resources. The Committee supports CDC's goals to scale up the evaluation of sepsis surveillance to help track national sepsis rates, assess the impact of prevention and treatment initiatives, and enable comparisons between health care facilities to identify problem areas. In addition, the Committee encourages CDC to continue to monitor the effectiveness of State-based sepsis prevention and treatment protocols.

Urinary Tract Infections.—The Committee notes that UTIs are one of the most common diagnoses leading to antibiotic prescriptions. Since recent research indicates that *E. coli* and other leading causes of UTIs are becoming resistant to many antibiotics, the Committee encourages CDC to examine the role that nutrient-dense food products, such as cranberries, may play in reducing the risk of illness and recurrent infections. The Committee also requests that CDC provide an update on this effort and actions to address antibiotic resistant pathogens linked to UTI in its fiscal year 2019 CJ.

Vector-Borne Diseases.—The Committee requests a report 180 days after enactment of this act that details how CDC worked and is continuing to work with the States most vulnerable to Zika and other vector-borne diseases. Further, the Committee encourages CDC to provide a progress update in the fiscal year 2019 CJ on meeting goals and performance indicators to prevent new infections, improve health outcomes, and reduce disease-related disparities.

Zika Virus.—The Committee continues to support CDC’s preparedness and response efforts to control outbreaks of Zika virus infection. The Committee encourages CDC to examine innovative vector control technologies to enhance current vector-borne disease control efforts. CDC should continue to work closely with the vector control unit in Puerto Rico and the most vulnerable States to address not only basic surveillance and research but also the use of new approaches to limit the spread of infected mosquitoes through innovative vector control technologies which can be effective in environments and locations not amenable to traditional pesticides.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriations, 2017	\$1,115,596,000
Budget estimate, 2018	952,250,000
Committee recommendation	1,065,146,000

The Committee recommendation for the activities of the National Center for Chronic Disease Prevention and Health Promotion is \$1,065,146,000, which includes \$247,550,000 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.

The Committee does not include the administration’s proposal to create a new block grant and instead maintains the existing program line items, including funding mechanisms as they existed in fiscal year 2017. The Committee believes the existing funding structure allows for the greatest transparency, accountability, and measured outcomes for Congress and the taxpayer. Chronic diseases, such as arthritis, cancer, diabetes, heart disease, stroke, and obesity are the leading causes of death and disability in the United States and account for 86 cents of every dollar spent on health care. Therefore, a robust investment in the prevention and control of chronic diseases, including chronic conditions like Alzheimer’s disease, epilepsy, lupus, and colorectal, prostate, and skin cancers is essential to curb health spending and improve health and quality of life for millions of Americans.

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

[In thousands of dollars]

Budget activity	Fiscal year 2017 appropriation	Fiscal year 2018 request	Committee recommendation
Tobacco	205,000	.....	205,000
Nutrition, Physical Activity and Obesity	49,920	.....	49,920
High Obesity Rate Counties (non-add)	10,000	.....	10,000
School Health	15,400	15,371	15,400
Health Promotion	14,025	3,493	14,025
Glaucoma	3,300	.....	3,300
Visual Screening Education	525	.....	525
Alzheimer’s Disease	3,500	3,493	3,500

[In thousands of dollars]

Budget activity	Fiscal year 2017 appropriation	Fiscal year 2018 request	Committee recommendation
Inflammatory Bowel Disease	750	.....	750
Interstitial Cystitis	850	.....	850
Excessive Alcohol Use	3,000	.....	3,000
Chronic Kidney Disease	2,100	.....	2,100
Prevention Research Centers	25,461	.....	25,461
Heart Disease and Stroke	130,037	.....	130,037
Diabetes	140,129	.....	140,129
National Diabetes Prevention Program	22,500	19,962	22,500
Cancer Prevention and Control	356,674	337,424	356,674
Breast and Cervical Cancer	210,000	210,000	210,000
WISEWOMAN (non-add)	21,120	21,120	21,120
Breast Cancer Awareness for Young Women	4,960	4,960	4,960
Cancer Registries	49,440	49,346	49,440
Colorectal Cancer	43,294	.....	43,294
Comprehensive Cancer	19,675	67,143	19,675
Johanna's Law	5,500	5,500	5,500
Ovarian Cancer	8,000	.....	8,000
Prostate Cancer	13,205	.....	13,205
Skin Cancer	2,125	.....	2,125
Cancer Survivorship Resource Center	475	475	475
Oral Health	18,000	17,000	18,000
Safe Motherhood/Infant Health	46,000	46,000	46,000
Arthritis and Other Chronic Disease	25,500	13,000	26,000
Arthritis	11,000	N/A	11,000
Epilepsy	8,500	N/A	8,500
National Lupus Registry	6,000	N/A	6,500
Racial and Ethnic Approach to Community Health	50,950	.....	.....
Million Hearts	4,000	.....	4,000
National Early Child Care Collaboratives	4,000	.....	4,000
Hospitals Promoting Breastfeeding	8,000	.....	8,000
America's Health Block Grant .....	.....	500,000	.....

Alzheimer's and Healthy Aging.—The Committee includes \$3,500,000 for activities related to Alzheimer's disease and commends the Healthy Brain Initiative for its leadership in bringing attention to the public health crisis of Alzheimer's disease. The Committee encourages CDC to continue implementing the action steps listed in the updated Road Map, including working towards a consensus on the mortality burden of the disease.

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

Cancer Survivorship.—Recognizing there are nearly 15 million cancer survivors in the United States, the Committee encourages CDC to invest in evidence-based physical activity and wellness programs for cancer survivors. Evidence-based physical activity programs have been shown to improve survivors' overall quality of life, increase cardiovascular endurance, decrease cancer-related fatigue, and help them meet or exceed recommended amounts of physical activity.

Children in Adversity.—The Committee recognizes that CDC is a key implementing partner of the United States Government Action Plan on Children in Adversity's three principle objectives. The

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

Chronic Fatigue Syndrome.—The Committee applauds CDC's efforts to collaborate with disease experts in its multi-site study to resolve the case definition issues and urges CDC to complete that effort. The Committee encourages CDC to partner with other HHS agencies, disease experts, and key medical societies to implement a proactive dissemination plan that counters medical misinformation and stigma and addresses other key barriers to clinical care.

Chronic Pain.—The Committee commends CDC for including chronic pain in the Healthy People 2020 initiative. The Committee encourages CDC to analyze data collected from the chronic pain questions included in the 2017 National Health Interview Survey and to clarify the incidence and prevalence of various pain syndromes differentiated by patient age, comorbidities, socioeconomic status, race, and gender. The Committee further encourages CDC to collect data on direct and indirect costs of pain treatment and effectiveness of evidence-based treatment approaches and include this information in the fiscal year 2019 CJ.

Diabetes Prevention Program.—The Committee recommendation includes \$22,500,000, level with fiscal year 2017, for the Diabetes Prevention Program. This program promoting lifestyle interventions has proven to reduce the risk of developing diabetes by 58 percent in individuals at high risk.

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

Early Child Care Collaboratives.—The Committee recognizes that the early care and education setting is important for promoting healthy habits in young children. The Committee provides \$4,000,000 to the National Early Child Care Collaboratives to en-

able training of early care and education providers in implementation of healthy eating and physical activity best practices, including strategies for engaging families. Funds will also support technical assistance for integration of healthy eating and physical activity best practices into existing State and local professional development systems' early care and education settings, and health initiatives. The Committee also encourages the program to serve a mix of rural, suburban and urban areas, including areas with high childhood obesity rates.

Electronic Cigarettes.—The Committee notes a rise in usage of electronic cigarettes, or e-cigarettes, among U.S. middle and high school students. The Committee is aware of an ongoing NAM study on the health effects from e-cigarettes that is due out at the end of 2017, which will include recommendations for future federally funded research. The Committee encourages CDC to examine the recommendations from the NAM study and report to the Committee on opportunities that may exist for further research.

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

Heart Disease and Stroke Prevention.—While largely preventable, cardiovascular disease, including heart disease and stroke, continues to inflict the highest burden on our Nation's long-term health and economic stability. The Committee continues funding to support, strengthen, and expand heart disease and stroke prevention and control activities within State, local, and tribal public health departments and to enhance surveillance and research to target high burden populations and guide public health strategies. The Committee encourages CDC to prioritize these funds to communities with the highest disease burden of heart disease and stroke to identify and disseminate novel and innovative evidence-based strategies, including scientifically valid risk factor reduction measures, through competitive awards.

Heart Valve Disease.—The Committee understands that heart valve disease can be debilitating and if not treated properly can result in heart failure, sudden cardiac arrest, and death. The Committee encourages CDC to include information on valve disease on its website and to help bring public awareness to this disease. The Committee encourages CDC to engage with patient and research organizations to explore collaborative ways to integrate information about the warning signs, symptoms, and risk factors of valve disease into CDC's existing programs.

High Obesity Rate Counties.—The Committee remains concerned about the growing body of evidence suggesting that obesity is one of the most significant challenges facing the public health system. If this epidemic continues unabated, obesity and the many complications it causes will increase the disease burden among Americans, particularly youth. The Committee continues to include \$10,000,000 to support the rural extension and outreach services grants for rural counties with an obesity prevalence of over 40 percent. The Committee expects CDC to work with State and local

public health departments to support measurable outcomes through evidenced-based obesity research, intervention, and prevention programs. Grants should combine basic, clinical, and population research to better understand and treat the metabolic, medical, surgical, environmental, and societal implications of obesity in cooperation with partners that have existing outreach capacity to develop and implement educational and intervention programs. Preference should be given to States where at least 10 percent of counties meet the requirements of this program. In addition, CDC shall focus its efforts in areas of the country with the highest burden of obesity and with the comorbidities of hypertension, cardiac disease, and diabetes from county level data in the Behavioral Risk Factor Surveillance System. The Committee encourages CDC to support only activities that are supported by scientific evidence.

Inflammatory Bowel Diseases [IBD].—The Committee commends CDC for its commitment to the study of IBD epidemiology and is concerned by the results of the recent Morbidity and Mortality Weekly Report which demonstrates that IBD affects 3,300,000 Americans, almost three times the number of adults previously estimated to have IBD. The Committee is particularly concerned that IBD is increasingly recognized in minority and underserved communities and encourages CDC to complement its existing epidemiological study with a focus on these populations.

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

Lupus Registry.—The Committee continues to support research efforts under the National Lupus Patient Registry program, but acknowledges that challenges still remain. Burden of illness studies 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. The Committee encourages CDC to support the lupus cohort and burden of illness studies.

Million Hearts 2022.—The Committee supports Million Hearts 2022 and encourages CDC to capitalize on the solid foundation, best practices, evidence, shared tools, and progress made on this public-private initiative to prevent heart attacks and strokes. Continued funding will allow implementation of evidence-based interventions to prevent heart disease and stroke in areas with the highest burden by implementing the ABCS: aspirin when appropriate, blood pressure control, cholesterol management, and smoking cessation; supporting innovative strategies to increase physical activity; using cardiac rehabilitation; and developing innovative, scalable approaches to improve cardiovascular health.

Mississippi Delta Health Collaborative [MDHC].—The Committee commends CDC's ongoing efforts to support the MDHC. The program has developed key partnerships at the local level and has implemented team-based approaches designed to link communities with clinical care. Within the funds provided for Chronic Disease Prevention and Health Promotion, the Committee encourages CDC to build on its longstanding investment in MDHC by working to replicate the work in additional sites while maintaining the current strategy. As it has in past years, 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 2019 CJ.

Psoriasis and Psoriatic Arthritis.—The Committee recognizes the growing body of evidence linking psoriatic disease, which impacts more than 8,000,000 Americans, to other comorbidities such as cardiovascular disease, mental health and substance abuse challenges, kidney disease, and other conditions. The Committee encourages CDC to develop an action plan not later than 6 months after the enactment of this act as to how it can leverage existing programs and resources to build upon the agency's Public Health Agenda for Psoriasis and Psoriatic Arthritis.

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

Racial and Ethnic Approach to Community Health [REACH].—The Committee eliminates the REACH program due to funding constraints. Funding continues to be provided to other programs that conduct outreach to reduce ethnic disparities in health status.

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

Skin Cancer Education and Prevention.—The Committee is concerned with the growing number of people diagnosed with preventable forms of skin cancer, which is now the most commonly diagnosed cancer in the United States. Every year in the United States, nearly 5,000,000 people are treated for skin cancer. Melanoma causes more deaths than any other type of skin cancer, resulting in over 9,000 deaths each year. The Committee encourages CDC to provide increased collaboration and partnership with local governments, business, health, education, community, nonprofit and faith-based sectors in this effort.

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

Stroke Prevention.—States in the Stroke Belt have age-adjusted stroke mortality rates that are significantly higher than the national average. The Committee encourages the Division to further

focus its resources in the Stroke Belt, including the development of a comprehensive strategy to address stroke mortality and morbidity in the region. CDC shall provide an update on these efforts in the fiscal year 2019 CJ.

WISEWOMAN.—The Committee lauds the WISEWOMAN program that helps uninsured and under-insured low-income women ages 40 to 64 decrease, prevent, or control heart disease and stroke by providing preventive health services, referrals to local health care providers, lifestyle programs, and health counseling services tailored to identified risk factors to promote lasting, healthy behavior change. Between July 2013 and June 2016, WISEWOMAN provided an estimated 74,000 health behavioral support services and 51,000 blood pressure screenings. The Committee recognizes the critical role screening and referral programs play in reducing cardiovascular disease and directs CDC to explore innovative approaches to expand the number of women served through WISEWOMAN and report the results to the Committee no later than September 30, 2018.

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

Appropriations, 2017	\$137,560,000
Budget estimate, 2018	100,000,000
Committee recommendation	139,560,000

The Committee recommendation for the activities of the National Center on Birth Defects and Developmental Disabilities [NCBDDD] is \$139,560,000.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2017 appropriation	Fiscal year 2018 request	Committee recommendation
Total Birth Defects	137,560	100,000	139,560
Child Health and Development	65,800	N/A	65,800
Other Birth Defects	19,000	N/A	19,000
Fetal Death	900	N/A	900
Fetal Alcohol Syndrome	11,000	N/A	11,000
Folic Acid	3,150	N/A	3,150
Infant Health	8,650	N/A	8,650
Autism	23,100	N/A	23,100
Health and Development with Disabilities	56,660	N/A	58,660
Disability and Health	24,000	N/A	26,000
Tourette Syndrome	2,000	N/A	2,000
Early Hearing Detection and Intervention	10,760	N/A	10,760
Muscular Dystrophy	6,000	N/A	6,000
Attention Deficit Hyperactivity Disorder	1,900	N/A	1,900
Fragile X	2,000	N/A	2,000
Spina Bifida	6,000	N/A	6,000
Congenital Heart Defects	4,000	N/A	4,000
Public Health Approach to Blood Disorders	4,400	N/A	4,400

[In thousands of dollars]

Budget activity	Fiscal year 2017 appropriation	Fiscal year 2018 request	Committee recommendation
Hemophilia CDC Activities	3,500	N/A	3,500
Hemophilia Treatment Centers	5,100	N/A	5,100
Thalassemia	2,100	N/A	2,100

Blood Safety Monitoring.—Facing an increase in infectious diseases that have a known or potential risk of transmission via blood transfusion, patients with thalassemia, anemia, and other diseases that impact blood production often face a lack of information about transmission modes and rates of infectious diseases, including new or emerging viruses like the Zika virus. The Committee encourages CDC to provide specific information to assist blood centers in responding to emerging infectious diseases that may be transmitted by blood transfusion.

Cerebral Palsy [CP].—The Committee encourages CDC to build upon existing surveillance and research applications of CP surveillance within the established 11 Autism and Developmental Disabilities Monitoring Network surveillance sites. The Committee recognizes and supports CDC’s efforts to include CP surveillance in three existing sites and encourage CDC to expand this effort within current resources to additional sites allowing for a more nationally representative sample.

Congenital Heart Disease [CHD].—CHD is the number one category of birth defects in the United States. The Committee notes that children and adults with CHD require ongoing, specialized cardiac care, and there remain gaps in data as children and adolescents transition to adult care. The Committee commends NCBDDD for its leadership in addressing CHD and adult CHD surveillance efforts and requests a report in the fiscal year 2019 CJ on CDC surveillance and research efforts regarding CHD across the lifespan, age-specific prevalence, and factors associated with those patients who may have dropped out of appropriate specialty care.

Disability and Health Officer.—The Committee encourages CDC to re-appoint a Chief Disability and Health Officer and re-establish the Disability and Health Work Group to provide leadership, coordination, and collaboration among Centers in order to expand and improve efforts to enhance the health of individuals with disabilities.

Fragile X and Associated Disorders.—The Committee commends CDC’s efforts to identify and define the population impacted by FX and FXD with the goal of understanding the public health impact of these conditions. The Committee acknowledges significant progress made by the NCBDDD Fragile X Clinical and Research Consortium in growing its FORWARD Database and its Patient Registry. CDC is encouraged to continue this effort. The Committee also supports the public-private partnership which resulted in the “Future of Fragile X: Setting the Public Health Research Agenda” meeting in 2014 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. The Committee encourages the NCBDDD to continue data-driven public

health research to reduce the public health burden of both FX and autism.

Health and Development for Those With Disabilities.—The Committee supports CDC awards under the National Centers on Health Promotion for People with Disabilities 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 community organizations with health promotion training, and by disseminating effective strategies and tools for disability service providers, these awards play an important role in encouraging a healthier lifestyle for Americans with disabilities.

Hemophilia.—The Committee has included sufficient funding to maintain the Center's hemophilia programs, which provide critical information to better understand risk factors for complications and identify high-risk populations for prevention measures. The Committee recognizes the importance of CDC's research on inhibitors and recommends that CDC enhance the inhibitor surveillance program and further prevention and eradication activities. The Committee encourages CDC, working with stakeholders and the network of hemophilia treatment centers, to implement inhibitor testing across the United States and support further research to better understand inhibitors and how they can be prevented.

Improving the Health of People With Intellectual Disabilities Through Physical Activity.—People with disabilities have a high risk of poor health outcomes such as obesity, hypertension, and mood disorders such as depression. Therefore, the Committee includes \$8,700,000 for the Healthy Athletes program.

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

Muscular Dystrophy Surveillance.—The Committee is aware of CDC's established surveillance efforts through the Muscular Dystrophy Surveillance, Tracking, and Research Network [MD STARnet] and encourages CDC to continue its work to enhance the quality and quantity of the data being collected through MD STARnet. Additionally, the Committee is interested in CDC's plans to disseminate and implement the updated care standards, including for adults with Duchenne and for other forms of muscular dystrophy. The Committee also supports CDC's engagement of multiple Divisions and Centers in the development of a Duchenne newborn screening program along with the refinement of an International Classification of Disease code for Duchenne and Becker Muscular Dystrophy.

Sickle Cell Disease [SCD].—SCD is a lifelong inherited blood disorder affecting nearly 100,000 Americans who are unable to access specialized quality care and effective treatment options. The Committee encourages CDC to continue and expand its SCD surveillance program to better understand and address long term health

outcomes, complications, and unmet health care access and to initiate a public health awareness campaign for people with SCD and a sickle cell trait.

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

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

PUBLIC HEALTH SCIENTIFIC SERVICES

Appropriations, 2017	\$489,397,000
Budget estimate, 2018	460,000,000
Committee recommendation	489,397,000

The Committee recommendation for Public Health Scientific Services is \$489,397,000.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2017 appropriation	Fiscal year 2018 request	Committee recommendation
Health Statistics	160,397	155,000	160,397
Surveillance, Epidemiology, and PH Informatics	279,000	260,000	279,000
Public Health Workforce	50,000	45,000	50,000

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

Digital Bridge.—The Committee remains interested in an integrated public health surveillance strategy to improve real-time surveillance and situational awareness. The Committee is encouraged

by efforts underway at CDC and by public-private partnerships such as the Digital Bridge initiative that connect the health care system, electronic health record vendors, and public health authorities at all levels to reduce reporting burden and scientific, administrative, and fiscal inefficiencies.

Modernizing Vital Statistics Collection.—While most States have or will soon have operational electronic birth and death registration systems, many do not have the resources to maximize electronic death reporting or to modernize their systems to keep pace with new technology. The Committee encourages CDC to support States in upgrading antiquated systems and improving the quality and accuracy of vital statistics reporting.

ENVIRONMENTAL HEALTH

Appropriations, 2017	\$215,750,000
Budget estimate, 2018	157,000,000
Committee recommendation	180,750,000

The Committee recommendation for the National Center for Environmental Health is \$180,750,000. The Committee recommendation includes \$17,000,000 in transfers from the PPH Fund. This does not include \$35,000,000 in one-time multi-year lead poisoning prevention and registry funding for Flint, Michigan provided in fiscal year 2017.

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

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2017 appropriation	Fiscal year 2018 request	Committee recommendation
Environmental Health Laboratory	56,150	55,894	56,150
Newborn Screening Quality Assurance Program	8,400	N/A	8,400
Newborn Screening for SCID	1,250	N/A	1,250
Other Environmental Health	46,500	N/A	46,500
Environmental Health Activities	44,600	34,106	44,600
Safe Water	8,600	N/A	8,600
Amyotrophic Lateral Sclerosis Registry	10,000	N/A	10,000
Climate Change	10,000	N/A	10,000
All Other Environmental Health	16,000	N/A	16,000
Environmental and Health Outcome Tracking Network	34,000	25,000	34,000
Asthma	29,000	25,000	29,000
Childhood Lead Poisoning	17,000	17,000	17,000
Lead Poisoning Prevention	15,000	.....	.....
Lead Exposure Registry	20,000	.....	.....

Amyotrophic Lateral Sclerosis [ALS] Registry.—The Committee continues to support the purpose of the National ALS Registry and seeks to understand how to build upon current efforts to improve data collection. The Committee directs CDC to review the ALS reg-

istry and submit a report to the Committees on Appropriations of the House of Representatives and Senate within one year of enactment of this act to determine the compliance of the ALS registry with Congressional intent as laid out in Public Law 110-373. The report should include the cost of maintaining the registry, a review of how the National ALS registry interacts with State, local, and Federal registries to build upon existing data, and recommendations on how to improve the surveillance quality of the registry.

Asthma.—The Committee continues to support the work of the National Asthma Control Program, recognizing that asthma is one of the most common and costly health conditions in the United States. The Committee understands that better coordination of public health and health systems interventions are necessary to reduce the burden caused by asthma and encourages CDC to continue its collaboration with payers and health systems.

Environmental Health Activities.—The Committee is concerned about the increasing health effects on people with asthma, cardiovascular disease, and other chronic diseases caused by increased spread of vector-borne disease, air pollution, extreme weather events, and longer allergy seasons. The Committee directs CDC to continue to help state and local health departments plan for these public health threats and to focus on protecting the most vulnerable individuals and communities.

Hormone Standardization.—The Committee is encouraged by the work CDC’s Environmental Health Laboratory has done to date to help ensure the accuracy and reliability of testing for certain hormones through its standardization program. The Committee recognizes that gaps still remain in hormone standardization to ensure reliable and actionable results. The Committee requests a report in the fiscal year 2019 CJ outlining what is necessary for the agency to increase the standardization of clinical laboratory testing to help prevent misdiagnoses and reduce unnecessary health expenses.

Lead Poisoning.—The Committee notes that the fiscal year 2017 Omnibus provided an additional \$35,000,000 in multi-year lead poisoning prevention efforts for a lead exposure registry and an advisory committee. CDC is directed to provide a status update on these activities in the fiscal year 2019 CJ.

Newborn Screening.—The Committee requests CDC provide an update in the fiscal year 2019 CJ on actions planned and on-going to work with States on ways to ensure screening of infants for diseases for which there is a preventable and/or effective treatment. Further, the update should note what steps can be taken to encourage States to adopt and implement new Recommended Uniform Screening Panel conditions within one year of their addition.

INJURY PREVENTION AND CONTROL

Appropriations, 2017	\$286,059,000
Budget estimate, 2018	216,165,000
Committee recommendation	291,059,000

The Committee recommendation for the National Center for Injury Prevention and Control is \$291,059,000.

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 2017 appropriation	Fiscal year 2018 request	Committee recommendation
Intentional Injury	97,730	97,730	102,730
Domestic Violence and Sexual Violence	32,700	32,700	32,700
Child Maltreatment	7,250	7,250	7,250
Youth Violence Prevention	15,100	15,100	15,100
Domestic Violence Community Projects	5,500	5,500	5,500
Rape Prevention	44,430	44,430	49,430
National Violent Death Reporting System	16,000	15,970	16,000
Unintentional Injury	8,800	6,737	8,800
Traumatic Brain Injury	6,750	N/A	6,750
Elderly Falls	2,050	N/A	2,050
Injury Prevention Activities	28,950	20,293	28,950
Prescription Drug Overdose	112,000	75,435	112,000
Illicit Opioid Use Risk Factors	13,579	.....	13,579
Injury Control Research Centers	9,000	.....	9,000

Biosurveillance Program.—The Committee continues to be very concerned about the high rate of opioid abuse and understands data can facilitate forecasting of overdose risk by geographic region. Therefore, the Committee instructs CDC to begin using data from the Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality program to provide such forecasts that public health officials can use to intervene and prevent overdoses. CDC should focus on States experiencing the highest rates of opioid related overdosing then expand into a national system.

Combating Opioid Abuse.—CDC Prescription Drug Overdose Prevention [PDO] activities fund critical work in all 50 States and Washington, DC. Activities support rigorous monitoring, evaluation, and improvements in data quality at a national level, including data collection and analysis on heroin-related overdose deaths. These funds provide States with the greatest burden of opioid abuse the ability to implement prevention activities and improve interventions that monitor prescribing and dispensing practices. This includes maximizing the use of State-based Prescription Drug Monitoring Programs [PDMPs] as a public health tool to assist in clinical decision-making and in conducting surveillance. The Committee expects CDC to continue to expand and evaluate an innovative model to coordinate care for high-risk opioid patients to ensure safer, more effective care. Further the Committee strongly encourages CDC to support local prevention activity to determine the effectiveness of naltrexone in treating heroin and prescription drug abuse and reducing diversion of buprenorphine for illicit purposes

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

lated concussions, including youth ages 5 to 21. The Committee is aware of the promising progress CDC has made in creating a comprehensive survey instrument which the agency will be piloting in the coming months to prepare for a national survey in the future. The Committee supports CDC’s work in this area and urges the agency to increase its efforts.

Opioid Prescribing Guidelines.—The Committee commends CDC for building awareness about responsible opioid prescribing practices by publishing the Guideline for Prescribing Opioids for Chronic Pain. The Committee notes that opioid prescribing for acute pain remains a significant driver of initial opioid prescriptions, especially for youth. The Committee encourages CDC to continue its leadership in prevention of the opioid epidemic by developing prescribing guidelines for acute pain, including those which are applicable to emergency physicians, surgeons, and dentists. CDC is encouraged to coordinate with the Office of the National Coordinator for Health Information Technology to develop and disseminate clinical decision support tools derived from the opioid prescribing guidelines. CDC is also urged to work with the VA and the DOD on implementing these guidelines to ensure consistent, high-quality care standards across the Federal Government.

Pain Reporting.—The Committee notes that pain is a public health problem that causes tremendous burden on the health care system. The Committee notes CDC’s prior reports focusing on pain, but recognizes that more complete and comprehensive epidemiological data is needed. CDC is urged to investigate the collection of data that clarifies the incidence and prevalence of various pain syndromes differentiated by patient age, comorbidities, socio-economic status, profession, race and gender.

Rape Prevention.—The Committee recognizes that 25 percent of rape prevention programs currently have a wait time of over a month. The Committee therefore has provided an increase of \$5,000,000 for CDC’s rape prevention and education program and directs that at least 75 percent of the program’s funds go to States for State and local prevention activities.

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

OCCUPATIONAL SAFETY AND HEALTH

Appropriations, 2017	\$335,200,000
Budget estimate, 2018	200,000,000
Committee recommendation	335,200,000

The Committee recommendation for National Institute for Occupational Safety and Health [NIOSH] programs is \$335,200,000.

NIOSH is the only Federal agency responsible for conducting research and making recommendations for the prevention of work-related illness and injury. The NIOSH mission is implemented by

conducting basic and applied scientific research and translating the knowledge gained into products and services that impact workers in settings from corporate offices to construction sites to coal mines.

Total Worker Health.—The Committee commends CDC’s Total Worker Health Program, which aims to promote and protect the health and productivity of the American workforce through research and dissemination of innovative and cost-effective tools and interventions for American businesses. The Committee commends CDC’s work in this area and encourages CDC to continue dissemination of these tools.

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

[In thousands of dollars]

Budget activity	Fiscal year 2017 appropriation	Fiscal year 2018 request	Committee recommendation
Total NIOSH	335,200	200,000	335,200
National Occupational Research Agenda	116,000	N/A	116,000
Agriculture, Forestry, Fishing (non-add)	25,500	N/A	25,500
Education and Research Centers	29,000	N/A	29,000
Personal Protective Technology	20,000	N/A	20,000
Mining Research	59,500	N/A	59,500
National Mesothelioma Registry and Tissue Bank	1,100	N/A	1,100
Other Occupational Safety and Health Research	109,600	N/A	109,600

ENERGY EMPLOYEES OCCUPATIONAL INJURY COMPENSATION ACT

Appropriations, 2017	\$55,358,000
Budget estimate, 2018	55,358,000
Committee recommendation	55,358,000

The Committee recommendation for the Energy Employees Occupational Illness Compensation Program Act [EEOICPA] is \$55,358,000. This mandatory funding supports NIOSH scientists who reconstruct radiation dose levels to inform compensation decisions.

GLOBAL HEALTH

Appropriations, 2017	\$435,121,000
Budget estimate, 2018	350,000,000
Committee recommendation	433,621,000

The Committee recommends \$433,621,000 for global health-related activities at CDC.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2017 appropriation	Fiscal year 2018 request	Committee recommendation
Global HIV/AIDS Program	128,421	69,547	128,421
Global Immunization Program	224,000	206,000	224,000
Polio Eradication	174,000	165,000	174,000
Measles and Other Vaccine Preventable Diseases	50,000	N/A	50,000
Parasitic Diseases and Malaria.	24,500	24,453	26,000
Global Public Health Protection	58,200	50,000	55,200
Global Disease Detection and Emergency Response	48,400	N/A	45,400
Global Public Health Capacity Development	9,800	N/A	9,800

CDC Global Health Security and Global Health Research.—The Committee supports CDC’s work to protect American and global health security through the Center for Global Health, the National Center for Emerging and Zoonotic Infectious Diseases, and other programs that detect, prevent, and respond to infectious disease and other health threats. The Committee supports continued work in health research, innovation, capacity building for disease research, detection, and surveillance, and robust monitoring and evaluation systems at home and abroad.

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

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

Soil Transmitted Helminth and Related “Diseases of Poverty” [STH].—STH infections when found in the United States are most frequently seen in poverty stricken, rural populations. Surveillance studies through school-based clinics have been successful in providing safe treatments and public health interventions to reduce infection burden, but in some areas with high STH-infection, there is no surveillance or remediation effort underway. Therefore, with the funds provided, the Committee includes \$1,500,000 to CDC for surveillance, source remediation, and clinical care aimed at reducing STH-infection in an area not being addressed by current CDC outreach. The clinical care effort shall be led by an academic medical center with collaboration from State health agencies, universities, and public health entities and shall be located in a rural, agrarian area with high incidence of STH-infection, poverty, and chronic disease, especially among children.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriations, 2017	\$1,405,000,000
Budget estimate, 2018	1,266,000,000
Committee recommendation	1,405,000,000

The Committee recommendation for the Office of Public Health Preparedness and Response [PHPR] is \$1,405,000,000.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2017 appropriation	Fiscal year 2018 request	Committee recommendation
Public Health Emergency Preparedness Cooperative Agreement ..	660,000	551,000	660,000
Academic Centers for Public Health Preparedness	8,200	.....	8,200
BioSense	23,000	N/A	23,000
All Other CDC Preparedness	138,800	140,000	138,800
Strategic National Stockpile	575,000	575,000	575,000

Emergency Preparedness.—The Committee recognizes the importance of the Public Health Emergency Preparedness program [PHEP] in helping States and territories strengthen their public health system capacity. In doing so, the Committee does not include the proposed cut to the program and instead provides the same level of funding as fiscal year 2017. The Committee continues to request detailed information on how PHEP funding is distributed at the local level by States. CDC is encouraged to provide in the fiscal year 2019 CJ an update on how much of the Federal PHEP funding is being allocated to local health departments and what basis or formula each State is using to make such allocations.

Strategic National Stockpile.—The Committee encourages CDC to evaluate the latest approved advances in influenza prevention and antiviral treatment for inclusion in the SNS in preparation for pandemic influenza. Further, the Committee encourages BARDA and CDC to better coordinate the handoff of new countermeasures being purchased for the Strategic National Stockpile and, as appropriate, maintain BARDA involvement to negotiate technical details of future procurement. The Committee requests a report within 90 days of enactment of this act detailing the number of potential FDA-approved MCMs that will be needed in the SNS over the next 3 fiscal years (including new products or products currently in the SNS that will require replenishment), and the anticipated costs to purchase these products while maintaining current SNS products.

BUILDINGS AND FACILITIES

Appropriations, 2017	\$10,000,000
Budget estimate, 2018	20,000,000
Committee recommendation	10,000,000

The Committee recommendation for Buildings and Facilities is \$10,000,000.

NIOSH Facility.—The Committee is aware that CDC plans to consolidate the NIOSH Cincinnati research facilities, which are more than 50 years old, into one modern laboratory in order to reduce operational costs and strengthen scientific collaboration. The Committee understands that CDC plans to support this facility replacement through the Department’s Nonrecurring Expense Fund. The Secretary and CDC are directed to prioritize obligations for this facility and obligate such funds as quickly as possible in fiscal year 2018.

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

CDC-WIDE ACTIVITIES

Appropriations, 2017	\$273,570,000
Budget estimate, 2018	105,000,000
Committee recommendation	273,570,000

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

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2017 appropriation	Fiscal year 2018 request	Committee recommendation
Preventive Health and Health Services Block Grant	160,000	.....	160,000
Public Health Leadership and Support	113,570	105,000	113,570

Preventative Health and Health Services Block Grant.—The Committee continues to oppose this administration’s and the previous administration’s proposal to eliminate this program. The Committee provides \$160,000,000, the same level as in fiscal year 2017. These grants are crucial for States because they provide enough flexibility necessary to resolve any emerging health issues at the local level while tailoring those activities to best address the diverse, complex, and constantly changing local community.

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

NATIONAL INSTITUTES OF HEALTH

The National Institutes of Health [NIH] is the global leader in medical research and the Committee provides an increase of \$2,000,000,000 for a third year in a row after a decade of stagnant funding. The Committee provides \$36,084,000,000 for NIH activi-

ties within the jurisdiction of this bill, an increase of 5.9 percent above fiscal year 2017. This includes \$1,074,443,000 in transfers available under section 241 of the PHS Act. The Committee continues a reform to section 241 allocations such that no NIH funding will be removed from NIH under this authority. This reform ensures that section 241 transfers are a benefit to NIH rather than a liability. In addition, it improves the transparency of NIH’s budget, so that the enacted total is truly the amount the Committee expects to be used for biomedical research.

The Committee continues its commitment to funding research on Alzheimer’s disease and increases funding by \$414,000,000 to a total of approximately \$1,828,000,000 in fiscal year 2018; increases funding for the Precision Medicine Initiative by \$10,000,000; increases funding for antibiotic resistance research by \$50,000,000; and increases funding for the BRAIN Initiative by \$140,000,000. In addition, funding is provided to ensure that every Institute and Center receives an increase above fiscal year 2017 to continue investments in innovative research that will advance the fundamental knowledge and speed the development of new therapies, diagnostics, and preventive measures to improve the health of all Americans. Revolutionary discoveries often come from unexpected, untargeted research. The Committee continues to support these basic advances as well as the clinical and translational research that moves basic discoveries from “bench-to-bedside.”

The Committee rejects the administration’s proposals to: cap Facilities and Administrative costs; eliminate the John E. Fogarty International Center; and create the National Institute for Research on Safety and Quality.

NATIONAL CANCER INSTITUTE

Appropriations, 2017	\$5,671,926,000
Budget estimate, 2018	4,474,222,000
Committee recommendation	5,858,270,000

The Committee recommendation includes \$5,858,270,000 for the National Cancer Institute [NCI], including \$300,000,000 appropriated from the NIH Innovation Account. Of this amount, \$30,000,000 is available for repairs and improvements to the NCI facility in Frederick, Maryland.

Cancer Kinome.—The Committee is aware that research into the role of kinases—enzymes in the human genome that regulate an immense variety of cellular function—holds the promise to drive the development of new treatments and cures for a variety of cancers, including ovarian cancer. The challenge today is to collectively investigate the role of the kinome in triggering cancer and gaining a better understanding of which kinases play a role in cancer development in particular patients, and how kinome “reprogramming” contributes to resistance to anti-cancer drugs. NCI is asked to support this type of promising personalized medicine research.

Cancer and Mitochondria.—The Committee commends the NCI for its work in establishing a Mitochondrial Model Organisms and Cellular Systems Working Group and for its work to identify needs, barriers, and opportunities pertaining to mitochondrial biology relevant to addressing mechanistic questions in cancer. The Committee encourages the NCI to continue to support qualified re-

search studies that examine the mechanisms by which cancer cells utilize oxidative stress in stromal cells to fuel their growth.

Deadliest Cancers.—The Committee remains concerned that while more effective screening methods and treatments have lowered overall cancer incidence and death rates, some forms of cancer remain extremely difficult to diagnose and treat. Defined in statute as “recalcitrant cancers”—those whose 5-year survival rate is below 50 percent—they account for nearly half of all cancer deaths in the U.S. and include cancers of the pancreas, liver, ovary, brain, stomach, esophagus, and lung. Given the toll these types of cancer exact on society, the Committee urges NIH and NCI to continue to support research with an emphasis on developing improved screening and early detection tools and more effective treatments. The Committee expects to receive an update in the fiscal year 2019 CJ of how NCI is advancing these goals.

Gastric Cancer.—The Committee continues to be concerned about the deadly outcomes of gastric cancer, particularly among young adults. The 5-year survival rate for stomach cancer is 30 percent. The Committee notes that research on gastric cancer is less advanced than that of many other cancers. The lack of research funding makes it difficult to attract researchers to the field and make progress toward curative treatments. The Committee therefore encourages NCI to consider developing a scientific framework, as specified by the Recalcitrant Cancer Research Act of 2012 (Public Law 112–239, section 1083), for advancing stomach cancer research.

Gynecologic Cancer Clinical Trials.—Clinical trials have significantly improved survival for women with gynecologic cancers, including ovarian, endometrial, cervical, and vulvar cancers. The Committee urges the NCI to continue to work with stakeholders through the NCI National Clinical Trials Network Gynecologic Cancers Steering Committee to address priorities for the gynecologic oncology clinical trials scientific agenda, including increasing the availability of trials for these patients. The Committee requests that NCI provide an update to the Committee in the fiscal year 2019 CJ.

IDeA States and Cancer Clinical Trials.—The Committee recognizes that NCI supports clinical trials across the country through its National Clinical Trials Network [NCTN] and the NCI Community Oncology Research Program [NCORP]. The Committee understands that there are more than 270 NCORP component sites and 14 NCORP awardees across the country located in IDeA States, and that NCI supports several NCI-designated cancer centers in IDeA States. At the same time, the Committee recognizes that there are still opportunities for academic medical centers in IDeA States to become more engaged in these networks. Therefore, the Committee encourages NCI to coordinate with NIGMS in helping Clinical and Translational Research award sites in IDeA States that do not currently have NCORP or NCTN awards build capacity in these regions to conduct cancer clinical trials. The Committee also encourages NCI to continue to support NCORP in its mission to increase diversity among patients participating in NCI clinical trials, especially with regard to rural and minority populations. Finally, the Committee urges NCI, in consultation with NIGMS, to

encourage collaboration between IDeA awardees and existing NCI designated cancer centers, NCTN lead sites, and NCORP sites.

Immunotherapy.—NCI-funded research on the immune system's ability to find and destroy tumors has led to a new wave of promising treatments for many forms of cancer. Yet much remains unknown about how immunotherapy works on a cellular level, and especially why such treatments are successful for some patients but not for others. Without a better understanding of the immune system's response to cancer and knowing how cancer escapes immune-based therapy, further advances in this field will be slowed. Therefore, the Committee urges NCI to continue to prioritize basic research on the mechanisms of action involved in immunotherapy, including a focus on tumor resistance to immunotherapy. The Committee also recognizes the need for more basic and clinical researchers who have the necessary education to develop new breakthroughs in immunotherapy. The Committee encourages NCI to continue to support fellowships and T32 training awards for both young and mid-career researchers interested in immunotherapy.

Liver Cancer.—The Committee notes that in the U.S. liver cancer is the second deadliest cancer, with a 5-year survival rate of less than 15 percent, and according to the CDC, unlike many other cancers, the rates of liver cancer deaths and incidence are rising. In spite of its growing mortality, research spending focused on liver cancer is not even among the 20 largest NCI cancers research programs; NCI has few liver cancer-oriented grants in its portfolio, and it does not have a Specialized Program of Research Excellence [SPORE] for liver cancer. To increase the 5-year survivability of liver cancer, the Committee urges that NCI support liver cancer research across its portfolio using a variety of methods to stimulate research proposals. The Committee also notes that the link between hepatitis B infection and primary liver cancer is well established with up to 60 percent of global liver cancer cases caused by the hepatitis B virus [HBV] and, therefore, urges close collaboration with NIAID and NIDDK on issues related to HBV research.

Lung Cancer.—The Committee encourages NCI to continue to prioritize support for meritorious research for lung cancer generally, as well as for research specifically related to early detection and continued advances in treatment with personalized medicine, immunotherapy, and other innovative treatments. The Committee requests an update in the fiscal year 2019 CJ on these efforts.

Metastatic Brain Tumor Research.—Metastatic brain tumors are the most common brain tumor in adults. While the exact incidence of metastatic brain tumors is not known, it is estimated at between 200,000 and 300,000 people per year. The Cancer Moonshot Initiative has helped to raise awareness of this often neglected form of cancer, and the Committee urges NCI to continue working with stakeholder organizations to advance research into improving brain imaging technologies and developing treatments to increase survivorship.

Neuroblastoma.—The Committee encourages NCI to expand its support for research on high-risk neuroblastoma, including the detection and treatment of central nervous system metastases. The Committee requests an update on these activities in the fiscal year 2019 CJ.

Pancreatic Cancer.—In 2016, pancreatic cancer rose to become the third-leading cause of cancer-related death in the U.S., claiming the lives of nearly 42,000 Americans. Despite progress in combating other forms of cancer, pancreatic cancer remains the only major cancer with a 5-year survival rate in the single digits, at nine percent, in large part because there are no reliable early detection methods nor effective treatment options. To help turn the tide against this deadly cancer, Congress in 2012 passed the Recalcitrant Cancer Research Act (Public Law 112–239), calling for the development of scientific frameworks for certain cancers. The Committee requests an update on pancreatic cancer in the fiscal year 2019 CJ.

Pediatric Cancer.—The Committee remains concerned about the lack of child-specific solutions for pediatric cancer patients and the consistent overall rise in rate of incidence (35 percent increase since 1975). The Committee acknowledges that the needs of pediatric cancer patients are unique and different from the needs of adults with cancer. The majority of cancers in children are not seen in the adult population, but the vast majority of solutions continue to be adopted and adapted from adult cancer drugs for use in children, despite the toxicity of the drugs for their small developing bodies. The consequences continue to leave two-thirds of childhood cancer survivors with serious lifelong complications and one-third of childhood cancer survivors dead by the age of 36. As a result, cancer continues to kill more children than all other diseases combined. The Committee notes that childhood cancer is unique from adult cancer and should be approached from a child-specific perspective. Accordingly, the Committee urges the NCI to continue to support research that addresses the unique characteristics of childhood cancers and the unique needs of childhood survivors. There are some encouraging efforts currently focusing on child-specific solutions, and there should continue to be parallel efforts to determine the efficacy of adult research and treatments for childhood cancer; however, they should not be the primary focus. Just as adult research hopes to benefit children, it is more likely childhood cancer research may benefit adults. Therefore, the Committee encourages the continuation of important pediatric oncology research, including clinical trials for children with brain tumors and pre-clinical testing program evaluating new agents for treating pediatric malignancies. Within the additional resources provided for cancer research, the Committee requests a report within 120 days after enactment of this act on how the NCI is focusing on the unique needs of children. The Committee also encourages NCI to continue its investments in the novel pediatric Molecular Analysis for Therapy Choice [MATCH] study. The Committee requests an update on the progress of MATCH implementation for children with cancer, with specific information on issues such as accrual, participating institutions, and the scope and progress of the trials in the fiscal year 2019 CJ.

Precision Medicine Initiative [PMI].—The Committee continues its strong support of NCI PMI and provides no less than \$80,000,000 to continue its efforts to develop individualized treatments for cancer patients. The Committee recognizes the potential for significant advancements in cancer treatments from the NCI

MATCH trial. It remains the central pillar of the precision medicine research focused on oncology for cancers that are unresponsive to standard interventions. The Committee urges NCI to continue to expand precision oncology trials. NCI should also continue to focus on launching the important pediatric MATCH trial as pediatric oncology mechanisms are very different from mutations seen in adults. Further, the Committee continues to believe in the necessity of NCI-funded clinical trials in the area of immuno-oncology, where a patient's engineered T-cells are used in combination with the immune system to fight late stage disease and commends NCI for its continued leadership in this area. Of particular interest is the use of precision medicine to develop therapies for late stage cancers and for those forms of the disease for which meaningful conventional treatments have proved largely ineffective for long term survival of the patients. NCI shall provide an update on these activities in the fiscal year 2019 CJ.

Prostate Cancer.—The Committee is aware of NCI's ongoing investment in prostate cancer research and is concerned that prostate cancer lacks treatments for men with advancing disease as well as adequate diagnostic and imaging methodologies common in other hormone-driven cancers with similar disease burden. To ensure Federal resources are leveraged to the greatest extent possible, the Committee encourages NCI to continue to coordinate its response to these needs with other Federal agencies, including DOD, as well as private research foundations and advocacy groups.

Psycho-Social Distress Complications.—According to the Institute of Medicine, nearly 50 percent of all cancer patients experience distress. Further, studies suggest that distress in cancer patients leads to higher healthcare costs, less compliance with treatment pathways, and poorer health outcomes. While significant advancements have been made in biomedical treatments in cancer care, the Committee is concerned that the unaddressed psycho-social needs of patients are adversely impacting the effectiveness and cost of care, as well as the individuals' overall well-being. The Committee encourages NCI to continue to implement distress screenings in the NIH Clinical Center and in NCI-funded clinical trials as appropriate, coordinate and share information on this effort with the FDA, and provide an update on such activities in the fiscal year 2019 CJ.

Research Initiative on Ethnic and Racial Diversity in Cancer.—The Committee recognizes that the NIH's Cancer Moonshot initiative aims to accelerate the discovery of new ways to cure cancers, including through an understanding and application of cancer genetic information to the prevention and treatment of cancer. The Committee urges the NIH, through the NIMHD and NCI, to continue to support research on the cause, prevention, and treatment of cancer in populations with diverse cultural, racial, and ethnic composition. To further support such collaborations, the NCI is encouraged to consider research expertise in ethnic and racial diversity and its impact on cancer development and outcomes in evaluating applications for NCI-designated cancer centers.

Sleep Health and Cancer.—The Committee understands the complex intersection between sleep health and cancer development, cancer progression, and remission. The Committee encourages NCI

to continue to explore the role of sleep health in cancer development and progression.

Translational Research Program.—The Committee notes the SPOR program is NCI's cornerstone effort to promote collaborative, interdisciplinary translational cancer research. The Committee continues robust support for the SPOR grant program as it works to bring basic research into practical treatments. The Committee requests an update in the fiscal year 2019 CJ on the SPOR program.

Translational Science of Natural Products for Cancer.—The Committee has recognized the importance of moving natural products and their derivatives through development and testing, with the goal of accelerating the designation of Investigational New Drug to promising natural products that can treat cancer. The Committee directs NCI to continue to support this work.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2017	\$3,217,081,000
Budget estimate, 2018	2,534,803,000
Committee recommendation	3,322,774,000

The Committee recommendation includes \$3,322,774,000 for the National Heart, Lung, and Blood Institute [NHLBI].

Alzheimer's Disease and Vascular Dementia.—The Committee recognizes the importance of well characterized, longitudinal, population-based cohort studies in providing insights into risk factors related to dementia, with special focus on minority populations where disease burden is greatest. As the participants in these studies have aged, much has been learned about cognitive decline and the role of mid-life risk factors, but key challenges remain, particularly in the identification of biomarkers and in understanding the role of environmental versus genetic factors. Therefore, within the provided funds, the Committee directs NHLBI to recruit and examine the subsequent generations of such cohorts, as studying the adult children of these extensively characterized cohort members may provide new insights into risk identification and accelerated prevention efforts. The project shall conduct clinical examinations, including brain imaging, of this second generation of participants.

Asthma.—The Committee notes with concern the evidence suggesting a causal link between air pollution and the development of asthma. The Committee urges NHLBI and the NIEHS to explore this potential causal link and any interventions necessary to prevent the development of asthma.

Congenital Heart Disease [CHD].—The Committee commends NHLBI for its continued work to better understand causation and appropriate treatments for those with the most life threatening congenital heart defects through its biomedical research program 'Bench to Bassinet' and the critical multi-centered infrastructure of the Pediatric Heart Network. NHLBI should also explore how the new adult CHD accreditation program, that advances and sets quality standards for care, can inform its work in this area. The Committee urges NHLBI to continue its work with other Federal agencies and professional and patient organizations to expand collaborative activities targeted toward prevention and treatment of the diverse lifelong needs of children and adults living with CHD.

The Committee requests a report on these efforts in the fiscal year 2019 CJ.

Cystic Fibrosis [CF].—The Committee applauds the work of NIH to support translational research tools that spur the development of new therapies for rare diseases like cystic fibrosis. Animal models are critical tools for understanding disease progression and identifying potential new treatments. The National Swine Resource and Research Center [NSRRC], funded by the NIH and hosted at the University of Missouri, provides services to develop swine models of many genetic conditions, like cystic fibrosis, to facilitate research and drug development for these diseases. The Committee encourages the continuation of jointly funded clinical research programs occurring at CF care centers in Missouri and across the country. One such project, the OPTIMIZE study, has brought together hospital systems in nearly 30 States to compare treatments for lung infections in those with CF to determine if a commonly used combination of antibiotics is safe and effective. Real world clinical trials such as this one are often only supported by NIH and non-profit organizations, and they may significantly improve care and treatment for people with serious, life-threatening diseases such as cystic fibrosis.

Fibrotic Diseases.—The Committee encourages NIH to continue to vigorously support research into fibrotic diseases affecting different organs, including the lungs, liver, kidneys, heart, skin, and bones and to ensure enhanced coordination among its Institutes as they conduct necessary, expanded single organ or cross-organ fibrotic disease research to save lives and reduce healthcare expenses in future years. The Committee also encourages NIH to explore naturally occurring fibrotic disease in domestic animals to investigate opportunities to improve human and animal lives. Since many fibrotic diseases are individually rare diseases, a strategy that provides collaboration across disease and organ areas is recommended. Furthermore, the Committee encourages NIH to continue to provide oversight and direction through coordinated multi-institute activities to improve research efforts and avoid redundancy. The Committee requests a report on the current NIH Fibrosis Interest Group and its progress, which brings together key stakeholders at the NIH and elsewhere, to evaluate current research efforts and develop strategic paths forward to maximize efforts in fibrotic disease research. The Committee also directs NIH to include an update in its fiscal year 2019 CJ on its work relating to idiopathic pulmonary fibrosis following the November 2012 NHLBI workshop, “Strategic Planning for Idiopathic Pulmonary Fibrosis”.

Heart Disease.—The Committee is concerned that heart disease continues to impose an enormous burden on our Nation’s long-term health and economic stability and directs an NIH-wide prioritization of heart research to significantly increase, expand, intensify, and stimulate its investment commensurate with the impact on public health, the economy, and innovative scientific opportunities. The Committee commends NHLBI for its leadership in launching a Strategic Vision and directs the Institute to accelerate the implementation of the heart research recommendations and priorities, including heart failure and cardiac rehabilitation.

Hemophilia.—The Committee encourages NHLBI to bring together leading hemophilia researchers and clinicians, as well as its Federal partners from CDC, FDA, and HRSA to create a national scientific agenda for clinical and translational research for the prevention and eradication of inhibitors, a costly complication affecting people with hemophilia.

Longitudinal Study of Cardiovascular Health in African Americans.—The Committee commends NHLBI for accomplishments made by its longitudinal study of cardiovascular health in African Americans. This 16-year study has provided new insights into and better understanding of the burden of cardiovascular disease among African Americans in the United States. With this increased understanding comes knowledge of the gaps in a number of other health conditions that affect African Americans disproportionately, such as obesity, diabetes, hypertension, chronic kidney disease, and heart failure. Additionally, research has revealed that some of these chronic conditions may have an impact on healthy aging, including cognition and risk of dementia and may have transgenerational effects. Therefore, the Committee encourages NHLBI to continue to follow-up with all current study participants, conduct broader examinations for these participants, and explore enrollment of a new group of participants, including children and grandchildren of current study participants. An expanded study will provide researchers more information about the roles of familial factors and shared environments in the development and progression of cardiovascular disease and other conditions. The new round of examinations should include measurements that utilize the latest technology, such as Magnetic Resonance Imaging, to assess the status of the heart, muscles, and adiposity and to evaluate structural brain changes that may be related to hypertension, diabetes, and other chronic disorders.

National Center on Sleep Disorders Research [NSCDR].—The Committee commends NHLBI and NSCDR for recent efforts to reinvigorate collaborations on important research in sleep, sleep disorders, and circadian rhythms. NHLBI and NSCDR are encouraged to continue to show leadership in this area and further incorporate sleep into relevant research activities across NIH Institutes and Centers.

Postural Orthostatic Tachycardia Syndrome [POTS].—With an estimated 1,000,000 to 3,000,000 Americans suffering from POTS, a neurological disorder that affects mostly adolescent and adult women, there are no effective treatments to address this often misdiagnosed and debilitating condition. The level of disability resulting from POTS can be similar to that occurring in multiple sclerosis and congestive heart failure, but little research funding has been dedicated to date to improving understanding of POTS. Due to the lack of effective treatments, many patients are unable to attend school or work, resulting in significant impacts to the U.S. economy. The World Health Organization recently approved the first unique ICD code for POTS, which when implemented, will hopefully enable more precise epidemiological research on the disease. The Committee expects NHLBI and NINDS to work with stakeholders to stimulate the field and develop strategies that will

increase our understanding of POTS and lead to effective treatments.

Pulmonary Hypertension [PH].—The Committee applauds NHLBI for identifying the study of underlying mechanisms of disease of PH as one of its areas of focus within its recent strategic vision plan for research. The Committee encourages NHLBI to continue its focus in this area, particularly on idiopathic pulmonary arterial hypertension, so that additional gains can be made that benefit patient outcomes and further improve survivability for affected individuals.

Sickle Cell Disease.—The Committee encourages NHLBI to prioritize the study of sickle cell disease. Academic medical centers located in States with significant populations of sickle cell patients have made progress in treating the disease through NIH sponsored clinical trials and through blood and marrow transplantation for sickle cell disease, which is currently the only therapy that can cure the disease. However, more research dollars are needed to augment the limited treatment options available if we are to have a real impact on sickle cell disease.

Sleep Phenotypes.—The health consequences of sleep disorders such as obstructive sleep apnea and insomnia include increased risk of hypertension, cardiovascular disease and obesity. The Committee is encouraged by the Institute’s efforts to improve our understanding of sleep disorders and urges the Institute to partner with other NIH Institutes to continue advancing research for sleep phenotypes and biomarkers that further explore health disparities and the intersection between chronic diseases and sleep.

Thoracic Aortic Disease.—The Committee is concerned about sudden, preventable death caused by thoracic aortic aneurysm and dissection attributed to structural cardiovascular disorders, such as Marfan syndrome, and encourages NHLBI to further study the mechanisms of disease and opportunities to improve patient health.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2017	\$425,751,000
Budget estimate, 2018	320,749,000
Committee recommendation	439,738,000

The Committee recommendation includes \$439,738,000 for the National Institute of Dental and Craniofacial Research [NIDCR].

Temporomandibular Disorder [TMD].—The Committee recognizes NIDCR’s leadership in TMD pain research, which has led to establishing TMD as a multisystem disorder with overlapping pain and non-pain conditions. The Committee encourages NIDCR to continue its leadership as a critical member of the Trans-NIH Working Group on Chronic Overlapping Pain Conditions by promoting and advancing integrated research on these conditions. In addition, as the oral disability associated with TMD affects a patient’s nutritional health status, the Committee encourages NIDCR to improve research on orofacial function relevant to the nutritional implications of TMD. Finally, the Committee is aware of the scientific meetings on an integrated systems approach of precision medicine related to cellular-molecular-genetic-epigenetic mechanisms related to diagnosis and treatment of TMD and its comorbid conditions. In 2013, several Institutes co-sponsored a workshop on the topic of the

temporomandibular joint. The Committee requests an update on initiatives that resulted from the recommendations that came forth from these meetings in the fiscal year 2019 CJ.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY
DISEASES

Appropriations, 2017	\$1,874,028,000
Budget estimate, 2018	1,449,534,000
Committee recommendation	1,935,597,000

The Committee recommendation includes \$1,935,597,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK].

Biomarkers.—The Committee encourages NIDDK to accelerate the discovery and validation of biomarkers to aid in designing and conducting clinical trials to prevent, treat, and cure type 1 diabetes. The Committee also encourages NIDDK to work with NIAID to develop biomarkers specifically related to immune interventions for multiple autoimmune diseases, including type 1 diabetes.

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

Drug-Induced Liver Injury Network [DILIN].—The Committee commends NIDDK for including analyses of liver injury caused by alternative medicines, such as herbal products and supplements, within its DILIN. However, the Committee is concerned with the limited scope of the current work. Therefore, the Committee directs NIDDK to work to expand to a broader sample of herbal products and supplements associated with liver injury cases to ascertain with greater certainty the causal agents and their prevalence. These samples exist within the DILIN Repository and afford an opportunity to analyze products for unlabeled ingredients, along with current analyses. This work can help generate a database to help identify signals to prevent future liver injury. The Committee requests that NIDDK provide an update to the Committee in the fiscal year 2019 CJ.

Glomerular Diseases.—The Committee encourages continued support for the Cure Glomeruloneuropathy initiative which has enrolled over 1,500 clinical research participants to further the understanding of rare forms of kidney diseases.

Inflammatory Bowel Diseases [IBD].—The Committee is pleased by NIDDK's support of research into inflammatory bowel diseases. The Committee urges NIDDK to respond to these findings by providing additional support for research on IBD. Research should in-

clude a focus on the environmental triggers and epigenetics of IBD as well as interventions for the rising prevalence of IBD. The research should also be targeted at both pediatric and adult patients.

Interstitial Cystitis.—The Committee is pleased with the evolving research on interstitial cystitis and encourages NIDDK to work with stakeholders on a comprehensive scientific conference to examine mechanisms for scientific opportunity.

Multidisciplinary Approach to the Study of Chronic Pelvic Pain [MAPP].—The Committee is pleased with the progress of the MAPP Research Network and encourages collaborations with stakeholders to ensure proper dissemination of information.

National Commission on Digestive Disease Research.—The Committee continues to value and support the implementation of the 2009 National Commission on Digestive Disease Research report entitled “Opportunities & Challenges in Digestive Diseases.” The Committee requests an update on the implementation of the recommendations of the National Commission.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2017	\$1,782,582,000
Budget estimate, 2018	1,355,998,000
Committee recommendation	1,904,666,000

The Committee recommendation includes \$1,904,666,000 for the National Institute of Neurological Disorders and Stroke [NINDS], including \$43,000,000 appropriated from the NIH Innovation Account.

Brain Aneurysm Research.—The Committee is concerned that an estimated 1 out of every 50 individuals in the United States has a brain aneurysm and an estimated 30,000 Americans suffer a brain aneurysm rupture each year, with little to no warning. Ruptured brain aneurysms are fatal in about 40 percent of cases. Despite the widespread prevalence of this condition and the high societal cost it imposes on our Nation, the Federal Government only spends approximately \$0.83 per year on brain aneurysm research for each person afflicted with a brain aneurysm. The Committee is concerned that not enough research is focused on prevention and requests a report regarding the annual support level for brain aneurysm research funding over the past 5 years, including the types of grants supported in the fiscal year 2019 CJ.

Brain Research through Advancing Innovative Neurotechnologies [BRAIN] Initiative.—The Committee continues its strong support for the BRAIN Initiative and provides \$400,000,000 in fiscal year 2018. The Committee commends the NIH for its leadership to date on the BRAIN Initiative and the progress made in several areas. The BRAIN Initiative is developing a more complete understanding of brain function and has the possibility of helping millions of people who suffer from a wide variety of neurological and psychiatric disorders such as Parkinson’s disease, schizophrenia, Alzheimer’s disease, depression, and traumatic brain injury. Powerful new technologies and tools are allowing for the study of anatomical and functional abnormalities in neuro-psychiatric diseases, which is the key to understanding these diseases and developing therapies and cures.

Cerebral Palsy [CP].—The Committee commends NINDS for developing the CP 5-year Strategic Plan and urges NINDS to implement Funding Opportunity Announcements in support of the top priorities and increase its CP research efforts for prevention, treatment, and cure through the lifespan. The Committee encourages funding for basic and translational research (including regenerative medicine) for improved outcomes for patients with CP, and recommends collaboration with the research and advocacy community. Furthermore, the Committee recommends that NIH form a trans-NIH working group of program officers who manage their Institute’s CP portfolio and that this group regularly interact with CP patient advocacy groups.

Duchenne Muscular Dystrophy.—The Committee is aware of stakeholder efforts to achieve validated and qualified biomarkers for Duchenne Muscular Dystrophy. The Committee supports these activities and urges NINDS to work with other Institutes and with the FDA to provide the necessary guidance and to assemble a workshop of all stakeholders to advance this work. The Committee is also concerned about a lack of access to federally funded data, such as imaging and biomarker data, that could support qualification of an MRI imaging biomarker and directs NIH to ensure all federally funded investigators, including Duchenne investigators, are in full compliance with the data sharing requirements included in the 21st Century Cures Act.

Dystonia.—The Committee encourages NINDS to continue to expand the dystonia research portfolio. NINDS is encouraged to work with stakeholders in support of a conference to examine evolving scientific opportunities in dystonia research and to foster sharing of resources and collaboration among investigators.

Parkinson’s Disease.—The Committee commends NINDS for taking critical steps in identifying priority research recommendations to advance research on Parkinson’s disease, which impacts between 500,000 and 1,500,000 Americans and is the second most prevalent neurodegenerative disease in the United States. The ultimate success of these recommendations will depend upon targeted research initiatives and increased research capacity, even if innovative support and funding mechanisms are required. The Committee recognizes that NINDS is prioritizing public health concerns with severe gaps in unmet medical needs and believes any funding increase for NINDS in fiscal year 2018 should include support for the research recommendations set forth by the NINDS planning strategy to bring us closer to better treatments and a cure for Parkinson’s disease. The Committee also encourages NINDS to submit a report of its progress on implementing these recommendations at the conclusion of fiscal year 2018.

Peripheral Neuropathies.—The Committee is pleased at the progress of ongoing research into Guillain-Barre syndrome [GBS], chronic inflammatory demyelinating polyneuropathy, and related conditions, and notes the important connection between Zika and GBS. The Committee encourages NINDS to continue work to advance emerging research in a meaningful way.

Postural Orthostatic Tachycardia Syndrome [POTS].—With an estimated 1,000,000 to 3,000,000 Americans suffering from POTS, a neurological disorder that affects mostly adolescent and adult

women, there are no effective treatments to address this often misdiagnosed and debilitating condition. The level of disability resulting from POTS can be similar to that occurring in multiple sclerosis and congestive heart failure, but little research funding has been dedicated to date to improving understanding of POTS. Due to the lack of effective treatments, many patients are unable to attend school or work, resulting in significant impacts to the U.S. economy. The World Health Organization recently approved the first unique ICD code for POTS, which when implemented, will hopefully enable more precise epidemiological research on the disease. The Committee expects NIHLBI and NINDS to work with stakeholders to stimulate the field and develop strategies that will increase our understanding of POTS and lead to effective treatments.

Stroke.—The Committee is concerned that stroke continues to enact a massive burden on our Nation’s long-term health and economic stability, and encourages NIH to expand its investment commensurate with the impact on public health, the economy, and innovative scientific opportunities. NINDS shall continue to implement top priorities identified in the 2012 planning initiative for stroke prevention, treatment, and recovery research, particularly augmentation of the Stroke Clinical Trials Network, including early stroke recovery. The Committee lauds the NINDS for its leadership in convening a workshop on “Translational Stroke Research: Vision and Opportunities” and directs the Institute to accelerate implementation of key recommendations and other findings.

Traumatic Brain Injuries [TBI].—The Committee understands regenerative medicine research and the use of adult stem cells may play an important role in the treatment of TBI. The Committee strongly encourages NINDS, with other Institutes and Centers, to ensure a robust and coordinated portfolio of TBI research is supported with a focus on how to leverage regenerative medicine research and the use of adult stem cells in the treatment of TBI. The Committee requests an update in the fiscal year 2019 CJ on efforts in these specific areas of TBI research.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2017	\$4,916,346,000
Budget estimate, 2018	3,782,670,000
Committee recommendation	5,127,866,000

The Committee recommendation includes \$5,127,866,000 for the National Institute of Allergy and Infectious Diseases [NIAID].

Autoimmune Neuropathies.—The Committee encourages NIAID to work with NINDS and other Institutes and Centers to support efforts to gauge the state-of-the-science of autoimmune neuropathies research into conditions like Guillain-Barre syndrome and chronic inflammatory demyelinating polyneuropathy, and to establish a cross-cutting research plan for this portfolio.

Combating Antibiotic Resistant Bacteria [CARB].—The Committee remains deeply concerned about the threat posed by the increasing prevalence of antibiotic resistant bacteria. In fiscal years 2016 and 2017, NIAID used funding appropriated by the Committee to expand its support for basic, translational, and applied research on antibiotic-resistant pathogens and the molecular mech-

anisms of antimicrobial resistance. The Committee strongly supports NIAID's efforts to continue these efforts, and includes \$513,000,000, an increase of \$50,000,000, to fund clinical trials of new antibiotics and novel uses of licensed antibiotics meant to limit the development of antibiotic resistance, as well as the development of diagnostics to quickly identify bacterial pathogens to inform antibacterial stewardship. These funds will also make it possible for NIAID to partner with Federal, academic, and industry researchers to develop diagnostics, immunoprophylactics, therapeutics, and vaccines that target multiple antibiotic-resistant bacteria. The Committee encourages NIH to continue to expand its collaboration with USDA and CDC to increase our understanding of antibiotic resistance and improve the responsible use of antibiotics in agriculture. The Committee requests an update on these activities in the fiscal year 2019 CJ.

Hepatitis B [HBV].—The Committee notes that infection with HBV is a serious public health threat and is associated with approximately 887,000 deaths each year worldwide, making it a leading cause of death in the world. In the United States, 1 in 20 Americans has been infected with HBV and up to 2,200,000 are chronically infected. Left undiagnosed and untreated, 1 in 4 of those with chronic HBV infection will die prematurely from cirrhosis, liver failure, and/or liver cancer. In light of this public health threat, the Committee is concerned that NIH research spending on HBV research was only \$49,000,000 in 2016 and has declined by almost 16 percent since fiscal year 2011. With Hepatitis C now curable and study of the entire HBV life cycle now possible, NIAID is urged to intensify its current efforts to find a cure for HBV. To meet this goal, the Committee urges NIAID to issue targeted calls for HBV research proposals in fiscal year 2018 focused upon therapeutic development and the many research opportunities identified by the scientific community.

Lyme Disease.—With more than 300,000 Americans suffering from Lyme disease, especially in rural States across the United States, an improved understanding and treatment of the disease is essential for the health and well-being of Americans. The Committee encourages NIH to issue requests for grant applications for research to investigate causes of all forms and manifestations of Lyme disease, including post-treatment symptoms, as well as research to develop diagnostics, preventions, and treatments for those conditions and for complications caused by co-infection by other tick-transmitted bacteria, viruses, and parasites. The Committee notes that in patients who suffer from long-term complications associated with Lyme disease, clear treatment pathways are often missed as a result of inaccurate and incomplete testing. The Committee urges the NIAID, in coordination with CDC, to study the long-term effects on patients suffering from post-treatment Lyme disease syndrome, or “chronic Lyme disease.” Specifically, the Committee urges NIAID to evaluate the effectiveness of laboratory tests associated with the detection of *Borrelia burgdorferi* to diagnose the disease early, which can improve the treatment of patients suffering from chronic Lyme disease. The Committee also encourages the National Library of Medicine, in coordination with NIAID, to update its terminology in line with new research to more

accurately reflect the long-term effects of chronic Lyme disease. The Committee requests that NIH report on its Lyme disease program. The report should include: (1) A summary of ongoing or upcoming efforts to advance more sensitive and accurate diagnostic tests capable of distinguishing between active and past infection, including an analysis of obstacles hindering adoption of direct detection tests for Lyme disease that are currently available or in the pipeline; (2) An assessment of the science on persistent infection following antibiotic treatment, with a review of recent research on biofilms and persistent forms of Lyme bacteria that can tolerate standard antibiotic treatment; (3) A summary of NIH research on prevention of Lyme disease and related tick-borne diseases, information on the effectiveness of currently available methods for prevention, and a description of methods for prevention NIH plans to further investigate; and (4) Details on progress achieving NIH Strategic Plan objectives relevant to Lyme disease as well as plans to address any shortfalls in meeting goals.

Malaria.—The Committee urges NIAID to continue its efforts to understand the biology of the malaria parasite and to develop tools needed for effective and sustainable malaria prevention, treatment, and control, including vaccines.

Sexually Transmitted Diseases [STDs].—The Committee is aware of the most recent STD Surveillance Report that found that the total combined reported cases of chlamydia, gonorrhea, and syphilis reached a record high and that the CDC estimates 20,000,000 new STDs occur every year. The Committee encourages NIAID to work in collaboration with CDC to develop effective strategies for prevention and treatment approaches, including vaccine development, to combat STDs, and to increase research to understand the evolution and structure of STDs and the inter-relationship with HIV/AIDS to better control for these diseases.

Translational Vaccinology.—The Committee notes a very promising area in the field of vaccine and immunology is translational vaccinology, in which researchers use innovative principles of vaccine design and enhancement to generate novel, experimental vaccines suitable for assessment and development through pre-clinical studies and clinical trials. The Committee strongly encourages NIAID to support a robust portfolio of extramural, highly meritorious translational vaccine research that focus on an interdisciplinary approach to this research. The Committee requests NIAID provide an update in the fiscal year 2019 CJ on expansion opportunities for interdisciplinary translational vaccinology research.

Vector-borne Disease.—The Committee continues to support NIAID's ongoing research on a variety of vector-borne diseases including Zika, chikungunya, and dengue, and the Institute's development of effective countermeasures and strategies. The Committee supports NIAID developing new and expanded research efforts to enhance the array of innovative vector control technologies to counter transmission of Zika and other vector-borne infectious disease threats.

Zika-Related Conditions.—The Committee encourages NIAID, along with other Institutes and Centers, to establish cross-cutting research activities to combat Zika-related conditions, including Guillain-Barré syndrome.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2017	\$2,650,128,000
Budget estimate, 2018	2,185,509,000
Committee recommendation	2,887,194,000

The Committee recommendation includes \$2,887,194,000 for the National Institute of General Medical Sciences [NIGMS], which includes \$1,074,443,000 in transfers available under section 241 of the PHS Act.

Institutional Development Award [IDeA].—The Committee provides \$344,313,000 for the IDeA program, an increase of \$10,952,000. 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 program an essential component of NIH's research portfolio. The Committee supports this important investment, which extends NIH's reach nationwide. Further, the Committee recognizes the importance of the Centers of Biomedical Research Excellence and the IDeA Networks of Biomedical Research Excellence programs and expects funding to be maintained for both. These programs are essential to the overall success of the program.

Science Education Partnership Awards [SEPA].—SEPA fosters 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. SEPA has been level funded for a number of years and the Committee encourages NIGMS to provide additional resources for the program within their general increase for fiscal year 2018. Additional funding should be used to award additional innovative K–12 science, technology, engineering and mathematics educational projects.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Appropriations, 2017	\$1,379,684,000
Budget estimate, 2018	1,032,029,000
Committee recommendation	1,426,092,000

The Committee recommendation includes \$1,426,092,000 for the Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD].

Congenital Syphilis.—The Committee urges the NICHD to coordinate efforts with NIAID and CDC to identify potential risk factors, increase prevention, improve newborn screening techniques, and provide treatment to improve outcomes in women and infants infected with Syphilis, with special focus on infants infected with HIV and Congenital Syphilis.

Fragile X [FX].—The Committee commends NIH for the NICHD-led effort that has resulted in significant progress in mapping the molecular, physiological, biological, and genetic connections among Fragile X, the FX protein, and autism. Given the inextricable connection between the FX protein and autism, the Committee urges the Director and his counterparts at each Institute with Fragile X and autism portfolios to explore ways to create greater efficiency

and synergy between these two research tracks to accelerate translational research toward a better understanding of both conditions and to shorten the time to bring effective treatments for both conditions to market.

Population Research.—The NICHD Population Dynamics Branch fosters scientific understanding of changes in human health and development at the population level by supporting research and research training in demography, especially through the Population Dynamics Centers Research Infrastructure Program, which promotes efficient use of research funding, innovative research, data sharing, and the development of young scientists. The Branch also spurs scientific innovation in demographic, or population, research by wisely investing in large-scale longitudinal studies, including the Fragile Families and Child Well Being study and the National Survey of Family Growth, the latter which revealed the decline of unintended pregnancies in the United States. The Committee urges NICHD to sustain its investment in the full spectrum of population research activities to advance our understanding of how the demography and health of our Nation are fundamentally intertwined.

Sports Related Head Impact Research.—The Committee is concerned about the growing prevalence of head impacts, concussion, and the associated risk of concussive morbidities among participants in youth sports. The Committee strongly encourages NICHD to bolster pediatric sports-related concussion research, including investing in research focused on behavioral interventions and other preventative strategies that can reduce head impacts and concussion among young athletes.

NATIONAL EYE INSTITUTE

Appropriations, 2017	\$732,855,000
Budget estimate, 2018	549,847,000
Committee recommendation	758,552,000

The Committee recommendation includes \$758,552,000 for the National Eye Institute [NEI].

Age-Related Macular Degeneration [AMD].—The Committee recognizes NEI-funded research in which combinations of FDA-approved drugs used to treat a variety of conditions from lowering blood pressure to treating prostate disease may eventually offer an option for preventing vision loss associated with degeneration of cells in the retina from AMD and Stargardt disease, the most common form of inherited juvenile macular degeneration. Discovering new uses for these already-approved drugs—which act on G protein coupled receptors, a family of signaling proteins in various cell types throughout the body—provides the quickest possible transition from bench to bedside.

Audacious Goals Initiative [AGI].—The Committee commends NEI’s leadership through its AGI, which aims 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 proceeded with two rounds of grants to date that relate to novel imaging technologies to help clinicians observe the function of individual neurons in human patients and follow them over time as they test new therapies, as well as identifying

new factors that control regeneration and comparing the regenerative process among model organisms, rodents, and non-human primates.

Glaucoma.—The Committee recognizes the identification of three new genes by the NEI Glaucoma Human Genetics Collaboration Heritable Overall Operational Database [NEIGHBORHOOD] Consortium that are strongly associated with primary open-angle glaucoma [POAG], the most common form of the disease. The finding that variants of these genes may alter the protection of the optic nerve from degeneration due to oxidative stress increases the total number of genes associated with POAG to 15, demonstrating that the underlying mechanisms of the disease may involve the interaction of many genes with environmental influences.

Usher Syndrome.—The Committee continues to urge NIH to prioritize Usher syndrome research at NEI and NIDCD. The Committee requests an update in the fiscal year 2019 CJ. The update should include efforts to stimulate the field and to accelerate viable human treatment options for those with Usher syndrome.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2017	\$714,261,000
Budget estimate, 2018	533,537,000
Committee recommendation	737,727,000

The Committee recommendation includes \$737,727,000 for the National Institute of Environmental Health Sciences [NIEHS].

NATIONAL INSTITUTE ON AGING

Appropriations, 2017	\$2,052,487,000
Budget estimate, 2018	1,303,541,000
Committee recommendation	2,535,539,000

The Committee recommendation includes \$2,535,539,000 for the National Institute on Aging [NIA].

Alzheimer’s Disease.—The bill includes \$1,828,000,000, an increase of \$414,000,000 above fiscal year 2017 for high-quality research on Alzheimer’s disease, subject to the scientific opportunity presented in the peer review process. The Committee commends NIA for its leadership in supporting longitudinal, population-based cohort studies into the causes of dementia. Because rural, poor, and minority populations may be at enhanced risk for dementia, the value and application of these studies is enhanced when they include individuals from various geographic, ethnic, socio-economic, and generational backgrounds. Therefore, the Committee directs NIA to diversify its cohort studies, with the specific goal of capturing a diverse sample of Americans whose inclusion would promote a better understanding of the factors underlying variation and disparities in dementia risk and ultimately lead to improved diagnostic, treatment, and prevention strategies in high risk populations.

Population Research.—The Committee recognizes the Institute’s leadership in making data, especially longitudinal data, available to the broader research community. NIA’s investments in data infrastructure, such as the ground-breaking Health and Retirement Study [HRS], have spurred significant scientific research findings as well as important interagency and international collaborations.

In fiscal year 2018, the Committee urges NIA and SSA to continue working jointly to support the HRS. The Committee also encourages the Institute to consider recommendations recently issued by an outside expert Committee regarding NIA's major surveys and to adopt innovations that will enhance data quality and accessibility. The Committee also urges NIA to pursue data collection and dissemination and research activities via its support of the prestigious Centers of Demography and Economics of Aging.

Sleep Health and Alzheimer's.—The Committee recognizes that poor sleep health and sleep disorders promote or influence the development of diseases that impair cognitive functioning, such as Alzheimer's. The Committee encourages research to explore the linkages between the sleep cycle, cardiovascular system, and Alzheimer's in an effort to inform prevention.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 2017	\$557,851,000
Budget estimate, 2018	417,898,000
Committee recommendation	576,178,000

The Committee recommendation includes \$576,178,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS].

Epidermolysis Bullosa.—The Committee recognizes the promising scientific gains and applauds private partners advancing research in pursuit of treatments for Epidermolysis Bullosa. The Committee encourages NIH to continue to support the intensification of such research at NIAMS. The Committee further encourages NIAMS to leverage Federal funds with public-private partnerships in the areas of Epidermolysis Bullosa and related disorders.

Scleroderma.—The Committee applauds NIAMS for its support of research into diseases that cause fibrosis in various organ systems, such as scleroderma. The Committee encourages NIAMS to prioritize research in this area and pursue collaborative opportunities with other ICs investigating fibrotic diseases.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

Appropriations, 2017	\$436,875,000
Budget estimate, 2018	325,846,000
Committee recommendation	451,768,000

The Committee recommendation includes \$451,768,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD].

Usher Syndrome.—The Committee continues to urge the NIH to prioritize Usher syndrome research at NEI and NIDCD. The Committee requests an update in the fiscal year 2019 CJ. The update should include efforts to stimulate the field and to accelerate viable human treatment options for those with Usher syndrome.

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2017	\$150,273,000
Budget estimate, 2018	113,688,000
Committee recommendation	155,210,000

The Committee recommendation includes \$155,210,000 for the National Institute of Nursing Research [NINR].

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2017	\$483,525,000
Budget estimate, 2018	361,356,000
Committee recommendation	500,491,000

The Committee recommendation includes \$500,491,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA].

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2017	\$1,073,320,000
Budget estimate, 2018	864,998,000
Committee recommendation	1,113,442,000

The Committee recommendation includes \$1,113,442,000 for the National Institute on Drug Abuse [NIDA].

Adolescent Brain Development [ABCD].—The Committee recognizes and supports the ABCD study. This study will help the understanding of the dramatic brain development that takes place during adolescence and how the various experiences people are exposed to during this time interact with each other and their biology to affect brain development and, ultimately, social, behavioral, health, and other outcomes. The Committee requests an update be included in the fiscal year 2019 CJ on the ABCD study.

Barriers to Research.—The Committee is concerned that restrictions associated with Schedule 1 of the Controlled Substance Act effectively limit the amount and type of research that can be conducted on certain schedule 1 drugs, especially marijuana or its component chemicals and certain synthetic drugs. At a time when we need as much information as possible about these drugs, we need to review lowering regulatory and other barriers to conducting this research. The Committee directs NIDA to provide an update in the fiscal year 2019 CJ on the barriers to research that result from the classification of drugs and compounds as Schedule 1 substances.

Drug Treatment in Justice System Settings.—The Committee understands that providing evidence-based treatment for substance use disorders offers the best alternative for interrupting the drug use/criminal justice cycle for offenders with drug problems. Untreated substance-using offenders are more likely to relapse into drug use and criminal behavior, jeopardizing public health and safety and taxing criminal justice system resources. Treatment has consistently been shown to reduce the costs associated with lost productivity, crime, and incarceration caused by drug use. The Committee applauds NIDA's focus on adult and juvenile justice populations in its research, supports this important work, and asks for a progress report in the fiscal year 2019 CJ.

National Testing Program for Schedule I Marijuana-Derived Products in U.S. Distribution.—The Committee appreciates NIDA's work in marijuana research, but is concerned that NIDA ceased funding for analysis of marijuana samples seized by law enforcement in 2014. Without dedicated funding for this activity, the number of analyzed seized samples has plummeted, meaning that available data is no longer current or robust. The Committee believes

that such research, along with analysis of marijuana and marijuana-derived products sold commercially in dispensaries or online, is essential for informing substance abuse prevention efforts, public health policy, and law enforcement tactics across the Federal Government. Therefore, the Committee directs NIDA to work with law enforcement, including the Drug Enforcement Agency, to facilitate and ultimately fund a National Testing Program for Schedule I Marijuana-Derived Products in U.S. distribution to conduct such analysis of both samples seized by law enforcement and of samples collected from non-DEA approved sources to provide robust reliable data that can inform policy.

Opioid Misuse and Addiction.—The Committee continues to be extremely concerned about the epidemic of prescription opioids, heroin, and synthetic opioid use, addiction, and overdose in the United States. Approximately 144 people die each day in this country from opioid overdose, making it one of the most common causes of non-disease-related deaths for adolescents and young adults. This crisis has been exacerbated by the availability of fentanyl and its analogs in many communities. The Committee appreciates the important role that research can and should play in the various Federal initiatives aimed at this crisis. Although NIDA has studied the effectiveness and risks associated with long-term opioid use for chronic pain, little research has been done to investigate new and alternative treatment options. The Committee urges NIDA to expand scientific activities related to research on medications used to treat and reduce chronic pain. The Committee encourages NIDA to coordinate with the agencies of the NIH Pain Consortium, the pharmaceutical industry, experts in the field of pain research and addiction, and the medical research community at large to identify gaps in scientific research related to opioid abuse and addiction, and the treatment of chronic pain, especially the development of medications with reduced abuse liability. NIDA is encouraged, as appropriate, to work with private companies to fund innovative research into such medications and to sponsor research to better understand the effects of long-term prescription opioid use, especially as it relates to the prevention and treatment of opioid abuse and addiction. Finally, the Committee also requests an update for the NIH's plan of action to implement Section 108 of the Comprehensive Addiction and Recovery Act, directing the NIH to consider recommendations made by the Interagency Pain Research Coordinating Committee in concert with the Pain Management Best Practices Inter-Agency Task Force, and in accordance with the National Pain Strategy, the Federal Pain Research Strategy, and the NIH-Wide Strategic Plan for Fiscal Years 2016–2020, the latter of which calls for the relative burdens of individual diseases and medical disorders to be regarded as crucial considerations in balancing the priorities of the Federal research portfolio.

Raising Awareness and Engaging the Medical Community in Drug Abuse and Addiction Prevention and Treatment.—Education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including healthcare providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be

pleased with the NIDAMeD initiative, targeting physicians-in-training, including medical students and resident physicians in primary care specialties (i.e., internal medicine, family practice, and pediatrics). NIDA should continue its efforts in this space, providing physicians and other medical professionals with the tools and skills needed to incorporate drug abuse screening and treatment into their clinical practices.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2017	\$1,608,212,000
Budget estimate, 2018	1,244,901,000
Committee recommendation	1,724,568,000

The Committee recommendation includes \$1,724,568,000 for the National Institute of Mental Health [NIMH], including \$43,000,000 appropriated from the NIH Innovation Account.

Autism Spectrum Disorder [ASD].—The Committee encourages NIH's continued funding of ASD research. The estimated lifetime cost of supporting an individual with autism and intellectual disability is \$2,400,000, and the cost of supporting an individual with autism without intellectual disability is \$1,400,000. Based on these estimates, the yearly cost of ASD to the United States is \$236,000,000,000. Medicaid covers autism treatments for nearly half of all children with autism and pays for the majority of residential and day programs serving adults with developmental disabilities. NIH-funded research presents an opportunity to mitigate the disabling effects of autism and reduce the Federal costs associated with it in the future for children and adults.

Tick-Borne Diseases.—Lyme disease and other tick-borne diseases are known to cause a wide range of psychiatric manifestations. Published research has shown a higher prevalence of antibodies to *Borrelia burgdorferi* in psychiatric patients than in healthy subjects. Other tick-borne diseases, such as *Bartonella* have also been reported to cause neurological and neurocognitive dysfunction, as well as causing agitation, panic disorder, and treatment resistant depression. It is therefore plausible that a certain number of cases of severe psychiatric presentations are due to underlying infections, especially since Lyme disease is the number one spreading vector-borne disease in the world. To further investigate this hypothesis, the Committee urges NIMH to review the published literature on links between tick-borne diseases and psychiatric illnesses, and provide an update in the fiscal year 2019 CJ.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2017	\$529,537,000
Budget estimate, 2018	399,622,000
Committee recommendation	546,934,000

The Committee recommendation includes \$546,934,000 for the National Human Genome Research Institute [NHGRI].

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2017	\$357,777,000
Budget estimate, 2018	282,614,000
Committee recommendation	371,151,000

The Committee recommendation includes \$371,151,000 for the National Institute of Biomedical Imaging and Bioengineering [NIBIB].

In Silico Clinical Trials.—The Committee appreciates the work of NIBIB in facilitating technology to move the science of in silico clinical trials forward. The Committee directs NIBIB to continue and expand this work and to involve other relevant Institutes in furthering this effort.

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

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH

Appropriations, 2017	\$134,689,000
Budget estimate, 2018	101,793,000
Committee recommendation	139,654,000

The Committee recommendation includes \$139,654,000 for the National Center for Complementary and Integrative Health [NCCIH].

Non-Pharmacological Approaches to Pain Management.—The Committee is encouraged by the ongoing collaboration between NCCIH, VA, DOD, and other Institutes across the NIH to develop and test efficacious non-pharmacological approaches to pain management and comorbidities—including opioid misuse, abuse, and disorder—in military personnel, veterans, and their families. 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 non-pharmacological treatments to ensure the best quality of care for our Nation's veterans and servicemembers, and urges the NIH, VA, and DOD to continue this vital research. The Comprehensive Addiction and Recovery Act (Public Law 114–198) calls for an expansion of research and education on and delivery of complimentary and integrative health to veterans, and the NCCIH can play an important role in coordinating efforts with the VA, DOD, and other relevant Federal agencies.

Translational Science of Natural Products.—The FDA has opened new pathways for development and testing of botanical compounds for medical applications, advancing complementary and integrative health through the use of natural products and their derivatives in treating disease. The Committee directs the NCCIH to consider the

use of natural products in its research portfolio with the goal of speeding the development and testing of natural products and their derivatives.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES

Appropriations, 2017	\$288,312,000
Budget estimate, 2018	214,723,000
Committee recommendation	297,784,000

The Committee recommendation includes \$297,784,000 for the National Institute on Minority Health and Health Disparities [NIMHD].

African American Males and Mental Health.—The Committee is concerned with the prevalence of mental health issues which go undiagnosed, especially in African American males. Despite developments to diagnose and treat conditions, stigma allows many to go without the help that is needed. The Committee encourages the NIMH to work collaboratively with community partners to develop treatments for the populations that are in need.

Center of Excellence [COE] in Health Disparities.—The Committee has identified a need for additional research into the varying social, biological, economic, and cultural factors that contribute to health disparities between racial groups. The rates of premature death from stroke and coronary heart disease are higher among African Americans than among Whites. African Americans have higher rates of diabetes, hypertension, and heart disease than other groups. Additionally, African Americans experience higher mortality rates from many cancers. Minorities are underrepresented in clinical trials and are less likely to survive prostate cancer, breast cancer, and lung cancer than their White counterparts. The Committee requests a written report on NIMHD's COEs within 120 days of enactment of this act.

Focal Segmental Glomerulosclerosis [FSGS].—The Committee encourages NIMHD to continue research collaboration with NIDDK to address the connection between the APOL1 gene and the onset of FSGS.

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 particular, 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 RCMI program has the capability to promote solutions to the significant gap in R01 grant funding among black and other minority researchers when compared to non-minority researchers. The Committee expects NIMHD to engage stakeholders and the Committee if any changes to the RCMI program are being considered, and prior to any Funding Opportunity Announcement release.

Research Endowment Program.—The Committee commends NIMHD for its unique Research Endowment Program, funding to help institutions build research infrastructure and recruit, train, and maintain a diverse student body and faculty. The Committee

remains concerned that NIMHD changed the eligibility requirements for the program without community consultation in the FOA released June 4, 2015. However, the Committee is encouraged that in April 2017 NIMHD established a special workgroup composed of representatives from its Advisory Council and the broader community to review eligibility. The Committee requests that the workgroup undertake a thorough review, including a review of the maximum endowment qualification limits, and provide recommendations on how to evaluate the program and consider eligibility criteria, given the program is now in its 17th year. The Committee requests that NIMHD submit the results of the deliberations and the recommendations to the Committee prior to NIMHD issuing the next FOA, no later than 120 days after enactment of this act.

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

Appropriations, 2017	\$72,014,000
Budget estimate, 2018	
Committee recommendation	74,380,000

The Committee recommendation includes \$74,380,000 for the Fogarty International Center [FIC].

The Committee recommendation maintains support for FIC, which coordinates global health research and training conducted by U.S. and international investigators, and helps build relationships between health research institutions here and abroad. During the Ebola outbreak in West Africa in 2014, Fogarty graduates played an important role in efforts to contain the spread of virus in Nigeria and Mali, where Fogarty has invested for decades in research training. FIC is now focused on strengthening institutions in Guinea, Liberia, and Sierra Leone, countries that possessed little scientific expertise before the pandemic and consequently suffered the most. The Committee directs NIH to provide an update on these efforts in its fiscal year 2019 CJ.

NATIONAL LIBRARY OF MEDICINE

Appropriations, 2017	\$407,510,000
Budget estimate, 2018	373,258,000
Committee recommendation	420,898,000

The Committee recommends \$420,898,000 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, 2019.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES

Appropriations, 2017	\$705,903,000
Budget estimate, 2018	557,373,000
Committee recommendation	729,094,000

The Committee recommendation includes \$729,094,000 for the National Center for Advancing Translational Sciences [NCATS]. The Committee includes bill language allowing up to \$24,496,593 of this amount to be used for the Cures Acceleration Network [CAN].

Clinical and Translational Science Awards [CTSA] Program.—The Committee includes \$533,076,000, an increase of \$16,956,000, for the CTSA Program. The Committee is deeply concerned about NCATS’ management of the CTSA program. The Committee has provided robust support for the CTSA program over the past several years and NCATS appears to be both ignoring congressional intent regarding the number of CTSA hubs as well as attempting to erode financial support for the hubs. Specifically, the Committee rejects the recent move to reduce some CTSA awards from a 5 year grant cycle to 4 years. Prior notification or justification of this significant change was not provided to the Committee, the CTSA community, or in any written document. The Committee expects NCATS to rectify this change immediately and directs all awards made in fiscal year 2017 and moving forward to be for 5 years. In addition, the Committee strongly supports efforts by NIH to train the next generation of biomedical researchers by supporting key training programs like the “K” and “T” awards. As stated in the National Academies of Sciences, Engineering, Medicine report in 2013, the CTSA program should build on these and other innovative training and education programs that are helping to bridge the gap between the basic and clinical sciences. Further, the Committee is concerned NCATS is considering changing CTSA’s configuration and funding structure without adequate congressional notification or stakeholder input. Therefore, the Committee directs NCATS to maintain the existing support structure, including maintaining the number of CTSA hub awards at no less than the fiscal year 2016 level, and to continue funding CTSA hub awards for 5 years. NCATS is directed to provide an update to the Committee no later than 120 days after enactment of this act on any proposed changes to the program and prior to any changes being implemented. In addition, the Committee expects the Director to provide quarterly updates to the principal investigators of CTSA hubs and the Committee, jointly, beginning within 30 days of enactment of this act. Finally, the Committee shall be provided written notification at least 3 days in advance of any public release of CTSA grant awards.

NATIONAL INSTITUTE FOR RESEARCH ON SAFETY AND QUALITY

Appropriations, 2017	
Budget estimate, 2018	\$272,000,000
Committee recommendation	

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

OFFICE OF THE DIRECTOR

Appropriations, 2017	\$1,667,610,000
Budget estimate, 2018	1,329,833,000
Committee recommendation	1,796,970,000

The Committee recommendation includes \$1,796,970,000 for the Office of the Director [OD]. Within this total, \$575,290,000 is provided for the Common Fund. The Committee moves the *All of Us* study from the Common Fund to OD and provides \$290,000,000, an increase of \$60,000,000 above fiscal year 2017.

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

All of Us Precision Medicine Initiative.—The Committee recommendation supports the All of Us Precision Medicine Initiative and has provided \$290,000,000 in support of this Initiative. The Committee is encouraged by the enormous potential of precision medicine for all populations, including children, since much of adult health is rooted in the earliest years. The Committee is aware that at an *All of Us* Research Program stakeholder briefing, NIH announced plans to develop working groups to address inclusion of the pediatric population and has also indicated plans to host a pediatric stakeholder convening. The Committee requests an update within 90 days after enactment of this act on the status and timeline for the working groups to release findings regarding pediatric enrollment in the *All of Us* Research Program and the expected timeline for beginning enrollment of children from diverse backgrounds in the program. The Committee expects NIH to ensure that the research cohort includes a sufficient number of children to make meaningful studies possible.

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

Angiogenesis.—The Committee recommends that NIH study the regulation of vascular growth and its interactions with the immune system, stem cells, DNA repair, and microbiome. Further, the Committee urges the NIH to research the impact of metabolism and dietary factors on endothelial cells, specifically to support normal physiology and oppose disease, and to study biomarkers of vascular health.

Autism Spectrum Disorder [ASD].—The Committee commends NIH for its commitment to the study of ASD recognizing that there are many different subtypes of autism and that the full range of potential treatments, appropriate to each subtype, have not yet been developed. The Committee encourages NIH to explore a collaborative approach to gain a systematic and comprehensive understanding of each subtype, and to translate this understanding to develop individualized treatments. Such an approach would harness information from academia and industry, as well as individ-

uals and families impacted by ASD. The European Union has a similar integrated research effort underway to focus on this issue, the European Autism Interventions—A Multicentre Study for Developing New Medications. The Committee encourages the NIH to explore this approach and provide an update in the fiscal year 2019 CJ.

Basic Molecular Science.—The Committee understands basic science is the foundation of the research pyramid that support biomedical and translational research efforts. The Committee is concerned with the recent decrease in the proportion of basic research. The Committee encourages NIH to expand its basic science efforts, with a specific focus on basic molecular research to increase scientific understanding at the molecular level in an effort to support translational molecular medicine research of tomorrow. The Committee requests an update in the fiscal year 2019 CJ on the percentage of spending on basic science for the past 10 years and specific efforts to promote basic research that supports molecular medicine and regenerative medicine using induced pluripotent stem cells.

Big Data Infrastructure.—Biomedical research has become increasingly reliant on growing amounts of digital data, a development with tremendous and potentially disruptive promise if this data can be used effectively to enable major scientific breakthroughs. Figuring out how to make this possible is one of the biggest obstacles facing NIH. In 2012, NIH began an extramural program to provide a framework of pilot programs, centers of excellence, and grant opportunities to advance thinking in how to organize, share, and use big data. NIH is using the results from these programs to inform the next phase of development of big data infrastructure, including the ongoing Data Commons Pilot. The second phase is expected to also build off of several other major initiatives including those in cancer, Alzheimer's disease, the human brain, and the *All of Us* research program. The Committee wants to ensure that these efforts are coordinated and overseen to ensure all of NIH benefits from them. In its fiscal year 2017 report, the Committee directed NIH to work with its external partners and stakeholders to provide the Committees on Appropriations of the House of Representatives and the Senate a detailed strategic plan by May 5, 2018, spelling out it how intends to make big data sustainable, interoperable, accessible, and usable. The plan is to include a roadmap to achieve these objectives, as well as milestones and estimates of the resources that will be necessary. The Committee expects to receive the strategic plan, which was first identified in the Senate report dated June 9, 2016, by the May deadline. The unanticipated delay in completing the fiscal year 2017 appropriations process means NIH will have had almost 2 years to prepare its plan, extra time that should make it possible to draft a comprehensive blueprint to help guide future investments in data science. In the interim, the Committee directs NIH to provide a status report in the fiscal year 2019 CJ describing the current status of the strategic plan and its progress in finding a suitable candidate to fill the Associate Director for Data Science [ADDS] vacancy. The Committee recognizes the importance of the ADDS to provide strategic vision and coordinate as an honest broker across

NIH on data science issues, and encourages NIH to locate this position within the Office of the Director.

Botanical Products and Opioid Addiction.—The Committee commends the FDA for establishing guidelines and opening pathways for Investigational New Drug [IND] applications for botanical drugs. Over the past two decades, the dramatic increase in abuse of prescription opioids, non-synthetic opioids, and illicit synthetic opioids has grown to epidemic proportions. Scientific rationale and laboratory studies suggest a decrease in addictive potential when botanical derivatives, including cannabidiol extracts, are used with an opioid in treating patients. The Committee supports study of this integrative approach to treatment and urges NIH, including NIDA, NCCIH, and OCCAM, to support and facilitate trials aimed at reducing addiction under appropriate IND applications.

Brain Research through Application of Innovative Neuro-technologies [BRAIN] Initiative.—The Committee continues to strongly support the BRAIN initiative. The bill provides \$400,000,000 an increase of \$140,000,000 above fiscal year 2017, to expand the initiative consistent with the BRAIN 2025 report issued in 2014.

Children in NIH Research.—The inclusion of children in clinical research is essential to ensure that children benefit from important scientific advances. The Committee appreciates provisions of the 21st Century Cures Act that will now require NIH to systematically track enrollment data to determine if children are actually being enrolled appropriately in clinical research. The Committee recognizes that without better data collection and reporting it is unable to fully exercise its oversight role, and researchers and other stakeholders are unable to determine whether children as a whole, or particular pediatric subpopulations, are appropriately represented in federally funded biomedical research. The Committee directs NIH to expeditiously implement these new requirements.

Chronic Fatigue Syndrome [ME/CFS].—The Committee is pleased that NIH has begun to expedite research into ME/CFS, including its intramural study and the RFAs for the collaborative research centers. However, the Committee is concerned that the level of funding is still very low considering the burden of disease and the current plan to expand research will take too long to produce FDA-approved treatments and diagnostic tests. The Committee urges NIH to collaborate with disease experts and the patient community to identify additional opportunities to expedite progress on this understudied disease. Specifically, the Committee recommends that NIH consider increasing research funding to be commensurate with disease burden and use that funding to further accelerate the research field through a set of intramural and extramural investments such as: (1) RFAs for biomarkers and treatment trials, (2) additional funding for investigator initiated studies and early stage investigator awards, (3) an initiative to reach consensus on the case definition, and (4) mechanisms to incentivize researchers to enter the field.

Chronic Overlapping Pain Conditions.—The Committee notes the strong evidence base demonstrating deleterious outcomes for patients with Chronic Overlapping Pain Conditions, which include hit-or-miss, ineffective, or even harmful treatments, poor health

and quality of life outcomes, markedly increased disability rates and personal and societal financial burdens. The Committee is pleased with NIH's efforts to develop a chronic overlapping pain conditions screening tool. However, an expanded, coordinated, and collaborative initiative is needed to maximize the Federal research investment, reduce spending, and improve clinical practice. There is an urgent need to analyze the state of science on Chronic Overlapping Conditions, which will identify both research gaps and future research directions and collaborations. As such, the Committee urges the Director to consider the relevant recommendations of the Federal Pain Research Strategy to guide the development of a comprehensive effort that spans the basic, translational, and clinical research continuum to advance scientific understanding of chronic overlapping pain conditions, as well as the development and discovery of safe and effective treatments.

Facilities and Administrative Costs [F&A].—Central to the Administration's proposal to reduce Federal investments in biomedical research is its proposal to cap the F&A costs of grants, so-called "indirect costs," at 10 percent. The F&A cost of a grant is intended to cover the indirect costs of biomedical research, ranging from administration and facilities to the cost of equipment shared across multiple researchers. For example, at research facilities focused on making the next breakthrough in cancer treatment, indirect costs supply the air handlers that provide the precise conditions needed to generate therapeutic T cells for immunotherapy trials, complex data systems to analyze and protect patients' genomic data, and support for the next generation of scientific leaders. The methodology for negotiating indirect costs has been in place since 1965, and rates have remained largely stable across NIH grantees for decades. The Administration's proposal would radically change the nature of the Federal Government's relationship with the research community, abandoning the Government's long-established responsibility for underwriting much of the Nation's research infrastructure, and jeopardizing biomedical research nationwide. The Committee has not seen any details of the proposal that might explain how it could be accomplished without throwing research programs across the country into disarray. To avoid this possibility, the Committee has included bill language to prohibit HHS from developing or implementing a modified approach to funding F&A costs.

Fetal Tissue Donation Trial.—The Committee acknowledges the many differing views on the merits of human fetal tissue research. New bill language is included to direct NIH to begin a pilot to determine the adequacy of a fetal tissue donor network for supporting all related clinical research from human fetal tissue donated solely from stillbirths and spontaneous abortion.

Gabriella Miller Kids First Research Act.—The Committee provides the full budget request of \$12,600,000. The Committee requests that NIH provide information on how it has disbursed funding, 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 in the fiscal year 2019 CJ.

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

Government-Wide Collaborations.—NIH, VA, and DOD collaborate frequently and successfully on various research activities. The Committee looks forward to the report in the fiscal year 2019 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.

Hepatitis B [HBV].—The Committee recognizes that HBV infection is a serious public health threat. Though infection rates are less than one percent in the United States, Asian Americans and Pacific Islanders experience about 60 percent of the chronic HBV burden. Left undiagnosed and untreated, one in four of those with chronic HBV infection will die prematurely from cirrhosis, liver failure, and/or liver cancer. The Committee also notes that the link between HBV infection and primary liver cancer is well established, with up to 60 percent of global liver cancer cases caused by HBV. The Committee requests that OD ensure that NCI, NIAID, NIMHD, and NIDDK coordinate their strategic research agendas to work toward finding a cure for HBV. The Committee further requests an update on these efforts be included in the fiscal year 2019 CJ.

Imaging.—The Committee notes that imaging research occurs in multiple Institutes throughout the NIH and is an integral component of the Cancer Moon Shot, the Precision Medicine Initiative, and the BRAIN Initiative. The Committee requests that the Director produce an overview of imaging research across the NIH, including in the focused research fields mentioned above, and assess the quality of interactions in imaging research within NIH, and report the results in the fiscal year 2019 CJ.

Induced Pluripotent Stem Cell [iPSC] Technology.—The Committee understands that unlike the controversy linked with embryonic stem cells, iPSCs are derived from adult skin cells making them an acceptable alternative therapeutic. iPSCs have many of the therapeutic properties of embryonic stem cells, but with the additional advantage that they can be derived from patient skin cells for personalized medicine. This establishes iPSCs as a source of cells with great value and potential for curing human disease and injury. iPSCs could potentially be used to treat a wide range of human disease, repair damaged tissue (regenerative medicine), and serve as a platform to develop new therapeutics (small molecule drugs). However, the Committee notes that additional basic research is essential to realize the full biomedical potential of this technology. The Committee encourages NIH to support basic research in this area that leads to pre-clinical trials, cures, diagnostics, and treatments. The Committee requests an update in the fiscal year 2019 CJ on expansion opportunities being considered related to iPSC technology.

Inflammatory Bowel Diseases [IBD].—The Committee is concerned with the increasing prevalence of IBD. The Committee urges the Director's office to utilize an overarching mechanism, such as the Common Fund, to study the cause of this increase in prevalence, including environmental triggers and epigenetics.

Interagency Pain Research.—Consistent with the Comprehensive Addiction and Recovery Act (Public Law 114–198), the Committee encourages the Director to intensify and coordinate fundamental, translational, and clinical research of the NIH with respect to the understanding of pain, the discovery and development of therapies for chronic pain, and the development of alternatives to opioids for effective pain treatments. In doing so, the Committee urges the NIH to consider recommendations of the Federal Pain Research Strategy. The Committee requests an update in the fiscal year 2019 CJ on this initiative.

Lymphatic System.—The Committee supports building on the momentum of the 2015 NIH Lymphatic Symposium by growing the cadre of lymphatic researchers through the establishment of extramural interdisciplinary research training programs relevant to the lymphatic system in health and disease and by incorporating more reviewer expertise in lymphatic biology/disease in the pertinent standing study sections within the Center for Scientific Review. This research will be instrumental in understanding the pivotal role of the lymphatic system in the pathogenesis and/or treatment of cancer metastasis, AIDS, auto-immune diseases, obesity, cardiovascular disease, and organ transplantation as well as those affected by lymphatic conditions after cancer or those with congenital conditions.

Mitochondrial Disease Research.—The Committee understands that no less than 17 Institutes and offices are involved in a variety of research efforts related to mitochondrial disease and dysfunction. The Committee appreciates the NIH's support of the trans-NIH Mitochondrial Disorders Working Group, the North American Mitochondrial Disease Consortium, the Mitochondrial Disease Sequence Data Resource Consortium, and its support for investigator initiated intramural and extramural studies, and urges the NIH to expand upon its November 2016 research agenda on nutritional interventions in primary mitochondrial disorders. The Committee understands that the NIH has established the Environmental influences on Child Health Outcomes program, which supports longitudinal studies to investigate the effects of environmental exposures—in conjunction with genetic influences—on children's health and development. The Committee encourages the Director to explore whether the longitudinal cohort studies included within ECHO can shed light on any of the mitochondrial diseases occurring in children. The Committee further encourages the Director to competitively fund basic and clinical research on mitochondrial disease.

Mucopolysaccharide [MPS].—MPS diseases are inherited, with death occurring for many in early childhood. This systemic disease causes progressive damage to the bones, heart, respiratory system, and brain. The Committee continues to urge NIH to put a high priority on better understanding and treating MPS and mucopolipidosis diseases. The Committee commends NIH for allocating funds to

discover, develop, define, and make available for research animal models of human genetic disease. The Committee encourages expanded research of treatments for neurological, chronic inflammation, cardiovascular and skeletal manifestations of MPS, with an emphasis on gene therapy. The Committee thanks NINDS, NIDDK, and ORDR for funding the Lysosomal Disease Network through the Rare Disease Clinical Network and for funding lysosomal research meetings. The Committee encourages the NIH to increase funding to grantees to incentivize MPS research, particularly given the aging and small population of current researchers. Understanding the manifestations and treatments of both the skeletal and neurological disease continues to be the greatest areas of unmet need.

National Laboratories.—NIH is encouraged to enter into collaborative research programs with the Secretary of Energy, National Laboratories, and others determined to be appropriate by the Director, to utilize the broader scientific and technological capabilities of the Department of Energy [DOE] and National Laboratories. In particular, DOE and NIH should work together to support access for biomedical researchers to cutting-edge technology resources.

Neurofibromatosis [NF].—The Committee supports efforts to increase funding and resources for NF research and treatment at multiple Institutes, including NCI, NINDS, NIDCD, NHLBI, NICHD, NIMH, NCATS, and NEI. Children and adults with NF are at significant risk for the development of many forms of cancer; the Committee encourages NCI to increase its NF research portfolio in fundamental basic science, translational research, and clinical trials focused on NF. The Committee also encourages NCI to support NF centers, clinical trials consortia, preclinical mouse models consortia, and associated tumor sequencing efforts. Because NF causes brain and nerve tumors and is associated with cognitive and behavioral problems, the Committee urges NINDS to continue to aggressively fund fundamental basic science research on NF relevant to nerve damage and repair. Based on emerging findings from numerous researchers worldwide demonstrating that children with NF are at significant risk for autism, learning disabilities, motor delays, and attention deficits, the Committee encourages NINDS, NIMH, and NICHD to expand their investments in laboratory-based and clinical investigations in these areas. Since NF2 accounts for approximately 5 percent of genetic forms of deafness, the Committee encourages NIDCD to expand its investment in NF2 basic and clinical research. NF1 can cause vision loss due to optic gliomas. The Committee encourages NEI to expand its investment in NF1 basic and clinical research.

Next Generation Researchers Initiative.—The Committee supports robust implementation of the Next Generation Researchers Initiative within the Office, as established in the 21st Century Cures Act, and is encouraged by NIH's continued work in this space. The Committee directs NIH to prioritize improving opportunities for our next generation of researchers by working through the Initiative to coordinate all current and new NIH policies to promote opportunities for new scientists and earlier research independence, including enhancing training and mentorship programs for researchers, and enhancing workforce diversity. As required by the

21st Century Cures Act, the Committee directs NIH to consider the recommendations made by the National Academies of Science study under Public Law 114–113 in carrying out the activities of the Initiative.

Pediatric Clinical Trials.—The Committee supports the pediatric clinical trials conducted under the Best Pharmaceutical Practices for Children Act [BPCA], and strongly encourages the NIH to continue to support this program. BPCA has made significant steps in closing the knowledge gap on the efficacy of drugs being used on children and encourages enhanced coordination of BPCA activities with other NIH pediatric research and initiatives, including, but not limited to, pediatric cancer, the pediatric MATCH study, muscular dystrophy, the IDeA States Pediatric Clinical Trials Network Program, and the *All of Us* Precision Medicine Initiative. The Committee requests an update in the fiscal year 2019 CJ on the status of research related to this topic.

Phelan-McDermid Syndrome.—Phelan-McDermid Syndrome is a genetic disorder caused by a partial deletion of chromosome 22 and loss of the SHANK3 gene. The Committee continues to support a multi-Institute approach to support research into Phelan-McDermid Syndrome, examining in particular the disorder’s correlation with autism, epilepsy and other developmental disabilities. The Committee requests an update in the fiscal year 2019 CJ on the status of research related to this topic.

Population Health Training.—The Committee acknowledges the growing understanding that the living systems that produce health and disease encompass health determinants “from cells to society.” The Office of Behavioral and Social Science Research should continue to work with NIH Institutes and Centers to encourage interdisciplinary population health science training to enhance our understanding of how social, cultural, genetic, biological, and environmental factors combine to influence outcomes in health and human development.

Rehabilitation Research.—The Committee encourages NIH to fully implement Section 2040 of the 21st Century Cures Act to enhance the stature, visibility, and coordination of medical rehabilitation research conducted at NIH. The Committee is encouraged by the release of NIH’s new Rehabilitation Research Plan, looks forward to reviewing its first annual progress report, and is encouraged by its ongoing efforts to ensure that reporting of rehabilitation research is consistent with the definition of “rehabilitation research” included in the legislation.

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, scientists must have access to appropriate research facilities. Therefore, \$25,000,000 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.

Sleep Disorders.—The Committee recognizes sleep disorders as a serious public health concern. Sleep disorders affects approximately 70,000,000 Americans and contribute to lost productivity, increase the risk for accidents, and are associated with other chronic illnesses, such as hypertension and mental health conditions. The Committee encourages the NIH to advance the work of the National Center on Sleep Disorders Research, which coordinates research activities across Institutes and Centers. The Committee also encourages NIH to facilitate implementation of the ongoing NIH Sleep Disorders Research Plan.

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

Temporomandibular Disorders [TMD].—The Committee understands that NIH-funded research has demonstrated that temporomandibular disorders [TMD] are primarily a multisystem disorder with overlapping conditions influenced by multiple biological and environmental factors rather than solely an orofacial pain condition. However, diagnosis and care of patients have not changed to reflect this major paradigm shift, with many patients continuing to receive treatments solely focused on teeth and jaws. Moreover, the medical community lacks education regarding the complexity and systemic aspects of TMD as well as its many comorbid medical conditions. Patients are treated by a multitude of practitioners across numerous disciplines with treatments that have the potential to cause harm. To address these issues, the Committee requests that NIH provide an update on the state of TMD research, activities related to TMD education, and clinical studies of TMD in the fiscal year 2019 CJ.

Trans-NIH Working Group on Fibrosis.—The Committee recognizes that fibrosis can occur across body systems and applauds NIH for establishing a trans-NIH working group on fibrosis. The Committee encourages NIH to continue the cross-cutting coordination of research between ICs in this area.

Trauma Research.—To ensure that our Nation's trauma response network and workforce remain adequately prepared, the Committee recommends an increased focus by NIH on trauma research, including to establish a NIH-led trauma research agenda coordinated with the extensive, and often groundbreaking, DOD activities on trauma. This research is critical to minimize the loss of human life, disability, and injury by ensuring that patient-specific trauma care is based on scientifically validated findings.

Trisomy 21.—The Committee recognizes that the presence of a third copy of human chromosome 21 may be linked to significant immune dysregulation and Alzheimer's disease, while protecting against most cancers and cardiovascular disease among individuals with Down syndrome. The Committee strongly encourages NIH to

pursue an initiative on this topic that will yield scientific learnings that could significantly improve the health of individuals with Down syndrome as well as millions of typical individuals.

BUILDINGS AND FACILITIES

Appropriations, 2017	\$128,863,000
Budget estimate, 2018	98,615,000
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.

NIH INNOVATION ACCOUNT, CURES ACT

Appropriations, 2017	\$52,000,000
Budget estimate, 2018	110,000,000
Committee recommendation	110,000,000

The Committee recommendation includes \$110,000,000 to be spent from the NIH Innovation Account for the following activities:
All of Us.—\$100,000,000.

Regenerative Medicine.—\$10,000,000.

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

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Committee recommends \$3,777,592,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA]. The recommendation includes \$133,667,000 in transfers available under section 241 of the PHS Act and \$12,000,000 in transfers from the PPH Fund.

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

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

The Committee recommendation continues bill language that instructs the 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 2018.

MENTAL HEALTH

Appropriations, 2017	\$1,181,037,000
Budget estimate, 2018	912,347,000
Committee recommendation	1,181,037,000

The Committee recommends \$1,181,037,000 for mental health services. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act and \$12,000,000 in transfers from the PPH Fund. Included in the recommendation is funding for programs of regional and national significance [PRNS], the MHBG, children's mental health services, Projects for Assistance in Transition from Homelessness [PATH], and Protection and Advocacy for Individuals with Mental Illness [PAIMI].

Programs of Regional and National Significance

The Committee recommends \$398,659,000 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 2017 appropriation	Fiscal year 2018 request	Committee recommendation
CAPACITY:			
Seclusion & Restraint	1,147	1,145	1,147
Youth Violence Prevention		23,055	
Project AWARE State Grants	57,001		57,001
Mental Health First Aid	14,963		14,963
Healthy Transitions	19,951		19,951
National Traumatic Stress Network	48,887	46,798	48,887
Children and Family Programs	7,229	6,446	7,229
Consumer and Family Network Grants	4,954	4,945	4,954
MH System Transformation and Health Reform	3,779	3,772	3,779
Project LAUNCH	23,605	34,489	23,605
Primary and Behavioral Health Care Integration	49,877		49,877
Suicide Prevention			
National Strategy for Suicide Prevention	11,000	1,996	11,000
Zero Suicide	7,000		7,000
American Indian and Alaska Native set-aside ..	2,000		2,000
Suicide Lifeline	7,198	7,184	7,198
GLS—Youth Suicide Prevention—States	35,427	35,382	35,427
GLS—Youth Suicide Prevention—Campus	6,488	6,476	6,488
AI/AN Suicide Prevention Initiative	2,931	2,925	2,931
Homelessness Prevention Programs	30,696	30,638	30,696
Tribal Behavioral Grants	15,000	14,971	15,000
Minority AIDS	9,224	4,206	9,224
Criminal and Juvenile Justice Programs	4,269	4,261	4,269
Assisted Outpatient Treatment	15,000	14,971	15,000
Assertive Community Treatment for Ind. With SMI		5,000	
SCIENCE AND SERVICE:			
GLS—Suicide Prevention Resource Center	5,988	5,977	5,988
Practice Improvement and Training	7,828	7,813	7,828
Primary and Behavioral Health Care Integration TA	1,991		1,991
Consumer & Consumer Support TA Centers	1,918	1,914	1,918
Minority Fellowship Program	8,059	8,044	8,059
Disaster Response	1,953	1,949	1,953
Homelessness	2,296	2,292	2,296
HIV/AIDS Education		770	

Infant and Early Childhood Mental Health.—The Committee recognizes the importance of building mental health services for children under age 6, particularly infants and toddlers whose unique needs are often overlooked. Early mental health prevention, identification, and treatment may reduce the need for treatment later in life when it becomes more difficult, time intensive, and expensive. The Committee encourages SAMHSA to explore opportunities to expand these efforts.

Mental Health First Aid.—The Committee is pleased with the progress of Mental Health First Aid. In issuing new competitive funding opportunities SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to prioritize training for veterans, armed services personnel, and their family members within the Mental Health First Aid program.

Practice Improvement and Training.—The Committee recognizes the critical need for programs such as Rehabilitation Research and Training Centers, which advance the current knowledge base of the mental health delivery system by supporting evaluation, training, technical assistance, and knowledge translation activities that help adults with serious mental health conditions achieve their life goals.

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

Project AWARE.—The Committee continues to fund Project AWARE which increases awareness of mental health issues and connects young people that have behavioral health issues and their families with needed services. Of the amount provided for Project AWARE, the Committee directs SAMHSA to use \$10,000,000 for discretionary grants to support efforts in high-crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of civil unrest. These grants should maintain the same focus as fiscal year 2017 grants. The Committee requests a report on progress of fiscal year 2017 grantees 180 days after the enactment of this act.

Community Mental Health Services Block Grant

The Committee recommends \$562,571,000 for the MHBG. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act.

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

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

with NIMH on the implementation of this set-aside. The Committee notes that it usually takes 14–17 years to translate research findings into practice and hopes that the joint effort between NIMH and SAMHSA may be a model for how to reduce this timeframe. The Committee directs SAMHSA to continue its collaboration with NIMH to ensure that funds from this set-aside are only used for programs showing strong evidence of effectiveness and that target the first episode of psychosis. SAMHSA shall not expand the use of the set-aside to programs outside of the first episode psychosis. The Committee directs SAMHSA to include in the fiscal year 2019 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 \$119,026,000 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. The Committee includes a 10 percent set-aside for an early intervention demonstration program with persons not more than 25 years of age at clinical high risk of developing a first episode psychosis. SAMHSA is directed to work with NIMH on the implementation of this set-aside.

Projects for Assistance in Transition From Homelessness

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

Protection and Advocacy for Individuals With Mental Illness

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

SUBSTANCE ABUSE TREATMENT

Appropriations, 2017	\$2,212,506,000
Budget estimate, 2018	2,196,435,000
Committee recommendation	2,212,506,000

The Committee recommends \$2,212,506,000 for substance abuse treatment programs, including PRNS and the substance abuse prevention and treatment block grant to the States. The recommendation includes \$81,200,000 in transfers available under section 241 of the PHS Act.

Programs of Regional and National Significance

The Committee recommends \$354,427,000 for PRNS within the Center for Substance Abuse Treatment [CSAT]. The recommendation includes \$2,000,000 in transfers available under section 241 of the PHS Act.

PRNS include activities to increase capacity by implementing service improvements using proven evidence-based approaches as well as science-to-services activities that promote the identification of practices thought to have potential for broad service improvement.

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

[In thousands of dollars]

Budget activity	Fiscal year 2017 appropriation	Fiscal year 2018 request	Committee recommendation
CAPACITY:			
Opioid Treatment Programs/Regulatory Activities	8,724	8,708	8,724
Screening, Brief Intervention, Referral, & Treatment	30,000	46,804	30,000
Target Capacity Expansion	67,192	36,234	67,192
Medicated Assisted Treatment for Prescription Drug and Opioid Addiction (non-add)	55,800	24,952	55,800
Pregnant & Postpartum Women	19,931	19,931	19,931
Recovery Community Services Program	2,434	2,429	2,434
Children and Families	29,605	29,549	29,605
Treatment Systems for Homeless	36,386	41,225	36,386
Minority AIDS	65,570	65,445	65,570
Criminal Justice Activities	78,000	77,852	78,000
Improving Access to Overdose Treatment	1,000	.....	1,000
Building Communities of Recovery	3,000	1,000	3,000
SCIENCE AND SERVICE:			
Addiction Technology Transfer Centers	9,046	9,029	9,046
Minority Fellowship Program	3,539	3,532	3,539

Building Communities of Recovery.—The Committee appreciates SAMHSA’s implementation of new funding for communities of recovery in fiscal year 2017 and continues to encourage SAMHSA to promote the expansion of recovery support services as well as reduce stigma associated with addictions.

Combating Opioid Abuse.—Of the amount provided for Targeted Capacity Expansion, the Committee includes \$55,800,000 for discretionary grants to States for the purpose of expanding treatment services to those with heroin or opioid dependence. The Committee continues to direct CSAT to ensure that these grants include as an allowable use the support of medication assisted treatment and other clinically appropriate services. These grants should target States with the highest age adjusted rates of admissions and that have demonstrated a dramatic age adjusted increase in admissions for the treatment of opioid use disorders.

Drug Courts.—SAMHSA is directed to ensure that all drug treatment court funding is allocated to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA is further directed to ensure that all drug treatment court grant recipients work directly with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the

grant. SAMHSA should expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.

Handheld Analyzers.—The Committee understands the role played by handheld drug analyzers, particularly for police officers and other first responders. These instruments can identify various drugs and assist first responders in treatment referral. They also keep officers safe by minimizing the exposure to toxic drugs, while reducing the overall cost and backlog of cases at crime labs. The Committee encourages SAMHSA to support the use of block grant funds and funds authorized under section 1003 of the 21st Century Cures Act for handheld analyzers. SAMHSA shall provide an update on these efforts in the fiscal year 2019 CJ.

Oral Fluid Guidelines.—The Committee is pleased with SAMHSA's recommendation of oral fluid as an alternative specimen for drug testing and commends SAMHSA for the progress made on issuing oral fluid guidelines for the Federal Workplace Drug Testing Programs. The Committee encourages SAMHSA to publish the guidelines expeditiously and to implement the guidelines in partnership with stakeholders and other agencies.

Peer Counseling.—The Committee is aware of the benefits of peer-to-peer programs to assist in addiction treatment and counseling, and encourages SAMHSA's continued support for this approach. However, the Committee also believes that it is important for people suffering from addiction and substance abuse to have access to peer counseling and connection to community resources in hospital settings. Accordingly, the Committee encourages SAMHSA to support counseling and addiction recovery programs focused on clinical medical providers to engage peer-to-peer counseling support and services in inpatient hospital and emergency department settings.

Pregnant & Postpartum Women.—The Committee continues to support the continuation of the pilot program for State substance abuse agencies to address identified gaps in the continuum of care furnished to pregnant and postpartum women. The Committee encourages the Department to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders.

School-based Opioid Prevention.—When awarding opioid research and response grants, the Committee encourages SAMHSA, in coordination with CDC, to include school-based intervention programs that provide parents and teachers with the knowledge to monitor students and provide an opportunity for early intervention. Further, SAMHSA is encouraged to include screening and referral to treatment for primary, middle and high school students and young adults at universities and to put in place support systems to help prevent influence from drug-using peers.

State Targeted Response to the Opioid Abuse Crisis Grants.—The Committee continues to provide \$500,000,000 for State Targeted Response Grants [STR], for a total of \$1,000,000,000 in the past two fiscal years. The Committee encourages HHS to ensure that these grants are focused on activities that can continue to provide opioid related treatment and abuse prevention services after Federal funding has ended. It is critical that the Federal and state re-

sponse to this epidemic continues to prioritize local efforts to support communities facing unmet opioid treatment, prevention, and recovery needs. The Committee strongly encourages HHS and SAMHSA to refrain from any action that would require States and Territories to resubmit a grant proposal for the second year of State grant funding. By doing so, States could reduce administrative burdens and the Department could focus on promoting and implementing already approved plans. The Committee directs the agency to ensure States provide funds directly to local communities and counties to address the opioid crisis in areas of unmet need, and to report the Committee on such plans 1 year after enactment. SAMHSA is also directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to rural and underserved communities and providers in addressing this crisis. Further, the Committee is concerned that SAMHSA has restricted State flexibility for addressing the opioid crisis by limiting the amount of funding that can be used for opioid prevention activities.

Treatment Facility Expansion.—The Committee is deeply concerned about the devastating impact that the opioid epidemic is having on families and communities throughout the country and recognizes the need to increase access to treatment facilities. The Committee requests that SAMHSA explore ways that grantees could access Federal funding for the capital costs of new treatment facilities, including planning, construction, repair, preventive maintenance, environmental support, improvement, extension, alteration, purchase of fixed equipment or facilities, as well as the acquisition of land. SAMHSA shall provide an update on these efforts, including any recommendations, in the fiscal year 2019 CJ.

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

Substance Abuse Prevention and Treatment Block Grant

The Committee recommends \$1,858,079,000 for the Substance Abuse Prevention and Treatment Block Grant [SABG]. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act. According to SAMHSA, at discharge from SABG funded programs, 70 percent of individuals demonstrate abstinence from illegal drugs and 83 percent demonstrate abstinence from alcohol use. The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

SUBSTANCE ABUSE PREVENTION

Appropriations, 2017	\$223,219,000
Budget estimate, 2018	149,703,000
Committee recommendation	238,219,000

The Committee recommends \$238,219,000 for the Center for Substance Abuse Prevention [CSAP], the sole Federal organization with responsibility for improving accessibility and quality of substance abuse prevention services.

The Committee directs that all of the money appropriated explicitly for Substance Abuse Prevention purposes both in CSAP's PRNS lines as well as the funding from the 20 percent prevention set-aside in the SABG be used only for bona fide substance abuse prevention activities and not for any other purpose to ensure the work in school-based settings is as robust as possible.

Programs of Regional and National Significance

The Committee provides \$238,219,000 for PRNS within CSAP. Through these programs, CSAP supports: development of new practice knowledge on substance abuse prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity building for implementation of proven, effective substance abuse prevention programs; and programs addressing new needs in the prevention system.

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

[In thousands of dollars]

Budget activity	Fiscal year 2017 appropriation	Fiscal year 2018 request	Committee recommendation
CAPACITY:			
Strategic Prevention Framework/Partnership for Success	109,484	48,427	109,484
Strategic Prevention Framework Rx	10,000	10,000	10,000
Grants to Prevent Prescription Drug/Opioid Overdose	12,000	11,977	12,000
First Responder Grants	12,000	12,000	12,000
Opioid Prevention Grants			15,000
Mandatory Drug Testing	4,894	4,885	4,894
Minority AIDS	41,205	28,843	41,205
Sober Truth on Preventing Underage Drinking (STOP Act) ..	7,000	6,986	7,000
National Adult-Oriented Media Public Service Cam-			
paign	1,000		1,000
Community-based Coalition Enhancement Grants	5,000		5,000
ICCPUD	1,000		1,000
Tribal Behavioral Health Grants	15,000	14,971	15,000
SCIENCE AND SERVICE:			
Center for the Application of Prevention Technologies	7,493	7,479	7,493
Science and Service Program Coordination	4,072	4,064	4,072
Minority Fellowship Program	71	71	71

Alternatives to Opioids.—The Committee is aware of programs that provide innovative approaches to preventing opioid addiction and dependency by using evidenced-based treatment options and alternatives to the uses of opioids. The Committee is encouraged that these programs can help reduce dependence on opioids and encourages SAMHSA to develop and disseminate best practices in preventing opioid abuse.

Combating Opioid Abuse.—The Committee provides \$12,000,000 for grants to prevent opioid overdose related deaths. As part of the initiative to combat opioid abuse, this program will help States equip and train first responders and other community partners

with the use of devices that rapidly reverse the effects of opioids. The agreement also provides \$12,000,000 for First Responder Training grants. Of this amount, \$6,000,000 is set aside for rural communities with high rates of substance abuse. SAMHSA is directed to ensure applicants outline how proposed activities in the grant would work with treatment and recovery communities in addition to first responders. Furthermore, the Committee provides \$10,000,000 for the Strategic Prevention Framework Rx program to increase awareness of opioid abuse and misuse in communities.

Opioid Prevention Grants.—The Committee understands that efforts to address the opioid crisis must include community-based strategies to prevent opioid abuse. Therefore, the bill provides \$15,000,000 for a new opioid prevention program. SAMHSA shall award opioid prevention grants to communities and community coalitions based on the current state of evidence-based and promising practices. Of the amounts provided, the Committee directs that no more than \$1,000,000 be used to conduct an evaluation of these grants to determine effectiveness. Further, the Committee directs SAMHSA to continue providing technical assistance to communities and coalitions by developing and distributing a list of best practices to prevent opioid abuse. SAMHSA is directed to work with NIDA, other Federal agencies, appropriate stakeholder groups, and States, in implementing these grants and developing best practices. Furthermore, SAMHSA should update this list based on new research findings, including the evaluation of the opioid prevention program grants.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriations, 2017	\$148,258,000
Budget estimate, 2018	132,348,000
Committee recommendation	145,830,000

The Committee recommends \$145,830,000 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 2017 appropriation	Fiscal year 2018 request	Committee recommendation
Health Surveillance	47,258	33,842	47,258
Program Management	77,000	73,043	76,000
Performance & Quality Information Systems	10,000	12,893	10,000
Public Awareness and Support	13,000	11,572	11,572
Behavioral Health Workforce Data	1,000	1,000	1,000

Methamphetamine Abuse.—The Committee requests that SAMHSA, in partnership with the National Center for Health Statistics at CDC, investigate the establishment of a comprehensive survey of the rates of methamphetamine abuse and its related indicators. Such a survey would include rates of methamphetamine use, treatment admissions due to methamphetamine use, rates of overdose and mortality, incidence of births of methamphetamine-addicted infants, interactions with law enforcement and child protective services related to methamphetamine use, and any other indicators recommended by SAMHSA and CDC. The Committee requests an update on the feasibility of such a survey in the fiscal year 2019 CJ.

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.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2017	\$324,000,000
Budget estimate, 2018	
Committee recommendation	324,000,000

The Committee provides \$324,000,000 for the Agency for Healthcare Research and Quality [AHRQ], which is combined with the \$106,500,000 in mandatory funding from the Patient-Centered Outcomes Research Trust Fund. AHRQ was established to enhance the quality, appropriateness, and effectiveness of health services, as well as access to such services. AHRQ conducts, supports, and disseminates scientific and policy-relevant research on topics such as promoting high-quality care, eliminating healthcare disparities, using information technology, and evaluating the effectiveness of clinical services.

HEALTH COSTS, QUALITY, AND OUTCOMES

The Committee provides \$187,156,000 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 2017 appropriation	Fiscal year 2018 request	Committee recommendation
Research on Health Costs, Quality, and Outcomes:			
Prevention/Care Management	11,649	.....	11,649
Health Information Technology	16,500	.....	16,500
Patient Safety Research	70,276	.....	70,276
Health Services Research, Data and Dissemination	88,731	.....	88,731

Diagnostic Quality & Safety.—The Committee is concerned about the lack of dedicated research into improving how we diagnose medical conditions, especially given the magnitude of the public

health burden of diagnostic failures that lead to patient harm. According to the 2015 report, “Improving Diagnosis in Healthcare”, from the National Academy of Sciences, Engineering, and Medicine [NASEM], diagnostic errors have been a “blind spot” for health care delivery and improving diagnosis is a pressing “moral, professional, and public health imperative.” The Committee requests that AHRQ convene a cross-agency working group that will propose a strategy to enhance scientific research to improve diagnosis in healthcare, as outlined in the 2015 NASEM report. This should include a review of current research, as well as consideration of opportunities for public-private partnerships and the development of centers of excellence to propel research forward to improve diagnostic quality and safety while reducing healthcare costs. The Committee requests this information be provided in the fiscal year 2019 CJ.

Evidence-Based Practice.—The Committee encourages AHRQ to include in its research portfolio a focus on disabilities and chronic conditions, including disability as a health disparity. The Committee encourages AHRQ to use all three levels of evidence stratification and assessment recognized by the U.S. Preventative Services Task Force and recognize that the absence of randomized controlled trials does not equate to the absence of evidence. Similarly, the Committee encourages AHRQ to recognize that the inability to draw conclusions about the comparative effectiveness of a treatment does not mean the treatment is ineffective.

Health IT Safety.—The Committee recommendation includes \$16,500,000 for AHRQ’s work on safe health IT practices specifically related to the design, implementation, usability, and safe use of health IT systems. The Committee believes this investment will generate new evidence regarding safe health IT practices that will ultimately be used by ONC, FDA, CMS, and others to inform policy interventions.

Health Services Research.—Health services research provides decisionmakers critical information to improve health care quality, increase efficiency, and inform personal health care choices. The Committee does not support the administration’s proposal to consolidate AHRQ into the NIH and instead continues to fund the agency as an independent operating division within the Department. However, the Committee is concerned that AHRQ and the other Federal agencies conducting health services research do not sufficiently coordinate their efforts to optimize Federal investments in this science. The recommendation includes \$1,000,000 for AHRQ to contract with an independent entity to study health services research supported by Federal agencies since fiscal year 2012. This study should identify research gaps and areas for consolidation, as well as propose strategies for better coordination of the Federal health services research enterprise. The Committee requests a report on the findings of this study to the Committee not later than 180 days after the enactment of this act.

Healthcare-Associated Infections.—Within the Patient Safety portfolio, the Committee provides \$36,000,000, the same level as in fiscal year 2017, 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.

Healthcare Delivery Systems.—Within the Patient Safety portfolio, the Committee includes \$10,000,000 for Healthcare Delivery Systems grants, or “patient safety learning labs.” The purpose of these grants is to test new ways of addressing entrenched patient safety issues by using a systems engineering approach.

Investigator-Initiated Research.—The Committee reiterates its strong support for investigator-initiated research and believes this research should not target any specific area of health services research but should reflect the best unsolicited ideas from the research community. The Committee is aware that enhanced utilization of independent academic medical centers could lead to innovative and pragmatic solutions that improve clinical practices.

U.S. Preventative Services Task Force [USPSTF].—The Committee notes the USPSTF’s inclusion of additional stakeholders and physician experts during its recent process for drafting the updated prostate cancer screening recommendation. However, the Committee remains concerned about the lack of transparency in the process and directs the USPSTF to include a description of comments received on the draft recommendation statement and relevant recommendations of other Federal agencies and organizations in any final recommendation.

MEDICAL EXPENDITURES PANEL SURVEYS

The Committee provides \$66,000,000 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 \$70,844,000 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, 2017	\$262,003,967,000
Budget estimate, 2018	284,798,384,000
Committee recommendation	284,798,384,000

The Committee recommends \$284,798,384,000 in mandatory funding for Grants to States for Medicaid.

The fiscal year 2018 recommendation excludes \$125,219,452,000 in fiscal year 2017 advance appropriations for fiscal year 2018. As requested by the administration, \$134,847,759,000 is provided for the first quarter of fiscal year 2019.

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, 2017	\$299,187,700,000
Budget estimate, 2018	323,497,300,000
Committee recommendation	323,497,300,000

The Committee recommends \$323,497,300,000 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 \$245,396,000,000 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 \$76,133,000,000 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 \$422,000,000 to be transferred to the Supplementary Insurance Trust Fund as the general fund share of Part D administrative expenses. The Committee recommendation includes \$307,000,000 in reimbursements to the Health Care Fraud and Abuse Control [HCFAC] fund, which reflects the portion of the HCFAC spending to be reimbursed by the General Fund.

PROGRAM MANAGEMENT

Appropriations, 2017	\$3,669,744,000
Budget estimate, 2018	3,587,996,000
Committee recommendation	3,669,744,000

The Committee recommends \$3,669,744,000 for CMS program management, which includes funding for research, program operations, survey and certification programs, and Federal administration.

Research, Demonstrations and Evaluations.—The Committee recommends \$20,054,000 for research, demonstrations, and evaluation activities.

Program Operations

The Committee recommends \$2,519,823,000 for the Program Operations account, which covers a broad range of activities including claims processing and program safeguard activities performed by

Medicare contractors. These contractors also provide information, guidance, and technical support to both providers and beneficiaries.

ACA Notifications.—The Committee continues bill language requiring the administration to provide detailed enrollment figures to the Committees on Appropriations of the House of Representatives and the Senate not less than two full business days before any public release of the information.

Access to Mental Health Care.—The Committee strongly urges CMS to pursue initiatives that expand access to quality care and increase parity for mental health services.

Adverse Drug Events.—To improve patient safety and the efficiency of the Medicare Program, the Committee encourages CMS to prioritize the adoption of approved quality measures related to drugs that are associated most frequently with adverse drug events that may result in significant patient harm in the over 65 population. This should be consistent with the Department’s National Action Plan for Adverse Drug Event Prevention.

Caregiver Counseling and Supportive Services.—The Committee is aware of a body of evidence that suggests defined counseling and supportive services delivered to family (non-paid) caregivers of Medicare beneficiaries with Alzheimer’s disease and dementia can substantially delay beneficiary placement in an institutional care setting and reduce Federal expenditures associated with such care. The Committee is concerned about the current and anticipated Medicare and Medicaid costs associated with Alzheimer’s disease and recommends that CMS, in consultation with ACL, consider a pilot or demonstration program to evaluate the impact of such evidence-based Alzheimer’s caregiver support models could have on the Medicare and Medicaid programs.

CT Colonography.—Due to the proven life and cost-savings of preventative screening for colorectal cancer, the Committee encourages CMS to consider covering CT Colonography as a Medicare-covered colorectal cancer screening test under section 1861(pp)(1) of the Social Security Act.

Diabetes Prevention and Telehealth.—The Committee commends CMS’s 2017 announcement that the Center for Medicare and Medicaid Innovation will test virtual care for the Medicare Diabetes Prevention Program. The Committee encourages CMS to consider additional ways in which Medicare will cover remote patient monitoring and urges CMS to evaluate how telehealth can be an effective way to prevent and manage diabetes and other chronic diseases, specifically for beneficiaries in rural settings and for those without access to specialized chronic disease care.

Direct and Indirect Remuneration Fees.—The Committee is concerned about the dramatic increase of pharmacy direct and indirect remuneration [DIR] fees in Medicare Part D. The Committee requests a report from CMS within 180 days after enactment of this act on how to best address this issue, including consideration of options to require that all DIR fees be accounted for a point of sale; as part of negotiated price; and that any incentive fees be paid separately.

Electrodiagnostic [EDX] Tests.—The Committee appreciates that CMS provided additional guidance regarding the recommendations in the 2014 OIG Report: “Questionable Billing for Medicare

Electrodiagnostic Tests.” The Committee notes that utilization of codes for EDX testing continues to increase and remains interested in comprehensive solutions that advance quality care and cost savings by ensuring patients do not receive unnecessary EDX tests.

Falls Prevention.—The Committee recognizes the importance of injury prevention in seniors and the impact that falls can have on morbidity and mortality, as well as the rising aging population in the United States. The Committee also recognizes the significant positive outcomes in terms of averted morbidity and mortality, as well as cost savings, from models such as the Community Aging in Place—Advancing Better Living for Elders [CAPABLE] program. Funded through the Center for Medicare and Medicaid Innovation’s Health Care Innovation Awards, the CAPABLE program utilized occupational therapists, nurses, and home repair handymen to focus on beneficiary-directed home functional improvements, with the aim of delaying entry to skilled nursing facilities. The Committee encourages CMS to look for opportunities to test models related to injury and fall prevention.

Fraudulent Billing.—During fiscal year 2018, the Committee encourages CMS to investigate diagnostic laboratories’ use of a fraudulent billing practice commonly known as fee forgiveness schemes and evaluate what role the agency can have in minimizing this practice. These illegal practices can often result in increased Medicare and Medicaid expenditures and can cause undue burden on our Nation’s healthcare system.

Graduate Medical Education.—The Committee recommends that the Comptroller General of the United States conduct a study on the potential of making graduate medical education payments under the Medicare program for mid-level health providers (such as physician assistants and nurse practitioners) to allow physicians and other health care providers to perform to their full scope of practice; and to identify the current, actual costs involved in training residents in different residency specialty types. The Comptroller General shall provide the report within one year of the enactment of this act and shall consult with the Committees on Appropriations of the House of Representatives and the Senate as well as the Senate Finance Committee and House Committee on Ways and Means and keep the Committees apprised of progress quarterly.

Health Insurance Exchange Transparency.—The Committee continues bill language that requires CMS to provide cost information for the following categories: Federal Payroll and Other Administrative Costs; Exchange related Information Technology [IT]; Non-IT Program Costs, including Health Plan Benefit and Rate Review, Exchange Oversight, Payment and Financial Management, Eligibility and Enrollment; Consumer Information and Outreach, including the Call Center, Navigator Grants and Consumer Education and Outreach; Exchange Quality Review; Small Business Health Options Program [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 2019.

Immunization Information System Interoperability.—The Committee is aware that HHS has made HITECH funding available to support connectivity and interoperability between Medicaid providers and Immunization Information Systems [IIS]. The Committee encourages the Secretary to work with the Office of Management and Budget to evaluate how waiving match requirements, as applicable, may encourage many State and local health departments to take advantage of this funding opportunity. The Committee requests data from CMS on State and local health departments' expenditures on IIS interoperability within 18 months after enactment of this act.

Intrathecal Pain Pumps.—The Committee continues to be concerned that changes to Medicare billing practice may restrict patient access to intrathecal pain pumps as an option for pain management in States where the boards of pharmacy prohibit sale of compounded solutions from a pharmacist to a physician. The Committee looks forward to receiving the study requested in fiscal year 2017 of the effect of this billing practice change on patient access in these States.

Medicare Advantage.—The Committee continues to be concerned that the formula to determine Medicare Advantage reimbursement rates is calculated based on the per capita cost of coverage to beneficiaries enrolled in Medicare Part A and/or Part B. The Committee is concerned that CMS has not made progress on these payment adjustments, and encourages CMS to consider more accurate adjustments for fiscal year 2018.

Medicare Clinical Laboratory Fees.—Before finalizing implementation of the final regulation (CMS-1621-F) implementing the Protecting Access to Medicare Act of 2014, the Committee encourages CMS to continue to work with stakeholders to address data accuracy concerns and ensure that the reported data appropriately represents the full spectrum of laboratories, including hospital, independent, and physician-office laboratories, that are paid under the Medicare Clinical Laboratory Fee Schedule.

Medicare Prescription Drug Plan [PDP] Standardized Reporting.—The Committee requests CMS to provide an update in the 2019 CJ on how they plan to require standardized reporting by PDP sponsors of all price concession received from, and incentive payments made to, network pharmacies except those contingent price concessions or incentive payments that cannot reasonably be determined at the point of sale.

Plan Finder.—The Committee encourages CMS to enhance the Medicare Plan Finder web site to strengthen beneficiary's ability to shop for and choose plans that best meet their needs. CMS should consider improvements such as improving navigation on mobile devices, providing information on the estimated out-of-pocket costs for Medicare beneficiaries for common services, and providing searchable up-to-date provider network directories. The Committee encourages CMS to solicit input from relevant stakeholders to help inform and facilitate such changes. The Committee requests that an update of these efforts be provided in the fiscal year 2019 CJ.

Recovery Audit Contractors [RAC].—The Committee directs the Medicare appeals intra-agency working group to provide quarterly updates to the Committees on Appropriations of the House of Rep-

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. The quarterly updates should include a breakout of RAC and non-RAC claims, an update on RAC contracting and how new RAC requirements have affected the rate of appeals.

Risk Corridor Program.—The agreement continues bill language to prevent the CMS Program Management appropriation account from being used to support risk corridor payments. The agreement directs CMS to provide a report starting with plan year 2014 and continuing through the duration of the program to the Committees on Appropriations of the House of Representatives and the Senate detailing the receipts and transfer of payments for the Risk Corridor Program.

Rural Health.—While nearly a quarter of the U.S. population lives in rural areas, access to CAHs continues to be a challenge for many residents as these hospitals face significant financial challenges. The majority of rural residents are older, poorer, and less likely to have employer sponsored health plans. As a result, if a rural hospital closes, 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 and miss routine preventative care which will end up increasing healthcare costs in the long run. The Committee appreciates the ongoing work of CMS and HRSA to analyze the impact of proposed regulations on rural hospitals and other providers and is pleased with the recent establishment of the Rural Health Council to address the unique needs of rural communities. The Committee continues to direct CMS to work with HRSA's Office of Rural Health and provide an update in the fiscal year 2019 CJ on actions taken to alleviate the disproportionate impact of regulations, reimbursement cuts, and workforce issues on rural hospitals.

Telehealth.—The Committee directs the Administrator, in consultation with the relevant agencies and stakeholders, to submit a report within 1 year after enactment of this act to the Committees of Appropriations of the House of Representatives and the Senate evaluating the use of telehealth and remote patient monitoring under all programs and pilots under the Medicare program under title XVIII of the Social Security Act and the Medicaid program under title XIX of such Act with a waiver of telehealth restrictions otherwise applicable under such titles of the Social Security Act (42 U.S.C. 1395m(m)). The report shall include an assessment of: (A) the number of providers and payers using telehealth and remote patient monitoring under such programs and pilots; (B) the cost impact among the beneficiaries receiving telehealth and remote patient monitoring under such programs and pilots, including with respect to preventable hospitalizations, hospital readmissions, and emergency room visits, and the total cost of items and services under the Medicare and Medicaid programs; (C) beneficiary and family caregiver satisfaction with the use of telehealth and remote patient monitoring under such programs and pilots; and (D) a comparison of the utilization of, and expenditures for, the same serv-

ices furnished under the Medicare and Medicaid programs in the usual clinical setting.

Therapeutic Foster Care.—The Committee remains concerned about the lack of a uniform definition within the Medicaid program for therapeutic foster care [TFC] services. A uniform definition would improve the ability for more consistent care and treatment. The Committee requests an update in the fiscal year 2019 CJ on the study requested in House Report 114–699 under this heading.

Use of Opioid Drugs to Manage Chronic Pain.—The Committee understands that opioid pain medications are used and are often essential in the appropriate management of acute and chronic pain. Given the national problem of misuse and abuse of prescription opioid pain medications, the Committee encourages CMS to increase awareness of alternative pain management strategies to opioids to reduce opioid monotherapy in appropriate cases.

Use of Social Security Numbers on Medicare Beneficiaries' Cards.—The Committee is encouraged by CMS plans to start sending new Medicare cards with a Medicare Beneficiary Identifier to Medicare beneficiaries by October 2018. The Committee directs CMS to provide an update on the progress of this initiative in their fiscal year 2019 CJ.

Vaccine Utilization.—The Committee is concerned about the underutilization of vaccinations, particularly pneumococcal vaccines and encourages CMS to continue to require that electronic health records communicate with immunization registries, so that clinicians accessing the registries have the most complete immunization history available and to continue efforts to remind beneficiaries and their providers to adhere to the recommendations.

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, 2017	\$725,000,000
Budget estimate, 2018	751,000,000
Committee recommendation	745,000,000

The Committee recommends \$745,000,000, to be transferred from the Medicare trust funds, for Health Care Fraud and Abuse Control [HCFAC] activities. The latest data demonstrate for every

\$1.00 spent on fraud and abuse, \$2.00 is recovered by the Treasury.

The Committee recommendation includes a base amount of \$311,000,000 and an additional \$434,000,000 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, 2017	\$3,010,631,000
Budget estimate, 2018	2,995,400,000
Committee recommendation	2,995,400,000

The Committee recommendation includes \$2,995,400,000 in fiscal year 2018 mandatory funds for Child Support Enforcement and Family Support programs. In addition, the Committee recommends \$1,400,000,000 in advance funding for the first quarter of fiscal year 2019.

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, 2017	\$3,390,304,000
Budget estimate, 2018 .....	.....
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. Within the total, the Committee recommendation includes up to \$2,988,000 for program integrity and oversight efforts, the same as the fiscal year 2017 level.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2017	\$1,674,691,000
Budget estimate, 2018	1,456,755,000
Committee recommendation	1,506,691,000

The Committee recommends \$1,506,691,000 for Refugee and Entrant Assistance [REA] programs. These programs provide a variety of benefits and services to refugees, asylees, Cuban and Haitian entrants, immigrants arriving on Special Immigrant Visas, trafficking victims, and torture victims (collectively referred to below as "refugees"). These programs also provide temporary care and services for unaccompanied children apprehended by the Department of Homeland Security or other law enforcement agencies, who have no lawful immigration status in the United States until they can be placed with a parent, guardian, or other sponsor while awaiting adjudication of their immigration status.

The U.S. refugee protection and admission programs reflect U.S. humanitarian and strategic interests. The U.S. refugee resettlement program provides for the safe resettlement of some of the most vulnerable refugees and not only saves lives, but also strengthens our national security by providing support and shared responsibility for strategic allies and regions.

The Committee affirms the community consultation process embedded in the U.S. refugee resettlement program, which is grounded in its public-private partnerships and thrives on cooperation among local, State, and Federal stakeholders. In times of sudden reductions in refugee arrivals, the Committee encourages HHS, to the extent practicable, to ensure that resettlement agencies are able to maintain their infrastructure and capacity at a level to continue to serve new refugees, previously arrived refugees, and others who remain statutorily eligible for integration services, and to ensure future arrivals are adequately served.

Transitional and Medical Services

The Committee recommendation includes \$320,000,000 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.

In fiscal year 2018, HHS estimates the number of eligible arrivals will significantly decrease relative to fiscal years 2016 and 2017. This is due to a significant estimated reduction in eligible Cuban entrants because of the change in administration policy in January 2017 that ended the so called “wet-foot/dry-foot” policy, and an assumed reduction in the refugee admissions ceiling to 50,000, which will be set by the State Department later this year. Accordingly, the Committee recommendation includes a decrease in funding for TAMS, consistent with current HHS estimates and expects the funding level provided will allow HHS to at least sustain the current level and scope of services provided to eligible arrivals, including maintaining the number of months refugees are eligible for benefits. Further, the Committee notes that there is considerable uncertainty in the estimates of the costs for this program, and expects HHS to closely monitor this account and promptly notify the Committee of any shortfalls so they can be addressed. The Committee will consider revised funding needs as necessary. To that end, the Committee directs HHS to provide monthly updates of eligible arrivals by category to the Committees on Appropriations of the House of Representatives and the Senate. Finally, the Committee directs HHS, in future budget justifications, to include actual and estimated costs broken out by major category, including for the unaccompanied refugee minor program, matching grant program, cash assistance, medical care, and other categories as appropriate.

The Committee continues to support the matching grant program and strongly encourages HHS to increase the percentage of eligible arrivals served by the program. Further, the Committee strongly encourages HHS to give matching grant organizations flexibility in administering their programs, including, when justified, carrying

over unexpended funding and slots and providing exemptions to the 31 day enrollment period.

Refugee Support Services

The Committee recommendation includes \$207,201,000 for Refugee Support Services. The budget request proposes to consolidate funding for Social Services, Preventive Health, and Targeted Assistance into this new program. The Committee supports this consolidation which should simplify administration of refugee services at the Federal, State, and local level. This funding would be allocated in a similar manner as currently funded programs, by a combination of formula and competitive grants, based on recent refugee and arrival data, including accounting for secondary migration, and to address other critical needs.

The Committee continues to support the services currently provided by the Social Services program, as well as the Targeted Assistance Grant program, which addresses the critical needs of counties with high arrival patterns and high concentrations of refugees facing difficulties achieving self-sufficiency. Within the total for Refugee Support Services, the Committee recommendation includes \$4,600,000 for Refugee Health Promotion competitive grants, the same as the fiscal year 2017 funding level.

Victims of Trafficking

The Committee recommendation includes \$20,755,000 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 \$15,000,000 for services for foreign national victims, and \$5,755,000 to improve services available for U.S. citizens and legal permanent residents. The Committee directs HHS to use the increase in funding provided for the Victims of Trafficking program to help address unmet needs in foreign national victim assistance programs. The Committee recommendation also includes no less than the fiscal year 2017 level for the national human trafficking resource center.

Social Services

The Committee recommendation consolidates funding for this program into a new Refugee Support Services program, as requested by the administration.

Preventive Health

The Committee recommendation consolidates funding for this program into a new Refugee Support Services program.

Targeted Assistance

The Committee recommendation consolidates funding for this program into a new Refugee Support Services program, as requested by the administration.

Unaccompanied Children

The Committee recommendation includes \$948,000,000 for the Unaccompanied Children [UC] program. 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.

There is significant uncertainty in the cost estimates for this program, which depend heavily on the number of unaccompanied children coming to the United States and referred to HHS. This year, the number of children coming to the United States and referred to HHS has significantly decreased. As a result, based on current estimates and funding levels, HHS estimates it will carry over unobligated balances from fiscal year 2017 that were not expected to be available when formulating the fiscal year 2018 budget request. Further, if the number of arrivals continue at roughly this level, HHS may need less funding in fiscal year 2018 than in fiscal year 2017, or as requested for fiscal year 2018. The Committee will continue to work closely with HHS on estimated needs in this program as more data becomes available throughout the year to ensure HHS has sufficient resources to properly care for children in their custody and to continue to provide all post-release services at least at the level as provided in fiscal year 2017.

In addition to the fiscal year 2018 funding provided here, the Committee recommendation includes a rescission of \$140,000,000 in prior-year unobligated balances.

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, 2017	\$2,856,000,000
Budget estimate, 2018	2,761,000,000
Committee recommendation	2,856,000,000

The Committee recommends \$2,856,000,000 for the Child Care and Development Block Grant [CCDBG], a formula grant to States that provides financial assistance to families to help pay for child care, and otherwise improve the quality of child care programs.

The CCDBG Act allows HHS to offer guidance to States on child-to-provider ratios. Accordingly, the Committee directs the Department to report to the Committees on Appropriations of the House of Representatives and the Senate no later than 60 days after the date of enactment of this Act on the effect of child-to-provider ratio requirements on the average cost of child care, the quality and

safety of child care programs, and the steps HHS has taken to provide guidance to States on child-to-provider ratios.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2017	\$1,700,000,000
Budget estimate, 2018	
Committee recommendation	1,700,000,000

The Committee recommends \$1,700,000,000 in mandatory funds for SSBG, a flexible source of funding that allows States to provide a diverse array of services to low-income children and families, the disabled, and the elderly.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 2017	\$11,294,368,000
Budget estimate, 2018	10,204,293,000
Committee recommendation	11,284,368,000

The Committee recommends \$11,284,368,000 for Children and Families Services programs. These funds support a variety of programs for children, youth, and families; Native Americans; victims of child abuse, neglect, and domestic violence; and other vulnerable populations.

Head Start

The Committee recommendation includes \$9,253,095,000 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.

The Committee continues to direct HHS to ensure that as part of the effort to expand the duration of Head Start services, grantees continue to have flexibility to meet the needs of their local community and to fund other quality improvement activities that may be necessary to improve the quality of programs prior to expanding the duration of services.

The Committee recommendation includes, in addition to funds otherwise available for Early Head Start, \$640,000,000, the same as the fiscal year 2017 level, for Early Head Start Expansion and Child Care Partnerships grants. The Committee continues to direct HHS to give equal priority to grantees providing more traditional Early Head Start services and those forming child care partnerships. The Committee continues to support this partnership model but such partnerships will not be viable in every community and in many places it may be more appropriate to simply provide traditional Early Head Start services.

Within the total for Head Start, the Committee recommendation includes up to \$25,000,000, the same as the comparable fiscal year 2017 level, for transition-related costs associated with the Head Start Designation Renewal System [DRS]. In addition, the Committee continues to encourage HHS to continue to consider the unique challenges faced by Head Start grantees in remote and frontier areas when reviewing such grantees' compliance with health and dental screening requirements as part of the DRS.

Preschool Development Grants

The Committee recommendation includes \$250,000,000 for Preschool Development Grants. This program, as authorized in the Every Student Succeeds Act, provides competitive grants to States to improve the coordination, collaboration and quality of existing early childhood programs; improve the transition from early childhood programs to kindergarten; implement evidence-based practices; improve professional development for early childhood providers; and generally improve educational opportunities for children. All funding provided in fiscal year 2018 will support new grants, under the new authorization of the program.

Consolidated Runaway and Homeless Youth Program

The Committee recommendation includes \$101,980,000 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.

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 \$33,000,000 for Child Abuse Discretionary Activities. This program supports discretionary grants for research, demonstration, and technical assistance to increase the knowledge base of evidence-based practices and to disseminate information to State and local child welfare programs.

Quality Improvement Center for Research-based Infant-Toddler Court Teams [QIC-CT].—The Committee supports continued funding for a national resource center to preserve, disseminate, and amplify for the work of the QIC-CT by providing training and technical assistance in support of such court teams' efforts across the country. These efforts should build upon and continue the work of sites established through the QIC-CT initiative, which have brought together the court system, child welfare agencies, health professionals, and community leaders to improve current practices in the

child welfare system and make better-informed decisions on behalf of the child.

Community-Based Child Abuse Prevention

The Committee recommendation includes \$39,764,000 for the Community-Based Child Abuse Prevention program. This program provides formula grants to States that then disburse funds to local, community-based organizations to improve local child abuse prevention and treatment efforts, including providing direct services and improving the coordination between State and community-based organizations.

Child Welfare Services

The Committee recommendation includes \$268,735,000 for Child Welfare Services. This formula grant program helps State and tribal public welfare agencies improve their child welfare services with the goal of keeping families together. These funds help States and tribes provide a continuum of services that prevent child neglect, abuse or exploitation; allow children to remain with their families, when appropriate; promote the safety and permanence of children in foster care and adoptive families; and provide training and professional development to the child welfare workforce.

Child Welfare Research, Training, and Demonstration

The Committee recommendation includes \$17,984,000 for child welfare research, training, and demonstration projects. This program provides grants to public and nonprofit organizations for demonstration projects that encourage experimental and promising types of child welfare services, as well as projects that improve education and training programs for child welfare service providers.

National Survey of Child and Adolescent Well-Being.—The Committee recommendation includes funding within this program for HHS to continue the National Survey of Child and Adolescent Well-Being.

Adoption Opportunities

The Committee recommends \$39,100,000 for the Adoption Opportunities program. This program funds discretionary grants to help facilitate the elimination of barriers to adoption and provide technical assistance to help States increase the number of children adopted, particularly children with special needs.

The Committee supports ACF's efforts in fiscal year 2017 to fund activities to improve hospital-based adoption support services for pregnant and expectant mothers, including training for hospital staff and doctors. The Committee supports the continued funding of such activities, which will help ensure that mothers who wish to make an adoption have access to trained staff and comprehensive supports throughout the adoption process.

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 adop-

tions 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 \$6,512,000 for Social Services and Income Maintenance Research. These funds support research and evaluation of cost-effective programs that increase the stability and economic independence of families and contribute to the healthy development of children and youth.

Native American Programs

The Committee recommends \$52,050,000 for Native American programs. These funds support a variety of programs to promote self-sufficiency and cultural preservation activities among Native American, Native Hawaiian, Alaska Native, and Pacific Islander organizations and communities.

Native American Language Preservation.—Within the total, the Committee recommendation includes \$12,000,000 for Native American language preservation activities, including no less than \$4,000,000 for Native American language nests and survival schools, as authorized by sections 803C(b)(7)(A)–(B) of the Native American Programs Act. The Committee directs HHS to give priority to programs with rigorous immersion programs.

Native American Early Education.—The Committee is concerned that some Federal programs that support early childhood development in American Indian and Alaska Native communities are not well-coordinated and, therefore, reduce the abilities of these tribal communities to develop and implement community-wide early childhood initiatives. The Committee encourages the Secretary of HHS (through the Assistant Secretary for ACF) to convene a working group of Federal early childhood program administrators, tribal early childhood stakeholders, and tribal leaders to examine this issue.

Community Services Block Grant

The Committee recommendation includes \$700,000,000 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 includes \$19,883,000 for the Community Economic Development [CED] program, which provides grants to community development corporations to support employment and business opportunities for low-income individuals. Community development corporations leverage on average \$10 in private capital to every \$1 in Federal funds, and the job creation standards required by the Office of Community Services are among the most stringent in the Federal system.

The Committee recognizes the value in providing communities with the tools necessary to create sustainable economic development to help low-income families living in those communities. In awarding funds under this program, the Committee encourages ACF to give priority to rural communities, to help them identify community service needs and improve upon the services provided to low-income individuals and families in such communities.

Rural Community Facilities

The Committee recommendation includes \$7,500,000 for the Rural Community Facilities program, which provides grants to regional non-profit organizations to provide technical assistance to small, low-income rural communities, that are not served by other similar Federal programs, to help manage, develop, and improve safe drinking and waste water facilities.

National Domestic Violence Hotline

The Committee recommendation includes \$8,250,000 for the National Domestic Violence Hotline. This national, toll-free hotline provides critical emergency assistance and information to victims of domestic violence 24 hours a day.

Family Violence Prevention and Services

The Committee recommendation includes \$156,000,000 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.

The Committee recommendation is \$5,000,000 more than the fiscal year 2017 level. The Committee directs HHS to use the increase to supplement existing funding for Native American Tribes and Tribal Organizations, and recognizes the importance of providing supports that are culturally appropriate to the populations they serve.

Chafee Education and Training Vouchers

The Committee recommendation includes \$43,257,000 for the Chafee Education and Training Voucher program. This program supports vouchers to foster care youth to help pay for expenses related to postsecondary education and vocational training.

Disaster Human Services Case Management

The Committee recommends \$1,864,000 for Disaster Human Services Case Management. This program assists States in establishing the capacity to provide case management services in a timely manner in the event of a disaster. It ensures that States are able to meet social service needs during disasters by helping disaster victims prepare recovery plans, referring them to service providers and FEMA contacts to identify needed assistance, and providing ongoing support and monitoring through the recovery process.

Program Administration

The Committee recommendation includes \$205,000,000 for the Federal costs of administering ACF programs.

PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 2017	\$384,765,000
Budget estimate, 2018	404,651,000
Committee recommendation	384,765,000

The Committee recommends \$384,765,000 for the Promoting Safe and Stable Families program. The Committee recommendation includes \$325,000,000 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-limited family reunification services, community-based family support services, and adoption promotion and support services.

The Committee notes that the authorization for Promoting Safe and Stable Families expired in fiscal year 2016. Mandatory funding for certain court improvement programs funded within this account were continued in division M of the Consolidated Appropriations Act, 2017 but are not assumed to continue in the CBO baseline for fiscal year 2018. Accordingly, the Committee recommendation does not include continued funding for those activities in fiscal year 2018.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriations, 2017	\$5,764,000,000
Budget estimate, 2018	6,225,000,000
Committee recommendation	6,225,000,000

The Committee recommends \$6,225,000,000 in mandatory funds for Payments for Foster Care and Permanency. In addition, the Committee recommends \$2,700,000,000 in advance mandatory funding for the first quarter of fiscal year 2019. 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.

Foster Care Data Collection.—The Committee directs ACF to submit a report to Congress on multigenerational foster care data. The Committee is interested in data that may be used to better target programs to ensure foster care involvement does not continue from generation to generation. The report shall include what data is currently available on whether biological parents of children placed in foster care were themselves in foster care at any time, at what age, for how long, and if they emancipated from the foster care system. The report should also recommend the best method for collecting data on multigenerational foster care.

ADMINISTRATION FOR COMMUNITY LIVING

AGING AND DISABILITY SERVICES PROGRAMS

Appropriations, 2017	\$1,993,815,000
Budget estimate, 2018	1,851,450,000
Committee recommendation	1,993,815,000

The Committee recommends an appropriation of \$1,993,815,000 for the Administration for Community Living [ACL], which includes \$27,700,000 to be transferred to ACL from the PPH Fund.

ACL was created with the goal of increasing access to community support for older Americans and people with disabilities. It is charged with administering programs authorized under the Older Americans Act [OAA] and the Developmental Disabilities Act, as well as promoting community living policies throughout the Federal Government for older Americans and people with disabilities.

Home- and Community-Based Supportive Services

The Committee recommends an appropriation of \$350,224,000 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 \$150,586,000 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 \$7,556,000 to carry out the Native American Caregiver Support program. This program provides grants to tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disability, as well as for grandparents caring for grandchildren.

Congregate and Home-Delivered Nutrition Services

The Committee recommends an appropriation of \$450,342,000 for congregate nutrition services and \$227,342,000 for home-delivered meals. These programs address the nutritional needs of older individuals, thus helping them to stay healthy and reduce their risk of disability. Funded projects must make home-delivered and congregate meals available at least once a day, 5 days a week, and each meal must meet a minimum of one-third of daily dietary requirements. While States receive separate allotments of funds for congregate meals, home-delivered meals, and supportive services, they have flexibility to transfer funds between these programs.

Nutrition Services Incentives Program.—The Committee recommendation includes \$160,069,000 for the Nutrition Services Incentives Program [NSIP]. NSIP augments funding for congregate and home-delivered meals provided to older adults. States and tribes may choose to receive all or part of their funding in the form of commodities from the USDA.

Aging Grants to Indian Tribes and Native Hawaiian Organizations

The Committee recommends \$31,208,000 for grants to Native Americans. This program provides grants to eligible tribal organizations for the delivery of nutrition and supportive services to Native Americans.

Aging Network Support Activities

The Committee recommends \$9,961,000 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.

Within funding for the Aging Network Support Activities, the Committee supports the continuation of the National Alzheimer's Call Center, which is available in all States, 24 hours a day, 7 days a week, year-round, to provide expert advice, crisis counseling, care consultation and information referral services in at least 140 languages, for persons with Alzheimer's disease, their family members and informal caregivers.

The Committee also includes \$2,500,000 to help provide supportive services for aging Holocaust survivors in the United States.

Alzheimer's Disease Demonstration Grants to States

The Committee recommendation includes \$4,800,000 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 \$3,360,000 for the Lifespan Respite Care program. The Lifespan Respite Care program provides grants to States to expand respite care services to family caregivers, improve the local coordination of respite care resources, and improve access to and quality of respite care services, thereby reducing family caregiver strain.

Chronic Disease Self-Management Program

The Committee recommends \$8,000,000 be transferred from the PPH Fund to ACL for the Chronic Disease Self-Management Program [CDSMP]. This program assists those with chronic disease to manage their conditions and improve their health status. Topics covered by the program include nutrition; appropriate use of medications; fitness; and effective communications with healthcare providers. CDSMP has been shown through multiple studies to result in significant and measurable improvements in health and quality of life, as well as reductions in hospitalizations and emergency room visits.

Elder Falls Prevention

The Committee recommends that \$5,000,000 be transferred from the PPH Fund for Elder Falls Prevention activities at ACL. Preventing falls will help seniors stay independent and in their homes and avoid costly hospitalizations and hip fractures, which frequently lead to nursing home placement. The Committee intends that these funds should be used in coordination with CDC for public education about the risk of these falls, as well as implementation and dissemination of community-based strategies that have been proven to reduce the incidence of falls among seniors.

Elder Rights Support Activities

The Committee recommends \$13,874,000 for Elder Rights Support activities, including \$10,000,000 for the Elder Justice Initiative. These activities support programs that provide information, training, and technical assistance to legal and aging services organizations in order to prevent and detect elder abuse and neglect.

Aging and Disability Resource Centers

The Committee recommendation includes \$6,119,000 for Aging and Disability Resource Centers [ADRCs]. These centers provide information, one-on-one counseling, and access for individuals to learn about their long-term services and support options with the goal of allowing seniors and individuals with disabilities to maintain their independence. The Committee urges ACL to improve coordination among ADRCs, area agencies on aging, and centers for independent living to ensure that there is “no wrong door” to access services.

State Health Insurance Assistance Program

The Committee recommendation includes \$47,115,000 for State Health Insurance Assistance Programs [SHIPs], which provide accurate and understandable health insurance information to Medicare beneficiaries and their families.

Paralysis Resource Center

The Committee recommendation includes \$6,700,000 for the Paralysis Resource Center, which has long provided essential, comprehensive information and referral services to people living with paralysis and their families. Since 2002, the program has expanded to include a network of information specialists, a substantial quality of life grant program, a Peer and Family support program, a one of a kind Paralysis Resource Guide, and a NeuroRecovery Rehabilitation Network. These resources and services focus on the promotion of independence and quality of life for the more than 6,000,000 Americans across the country living with paralysis.

Limb Loss

The Committee provides \$2,500,000 for the Limb Loss program, which supports programs and activities to improve the health of people with limb loss and promote their well-being, quality of life, prevent disease, and provide support to their families and caregivers. Maintaining these programs is critical to support independent living within the disability community across their life course.

Traumatic Brain Injury

The Committee provides \$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 2017 funding level for protection and advocacy services, as authorized under section 1305 of Public Law 106–310.

Developmental Disabilities State Councils

The Committee recommendation includes \$73,000,000 for State councils on developmental disabilities. These councils work to develop, improve, and expand the system of services and supports for

people with developmental disabilities at the State and local level. Councils engage in activities such as training, educating the public, building capacity, and advocating for change in State policies with the goal of furthering the inclusion and integration of individuals with developmental disabilities in all aspects of community life.

Partnerships for Innovation, Inclusion, and Independence

The Committee does not consolidate the State Councils on Developmental Disabilities, State Independent Living Councils, and State Advisory Boards on Traumatic Brain Injury. The Committee recognizes the unique role played by each program and believes consolidation into one program will not serve the needs of the people living with a disability.

Developmental Disabilities Protection and Advocacy

The Committee recommendation includes \$38,734,000 for protection and advocacy programs for people with developmental disabilities. This formula grant program provides funds to States to establish and maintain protection and advocacy systems that protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation.

Voting Access for Individuals With Disabilities

The Committee recommendation includes \$4,963,000 to improve voting access for individuals with disabilities. This program provides grants to protection and advocacy organizations to ensure that individuals with disabilities have the opportunity to participate in every step of the electoral process, including registering to vote, accessing polling places, and casting a vote.

Developmental Disabilities Projects of National Significance

The Committee recommendation includes \$10,000,000 for projects of national significance to assist persons with developmental disabilities. This program funds grants and contracts that develop new technologies and demonstrate innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities.

Technical Assistance.—The Committee includes \$643,000 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. The Committee is pleased with the Inclusive Community Transportation program's efforts to integrate rural transit systems for individuals with disabilities and older adults to access health care services, paratransit, multiple transportation providers, and other critical community based supports. These small community demonstration grants should be designed to include the perspectives of individuals with disabilities and older adults in the transportation system and service design.

University Centers for Excellence in Developmental Disabilities

The Committee recommendation includes \$38,619,000 for the University Centers for Excellence in Developmental Disabilities [UCEDDs], a network of 67 centers that are interdisciplinary education, research and public service units of a university system or public or nonprofit entities associated with universities. The funding will keep the national network of Centers strong and able to assist States to initiate collaborative research, education, training, and service efforts that help States to implement ESSA and WIOA, thereby ensuring that youth with disabilities successfully complete elementary school and transition from school to postsecondary education and/or integrated employment. The funding also allows the Centers to continue to respond to emerging and emergent national issues such as assisting in ongoing developmental monitoring, especially for children exposed to lead and other environmental teratogens, and for infants exposed to the Zika virus with its resulting complications. This funding also allows the University Centers to continue to address the needs of the rising numbers of individuals on the autism spectrum; demonstrate cost effective long term services and supports for adults with disabilities and those aging with disabilities; support returning veterans; and provide technical assistance to strengthen and support the national network of Centers as the disseminate research and best practices nationwide.

Independent Living

The Committee recommendation includes \$101,183,000 for the Independent Living Program. This program helps ensure that individuals with disabilities can live a productive and independent life in society. Funding helps States sustain, improve, and expand independent living services and establish and support a network of centers for independent living.

National Institute on Disability, Independent Living, and Rehabilitation Research

The Committee recommendation includes \$103,970,000 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 recognizes that there is a significant opportunity over the next decade for the Department to simultaneously lower healthcare costs and improve quality of life for the older adult and disabled population by embracing the rapidly growing shift to technology solutions for daily living. These solutions are poised to extend the ability to live independently into advanced age, and “age in place”, helping to bridge the “care gap” so that older and disabled adults might avoid nursing homes and other institutionalized care as long as possible, while also remaining connected to their families and communities.

The Committee encourages NIDILRR to continue to support research and activities that help older or disabled adults to increase, maintain, or improve their functional capabilities and allow for

independent living. To that end, the Committee supports increased investment in public university research to harness technological advances, including wireless sensors, smart materials, and body wearables; movers and protective devices; and companion and quality of life robotics, which have the potential to enable mobility, improve health, protect against falls and injuries, maximize community engagement, encourage productivity, and preserve independence among older individuals and their families. Special emphasis should be given to research projects that seek to address medically underserved areas in rural and frontier regions with high populations of older adults, disabled populations, and tribal communities.

Assistive Technology

The Committee recommendation includes \$34,000,000 for Assistive Technology [AT]. AT provides States with funding to support individuals with disabilities of all ages to obtain devices and services that will increase, maintain, or improve their functional capabilities.

Program Administration

The Committee recommends \$40,063,000 for program administration at ACL. These funds support salaries and related expenses for program management and oversight activities.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2017	\$525,457,000
Budget estimate, 2018	361,966,000
Committee recommendation	535,457,000

The Committee recommends \$535,457,000 for General Departmental Management [GDM]. The recommendation includes \$64,828,000 in transfers available under section 241 of the PHS Act.

This appropriation supports activities that are associated with the Secretary’s role as policy officer and general manager of the Department. It supports health activities performed by the Office of the Assistant Secretary for Health [ASH], including the Office of the Surgeon General. GDM funds also support the Department’s centralized services carried out by several Office of the Secretary staff divisions, including personnel management, administrative and management services, information resources management, intergovernmental relations, legal services, planning and evaluation, finance and accounting, and external affairs.

Alzheimer’s Education Campaign.—The Committee continues to be interested in the Secretary’s progress in implementing a comprehensive outreach and education campaign and directs the Secretary to submit to the Committees on Appropriations of the House of Representatives and Senate, the Committee on Finance, the Committee on Ways and Means, and the Committee on Energy and Commerce an annual report describing the activities carried out 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.

Antibiotic Resistance.—The Committee supports the CARB initiative that strengthens efforts to prevent, detect, and control illness and deaths related to infections caused by antibiotic resistant bacteria. The Committee directs the Department to continue 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. The Committee also recognizes the importance of basic and applied research toward the development of new vaccines as a way to prevent future antibiotic resistance through infection prevention and control. The Committee encourages the Secretary to prioritize this research as part of its strategy to combat antibiotic resistance. The Committee also urges the Secretary to consider the use of existing vaccines in antibiotic stewardship efforts to help mitigate new resistance development. The Department shall include in the fiscal year 2019 CJ a detailed update on the progress being made to implement the CARB national strategy.

Breast Density.—The Committee encourages the Department to expand and intensify applied research on breast density and improved screening tools to detect cancer in patients with dense tissue. The Secretary is encouraged to explore whether mammography reports should indicate to patients if they have dense breast tissue.

Chronic Fatigue Syndrome [ME/CFS].—The Committee supports the Department's ME/CFS Advisory Committee [CFSAC] and is concerned that those with ME/CFS have very limited access to clinical care and there are no FDA approved treatments for them. HHS is encouraged to use the CFSAC to accelerate progress on research, education, training, care, and services to better address the needs of over one million Americans suffering from ME/CFS.

Chronic Pain.—The Committee remains concerned about the public health epidemic of chronic pain. The Committee is pleased with the Department's release of the National Pain Strategy and encourages the Secretary to implement efforts across all relevant HHS agencies and in coordination with the DOD and VA. Given the seriousness of this public health epidemic and its relationship to the opioid crisis, the Committee requests an update on implementation efforts within 180 days of enactment of this Act.

Diabetes.—The Committee urges the Secretary to convene a commission comprised of healthcare providers, patient advocates and Federal agencies that operate programs that impact the care of people with pre-diabetes and diabetes. The goal of such a commission would be to make recommendations about developing improved clinical resources and tools, innovative care models, quality measures and registries, diabetes screening programs and other prevention activities.

Drug Resistant Tuberculosis [TB].—The Committee notes the release of the President's National Action Plan for Combating Multi Drug Resistant TB in December 2016. The Committee encourages the Secretary to prioritize implementation of the plan in coordination with the Federal TB Task Force, CDC and NIH.

Evidence-Based Programming.—The Committee is concerned about the uneven capacity of HHS operating divisions to apply and to build evidence that will improve program effectiveness. The Committee believes that the Assistant Secretary of Planning and Evaluation [ASPE] can play a central role in improving evaluation and evidence-based policymaking across the Department by helping all HHS components develop capacity to meet the standards set forth in ACF's Evaluation Policy. The Committee encourages ASPE to help operating divisions adopt cost-effective approaches to building evidence through use of innovative grant designs that support partnerships between service delivery projects and researchers; by leveraging emerging opportunities to use linked data to measure performance and conduct comprehensive, rigorous evaluations at a reasonable cost; and by partnering with philanthropic organizations that focus on improving the use of rigorous research to inform policy.

Eye Health.—The Committee commends the National Academies of Sciences, Engineering, and Medicine for the September 2016 release of its report “Making Eye Health a Population Health Imperative: Vision for Tomorrow” which includes recommendations regarding continued leadership by HHS to reduce the burden of vision impairment. The Committee requests an update from the Secretary regarding HHS' progress in implementing these recommendations in the fiscal year 2019 CJ.

Geroscience.—The Committee commends NIA's leadership of the Trans-NIH Geroscience Interest Group, which promotes coordinated discussion and action on NIH-funded geroscience research to reduce the burden of age-related diseases. The Committee remains concerned over the rates of chronic disease in the older adult population and recognizes that accelerated breakthroughs from geroscience research into the biological basis of aging is essential to targeting changes that take place as a result of aging. The Committee urges the Secretary to consider establishing an Interagency Geroscience Research Coordination Committee [IGRCC] comprised of representatives from the NIA, NIAMS, NCI, NEI, NHLBI, NINDS, NIGMS, NHGRI, CDC, FDA, DOD, VA, and EPA. The goal of the IGRCC would be to identify and direct grants for new geroscience research.

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

Opioid Medical Record Reporting.—The Committee is deeply concerned about the devastating impact that the opioid epidemic is having on families throughout the country, and recognizes that medical providers must have access to information about their patients' past opioid addiction if that information is provided by the patient. The Committee encourages the Secretary to develop and disseminate standards that would allow hospitals and physicians to access the history of opioid addiction in medical records (including electronic health records) of any patient who has provided information about such addiction to a healthcare provider.

Opioid Response.—The Committee believes that the Federal response to the opioid epidemic will be most effective if resources

made available through the Comprehensive Addiction and Recovery Act [CARA] and related programs are directed to strategies that are backed by strong evidence or to innovative and promising approaches that will be rigorously evaluated to learn their impact. In implementing new and existing programs that address the opioid epidemic, the Department is encouraged to utilize evidence-based policymaking principles, tools, and program designs such as those disseminated by the Evidence-Based Policymaking Collaborative. The Committee encourages HHS to collaborate with outside researchers and philanthropic organizations that focus on improving the use of rigorous research to inform policy.

Pharmacy Dispensing.—The Committee is concerned by recent reports about the rate at which dangerous drug combinations are dispensed, especially in the context of the opioid epidemic, and encourages the Department to research as part of its National Action Plan for Adverse Drug Event Prevention how pharmacy practices can prevent harmful drug interactions. Further, the Committee encourages collaboration between the CDC, FDA, DEA, AHRQ, pharmacy regulatory and oversight organizations, and patient safety organizations on the prevention of harmful drug interactions.

Prenatal Opioid Use Disorders and Neonatal Abstinence Syndrome.—The Committee is aware that the Protecting Our Infants Act of 2015 requires the Secretary to conduct a review of the Department's planning and coordination activities related to prenatal opioid use disorders and neonatal abstinence syndrome, as well as address gaps in research and treatment. The act also requires the Secretary to develop recommendations for preventing and treating prenatal opioid use disorders and neonatal abstinence syndrome. The Committee requests an update on these activities in the fiscal year 2019 CJ.

Public Access.—The Committee commends HHS Operating Divisions that have issued plans in response to the directive issued by the White House Office of Science and Technology Policy to support increased public access to the results of research funded by the Federal Government. The Committee encourages the Department to continue its efforts towards full implementation of the directive, and requests that an update on progress made be included in its fiscal year 2019 CJ.

Public Health in Indian Country.—The Committee supports the Secretary's current initiatives to address public health crises such as viral hepatitis, HIV/AIDS and opioids, that disproportionately impact Indian Country. The Committee requests that HHS provide an update on these efforts in the fiscal year 2019 CJ.

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

Rural Communities.—The Committee encourages the Secretary to ensure that rural concerns and challenges are adequately rep-

resented in the Department's policies, programs, and activities, including policies related to the opioid epidemic. The Committee requests that the Secretary include a status of these activities in the fiscal year 2019 CJ.

Surgeon General Report on Poverty.—The Committee notes that too many children still live in poverty, compromising their ability to be healthy, succeed in school and raise healthy families themselves. A report by the Surgeon General on improving the health of children could increase awareness and generate additional effort on ameliorating this public health problem.

Technical Assistance [TA].—The Committee and the Department's budget office have had a long-standing relationship that allows the Committee to receive legal and technical feedback on funding proposals. The Committee relies on TA to ensure that programs and funding initiatives can be implemented as intended. The Committee expects its TA requests to be dealt with in a manner that is consistent with past precedent, including timely answers that respond to the Committee's specific inquiries.

United States/Mexico Border.—The Committee urges the Department to continue its efforts to conduct border infectious disease surveillance in order to identify and implement needed prevention and treatment. The Department could focus on priority surveillance, epidemiology and preparedness activities along the borders in order to be able to respond to potential outbreaks and epidemics, including those caused by potential bioterrorism agents.

Vector Control.—The Committee continues to support HHS's preparedness and response efforts to control outbreaks of Zika virus infection and the Committee supports continued collaboration amongst the CDC, NIH, FDA, BARDA, DOD, USAID, USDA, DHS, and VA. The Committee notes recent reports showing some infants born without microcephaly develop it later in life or develop other neurological problems. HHS should continue to research and monitor these infants and work closely with the vector control units across the country to limit the spread of infected *Aedes aegypti* mosquitoes. In an effort to foster greater coordination, collaboration and transparency across agency lines, the Committee urges the Secretary to establish a coordinating office to facilitate and expedite the Government's response to vector-borne disease threats, including combating the spread of disease through innovative vector control technologies.

Zika.—The Committee remains concerned about the multiple threats posed by the Zika virus, including health threats to infants exposed to the virus. The Committee encourages the Secretary to continue surveillance of the disease along with efforts to further develop diagnostics and a vaccine.

Teen Pregnancy Prevention

The Committee recommendation includes \$101,000,000 for the Teen Pregnancy Prevention [TPP] program. This program supports competitive grants to public and private entities to replicate evidence-based teen pregnancy prevention approaches.

Office of Minority Health

The Committee recommends \$56,670,000 for the Office of Minority Health [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.

Health Disparities.—The Committee believes that a comprehensive coordinated focus by OMH, HRSA and NIMHD will increase the probability of reducing health disparities. This coordinated focus should examine the factors that lead to health disparities, including but not limited to age, nutrition, medical conditions, and availability of medical support and an appropriate healthcare workforce in both underserved urban and rural settings. HHS is encouraged to partner with community-based organizations that are currently providing medical and nutritional support.

HIV Community-Based Testing Programs.—The Committee recognizes that several community-based programs have encouraged individuals at risk for HIV/AIDS to utilize FDA-approved home-based HIV testing technology to monitor their HIV status. The Committee continues to urge the OMH to consider a pilot or demonstration program within existing resources to gauge the effectiveness of this approach.

HIV/AIDS and Hepatitis C.—The Committee continues to be concerned about the HIV/AIDS epidemic in the African American community, and is aware of the concurrent high rates of co-infection with Hepatitis C as outlined by the HHS 2015 Forum on Hepatitis C in African American Communities. The Committee encourages OMH to work aggressively to address opportunities to reduce the burden of HIV/AIDS and Hepatitis C by exploring partnerships for screening and implementing community engagement programs.

Lupus Initiative.—The Committee continues to support the OMH National Health Education Lupus Program and its efforts to develop a clinical trial education and implementation plan for lupus. The action plan will focus on developing public-private and community partnerships, evaluating current minority clinical trial education and participation programs, and developing a research plan for creating new clinical trial education models in lupus. This will inform the development of the broader actionable lupus clinical trial education plan.

Sexual Risk Avoidance

The Committee recommends \$25,000,000 for sexual risk avoidance education. This is a competitive grant program that funds evidenced based abstinence models for adolescents.

Funding for competitive grants for sexual risk avoidance shall use medically accurate information referenced to peer-reviewed publications by educational, scientific, governmental, or health organizations; implement an evidence-based approach; and teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors.

Office of Women’s Health

The Committee recommends \$32,140,000 for the Office of Women’s Health [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 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.

ACCOUNT FOR THE STATE RESPONSE TO THE OPIOID ABUSE CRISIS,
CURES ACT

Appropriations, 2017	\$500,000,000
Budget estimate, 2018	500,000,000
Committee recommendation	500,000,000

The Committee provides \$500,000,000 for the State Response To Opioid Abuse Crisis Grants.

OFFICE OF MEDICARE HEARINGS AND APPEALS

Appropriations, 2017	\$107,381,000
Budget estimate, 2018	117,177,000
Committee recommendation	117,381,000

The Committee provides \$117,381,000 for the Office of Medicare Hearings and Appeals [OMHA], including \$10,000,000 in Recovery Audit contractor recoveries. This Office is responsible for hearing Medicare appeals at the Administrative Law Judge [ALJ] level, which is the third level of Medicare claims appeals. OMHA ensures that Medicare beneficiaries who are dissatisfied with the initial decisions about their benefits or eligibility can appeal and exercise their right to a hearing in front of an ALJ.

Appeals Backlog.—The Committee continues to be concerned over the substantial backlog in the number of cases pending before ALJs at OMHA. The Committee directs that \$10,000,000 in Recovery Audit Contractor [RAC] recoveries retained by the Secretary for adjudications related to RACs shall be used as additional funds for the necessary expenses of OMHA and the Departmental Appeals Board to process RAC-related appeals. 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. This spend plan should include an estimate of total appeals that will be processed in fiscal years 2017–2019 with the resources available. This estimate should include the effect of administrative actions taken to reduce the backlog.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Appropriations, 2017	\$60,367,000
Budget estimate, 2018	38,381,000
Committee recommendation	60,367,000

The Committee makes available \$60,367,000 to the Office of the National Coordinator for Health Information Technology [ONC]. ONC is responsible for coordinating Federal health information systems and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

Electronic Health Records [EHR].—The Secretary is encouraged to study approaches to improve person-centered healthcare through patient access to health information. This work should examine accurate and timely record matching so that all EHR systems are collecting the information necessary for a fully interoperable system that protects patients from identity mismatch errors, but also considers patient privacy and security.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2017	\$80,000,000
Budget estimate, 2018	68,085,000
Committee recommendation	80,000,000

The Committee recommends \$80,000,000 for the HHS Office of Inspector General [OIG]. In addition to discretionary funds provided in this act, the Health Insurance Portability and Accountability Act of 1996 provides a permanent appropriation of \$334,097,000 for OIG.

OIG conducts audits, investigations, and evaluations of the programs administered by the Department’s operating and staff divisions, including the recipients of the Department’s grant and contract funds. In doing so, OIG addresses issues of waste, fraud, and abuse and makes recommendations to improve the efficiency and effectiveness of the Department’s programs and operations.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2017	\$38,798,000
Budget estimate, 2018	32,530,000
Committee recommendation	38,798,000

The Committee recommends \$38,798,000 for the Office for Civil Rights [OCR] in budget authority. OCR is responsible for enforcing civil rights-related statutes in healthcare and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and implements programs to generate voluntary compliance among providers and constituency groups of health and human services.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 2017	\$630,408,000
Budget estimate, 2018	618,689,000
Committee recommendation	618,689,000

The Committee provides an estimated \$618,689,000 in mandatory funds for Retirement Pay and Medical Benefits for Commissioned Officers of the U.S. Public Health Service. This account provides for retirement payments to PHS officers who are retired due to age, disability, or length of service; payments to survivors of deceased officers; and medical care to Active Duty and retired officers, as well as their dependents.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Appropriations, 2017	\$1,532,958,000
Budget estimate, 2018	1,662,616,000
Committee recommendation	1,552,958,000

The Committee recommends \$1,552,958,000 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 \$1,396,628,000 for activities administered by 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 continues bill language providing coverage under the Federal Employees Compensation Act for National Disaster Medical System intermittent employees who are activated for training or deployment.

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 recognizes the vital importance of this program in helping communities respond to tragic events, for this reason the Committee includes the same funding level as fiscal year 2017. While the Committee acknowledges the need to incorporate risk, the Committee rejects the administration proposal to change the allocation formula that would leave 26 States and territories without HPP funding. The Committee believes this funding should be carefully coordinated within communities to continue to provide our Nation's hospitals and emergency responders the necessary tools to respond quickly and collaboratively to these and other public health emergencies that are inevitable in our Nation's communities.

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.

*Biomedical Advanced Research and Development Authority
[BARDA]*

The Committee recommendation includes \$511,700,000 for advanced research and development.

The Committee commends BARDA for supporting advanced development efforts of industry to develop vaccines, diagnostics, drugs, and therapeutics to minimize serious threats of infectious disease and urges BARDA to continue to invest in the development of countermeasures for infectious diseases through the CARB initiative and the Emerging Infectious Disease program.

Blood Platelet.—The Committee is aware of BARDA's investigation into blood platelet-derived medical countermeasures as a hemostatic agent, and urges BARDA to expand its research to address the opportunities that cell stabilization of blood platelets provides, including radiation exposure remediation, acute burn healing, drug delivery, hemorrhagic fevers, and diagnostic imaging.

Infectious Diseases.—The Committee commends BARDA for supporting advanced development efforts to develop vaccines, diagnostics, drugs, and therapeutics to minimize serious threats of infectious diseases. BARDA is encouraged to continue to proactively prepare for emerging infectious disease outbreaks, including investing in rapid screening technology.

Tuberculosis.—The National Strategy for CARB identified drug resistant TB as a serious threat level pathogen and new diagnostic, treatment and prevention tools are urgently needed to address this global health threat. The Committee encourages BARDA to support the development of new TB diagnostic tests, drugs and vaccines through the CARB initiative, and the Emerging Infectious Disease program.

Vector-Borne Disease Control.—The Committee is aware that since the enactment of the Pandemic and All-Hazards Preparedness Act, BARDA has led efforts to define, develop, and acquire medical countermeasures to reduce the threats of public health emergencies such as Zika. The Committee encourages BARDA to explore innovative vector control technologies that provide immediate opportunities for countermeasure development to address the non-native Zika-carrying *Aedes aegypti* mosquito population in ways that are environmentally friendly and that may reach places where many pesticides cannot.

Project BioShield Special Reserve Fund

The Committee recommendation includes \$510,000,000 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 \$50,860,000 for information technology cybersecurity in the Office of the Assistant Secretary for Administration. These funds provide for continuous monitoring and security incident response coordination for the Department's computer systems and networks.

Office of the Assistant Secretary for Health/Medical Reserve Corps

The Committee recommendation includes \$6,000,000 for the Medical Reserve Corps 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 \$99,470,000 for activities within the Office of the Secretary.

Pandemic Influenza Preparedness

The Committee recommendation includes \$92,000,000 for Pandemic Influenza Preparedness. Of the total, \$17,000,000 is provided in annual funding and \$75,000,000 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 2018, the level transferred from the fund after accounting for sequestration is \$840,600,000. The Committee includes bill language in section 219 of this act that requires that funds be transferred within 45 days of enactment of this act to the following accounts, for the following activities, and in the following amounts:

[In thousands of dollars]

Agency	Account	Program	Committee recommendation
ACL	Aging and Disability Services Programs	Alzheimer's Disease Prevention Education and Outreach.	14,700
ACL	Aging and Disability Services Programs	Chronic Disease Self Management	8,000
ACL	Aging and Disability Services Programs	Falls Prevention	5,000
CDC	Immunization and Respiratory Diseases	Section 317 Immunization Grants	324,350
CDC	Emerging and Zoonotic Infectious Diseases.	Epidemiology and Laboratory Capacity Grants.	40,000
CDC	Emerging and Zoonotic Infectious Diseases.	Healthcare Associated Infections	12,000
CDC	Chronic Disease Prevention and Health Promotion.	Office of Smoking and Health (Tobacco Prevention/Media & Quit Lines).	126,000

[In thousands of dollars]

Agency	Account	Program	Committee recommendation
CDC	Chronic Disease Prevention and Health Promotion.	Breast Feeding Grants (Hospitals Promoting Breastfeeding).	8,000
CDC	Chronic Disease Prevention and Health Promotion.	Million Hearts Program	4,000
CDC	Chronic Disease Prevention and Health Promotion.	Heart Disease & Stroke Prevention Program.	53,275
CDC	Chronic Disease Prevention and Health Promotion.	Diabetes	52,275
CDC	Chronic Disease Prevention and Health Promotion.	Early Care Collaboratives	4,000
CDC	Environmental Health	Lead Poisoning Prevention	17,000
CDC	CDC-Wide Activities	Preventive Health and Health Services Block Grants.	160,000
SAMHSA	Mental Health	Suicide Prevention (Garrett Lee Smith)	12,000

GENERAL PROVISIONS

Section 201. The bill continues a provision placing a \$50,000 ceiling on official representation expenses.

Section 202. The bill continues a provision limiting the use of certain grant funds to pay individuals more than an annual rate of Executive Level II.

Section 203. The bill continues a provision restricting the Secretary's use of taps for program evaluation activities unless a report is submitted to the Appropriations Committees of the House of Representatives and the Senate on the proposed use of funds.

Section 204. The bill modifies a provision authorizing the transfer of up to 2.9 percent of PHS Act funds for evaluation activities.

Section 205. The bill continues a provision restricting transfers of appropriated funds and requires a 15-day notification to the Committees on Appropriations of the House of Representatives and the Senate.

Section 206. The bill continues a general provision allowing National Health Service Corps contracts to be canceled up to 60 days after award.

Section 207. The bill continues a provision regarding requirements for family planning applicants.

Section 208. The bill continues language which States that no provider services under title X of the PHS Act may be exempt from State laws regarding child abuse.

Section 209. The bill continues language which restricts the use of funds to carry out the Medicare Advantage Program if the Secretary denies participation to an otherwise eligible entity.

Section 210. The bill continues a provision prohibiting the use of funds for lobbying activities related to gun control.

Section 211. The bill continues a provision that limits the assignment of certain public health personnel.

Section 212. The bill continues a provision which facilitates the expenditure of funds for international health activities.

Section 213. The bill continues a provision permitting the transfer of up to 3 percent of AIDS funds among ICs by the Director of NIH and the Director of the Office of AIDS Research at NIH.

Section 214. The bill continues language which requires that the use of AIDS research funds be determined jointly by the Director of NIH and the Director of the Office of AIDS Research and that those funds be allocated directly to the Office of AIDS Research for distribution to the ICs consistent with the AIDS research plan.

Section 215. The bill continues a provision authorizing the Director of NIH to enter into certain transactions to carry out research in support of the NIH Common Fund.

Section 216. The bill continues a provision permitting NIH to use up to \$45,000,000 per project for improvements and repairs of facilities.

Section 217. The bill continues a provision that transfers funds from NIH to HRSA and AHRQ, to be used for National Research Service Awards.

Section 218. The bill continues a provision that provides BARDA with authority to enter into a multiyear contract for up to 10 years and to repurpose unused termination costs to pay contract invoices.

Section 219. The bill continues a provision 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 220. The bill continues a provision requiring CJs to include certain FTE information with respect to ACA.

Section 221. The bill continues a provision related to ACA exchange funding transparency.

Section 222. The bill continues a provision related to notifications for ACA enrollment and Community Health Centers awards.

Section 223. The bill continues a provision prohibiting funds for the Risk Corridor program.

Section 224. The bill continues a provision for Medicare and Medicaid expenses.

Section 225. The bill restates a requirement for HHS to conduct an analysis of the ACA's impact on eligibility for certain discretionary programs.

Section 226. The bill continues a provision related to breast cancer screening recommendations.

Section 227. The bill includes a new provision on NIH indirect costs.

Section 228. The bill includes a new provision rescinding unobligated funds from the Nonrecurring Expenses Fund.

Section 229. The bill includes a new provision rescinding unobligated funds under the heading "Refugee and Entrant Assistance".

TITLE III
DEPARTMENT OF EDUCATION
EDUCATION FOR THE DISADVANTAGED

Appropriations, 2017	\$16,143,790,000
Budget estimate, 2018	16,347,558,000
Committee recommendation	16,169,198,000

The Committee recommends an appropriation of \$16,169,198,000 for education for the disadvantaged.

The programs in the Education for the Disadvantaged account provide a foundation of support to help ensure that all children receive a high-quality education. Funds appropriated in this account primarily support activities in the 2018–2019 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 school-wide 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 \$15,485,210,000 for the title I grants to LEAs program. Of the funds available for title I grants to LEAs, up to \$5,000,000 shall be available on October 1, 2017 for transfer to the Census Bureau for poverty updates; \$5,251,398,000 will become available on July 1, 2018; and \$10,841,177,000 will become available on October 1, 2018. The funds that become available on July 1, 2018, and October 1, 2018, will remain available for obligation through September 30, 2019.

Further Opportunities for Children to Unlock Success [FOCUS].—The Committee recommendation does not include funding for a new FOCUS grants program or new language requested that would authorize the Department to establish new requirements on local educational agencies interested in participating in the Flexibility for Equitable Per-Pupil Funding authority in Part F of Title I of ESEA. The Committee believes significant changes such as this to this recently-reauthorized law should be made as needed through legislation considered by the authorizing Committees of Congress.

Neglected, Delinquent, and At-Risk Youth.—On any given day, tens of thousands of young people are in the custody of the juvenile justice system. The Committee believes ESSA made significant progress in addressing the needs of neglected, delinquent, and at-risk youth and ensuring greater access to educational services upon

re-entry. While the Committee believes ESSA was a strong step towards a better re-entry system for youth who encounter the juvenile justice system, it is essential that the Department monitor and ensure compliance with the re-entry activities required under ESSA. Within 180 days of enactment of this act, the Secretary is directed to submit a report to the Committee describing how each State is meeting the re-entry requirements for youth included in ESSA.

Comprehensive Literacy State Development Grants

The Committee recommendation includes \$190,000,000 for the Comprehensive Literacy State Development Grants program. This program provides competitive grants to State educational agencies [SEAs] that then subgrant at least 95 percent of such funds to eligible entities to support efforts to improve literacy instruction in high-need schools and early education programs in a State for each of several age bands ranging from birth through 12th grade.

Innovative Approaches to Literacy

The Committee recommendation includes \$27,000,000 for the Innovative Approaches to Literacy program. This program provides competitive grants to national not-for-profit organizations and school libraries for providing books and childhood literacy activities to children and families living in high-need communities.

The Committee continues to direct the Department to reserve no less than 50 percent of funds under this program for grants to develop and enhance effective school library programs, which may include providing professional development to school librarians, books, and up-to-date materials to high-need schools. Further, the Committee continues to direct the Department to ensure that grants are distributed among eligible entities that will serve geographically diverse areas, including rural areas.

Migrant Education Program

The Committee recommends \$374,751,000 for the title I Migrant Education program.

This funding supports grants to SEAs for programs to meet the special educational needs of the children of migratory agricultural workers or migratory fishworkers. Funding also supports activities to improve interstate and intrastate coordination of migrant education programs, as well as identify and improve services to the migrant student population.

Neglected and Delinquent

The Committee recommends \$47,614,000 for the title I Neglected and Delinquent program.

This program provides financial assistance to SEAs for education services to neglected and delinquent children and youth in State-run institutions and for juveniles in adult correctional institutions. States are authorized to set aside at least 15 percent, but not more than 30 percent, of their Neglected and Delinquent funds to help students in State-operated institutions make the transition into locally operated programs and to support the successful reentry of

youth offenders who are age 20 or younger and have received a secondary school diploma or its recognized equivalent.

Special Programs for Migrant Students

The Committee recommends \$44,623,000 for Special Programs for Migrant Students, which consist of 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, 2017	\$1,328,603,000
Budget estimate, 2018	1,236,435,000
Committee recommendation	1,340,112,000

The Committee recommends \$1,340,112,000 for the Impact Aid program.

Impact Aid provides financial assistance to school districts affected by the presence of Federal activities and federally owned land. These school districts face unique challenges because they must educate children living on federally owned land, such as military bases, while federally owned property is also exempt from local taxes, a primary source of revenue for local school districts.

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 \$1,200,242,000 for the Basic Support Payments program. Under this statutory formula, payments are made on behalf of all categories of federally connected children, with a priority placed on making payments first to heavily impacted school districts and providing any remaining funds for regular basic support payments.

Payments for Children With Disabilities.—The Committee bill includes \$48,316,000 for Payments for Children With Disabilities. Under this program, additional payments are made for certain federally connected children eligible for services under IDEA.

Facilities Maintenance.—The Committee recommends \$4,835,000 for Facilities Maintenance. This activity provides funding for emergency repairs and comprehensive capital improvements to certain school facilities owned by the Department and used by LEAs to serve federally connected military dependent students. Funds appropriated for this purpose are available until expended.

Construction.—The Committee recommends \$17,406,000 for eligible LEAs for school construction activities allocated by formula under section 7007(a) of ESEA.

Payments for Federal Property.—The Committee recommends \$69,313,000 for Payments for Federal Property. These payments compensate LEAs specifically for revenue lost due to the removal of Federal property from local tax rolls, regardless of whether any federally connected children attend schools in the district. The budget request proposed eliminating this program. The Committee recommendation again rejects this elimination and continues to note that this funding represents a key component of fulfilling the Federal Government’s commitment to school districts impacted by the presence of federally owned land.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 2017	\$4,408,567,000
Budget estimate, 2018	697,231,000
Committee recommendation	4,458,567,000

The Committee recommendation includes \$4,458,567,000 for the School Improvement Programs account.

Supporting Effective Instruction State Grants

The Committee recommends \$2,055,830,000 for Supporting Effective Instruction State Grants. The appropriation for this program primarily supports activities associated with the 2018–2019 academic year. Of the funds provided, \$374,389,000 will become available on July 1, 2018, and \$1,681,441,000 will become available on October 1, 2018. These funds will remain available for obligation through September 30, 2019.

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 continues to strongly encourage the Department to issue clear guidance specifically on the importance of strong school leadership, and how States can use existing title II–A resources, including through the optional 3 percent State set-aside, to support principals and school leadership, including examples of best practices.

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 \$1,191,673,000 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 school-wide program under title I of the ESEA or serve high percentages of students from low-income families.

State Assessments Grants

The Committee recommends \$369,100,000 for the State Assessments Grants program.

This program provides formula grants to States for developing and implementing standards and assessments required by the ESEA and helping States and LEAs carry out audits of their assessment systems to eliminate low-quality or duplicative assessments. It also provides competitive grants to States, including consortia of States, to improve the quality, validity, and reliability of academic assessments.

Education for Homeless Children and Youth

For carrying out education activities authorized by title VII, subtitle B of the McKinney-Vento Homeless Assistance Act, the Committee recommends \$77,000,000.

This program provides assistance to each State to support an office of the coordinator of education for homeless children and youth, to develop and implement State plans for educating homeless children, and to make subgrants to LEAs to support the education of those children. Grants are made to States based on the total that each State receives in title I grants to LEAs.

Under the McKinney-Vento Homeless Children and Youth Program, SEAs must ensure that homeless children and youth have equal access to the same free public education, including a public preschool education, as is provided to other children and youth.

Training and Advisory Services

For Training and Advisory Services authorized by title IV of the Civil Rights Act, the Committee recommends \$6,575,000.

The funds provided will support awards to operate regional equity assistance centers [EACs]. Each EAC provides services to school districts upon request. Activities include disseminating information on successful practices and legal requirements related to nondiscrimination on the basis of race, color, sex, or national origin in education programs.

Native Hawaiian Education

The Committee recommendation includes \$33,397,000 for Native Hawaiian Education.

The Committee bill continues a provision that allows funding provided by this program to be used for construction.

Alaska Native Education

The Committee recommends \$32,453,000 for the Alaska Native Education.

These funds help address the unique educational needs of Alaska Native schoolchildren. Funds are used for the development of supplemental educational programs to benefit Alaska Natives. The Committee 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.

The Committee continues to direct the Department to ensure that Alaska Native tribes, Alaska Native regional non-profits, and Alaska Native corporations have the maximum opportunity to successfully compete for grants under this program by providing these entities multiple opportunities for technical assistance in developing successful applications for these funds, both in Alaska and via various forms of telecommunications. Further, the Committee continues to direct the Department to make every effort to ensure that Alaska Natives and Alaskans represent a significant proportion of peer reviewers for grant applications submitted under this program.

Rural Education

The Committee recommends \$175,840,000 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.

The Committee recognizes that the Department's new application requirement for local education agencies to access Rural Education Achievement Program [REAP] funding in fiscal year 2017 prevented some eligible LEAs from accessing grant funding under this program. The Committee directs the Department to simplify the REAP application process, eliminate unnecessary administrative burdens, and directly engage with eligible LEAs and other relevant stakeholders to ensure that the Department's requirements accommodate the unique needs of these small, rural, and remote schools. Additionally, the Committee encourages the Department to use any unobligated available funding to make awards to LEAs who received a grant in fiscal year 2016, but failed to initially submit an application for fiscal year 2017 due to demonstrable administrative burden, provided they submit an application for funding.

Comprehensive Centers

The Committee recommends \$50,000,000 for the Comprehensive Centers program.

These funds provide support to a network of comprehensive centers that are operated by research organizations, agencies, institutions of higher education, or partnerships thereof, and provide training and technical assistance on various issues to States, LEAs, and schools as identified through needs assessments undertaken in each region. The system currently includes 15 regional centers, which are charged with providing intensive technical assistance to SEAs to increase their capacity to assist LEAs and schools with meeting the goals of the ESEA, and 8 content centers, which are organized by topic area.

In selecting priorities for a new cohort of comprehensive centers, the Committee continues to direct the Department to recognize the unique challenges, emphasized in ESSA, affecting rural schools. The Committee strongly encourages the Department to establish at least one university-led center in a State with a significant percentage of students in rural schools. Such a center could focus on rural education and provide assistance to rural districts that serve high poverty and minority students.

The Committee recommendation includes continued support for a comprehensive center, first funded in fiscal year 2016 and as authorized in ESSA, on students at risk of not attaining full literacy skills due to a disability, including dyslexia, or developmental delay.

Student Support and Academic Enrichment Grants

The Committee recommendation includes \$450,000,000 for Student Support and Academic Enrichment Grants. This program provides formula grants to States, which then sub-grant to LEAs, to help support activities to provide students with a well-rounded education, ensure safe and supportive learning environments, and use technology to improve instruction.

The Committee recommendation maintains bill language included in fiscal year 2017 giving States the option to subgrant funds to LEAs, or a consortia of LEAs, on a competitive basis.

INDIAN EDUCATION

Appropriations, 2017	\$164,939,000
Budget estimate, 2018	143,665,000
Committee recommendation	165,239,000

The Committee recommends \$165,239,000 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 \$57,993,000 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.

Within the total, the Committee recommendation includes \$43,952,000 for the Native Youth Community Projects initiative, the same as the fiscal year level.

National Activities

The Committee recommends \$6,865,000 for national activities.

Funds are used to expand efforts to improve research, evaluation, and data collection on the status and effectiveness of Indian education programs, and to continue grants to tribal educational departments for education administration and planning.

The Committee continues to note that there are significant cognitive, psychological, and academic benefits that result from Native American language immersion programs. Schools where the indigenous language is the primary language of instruction have a strong, positive effect on the educational and social outcomes of American Indian, Alaska Native, and Native Hawaiian students compared to schools where Native students are taught in English. In addition, language education programs are essential for tribal self-determination. Within the total, the Committee recommendation includes no less than \$1,908,000, an increase of \$300,000 above the fiscal year 2017 funding level, for Native American language immersion programs authorized under section 6133 of ESSA. The Committee also intends that funds available for carrying out Section 6133 be allocated to all types of eligible entities in a way that supports the most extensive possible distribution across geography and language diversity and supports both existing and new Native language immersion programs and schools. Further, the Committee directs the Department to give the same consideration to applicants that propose to provide partial immersion schools and programs as to full immersion, as the local tribes, schools, and other applicants know best what type of program will most effectively assist their youth to succeed.

The Committee notes that Native American languages hold a unique place in our nation and that the Native American Languages Act of 1990 [NALA] articulates U.S. policy toward Native American languages. Since its passage, Native American languages have increasingly become the object of school and community revitalization and retention efforts aligned with NALA. Educating students in the medium of a Native American language has demonstrated the same benefits as study in other world languages, including improved learning outcomes and enhanced cognitive ability. In the case of Native American students, however, the outstanding results in student achievement, high school graduation, and college attainment rates produced through access to Native American language medium education schools and programs are lifting some of the most disadvantaged youth in the U.S. to the ranks of the most

academically successful. The Committee recognizes that the establishment of a Native American Language Center to function as a consortium for institutions of higher education that have significant experience and expertise in Native American languages and Native American language medium education would be a strong way to provide nationwide coordination for Native American language activities. In addition, it could promote best practices, develop curricular materials for Native American languages, disseminate high-quality research on the efficacy of programs of instruction in these languages, and serve as an information clearinghouse and hub for distance learning and continuing professional development in Native American language education. Further, such a center could provide benefits to practitioners at schools from the Pre-K to PhD levels who teach through the medium of a Native American language, and include Native American scholars and staff who are fluent in Native American languages and have the demonstrated capacity to reach out and collaborate with Native American communities. The Committee therefore directs the Department to provide to the Committee a report on the feasibility of designating such a center and the potential associated costs.

INNOVATION AND IMPROVEMENT

Appropriations, 2017	\$887,575,000
Budget estimate, 2018	1,208,026,000
Committee recommendation	880,375,000

The Committee recommends \$880,375,000 for programs within the Innovation and Improvement account.

Education Innovation and Research

The Committee recommendation includes \$95,000,000 for the Education Innovation and Research [EIR] program. This program supports the creation, development, implementation, replication, and scaling up of evidence-based, field-initiated innovations designed to improve student achievement and attainment for high-need students. EIR incorporates a tiered evidence framework that provides early-phase, mid-phase, and expansion and replication grants. This supports interventions throughout the pipeline, from smaller grants for early stage projects that are willing to undergo rigorous evaluation to test their efficacy to larger grants to scale-up proven-effective interventions that have demonstrated significant impacts through multiple rigorous evaluations.

The Committee notes that the EIR program is authorized to fund evidence-based, field-initiated innovations to improve student achievement for high-need students. Accordingly, the Committee directs the Department to ensure that funds are used for projects in a range of topic areas, based on the needs of local communities as determined by field initiated proposals, and that funds are not focused or designated for any particular intervention. Further, the Committee recommendation does not include new bill language requested under this program and believes changes proposed to the recently reauthorized ESEA should be made as needed through legislation considered by the authorizing Committees of Congress.

The Committee supports the 25 percent set-aside in ESSA for EIR grants to benefit rural areas. Further, the Committee encour-

ages the Department to invest in early-phase grants that benefit the expansion of education and experiences for educators and students located in rural schools with limited access to advanced science courses. Programs could include professional development for teachers, lessons taught by scientific experts, and hands-on experience with technology.

School Leader Recruitment and Support

The Committee recommendation does not include funding for the School Leader Recruitment and Support program, which funds activities to improve the recruitment, placement, support, and retention of effective principals and other school leaders in high-need schools. ESSA included new provisions to promote the use of title I and title II–A funds to support principals and school leaders, including an optional 3 percent State set-aside of title II-A funds for such activities. These State formula funds, as well as funding through other competitive grant programs such as the Supporting Effective Educator Development [SEED] program, can be used to support similar activities as those previously funded by this program.

Charter School Program

The Committee recommends \$367,172,000 for the Charter School Program. This program supports the start-up, replication, and expansion of high-quality charter schools.

Within the total, the Committee recommendation includes \$212,872,000 for grants to State entities to support high-quality charter schools, including for grants directly to charter school developers in a State if no State entity receives a grant; \$110,000,000 for grants to charter management organizations for the replication and expansion of high-quality charter schools; \$31,000,000 for facilities financing assistance, of which not less than \$21,000,000 shall be for the Credit Enhancement program; and not less than \$11,000,000 for national activities to provide technical assistance, disseminate best practices, and evaluate the impact of the charter school program.

Within the total for grants to SEAs, the Committee recommendation includes no less than \$5,000,000 for developer grants to establish or expand charter schools in underserved, high-poverty, rural areas. This could include grants to institutions of higher education, or non-profit organizations in partnership with institutions of higher education, which are located in the region and committed to improving educational outcomes for underserved rural students. Rural areas present a host of challenges for all types of schools, including charter schools. Institutions of higher education located in the area may be uniquely suited to help address some of these challenges, and to give students opportunities to learn in non-traditional settings. Further, dedicated funding to expand charter schools in rural areas could help expand the evidence-base, including developing curriculum, for charter schools in rural areas. The Committee also notes that establishing charter schools in rural, particularly underserved areas, will likely require more start-up costs than in some other areas, and encourages the Department to consider these factors in determining grant award levels.

Magnet Schools Assistance

The Committee recommends \$97,647,000 for the Magnet Schools Assistance program.

This program supports grants to LEAs to establish and operate magnet schools that are part of a court-ordered or federally approved voluntary desegregation plan. Magnet schools are designed to attract substantial numbers of students from different social, economic, ethnic, and racial backgrounds. Grantees may use funds for planning and promotional materials; salaries of instructional staff; transportation, as long as such expenses are sustainable beyond the grant period and not a significant portion of the grant; and the purchase of technology, educational materials, and equipment.

Arts in Education

The Committee recommendation includes \$27,000,000 for the Arts in Education program. The funding is used for competitive awards for national nonprofit organizations engaged in arts education, professional development activities, and model arts education programs. Funds also are used for evaluation and dissemination activities.

Javits Gifted and Talented Students

The Committee recommendation includes \$12,000,000 for the Javits Gifted and Talented Students Education program. Funds are used for awards to State and local educational agencies, institutions of higher education, and other public and private agencies for research, demonstration, and technical assistance activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students, including those from disadvantaged and underrepresented populations.

American History and Civics Education

The Committee recommendation includes \$1,815,000 for Presidential and Congressional Academies for American History and Civics. Presidential Academies for the Teaching of American History and Civics offer residential workshops to elementary and secondary school teachers to strengthen their knowledge through instruction and interaction with primary scholars and accomplished teachers in these fields. The Congressional Academies for Students of American History and Civics provide similar workshops to students to enrich their understanding of American history and civics.

The Committee recommendation does not include funding for National Activities authorized under section 2233 of ESSA.

Teacher and School Leader Incentive Grants

The Committee recommendation includes \$187,000,000 for Teacher and School Leader Incentive Grants.

This program provides competitive grants to eligible entities to develop, implement, improve, or expand human capital management systems or performance-based compensation systems in schools. Funds can be used for a wide-range of activities, including developing or improving evaluation and support systems that are

based in part on student achievement; providing principals with necessary tools to make school-level decisions; implementing a differentiated salary structure based on a variety of factors; improving the recruitment and retaining of effective teachers, principals, and other school leaders; and instituting career advancement opportunities that reward effective teachers, principals and other school leaders.

Ready-To-Learn Television

The Committee recommendation includes \$27,741,000 for the Ready-to-Learn Television program.

This program is designed to facilitate student academic achievement by leveraging the power and reach of public television to develop and distribute educational video programming for preschool and elementary school children and their parents.

The Consolidated Appropriations Act, 2017 requires the Department to transfer \$2,000,000 to the Ready to Learn program in fiscal year 2017 to address a shortfall in funding relative to initial grant award amounts. The Committee recommendation continues that funding in the Ready to Learn program in fiscal year 2018. This funding will help grantees meet their project objectives and successfully produce the high quality educational programming intended by Congress. The Department shall provide each grantee a proportional share of such funds based on the grantees' initial budget submissions.

Supporting Effective Educator Development

The Committee recommendation includes \$65,000,000 for the Supporting Effective Educator Development [SEED] program. SEED provides competitive grants to improve teacher and principal effectiveness by supporting pathways that help teachers, principals, or other school leaders with non-traditional preparation and certification obtain employment in underserved LEAs; providing evidence-based professional development; and making services and learning opportunities freely available to LEAs.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriations, 2017	\$151,254,000
Budget estimate, 2018	134,857,000
Committee recommendation	131,254,000

The Committee recommends a total of \$131,254,000 for activities to promote safe schools, healthy students, and citizenship education.

Promise Neighborhoods

The Committee recommendation includes \$73,254,000 for the Promise Neighborhoods program. This program awards competitive grants to not-for-profit, community-based organizations for the development of comprehensive neighborhood programs designed to combat the effects of poverty and improve educational and life outcomes for children and youth, from birth through college. Each Promise Neighborhood grantee serves a high-poverty urban neighborhood or rural community.

The Committee recommendation modifies bill language included last year regarding Promise Neighborhood extension grants and directs the Department to award two-year extension grants on a competitive basis no later than March 31, 2018 to high quality Promise Neighborhood programs that have demonstrated positive and promising results through their initial implementation grant and that propose to continue pursuing ambitious goals through an extension of that grant. The Committee expects that grantees would be eligible for extension grants in an amount to allow them to continue to pursue ambitious goals while also supporting sustainability planning. Further, the Committee expects that a funding opportunity announcement will be published promptly with funding awarded as soon as possible, no later than March 31, 2018, to limit disruption and uncertainties for grantees. Finally, the Committee encourages the Department to prioritize funding for programs operating in particularly underserved areas.

School Safety National Activities

The Committee recommendation includes \$58,000,000 for the School Safety National Activities, including up to \$5,000,000 for Project SERV. This funding will help schools address the consequences of their students witnessing or being the victim of violence and other root causes of unhealthy school climates.

Full Service Community Schools

The Committee recommendation does not include funding for Full Service Community Schools.

ENGLISH LANGUAGE ACQUISITION

Appropriations, 2017	\$737,400,000
Budget estimate, 2018	735,998,000
Committee recommendation	737,400,000

The Committee recommends an appropriation of \$737,400,000 for the English Language Acquisition program.

The Department makes formula grants to States based on each State’s share of the Nation’s limited-English-proficient and recent immigrant student population. The program is designed to increase the capacity of States and school districts to address the needs of these students. The authorizing statute requires that 6.5 percent of the appropriation be used to support national activities, which include professional development activities designed to increase the number of highly qualified teachers serving limited-English-proficient students; a National Clearinghouse for English Language Acquisition and Language Instructional Programs. National activities funds shall be available for 2 years.

The Committee strongly encourages the Department to help make States, school districts, and schools aware of funding available, through this program and others, to improve the English language proficiency and academic achievement of English language learners. The Committee notes the Department issued non-regulatory guidance on this issue in 2016.

SPECIAL EDUCATION

Appropriations, 2017	\$13,064,358,000
Budget estimate, 2018	12,942,126,000
Committee recommendation	13,066,858,000

The Committee recommends an appropriation of \$13,066,858,000 for special education programs.

Grants to States

The Committee recommendation includes \$12,002,848,000 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 2018–2019 academic year. Of the funds available for this program, \$2,719,465,000 will become available on July 1, 2018, and \$9,283,383,000 will become available on October 1, 2018. These funds will remain available for obligation through September 30, 2019.

The Committee recommendation continues bill language continuing several provisions relating to MOE requirements, as requested by the administration.

Preschool Grants

The Committee recommends \$368,238,000 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 \$458,556,000 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 State-wide systems for providing early intervention services to all children with disabilities, ages 2 and younger, and their families. The IDEA also gives States the option of extending eligibility for part C services to children 3 and older if they were previously served under part C and will continue to be served until entrance to kindergarten.

State Personnel Development

The Committee recommends \$38,630,000 for the State Personnel Development program. Ninety percent of funds must be used for professional development activities. The program supports grants to SEAs to help them reform and improve their personnel preparation and professional development related to early intervention, educational, and transition services that improve outcomes for students with disabilities. The bill includes language proposed in the

budget request that allows funds under the program to be used for program evaluation.

Technical Assistance and Dissemination

The Committee recommends \$59,428,000 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 \$15,083,000, an increase of \$2,500,000 above the fiscal year 2017 funding level, to support activities authorized by the Special Olympics Sport and Empowerment Act, including Project UNIFY. This funding supports efforts to expand Special Olympics programs and the design and implementation of Special Olympics education programs that can be integrated into classroom instruction and are consistent with academic content standards.

The Committee strongly encourages the Department to fund a demonstration program, of up to \$2,000,000, to test early screening for dyslexia for students in kindergarten and first grade. This could allow for the screening of students in multiple school districts and in multiple states to test for the potential benefits of providing early screening for students, including helping to ensure that students with dyslexia are identified early and receive the resources and evidence-based interventions needed to help them succeed in school.

Personnel Preparation

The Committee recommends \$83,700,000 for the Personnel Preparation program.

Funds support competitive awards to help address State-identified needs for personnel who are qualified to work with children with disabilities, including special education teachers and related services personnel. The program is required to fund several other broad areas, including training leadership personnel and personnel who work with children with low-incidence disabilities, and providing enhanced support for beginning special educators.

Parent Information Centers

The Committee recommends \$27,411,000 for Parent Information Centers.

This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents, and parents of children who may be inappropriately identified.

Technology and Media Services

The Committee recommends \$28,047,000 for Technology and Media Services. This program makes competitive awards to sup-

port the development, demonstration, and use of technology and educational media activities of value to children with disabilities.

The Committee continues to recognize the ongoing progress made with the tools and services provided under the Educational Technology, Media and Materials program that have allowed more than 440,000 students with disabilities free access to more than 515,000 books in digitally accessible formats. The Committee strongly encourages continued effort to expand this program’s reach to K–12 students in underserved areas.

REHABILITATION SERVICES

Appropriations, 2017	\$3,535,589,000
Budget estimate, 2018	3,563,008,000
Committee recommendation	3,562,418,000

Vocational Rehabilitation State Grants

The Committee recommends \$3,452,931,000 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 reallottment process, to be used for innovative activities to improve outcomes for individuals with disabilities.

Client Assistance State Grants

The Committee recommends \$13,000,000 in discretionary funds for Client Assistance State Grants.

This program funds State formula grants to help VR clients or client applicants understand the benefits available to them. States must operate client assistance programs to receive VR State Grant funds.

Training

The Committee recommends \$29,388,000 for training rehabilitation personnel. This program supports grants to provide training to new VR staff, or upgrade the qualifications of existing staff.

Demonstration and Training Programs

The Committee recommendation includes \$5,796,000 for demonstration and training programs. These programs support activities designed to increase employment opportunities for individuals with disabilities by expanding and improving the availability and provision of rehabilitation and other services.

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.

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 \$10,336,000 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, 2017	\$25,431,000
Budget estimate, 2018	25,383,000
Committee recommendation	25,431,000

The Committee recommends \$25,431,000 to help support American Printing House for the Blind [APH].

APH provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides approximately 65 percent of APH's total sales income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of students who are blind. Materials provided include textbooks and other educational aids in Braille, large type, recorded form, and computer applications. Appropriated funds may be used for staff salaries and expenses, as well as equipment purchases and other acquisitions consistent with the purpose of the Act to Promote the Education of the Blind.

The Committee continues to commend APH for the significant progress being made through the Resources with Enhanced Accessibility for Learning [REAL] Plan toward developing new technologies to translate educational materials for delivery to students who are blind and visually impaired. The Committee continues to

support implementation of the REAL plan, and includes no less than the fiscal year 2017 level for such activities.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 2017	\$70,016,000
Budget estimate, 2018	69,883,000
Committee recommendation	70,016,000

The Committee recommends \$70,016,000 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 strongly supports NTID's existing partnership with regional institutions, first established with fiscal year 2016 funds, to expand NTID's geographical reach and the availability of services for individuals who are deaf or hard of hearing in underserved areas. The Committee believes this partnership has been successful in its first year of implementation. Accordingly, the Committee recommendation includes \$2,000,000, the same as the fiscal year 2017 level, to continue this partnership, without significant modifications, in fiscal year 2018.

GALLAUDET UNIVERSITY

Appropriations, 2017	\$121,275,000
Budget estimate, 2018	121,044,000
Committee recommendation	121,275,000

The Committee recommends \$121,275,000 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, 2017	\$1,720,686,000
Budget estimate, 2018	1,476,441,000
Committee recommendation	1,720,686,000

Career and Technical Education

The Committee recommends \$1,125,019,000 for the Career and Technical Education [CTE] account.

State Grants.—The Committee recommends \$1,117,598,000 for CTE State grants.

Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their CTE program and help ensure equal access to CTE for populations with special needs. Persons assisted range from secondary students in prevocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Funds are distributed according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian Natives programs, competitive grants are awarded to federally recognized Indian Tribes or Tribal organizations and to organizations primarily serving and representing Hawaiian Natives for services that are additional to what these groups receive under other provisions of the Perkins Act.

Of the funds available for this program, \$326,598,000 will become available July 1, 2018, and \$791,000,000 will become available on October 1, 2018. These funds will remain available for obligation until September 30, 2019.

National Programs.—The Committee recommends \$7,421,000 to support research, development, demonstration, dissemination, evaluation, and assessment of activities aimed at improving the quality and effectiveness of CTE.

Adult Education

The Committee recommends \$595,667,000 for Adult Education programs.

Adult Education State Grants.—The Committee recommendation includes \$581,955,000 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 \$13,712,000 for adult education national leadership activities.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 2017	\$24,198,210,000
Budget estimate, 2018	22,932,626,000
Committee recommendation	24,198,210,000

The Committee recommends an appropriation of \$24,198,210,000 for programs under the Student Financial Assistance account.

Federal Pell Grant Program

The Committee recommends \$22,475,352,000 in current year discretionary funding for the Pell grant program. Pell grants provide need-based financial assistance that helps undergraduate students and their families defray a portion of the costs of postsecondary education. Awards are determined according to a statutory need-analysis formula that takes into account a student's family income

and assets, household size, and the number of family members, excluding parents, attending postsecondary institutions.

The Committee recommendation includes a 1.7 percent increase in the maximum Pell grant award, from \$5,920 to \$6,020 for the 2018–2019 award year. This is the first discretionary increase in the max award since fiscal year 2007. The Committee recommended funding level for the Pell grant program is also more than sufficient to continue Year-Round Pell [YRP], which was permanently reinstated in the Consolidated Appropriations Act, 2017.

The Committee recommendation also includes a rescission of \$2,600,000,000 in prior year unobligated balances. In recent years, Congress has consistently appropriated more funding than needed for the Pell grant program, including funding a critical expansion of the program with the reinstatement of YRP in fiscal year 2017. Based on current CBO estimates of program costs, including costs of reinstating YRP last year, and after including the increase in the max award and rescission of unobligated balances included in this bill, there will be approximately \$6,000,000,000 in unobligated balances remaining at the end of fiscal year 2018.

Federal Supplemental Educational Opportunity Grant Program

The Committee recommends \$733,130,000 for the Supplemental Educational Opportunity Grant [SEOG] program.

The SEOG program provides funds to approximately 3,700 postsecondary institutions for need-based grants to more than 1.5 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 \$989,728,000 for the Federal Work-Study [FWS] program.

This program provides grants to approximately 3,300 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, the same as the fiscal year 2017 level, for the Work Colleges program authorized under section 448 of the HEA.

STUDENT AID ADMINISTRATION

Appropriations, 2017	\$1,576,854,000
Budget estimate, 2018	1,697,711,000
Committee recommendation	1,576,854,000

The Committee recommends \$1,576,854,000 for the Student Aid Administration account. These funds are available until September 30, 2019, and support the Department’s student aid management expenses.

The Committee recommendation includes \$696,643,000 for administrative costs and \$880,211,000 for loan servicing activities.

The Committee directs the Department to continue to provide quarterly reports detailing its obligation plan by quarter for stu-

dent 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.

Benefits for Servicemembers and Veterans.—The Committee notes that too many veterans and servicemembers eligible for certain student loan benefits have not taken advantage of these benefits due to a lack of communication between the Departments of Education, Defense, and Veterans Affairs, and Federal student loan servicers. In accordance with section 455(o) of the Higher Education Act of 1965 [HEA], eligible military borrowers should not accrue interest on their Federal student loans while serving in an area of hostilities. Under the Higher Education Relief Opportunities for Students Act of 2003, servicemembers enrolled in income-driven repayment programs are eligible for a waiver from annual recertification obligations of their income. Servicemembers with Federal Perkins Loans are also eligible for a cancellation of a percentage of their debt, based on qualifying years of military service, in accordance with Section 465 of the Higher Education Opportunity Act of 2008. Further, many veterans are eligible for a full discharge of their Federal student loan debt due to a service-connected disability under the Total and Permanent Disability Discharge provisions of Section 437 of the HEA. Therefore, the Committee directs the Secretary of Education to enter into a Memorandum of Understanding with the Secretaries of Defense and Veterans Affairs to automate the application of loan benefits to eligible servicemembers and veterans using information in existing Federal databases in a timely manner so that servicemembers and veterans can receive the benefits due under law. The Committee further directs the Secretary of Education to brief the Committees on Appropriations of the House of Representatives and the Senate, Senate Committee on Health, Education, Labor, and Pensions, and the House Committee on Education and the Workforce on the plan for implementing this automation process within 90 days of enactment of this act.

Cohort Default Rates.—The Committee is concerned that some public institutions of higher education operating in economically distressed communities have faced challenges in meeting statutory requirements to manage and prevent student loan defaults because of community-wide factors where the institution operates. The Committee strongly encourages the Secretary to use any authority available, including under section 435(a)(2)(iii) of the HEA, to provide flexibility in applying section 435(a) to institutions of higher education in severely distressed communities in the United States, including institutions operating in counties ranking in the bottom 5 percent of all counties in the Distressed Designation and County Economic Status Classification System of the Appalachian Regional Commission, or based on other commonly used indices or measures. The Committee directs the Secretary to report to the Committees on Appropriations of the House of Representatives and the Senate, the Senate Committee on Health, Education, Labor, and Pensions, and the House Committee on Education and the Workforce on any additional statutory authority the Secretary may need to provide flexibility to such institutions.

Electronic Sharing of Tax Data.—Within the total for the Student Aid Administration account, the Committee recommendation includes sufficient funding to fully implement the Memorandum of Understanding establishing a framework regarding the requirements for electronically sharing tax data over multiple years for federal student loan borrowers participating in Income-Driven Repayment (IDR) plans, as announced by the Departments of Treasury and Education on January 17, 2017.

Extension of Provisional Institutional Eligibility.—By providing language that extends the time period the Secretary may allow an institution of higher education to remain in provisional status, the Committee is addressing concerns that institutional applications for recognition by another accreditor have not been processed in part due to a lack of staff resources. As such, the extension of this time period does not permit institutions to remain with the same accreditor or relieve the Secretary of her responsibility to ensure that institutions are making timely progress with their applications currently being processed by another accrediting agency.

Loan Counseling.—The Committee notes that Preferred Lender List requirements enacted in 2008 are intended to protect students and families from unfair lending practices in higher education. The implementation of these requirements have affected State-based organizations—including State agencies or authorities, or nonprofit organizations that are authorized, established, or chartered by State statute—in ways that were not intended by Congress. State-based organizations report difficulty in partnering with institutions of higher education to advise students on their individual education financing decisions, including student loan repayment and forgiveness options, even when such advising is requested by the institution's financial aid administrator. The Committee directs the Department within 180 days of enactment to issue guidance to clarify how colleges and universities can allow state-based organizations to participate in advising students on campus without violating Preferred Lender List rules. Pursuant to statutory restrictions, such guidance should not permit institutions of higher education or State-based organizations to directly market or advertise State-based education loan programs to students.

Public Service Loan Forgiveness Program.—The Committee notes that there has been significant concern from borrowers over the Department's consistency and reliability in administering the Public Service Loan Forgiveness [PSLF] program. The Committee encourages the Department, in coordination with its Federal loan servicers, to update guidance, information, and processes regarding borrower eligibility for PSLF. Further, the Committee encourages the Department to provide further clarity regarding employer eligibility under the program, particularly for applicants employed by non-profit organizations that provide certain types of public service, but are not categorized under section 501(c)(3) of the Internal Revenue Code. This information should be publicly accessible and include real-world examples of organizations that qualify in certain fields.

The Committee also notes that there has been concern with the level of service provided to borrowers that intend to seek PSLF. The Committee encourages the Department to provide to borrowers

more regular and current information about the status of processing their PSLF employment certification, the number of qualifying payments made, and the projected date of their forgiveness. Further, the Committee encourages the Department to expand the use of digital technology in the PSLF program, to allow for employment certifications and PSLF applications to be completed electronically, and with each student loan servicer. Finally, to ensure consistency for applicants, the Committee encourages the Department to revisit decisions to rescind employment certification for borrowers who were previously approved.

Student Loan Discharges.—The Committee recognizes that there is ongoing disruption to and burden on the lives of students from the closure of and misconduct by Corinthian Colleges, Inc. [CCi]. Former students who enrolled in many programs of study at more than 100 CCi campuses were provided with highly misleading job placement rate information. At least 45,000 former CCi students have pending applications with the Department for a discharge and refund of their fraudulently issued federal loan debt, and the Committee believes that many more students have not applied. The Committee directs the Secretary to process applications as expeditiously as possible, and ensure students are aware of their potential eligibility for relief by identifying and contacting borrowers who may qualify to assert a defense to repayment utilizing the program-level enrollment information provided to the Department by states in 2016.

Student Loan Servicing.—The Committee recommendation includes new bill language prohibiting the Department from moving forward with a new student loan servicing contract unless the new student loan servicing solution includes the participation of multiple student loan servicers that contract directly with the Department of Education and allocates student loan borrower accounts to participating servicers based on performance. The Committee strongly believes relying on one servicer will decrease accountability and add risk to borrowers and taxpayers. Instead, providing for the participation of multiple servicers, utilizing common practices, policies and performance metrics, will promote accountability and incentivize servicers to provide high-quality service to borrowers. The Committee expects that each servicer would be responsible for managing the full life-cycle of loans, from disbursement to pay-off, with exceptions for common origination and disbursement, specialty servicing for at-risk borrowers, and other unique servicing needs, to ensure competition between servicers. Further, while the Department considers the future of the servicing environment, the Committee encourages the Department to continue pursuing the development of a simple, consistent, and unified experience for all student borrowers through a universal web portal. During the collaborative information gathering and stakeholder engagement effort related to the new servicing environment that was announced on August 1, 2017, the Department is directed to engage with the Committees on Appropriations of the House of Representatives and the Senate, the Senate Committee on Health, Education, Labor, and Pensions, and the House Committee on Education and the Workforce to gather input from Congress on the design of this environment.

Further, the Committee reiterates the directive included last year and again directs the Department to issue a common policies and procedures manual, including voluntary best practices, to help improve the consistency of servicing for student loan borrowers. The manual should include best practices related to how borrowers should be counseled about repayment options and benefits. The Department should utilize expertise and resources from its servicers in developing this manual which can also serve as the guide for servicing standards in the future servicing environment.

In addition, the Committee reiterates the directive included in bill language in the Consolidated Appropriations Act, 2017, and included again in this bill, requiring the Department to allow borrowers, when consolidating student loans, to select from any of the existing servicers to service their new consolidated loan. The Committee is deeply concerned with how the Department has adhered to congressional directives in this area, including its plan to ignore this directive, as part of their proposal to move to a single-servicer model.

HIGHER EDUCATION

Appropriations, 2017	\$2,055,439,000
Budget estimate, 2018	2,038,126,000
Committee recommendation	2,048,439,000

The Committee recommends an appropriation of \$2,048,439,000 for higher education programs.

Aid for Institutional Development

The Committee recommends \$577,514,000 in discretionary funding for Aid for Institutional Development. These totals do not include separately authorized and appropriated mandatory funding.

Strengthening Institutions.—The Committee bill recommends \$86,534,000 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 \$107,795,000 for competitive grants to institutions at which Hispanic students make up at least 25 percent of enrollment. Funds may be used for acquisition, rental, or lease of scientific or laboratory equipment; renovation of instructional facilities; development of faculty; support for academic programs; institutional management; and purchase of educational materials.

Promoting Postbaccalaureate Opportunities for Hispanic Americans.—The Committee recommends \$9,671,000 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 \$244,694,000 for the Strengthening HBCUs program. The program makes formula grants to HBCUs that may be used to purchase equipment; construct and renovate facilities; develop faculty; support academic programs; strengthen institutional management; enhance fundraising activities; provide tutoring and counseling services to students; and conduct outreach to elementary and secondary school students.

Strengthening Historically Black Graduate Institutions [HBGIs].—The Committee recommends \$63,281,000 for the Strengthening HBGIs program. This program provides 5-year grants to provide scholarships for low-income students and academic 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 \$9,942,000 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.

Strengthening Asian American and Native American Pacific Islander-Serving Institutions [AANAPISIs].—The Committee recommends \$3,348,000 for competitive grants to AANAPISIs that have an enrollment of undergraduate students that is at least 10 percent Asian American or Native American Pacific Islander students. Grants may be used to improve their capacity to serve Asian American and Native American Pacific Islander students and low-income individuals.

Strengthening Alaska Native and Native Hawaiian-Serving Institutions [ANNHs].—The Committee recommends \$13,802,000 for the Strengthening ANNHs program.

The purpose of this program is to improve and expand the capacity of institutions serving Alaska Native and Native Hawaiian students and low-income individuals. Funds may be used to plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; purchase library and other educational materials; and, provide education or counseling services designed to improve the financial and economic literacy of students or their families.

Strengthening Native American-Serving Non-Tribal Institutions.—The Committee recommends \$3,348,000 for this program, which serves institutions that enroll at least 10 percent Native American students and at least 50 percent low-income students. This program helps institutions plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; and purchase library and other educational materials.

Strengthening Tribally Controlled Colleges and Universities.—The Committee recommends \$27,599,000 for this program. Tribal colleges and universities rely on a portion of the funds provided to

address developmental needs, including faculty development, curriculum, and student services.

Strengthening Masters Degree Programs at Historically Black Colleges and Universities.—The Committee recommends \$7,500,000 for this program, authorized by section 723 of the HEA. This program provides grants to specified colleges and universities making a substantial contribution to graduate education opportunities at the masters level in mathematics, engineering, the physical or natural sciences, computer science, information technology, nursing, allied health, or other scientific disciplines.

International Education and Foreign Language Studies

The bill includes a total of \$72,164,000 for International Education and Foreign Language Studies programs.

Funds are used to increase the number of experts in foreign languages and area or international studies to meet national security needs through visits and study in foreign countries.

Domestic Programs.—The Committee recommends \$65,103,000 for domestic program activities related to international education and foreign language studies under title VI of the HEA. Funds are used to support centers, programs, and fellowships. The Committee urges the Secretary to preserve the program's longstanding focus on activities and institutions that address the Nation's need for a strong training and research capacity in foreign languages and international studies, including increasing the pool of international experts in areas that are essential to national security and economic competitiveness.

Overseas Programs.—The Committee recommends \$7,061,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. Funding is provided for group, faculty, or doctoral dissertation research abroad as well as special bilateral projects. Grants focus on training American instructors and students to improve foreign language and area studies education in the United States.

Model Comprehensive Transition and Postsecondary Programs for Students With Intellectual Disabilities

The Committee recommendation includes \$11,800,000 for competitive grants to postsecondary institutions to support model programs that help students with intellectual disabilities transition to and complete college, as authorized by section 767 of the HEA. Funds may be used for student support services; academic enrichment, socialization, or independent living; integrated work experiences; and partnerships with LEAs to support students with intellectual disabilities participating in the model program who are still eligible for special education and related services under the IDEA.

Minority Science and Engineering Improvement

The Committee recommends \$9,648,000 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 im-

prove 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 \$8,286,000 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 \$953,000,000 for Federal TRIO programs, which provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students.

Upward Bound offers disadvantaged high school students academic services to develop the skills and motivation needed to pursue and complete a postsecondary education; Student Support Services provides developmental instruction, counseling, summer programs, and grant aid to disadvantaged college students to help them complete their postsecondary education; Talent Search identifies and counsels individuals between ages 11 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; Educational Opportunity Centers provide information and counseling on available financial and academic assistance to low-income adults who are first-generation college students; and the Ronald E. McNair Postbaccalaureate Achievement Program supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in doctoral programs.

The Committee recommendation includes no less than the fiscal year 2017 level for each of the TRIO programs, and rejects the administration's proposed elimination of the McNair Postbaccalaureate and Educational Opportunity Centers programs.

The Committee directs the Secretary to peer review fiscal year 2017 Upward Bound applications that were initially determined ineligible for further review based on minor technical issues with their grant application. Further, after such review, the Committee directs the Secretary to award funding to any applicants that would have received funding in the fiscal year 2017 grant competition had they been allowed to be reviewed then. The Committee recommendation includes an increase for TRIO to ensure that current grantees are not adversely impacted by any grant awards that result.

The Committee continues to be concerned with the timeliness of the Department's announcement of TRIO grant awards and the impact on grantees. The Committee directs the Department conduct a review of all grant award deadlines related to Federal TRIO programs and implement recommendations for upholding these deadlines, or modifying them to better-align with grantees' program year and to prevent disruption among grantees and the services they provide.

The Committee is concerned with the Department's plan to abruptly end certain grants under the Education Opportunity Centers [EOC] program after just one year, and without advance notification or warning. While the Committee expects grantees to be held to high standards, absent violation of law or regulation, grantees should not have their funding terminated mid-grant without significant advance notice and an opportunity to provide corrective actions. Except in extraordinary circumstances, the Committee directs the Secretary to ensure that grantees are notified at least 90 in advance that they are in danger of not having their grant continued unless they take specific corrective actions. Further, the Committee directs the Secretary to provide particular flexibility to new grantees, grantees operating in particularly underserved areas, and grantees facing other extenuating circumstances. Accordingly, the Department shall provide continuation grants to EOC programs according to their initial grant awards.

Gaining Early Awareness and Readiness for Undergraduate Programs

The Committee recommends \$339,754,000 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 directs the Secretary to announce in the Federal Register a Notice for Application for New Awards for State grants for this fiscal year and establish a maximum award for such awards that accommodates the larger grants made to States under previous grant competitions. The Department is strongly encouraged to publish the notice inviting applications as soon as possible. The Committee believes that the rejection of the budget's proposed cut to GEAR UP enables the Department to prevent State grantees that received higher annual grant amounts based on prior competition maximum award amounts from reducing services as a result of a potential lower maximum award for a State grant competition in 2018.

The Committee continues bill language allowing the Department to set aside up to 1.5 percent of the total provided for evaluation purposes. Further, the Committee directs the Department to work with the GEAR UP community and grantees to standardize data collection, including through the use of third-party data systems.

Graduate Assistance in Areas of National Need and Javits Fellowships

The Committee recommends \$23,047,000 to support the Graduate Assistance in Areas of National Need [GAANN] program.

GAANN supports fellowships through 3-year competitive grants to graduate academic departments and programs in scientific and technical fields and other areas of national need as determined by the Secretary. Fellowship recipients must have excellent academic records and high financial need and must be pursuing doctoral degrees or the highest graduate degrees in their academic field. Each fellowship consists of a student stipend to cover living costs and an

institutional payment to cover each fellow’s tuition and other expenses. Institutions of higher education must match 25 percent of the grant amount.

Teacher Quality Partnership Program

The Committee recommends \$38,092,000 for the Teacher Quality Partnership [TQP] program. The TQP program helps improve the quality of teachers working in high-need schools and early childhood education programs by creating model teacher preparation and residency programs.

Child Care Access Means Parents in Schools

The Committee recommendation includes \$15,134,000 for the Child Care Access Means Parents in Schools program. This program provides competitive grants to institutions of higher education to establish or support campus-based child care programs, to help support needs and participation of low-income parents in post-secondary education.

HOWARD UNIVERSITY

Appropriations, 2017	\$221,821,000
Budget estimate, 2018	221,399,000
Committee recommendation	221,821,000

The Committee recommends an appropriation of \$221,821,000 for Howard University. Located in the District of Columbia, Howard offers undergraduate, graduate, and professional degrees through 12 schools and colleges. The university also administers the Howard University Hospital. Federal funds from this account support approximately 38 percent of the university’s operating costs. The Committee recommends, within the funds provided, not less than \$3,405,000 for the endowment program.

Howard University Hospital.—Within the funds provided, the Committee recommends \$27,325,000 for Howard University Hospital. The hospital provides inpatient and outpatient care, as well as training in the health professions. It also serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the university. The Federal appropriation provides partial funding for the hospital’s operations.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriations, 2017	\$435,000
Budget estimate, 2018	434,000
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, 2017	\$20,484,000
Budget estimate, 2018	20,445,000
Committee recommendation	20,484,000

The Committee recommends \$20,484,000 for the HBCU Capital Financing Program.

The Committee recommendation includes \$20,150,000 to pay the loan subsidy costs in guaranteed loan authority under this program. This amount will support an estimated \$314,000,000 in new loan volume in fiscal year 2018. 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 OF EDUCATION SCIENCES

Appropriations, 2017	\$605,267,000
Budget estimate, 2018	616,839,000
Committee recommendation	600,267,000

The Committee recommends \$600,267,000 for the Institute of Education Sciences [IES]. This account supports education research, development, dissemination, and evaluation; data collection and analysis activities; and the assessment of student progress.

Under the Education Sciences Reform Act of 2002, Congress established IES to provide objective and valid research-driven knowledge that was free of political influence or bias so as to better inform effective education practices at the State and local levels. The act required IES, in carrying out its mission, “to compile statistics, develop products, and conduct research, evaluations, and wide dissemination activities in areas of demonstrated national need and ensure that such activities conform to high standards of quality, integrity, and accuracy and are objective, secular, neutral, and non-ideological and are free of partisan political influence.”

The Committee directs the Director to submit an operating plan within 90 days of enactment 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.

The Committee supports IES’s plans in fiscal year 2018 to select a National Research and Development Center on Improving Rural Education. The Committee understands that this center will build the capacity of rural schools to use high-quality, scientific research to improve student outcomes, as envisioned by ESSA. The Committee is particularly interested in research that addresses the specific needs of diverse rural schools. The Committee strongly encourages IES to establish a research and development center specifically designed for research collaboration between university experts

and underperforming LEAs in rural districts that serve high poverty and minority students with high dropout rates. Further, the research center should address the needs of rural schools in relation to early childhood education, teacher education, school needs assessment, and transition to post-secondary education. Priority should be given to applicants who create a network of partnerships that touch various geographic regions of the Nation.

To address concerns about the privacy of student data, particularly personally identifiable information, the Committee continues to direct the Department to ensure that its employees, contractors, and grantees, including States that receive funds from Statewide Longitudinal Data System grants, adhere to the strictest and highest standards for protecting personally identifiable information. The Committee notes the Department is planning, pursuant to Senate Committee Report 114–274, to report to the Committees on Appropriations of the House of Representatives and the Senate, as well as to the Senate Health, Education, Labor, and Pensions Committee and the House Education and the Workforce Committee, on the actions it has taken to comply with this directive.

RESEARCH, DEVELOPMENT, AND DISSEMINATION

The Committee recommends \$185,000,000 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 \$107,000,000 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 \$54,423,000 to continue support for the Regional Educational Laboratories program. Funds available in this bill will continue to support a network of 10 laboratories. The laboratories are responsible for promoting the use and development of knowledge and evidence in broad-based systemic strategies to increase student learning and further school improvement efforts. The Committee appreciates the efforts of IES to strengthen the connections between practitioners and the research community, so that federally supported research is timely, relevant, and responsive to the needs of the field.

RESEARCH AND INNOVATION IN SPECIAL EDUCATION

The Committee recommends \$54,000,000 for research and innovation in special education conducted by the National Center for Special Education Research.

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 \$10,818,000 for special education studies and evaluations.

This program supports competitive grants, contracts, and cooperative agreements to assess the implementation of IDEA. Funds are also used to evaluate the effectiveness of State and local efforts to deliver special education services and early intervention programs. Funds are available for obligation for 2 fiscal years.

STATEWIDE DATA SYSTEMS

The Committee recommendation includes \$32,281,000 for the Statewide Data Systems program.

This program supports competitive grants to SEAs to enable such agencies to design, develop, and implement Statewide, longitudinal data systems to manage, analyze, disaggregate, and use individual data for students of all ages. Early childhood, postsecondary, and workforce information systems may be linked to such systems or developed with program funds. The Committee believes the Department should continue its efforts to ensure every State has the base support necessary to develop effective systems. Funds are available for obligation for 2 fiscal years.

ASSESSMENT

The Committee recommends \$156,745,000 to provide support for the National Assessment of Educational Progress [NAEP], a congressionally mandated assessment created to measure and report the educational achievement of American students in a range of subjects and analyze trends over time.

Within the funds appropriated, the Committee recommends \$7,745,000 for the National Assessment Governing Board [NAGB], which is responsible for formulating policy for NAEP.

The Committee continues to support assessments for students in United States History, Civics, and Geography. The Committee directs NAGB to continue administering assessments in these three areas, at least every four years, in accordance with the current NAEP schedule. According to this schedule, the next administration will be in 2018 for 8th grade students.

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 2017	\$432,000,000
Budget estimate, 2018	438,000,000
Committee recommendation	430,000,000

The Committee recommends \$430,000,000 for program administration.

Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services required to award, administer, and monitor Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this account.

Borrower Defense Claims Reporting.—The Committee directs the Department to report on a quarterly basis to the Committees on Appropriations of the House of Representative and the Senate, the Senate Committee on Health, Education, Labor, and Pensions, and the House Committee on Education and the Workforce, on the receipt and processing by the Department of borrower defense claims made pursuant to section 455(h) of the HEA. This should include information on the total number of pending borrower defense claims, total number of approved borrower defense claims, total dollar amount of relief, and total number of denied claims, including disaggregated by State. The report shall also include specific actions taken and planned to process this workload in a timely manner. The Committee strongly encourages the Department to make the reports publicly available on its website.

Performance Partnerships.—The Committee recommendation continues authority for Performance Partnerships as included in prior appropriations acts. Performance Partnerships allow States and localities to demonstrate better ways of improving outcomes for disconnected youth by giving them additional flexibility in using discretionary funds across multiple Federal programs. The Committee also continues to encourage the administration to enhance its efforts working with existing and potential sites on the full range of flexibilities that could be employed to help better serve disconnected youth. Finally, the Committee is interested in expanding Performance Partnerships to other populations and programs, and has requested reports from GAO to help explore this possibility.

Pooled Evaluation Authority.—The Committee requests that the Department provide a report to the Committee on the planned use of pooled evaluation funds under section 8601 of the ESEA, consistent with the required plan under such section, not later than 15 days prior to any transfer of funds.

Competitive Grant Priorities for Rural Areas.—The Committee continues to encourage the Department to continue efforts to ensure that competitive grants are reaching rural areas and States so that support and solutions developed with Federal funding are relevant to and available in such areas.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2017	\$108,500,000
Budget estimate, 2018	106,797,000
Committee recommendation	117,000,000

The Committee recommends \$117,000,000 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, dis-

ability, 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.

In reviewing, investigating, or deciding whether there has been a violation of Title VI of the Civil Rights Act of 1964, on the basis of race, color, or national origin, based on an individual's actual or perceived shared Jewish ancestry or Jewish ethnic characteristics, the Committee strongly encourages OCR to take into consideration the definition and examples of anti-Semitism set forth by the State Department's Special Envoy to Monitor and Combat Anti-Semitism when assessing whether a practice was motivated by anti-Semitic intent.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2017	\$59,256,000
Budget estimate, 2018	61,143,000
Committee recommendation	59,256,000

The Committee recommends \$59,256,000 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 Republic of Palau to receive certain Federal funds.

Section 306. The bill continues a provision making evaluation funds pooled under section 8601 of the ESEA available for obligation from July 1, 2018 through September 30, 2019.

Section 307. The bill continues a general provision allowing certain institutions to continue to use endowment income for student scholarships.

Section 308. The bill continues a provision extending authorization of the National Advisory Committee on Institutional Quality and Integrity.

Section 309. The bill continues a provision extending authority to provide account maintenance fees to guarantee agencies.

Section 310. The bill modifies a provision rescinding fiscal year 2018 mandatory funding to pay for mandatory costs of increasing the maximum discretionary Pell award.

Section 311. The bill modifies a general provision rescinding discretionary unobligated balances from the Pell grant program.

Section 312. The bill includes a new provision restoring Pell eligibility for certain students.

Section 313. The bill includes a new provision giving the Secretary authority to extend provisional eligibility status for certain institutions of higher education.

TITLE IV
RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR
SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriations, 2017	\$8,000,000
Budget estimate, 2018	6,117,000
Committee recommendation	8,000,000

The Committee recommends \$8,000,000 for the Committee for Purchase from People Who Are Blind or Severely Disabled, of which no less than \$1,250,000 shall be made available for the Office of Inspector General.

The AbilityOne program provides more than 46,000 blind or severely disabled Americans with employment opportunities each year. The primary purpose of this program is to increase the employment opportunities for people who are blind or have other severe disabilities and, whenever possible, to prepare them to engage in competitive employment. Encompassing approximately \$3,300,000,000 in contracts, it is the Federal Government's largest employment program for the severely disabled. The Committee is encouraged by the steps the Commission has taken to implement the recommendations outlined in the May 2013 GAO report addressing the concerns regarding the oversight of the Central Non-profit Agencies, the independent contracted organizations which administer the program. The Committee directs the Commission to provide an update on these efforts to the Committees on Appropriations of the House of Representatives and the Senate within 120 days of enactment of this act.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

The Corporation for National and Community Service [CNCS], a corporation owned by the Federal Government, was established to enhance opportunities for national and community service. CNCS administers programs authorized under the Domestic Volunteer Service Act, the National and Community Service Trust Act, and the SERVE America Act. Grants are awarded to States, public and private nonprofit organizations, and other entities to create service opportunities for students, out-of-school youth, adults, and seniors.

The Committee recommendation for CNCS provides a total program level of \$1,018,916,000.

OPERATING EXPENSES

Appropriations, 2017	\$736,029,000
Budget estimate, 2018	31,689,000
Committee recommendation	736,429,000

The Committee recommends \$736,429,000 for the operating expenses of CNCS.

Volunteers in Service to America [VISTA]

The Committee recommends \$92,364,000 for VISTA. This program provides capacity building for small, community-based organizations with a mission of combating poverty. VISTA members raise resources, recruit and organize volunteers, and establish and expand programs in housing, employment, health, and economic development activities.

National Senior Volunteer Corps

The Committee recommends \$202,117,000 for the National Senior Volunteer Corps programs, 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 \$386,010,000 for AmeriCorps State and National Grants, which provide funds to local and national organizations and agencies to address community needs in education, public safety, health, and the environment. Each of these organizations and agencies, in turn, uses its AmeriCorps funding to recruit, place, and supervise AmeriCorps members. AmeriCorps members receive a modest living allowance and other benefits proportional to their level of time commitment.

The Committee strongly supports CNCS' efforts and initiatives in several areas, including but not limited to, supporting activities in communities experiencing civil unrest and significant violence, including strengthening relationships between communities and law enforcement; helping address the opioid epidemic; and responding to natural disasters. AmeriCorps programs are uniquely situated to respond to such crises that impact communities across the country and the Committee strongly encourages CNCS to expand on these efforts.

Commission Investment Fund [CIF].—The Committee recommendation includes no less than \$7,500,000, the same as the fiscal year 2017 level for CIF, which provides funds to State commissions for training and technical assistance activities to expand the capacity of current and potential AmeriCorps programs, particularly in underserved areas.

Fixed Amount Grants.—The Committee encourages CNCS to expand opportunities for AmeriCorps programs to utilize fixed amount grants, which could reduce unnecessary administrative burdens on current and potential AmeriCorps programs. The Committee encourages CNCS to increase the current maximum cost per member service year of fixed amount grants to make it more comparable to cost reimbursement grant levels and allow new AmeriCorps programs to be eligible to apply for full-time fixed amount grants, while also ensuring that fixed amount grantees

provide a comparable amount of matching funds and that there is sufficient oversight and accountability of fixed amount grantees.

Professional Corps.—The Committee continues to direct CNCS to include a determination of need by the local community among the factors that a professional corps program may use to demonstrate an inadequate number of professional in a community. Further, the Committee strongly encourages CNCS to increase the maximum amount of operating funds per member service year a professional corps program may request as part of their grant application. The Committee continues to direct CNCS to provide professional corps programs flexibility in justifying the need for operating funds to ensure that these programs are able to provide high-quality services in all communities.

Reduced Full-Time Service Position.—The Committee includes a new general provision to allow CNCS to establish a new 1,200 hour service position, including a proportional reduction in the education award. This will provide AmeriCorps programs increased flexibility, and more closely align member service positions with the needs of local communities.

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 \$5,400,000 for innovation, demonstration, and assistance activities.

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 2017 funding level.

National Days of Service.—The Committee recommendation includes a total of \$1,600,000, an increase of \$600,000, for National Days of Service to include the September 11 National Day of Service and Remembrance and the Martin Luther King, Jr. National Day of Service, to be allocated equally by CNCS to support these National Days of Service.

Evaluation

The Committee recommendation includes \$4,000,000 for CNCS evaluation activities.

State Commission Grants

The Committee recommendation includes \$16,538,000 for State Commission Grants.

PAYMENT TO THE NATIONAL SERVICE TRUST

Appropriations, 2017	\$206,842,000
Budget estimate, 2018	
Committee recommendation	195,000,000

The Committee recommends an appropriation of \$195,000,000 for making payments to the National Service Trust, as requested by the administration.

The National Service Trust makes payments of Segal education awards, pays interest that accrues on qualified student loans for AmeriCorps participants during terms of service in approved national service positions, and makes other payments entitled to members who serve in the programs of CNCS.

The Committee recommendation reflects the estimated funding needed for the Trust at overall Committee recommended funding levels for CNCS.

SALARIES AND EXPENSES

Appropriations, 2017	\$81,737,000
Budget estimate, 2018	99,735,000
Committee recommendation	81,737,000

The Committee recommends an appropriation of \$81,737,000 for CNCS salaries and expenses. The salaries and expenses appropriation provides funds for staff salaries, benefits, travel, training, rent, equipment, and other operating expenses necessary for management of CNCS programs and activities.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2017	\$5,750,000
Budget estimate, 2018	3,568,000
Committee recommendation	5,750,000

The Committee recommends an appropriation of \$5,750,000 for the CNCS OIG. The OIG’s goals are to increase organizational efficiency and effectiveness within the Corporation and to prevent fraud, waste, and abuse.

ADMINISTRATIVE PROVISIONS

The Committee recommendation includes the following general provisions for CNCS: requiring CNCS to make any significant changes to program requirements or policy through rule making (section 401); stipulating minimum share requirements (section 402); requiring that donations supplement and not supplant operations (section 403); aligning requirements regarding the use of Education Awards at GI bill-eligible institutions (section 404); allowing the required background check of certain applicants to be processed by States under terms of the National Child Protection Act (section 405); and allowing CNCS to establish a new 1,200 hour member service position (section 406).

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 2019	\$445,000,000
Budget estimate, 2020	
Committee recommendation, 2020	445,000,000

The Committee recommends \$445,000,000 for the Corporation for Public Broadcasting [CPB] as an advance appropriation for fiscal year 2020.

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 recommendation includes an additional \$20,000,000 in fiscal year 2018 for the replacement and upgrade of the public broadcasting interconnection system.

The Committee supports the Corporation’s move to an annual interconnection appropriation from a periodic lump sum request. Since fiscal year 1991, Congress has provided the Corporation with a separate appropriation for interconnection, recognizing its essential role in providing every American the quality and quantity of public media services, including educational, informational and cultural content of national, regional and local interest.

Technology and distribution systems have greatly evolved since Congress established the practice of funding public broadcasting interconnection. Recognizing technology’s power in creating further cost efficiencies across the public media system, the Committee supports CPB in replacing and upgrading the public broadcasting interconnection system and further investing in systemwide infrastructure and services that benefit the American people.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriations, 2017	\$46,650,000
Budget estimate, 2018	48,655,000
Committee recommendation	46,650,000

The Committee recommends \$46,650,000 for the Federal Mediation and Conciliation Service [FMCS]. FMCS provides mediation, conciliation, and arbitration services to labor and management organizations to prevent and minimize work stoppages and promote stable labor-management relationships. FMCS is also authorized to provide dispute resolution consultation and training to all Federal agencies.

Within the total, FMCS may utilize up to \$900,000 for labor-management partnership grants. These grants support innovative approaches to collaborative labor-management relationships to resolve potential problems, explore ways to improve productivity, and avert serious work stoppages.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2017	\$17,184,000
Budget estimate, 2018	17,053,000
Committee recommendation	17,184,000

The Committee recommends \$17,184,000 for the Federal Mine Safety and Health Review Commission [FMSHRC], which provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977. Most cases involve civil penalties proposed by MSHA. FMSHRC’s administrative law judges [ALJs] decide cases at the trial level and the five-member Commission provides review of the ALJ’s decisions. The Committee directs the Federal Mine Safety and Health Review Com-

mission to continue providing priority to reducing the excessive time substantive cases on appeal are awaiting a decision.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM AND LIBRARIES: GRANTS AND ADMINISTRATION

Appropriations, 2017	\$231,000,000
Budget estimate, 2018	23,000,000
Committee recommendation	235,000,000

The Committee recommends \$235,000,000, an increase of \$4,000,000, 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 2017 appropriation	Fiscal year 2018 request	Committee recommendation
Library Services Technology Act [LSTA]:			
Grants to States	156,103	.....	160,103
Native American Library Services	4,063	.....	4,063
National Leadership: Libraries	13,406	.....	13,406
Laura Bush 21st Century Librarian	10,000	.....	10,000
Subtotal LSTA	183,572	.....	187,572
Museum Services Act:			
Museums for America	21,149	.....	21,149
Native American/Hawaiian Museum Services	972	.....	972
National Leadership: Museums	8,113	.....	8,113
Subtotal, MSA	30,234	.....	30,234
African American History and Culture Act	1,481	.....	1,481
Administration	14,000	23,000	14,000
Research, Analysis and Data Collection	1,713	.....	1,713
IMLS Total	231,000	23,000	235,000

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriations, 2017	\$7,765,000
Budget estimate, 2018	8,700,000
Committee recommendation	7,765,000

The Committee recommends \$7,765,000 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, 2017	\$11,925,000
Budget estimate, 2018	12,295,000
Committee recommendation	11,925,000

The Committee recommends \$11,925,000 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, 2017	\$3,250,000
Budget estimate, 2018	3,211,000
Committee recommendation	3,250,000

The Committee recommends \$3,250,000 for the National Council on Disability [NCD]. NCD is mandated to make recommendations to the President, Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research on issues of concern to individuals with disabilities. The Council gathers information on the implementation, effectiveness, and impact of the Americans with Disabilities Act and examines emerging policy issues as they affect persons with disabilities and their ability to enter or re-enter the Nation's workforce and to live independently.

NATIONAL LABOR RELATIONS BOARD
SALARIES AND EXPENSES

Appropriations, 2017	\$274,224,000
Budget estimate, 2018	258,000,000
Committee recommendation	274,224,000

The Committee recommends \$274,224,000 for the National Labor Relations Board [NLRB or "the Board"], which administers and enforces the National Labor Relations Act and protects employee and employer rights provided under that act.

ADMINISTRATIVE PROVISIONS

The Committee maintains language from the fiscal year 2017 appropriations act restricting the use of electronic voting (section 407).

NATIONAL MEDIATION BOARD
SALARIES AND EXPENSES

Appropriations, 2017	\$13,800,000
Budget estimate, 2018	13,205,000
Committee recommendation	13,800,000

The Committee recommends \$13,800,000 for the National Mediation Board [NMB], which mediates labor-management relations in the railroad and airline industries under the Railway Labor Act. The NMB mediates collective bargaining disputes, conducts elec-

tions to determine the choice of employee bargaining representatives, and administers arbitration of employee grievances.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2017	\$13,225,000
Budget estimate, 2018	12,615,000
Committee recommendation	13,225,000

The Committee recommends \$13,225,000 for the Occupational Safety and Health Review Commission [OSHRC]. OSHRC serves as a court to resolve disputes between OSHA and employers charged with violations of health and safety standards enforced by OSHA.

RAILROAD RETIREMENT BOARD

The Railroad Retirement Board [RRB] administers the retirement/survivor and unemployment/sickness insurance benefit programs for railroad workers and their families under the Railroad Retirement Act and Railroad Unemployment Insurance Act.

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriations, 2017	\$25,000,000
Budget estimate, 2018	22,000,000
Committee recommendation	22,000,000

The Committee recommends \$22,000,000 for the Dual Benefits Payments Account. This amount includes an estimated \$1,000,000 derived from income taxes on vested dual benefits. This appropriation provides for vested dual benefit payments to beneficiaries covered under both the railroad retirement and Social Security systems.

FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNTS

Appropriations, 2017	\$150,000
Budget estimate, 2018	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, 2017	\$113,500,000
Budget estimate, 2018	111,225,000
Committee recommendation	114,500,000

The Committee recommends \$114,500,000 for RRB's costs associated with the administration of railroad retirement/survivor and unemployment/sickness benefit programs. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds that may be used by the Board for administrative expenses.

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, 2017	\$10,000,000
Budget estimate, 2018	8,437,000
Committee recommendation	11,000,000

The Committee recommends \$11,000,000 for the RRB OIG. This Office conducts audits and investigations to protect the integrity of the RRB trust funds and provides comprehensive oversight of all RRB operations and programs.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriations, 2017	\$11,400,000
Budget estimate, 2018	11,400,000
Committee recommendation	11,400,000

The Committee recommends \$11,400,000 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, 2017	\$43,618,163,000
Budget estimate, 2018	38,556,526,000
Committee recommendation	38,450,927,000

The Committee recommends \$38,450,927,000 in fiscal year 2018 mandatory funds for the SSI program. This is in addition to the \$15,000,000,000 provided in the fiscal year 2017 appropriations act for the first quarter of fiscal year 2018. In addition, the Committee recommends \$19,500,000,000 in advance funding for the first quarter of fiscal year 2019. 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 2018 program level of \$48,236,000,000 for Federal benefit payments. This will support an average monthly benefit of approximately \$569 for 8,100,000 recipients.

Beneficiary Services

The Committee recommendation includes \$159,000,000 in new mandatory budget authority for beneficiary services.

These funds reimburse vocational rehabilitation [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 serv-

ices. 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 \$4,954,927,000 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, 2017	\$12,480,945,000
Budget estimate, 2018	12,453,000,000
Committee recommendation	11,988,945,000

Due to budget constraints, the Committee recommends \$11,988,945,000 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.

The Committee recommendation includes \$1,735,000,000 for program integrity activities, including CDRs and SSI redeterminations of non-medical eligibility. This includes \$273,000,000 in base funding and \$1,462,000,000 in cap adjustment funding allowed under the Budget Control Act [BCA]. The Committee recommendation is a \$84,000,000 decrease from the fiscal year 2017 funding level, as specified in the BCA. Combined, these activities are estimated to save approximately \$9,828,000,000 over 10 years for the Social Security, Medicare, and Medicaid programs by preventing waste, fraud, abuse, and improper payments.

The Committee is supportive of efforts to reduce improper payments and improve program integrity in the SSA’s disability and Supplemental Security Income benefits programs. As part of the Bipartisan Budget Act of 2015, Congress empowered SSA to enter into an information exchange with a payroll data provider to pre-

vent improper payments of such benefits. These programs have proven to be beneficial in reducing improper payments for other Federal and State benefits programs, and the Committee urges SSA to prioritize the utilization of these opportunities.

Within the funds provided to SSA for continuing disability reviews under titles II and XVI of the Social Security Act and conducting redeterminations of eligibility, the Committee encourages SSA to utilize all of the tools available to it from commercial and non-commercial entities that collect and maintain data regarding employment and wages, to ensure that disability and SSI benefits are properly paid and to reduce fraud and abuse. The Committee requests an update in the fiscal year 2019 CJ on the progress that SSA has made in utilizing additional tools to identify improper payments, as well as progress it has made in those efforts.

Disability Insurance.—The Committee recognizes that the purpose of the Ticket to Work and Self-Sufficiency Program [Ticket Program] is to provide the assistance disabled beneficiaries need to return to work. The Committee is aware that the SSA OIG found that employment impacts may have been similar for beneficiaries, whether they had participated in the Ticket Program or other employment assistance programs. The Committee directs SSA to submit a report no later than 90 days after the enactment of this act determining if the Ticket Program is having the desired measurable results and if it is or is not cost effective to continue the Ticket Program.

Medical Vocational Guidelines.—The Committee is dedicated to ensuring that the disabled have access to needed benefits, and strongly encourages SSA to work with us to achieve that goal. The Committee continues to be concerned that SSA uses outdated rules to determine whether or not a claimant meets SSA's definition of disability. The Committee is encouraged by SSA's indication that they are beginning the regulatory process, having already received input from the National Disability Forum, the National Institute of Medicine, as well as various aging and employment experts. These initial steps are well received, as Congress continues to work with the Administration to modernize the outdated vocational guidelines into a structure that reflects the 21st century labor market. However, SSA officials have indicated to GAO that the complete update of the occupational grid is not expected to be completed until 2024, and at a cost of \$178,000,000. As this is the first significant overhaul of the grid in nearly 40 years, the Committee requests SSA to submit, no later than 60 days after the enactment of this act, a report on its ongoing efforts to update the grid, including the latest status of the Occupational Information System joint project with the Department of Labor. In addition, the report shall include a study assessing the feasibility of maintaining a continuous update of the medical vocational guidelines every 10 years. In conjunction with the agency's release of findings, the Committee directs SSA, in coordination with the U.S. Bureau of Labor Statistics, to brief the Committee on the status and progress of the ongoing update to the Medical Vocational Guidelines no later than 90 days after the enactment of this act.

Reducing the Hearing Backlog.—The Committee is aware of the discord between SSA and the ALJ community regarding the imple-

mentation of part of SSA’s Compassionate and Responsive Service [CARES] plan to reduce the significant hearing backlog at the agency. Specifically, there is concern regarding the Administration’s hiring of Administrative Appeals Judges for non-disability and remanded cases. The Committee recognizes the need for further discussion regarding this matter and encourages SSA to engage with the ALJ community and appropriate stakeholders to find innovative solutions to address hearing wait times, keeping in mind the goal of reducing the backlog to serve the over 1,100,000 individuals and their families awaiting a hearing decision.

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 \$119,000,000 for administrative activities funded from user fees. This includes \$118,000,000 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.

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 2017 levels, respectively. These programs provide valuable services to help Social Security disability beneficiaries return to work.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2017	\$105,500,000
Budget estimate, 2018	105,500,000
Committee recommendation	105,500,000

The Committee recommends \$105,500,000 for SSA’s OIG. This includes \$75,500,000 funded from the OASI and DI trust funds for those programs’ share of OIG’s expenses and \$30,000,000 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 provision prohibiting SSA from processing earnings for work performed under a fraudulent social

security number if based on a conviction for a violation under section 208(a)(6) or (7) of the Social Security Act.

Section 519. The bill continues a provision prohibiting SSA from establishing a totalization agreement with Mexico.

Section 520. The bill continues a provision regarding funding for programs that carry out distribution of sterile needles or syringes.

Section 521. The bill continues a provision requiring computer networks to block pornography.

Section 522. The bill continues a provision prohibiting funding from going to the Association of Community Organizations for Reform Now [ACORN], or any of its affiliates, subsidiaries, allied organizations, or successors.

Section 523. The bill continues a provision related to reporting requirements for conference spending.

Section 524. The bill continues a provision related to advertisement costs.

Section 525. The bill continues a provision on Performance Partnerships.

Section 526. The bill continues a provision regarding reporting status of balances of appropriations.

Section 527. The bill continues a provision rescinding funds from the Independent Payment Advisory Board.

Section 528. The bill modifies a provision rescinding funds from the Children's Health Insurance Program Performance Bonus Fund.

Section 529. The bill modifies a provision rescinding funds from the Children's Health Insurance Program regarding State allotments.

Section 530. The bill continues a provision rescinding funds from the Children's Health Insurance Program child enrollment contingency fund.

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: Institute of Education Sciences; parts C and D of the Individuals with Disabilities Education Act; 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 September 7, 2017, the Committee ordered favorably reported an original bill (S. 1771) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2018, and for other purposes, provided,

that the bill be subject to amendment and that the bill be consistent with its subcommittee funding guidance, and provided that the Chairman of the Committee or his designee be authorized to offer the substance of the original bill as a Committee amendment in the nature of a substitute to the House companion measure, by a recorded vote of 29–2, a quorum being present. The vote was as follows:

Yeas	Nays
Chairman Cochran	Mr. Lankford
Mr. McConnell	Mr. Daines
Mr. Shelby	
Mr. Alexander	
Ms. Collins	
Ms. Murkowski	
Mr. Graham	
Mr. Blunt	
Mr. Moran	
Mr. Hoeven	
Mr. Boozman	
Mrs. Capito	
Mr. Kennedy	
Mr. Rubio	
Mr. Leahy	
Mrs. Murray	
Mrs. Feinstein	
Mr. Durbin	
Mr. Reed	
Mr. Tester	
Mr. Udall	
Mrs. Shaheen	
Mr. Merkley	
Mr. Coons	
Mr. Schatz	
Ms. Baldwin	
Mr. Murphy	
Mr. Manchin	
Mr. Van Hollen	

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 I—GENERAL PROVISIONS

PART B—ADDITIONAL GENERAL PROVISIONS

§ 1011c. National Advisory Committee on Institutional Quality and Integrity

(a) Establishment

* * * * *

(f) Termination

The Committee shall terminate on September 30, **[2017]** *2018*.

* * * * *

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) * * *

(7) ADDITIONAL FUNDS.—

(A) IN GENERAL.—* * *

(i) * * *

* * * * *

(iv) to carry out this section—

(I) * * *

* * * * *

(VIII) **[\$1,382,000,000]** *\$1,355,000,000* for fiscal year 2018;

* * * * *

(c) Period of eligibility for grants

[(5) The period]

(5) *MAXIMUM PERIOD.*—

(A) *IN GENERAL.*—*Except as provided in subparagraph (B), the period during which a student may receive Federal Pell Grants shall not exceed 12 semesters, or the equivalent of 12 semesters, as determined by the Secretary by regulation. Such regulations shall provide, with respect to a student who re-*

ceived a Federal Pell Grant for a term but was enrolled at a fraction of full-time, that only that same fraction of such semester or equivalent shall count towards such duration limits.

(B) EXCEPTION.—

(i) IN GENERAL.—Any Federal Pell Grant that a student received during a period described in subclause (I) or (II) of clause (ii) shall not count towards the student’s duration limits under this paragraph.

(ii) APPLICABLE PERIODS.—Clause (i) shall apply with respect to any Federal Pell Grant awarded to a student to attend an institution—

(I) during a period—

(aa) for which the student received a loan under this title; and

(bb) for which the loan described in item (aa) is forgiven under—

(AA) section 437(c)(1) or 464(g)(1) due to the closing of the institution or false certification; or

(BB) section 455(h) due to the student’s successful assertion of a defense to repayment of the loan; or

(II) during a period for which the student did not receive a loan under this title but for which, if the student had received such a loan, the student would have qualified for loan forgiveness under subclause (I)(bb).

* * * * *

PART C—WILLIAM D. FORD FEDERAL DIRECT LOAN PROGRAM

§ 1087h. Funds for administrative expenses

(a) Program authority and method of distribution

(1) Mandatory funds for fiscal year 2006

* * * * *

(4) Continuing mandatory funds for account maintenance fees

For each of the fiscal years 2007 through [2017] 2018, there shall be available to the Secretary, from funds not otherwise appropriated, funds to be obligated for account maintenance fees payable to guaranty agencies under part B and calculated in accordance with subsection (b).

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 **[2017]** 2018, to the extent the government, institutions, and people of Palau were so eligible under such provisions in fiscal year 2003.

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 guidance ¹	Amount in bill	Committee guidance ¹	Amount in bill
Comparison of amounts in the bill with Committee guidance to its subcommittees of amounts for 2018: Subcommittee on Labor, HHS, Education, and Related Agencies:				
Mandatory	778,797	778,797	778,320	² 778,320
Discretionary	164,066	165,962	168,951	² 170,527
Security			NA	NA
Nonsecurity	164,066	165,962	NA	NA
Projections of outlays associated with the recommendation:				
2018				³ 849,560
2019				75,282
2020				19,834
2021				3,138
2022 and future years				836
Financial assistance to State and local governments for 2018	NA	475,555	NA	³ 440,448

¹ There is no section 302(a) allocation to the Committee on Appropriations for fiscal year 2018.

² Includes outlays from prior-year budget authority.

³ Excludes outlays from prior-year budget authority.

NA: Not applicable.

NOTE.—Consistent with the funding recommended in the bill for continuing disability reviews and redeterminations and for healthcare fraud and abuse control and in accordance with subparagraphs (B) and (C) of section 251(b)(2) of the BBEDCA of 1985, the Committee anticipates that the Budget Committee will provide, at the appropriate time, a 302(a) allocation for the Committee on Appropriations reflecting an upward adjustment of \$1,896,000,000 in budget authority plus associated outlays. Also, pursuant to sections 1001(b)(3)(B) and 1003(b)(3)(B) of the 21st Century Cures Act (Public Law 114-255), a total of \$996,000,000 in budget authority and the resulting outlays do not count for the purposes of estimates under the Congressional Budget and Impoundment Control Act of 1974 or the Balanced Budget and Emergency Deficit Control Act of 1985.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2018
[In thousands of dollars]

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
TITLE I—DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
Training and Employment Services					
Grants to States:					
Adult Training, current year	103,556	102,370	103,556		+ 1,186
Advance from prior year	(712,000)	(712,000)	(712,000)		
Fiscal year 2019	712,000	388,000	712,000		+ 324,000
Subtotal	815,556	490,370	815,556		+ 325,186
Youth Training	873,416	523,667	873,416		+ 349,749
Dislocated Worker Assistance, current year	160,860	160,485	160,860		+ 375
Advance from prior year	(860,000)	(860,000)	(860,000)		
Fiscal year 2019	860,000	455,000	860,000		+ 405,000
Subtotal	1,020,860	615,485	1,020,860		+ 405,375
Subtotal, Grants to States	2,709,832	1,629,522	2,709,832		+ 1,080,310
Current year	(1,137,832)	(786,522)	(1,137,832)		(+ 351,310)
Fiscal year 2019	(1,572,000)	(843,000)	(1,572,000)		(+ 729,000)
National Programs:					
Dislocated Worker Assistance National Reserve:					
Current year	20,859	87,000	20,859		- 66,141
Advance from prior year	(200,000)	(200,000)	(200,000)		
Fiscal year 2019	200,000	30,000	200,000		+ 170,000
Subtotal	220,859	117,000	220,859		+ 103,859
Subtotal, Dislocated Worker Assistance	1,241,719	732,485	1,241,719		+ 509,234

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2018—Continued
(In thousands of dollars)

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
Native American programs	50,000	49,905	50,000	.....	+ 95
Migrant and Seasonal Farmworker programs	81,896	.....	81,896	.....	+ 81,896
YouthBuild activities	84,534	84,373	84,534	.....	+ 161
Technical assistance	2,500	5,226	.....	- 2,500	- 5,226
Reintegration of Ex-Offenders	88,078	77,911	88,078	.....	+ 10,167
Workforce Data Quality Initiative	6,000	.....	5,000	- 1,000	+ 5,000
Apprenticeship programs	95,000	89,829	95,000	.....	+ 5,171
Total, National Programs	628,867	424,244	625,367	- 3,500	+ 201,123
Current year	(428,867)	(394,244)	(425,367)	(- 3,500)	(+ 31,123)
Fiscal year 2019	(200,000)	(30,000)	(200,000)	.....	(+ 170,000)
Total, Training and Employment Services (TES)	3,338,699	2,053,766	3,335,199	- 3,500	+ 1,281,433
Current year	(1,566,699)	(1,180,766)	(1,563,199)	(- 3,500)	(+ 382,433)
Fiscal year 2019	(1,772,000)	(873,000)	(1,772,000)	.....	(+ 899,000)
Job Corps					
Operations	1,587,325	1,341,318	1,587,325	.....	+ 246,007
Construction, Rehabilitation and Acquisition	84,500	74,857	79,500	- 5,000	+ 4,643
Administration	32,330	32,269	32,330	.....	+ 61
Total, Job Corps	1,704,155	1,448,444	1,699,155	- 5,000	+ 250,711
Current year	(1,704,155)	(1,448,444)	(1,699,155)	(- 5,000)	(+ 250,711)
Community Service Employment For Older Americans	400,000	.....	400,000	.....	+ 400,000
Federal Unemployment Benefits and Allowances (indefinite)	849,000	790,000	790,000	- 59,000	.....

State Unemployment Insurance and Employment Service Operations							
Unemployment Compensation [UI]:							
State Operations	2,687,600	2,635,775	2,637,600	-50,000	+1,825		
National Activities	14,897	12,000	13,897	-1,000	+1,897		
Subtotal, Unemployment Compensation	2,702,497	2,647,775	2,651,497	-51,000	+3,722		
Employment Service [ES]:							
Grants to States:							
Federal Funds	21,413	21,372	21,413		+41		
Trust Funds	650,000	394,516	645,000	-5,000	+250,484		
Subtotal, Grants to States	671,413	415,888	666,413	-5,000	+250,525		
ES National Activities	19,818	19,780	19,818		+38		
Subtotal, Employment Service	691,231	435,668	686,231	-5,000	+250,563		
Federal Funds	(21,413)	(21,372)	(21,413)		(+41)		
Trust Funds	(669,818)	(414,296)	(664,818)	(-5,000)	(+250,522)		
Foreign Labor Certifications and Related Activities:							
Federal Administration	48,028	47,937	48,028		+91		
Grants to States	14,282	14,255	14,282		+27		
Subtotal, Foreign Labor Certification	62,310	62,192	62,310		+118		
One-Stop Career Centers/Labor Market Information	67,653	67,524	62,653	-5,000	-4,871		
Total, State UI and ES	3,523,691	3,213,159	3,462,691	-61,000	+249,532		
Federal Funds	(89,066)	(88,896)	(84,066)	(-5,000)	(-4,830)		
Trust Funds	(3,434,625)	(3,124,263)	(3,378,625)	(-56,000)	(+254,362)		
Program Administration							
Training and Employment	62,040	59,960	62,040		+2,080		
Trust Funds	8,639	8,623	8,639		+16		
Employment Security	3,440	3,462	3,440		-22		
Trust Funds	39,189	39,264	39,264		+75		
Apprenticeship Services	36,160	33,935	36,160		+2,225		
Executive Direction	7,034	7,021	7,034		+13		

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2018—Continued
(In thousands of dollars)

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
Trust Funds	2,079	2,075	2,079	.....	+ 4
Total, Program Administration	158,656	154,265	158,656	.....	+4,391
Federal Funds	(108,674)	(104,378)	(108,674)	.....	(+4,296)
Trust Funds	(49,982)	(49,887)	(49,982)	.....	(+95)
Total, Employment and Training Administration	9,974,201	7,659,634	9,845,701	- 128,500	+2,186,067
Federal Funds	6,489,594	4,485,484	6,417,094	- 72,500	+1,931,610
Current year	(4,717,594)	(3,612,484)	(4,645,094)	(- 72,500)	(+1,032,610)
Fiscal year 2019	(1,772,000)	(873,000)	(1,772,000)	.....	(+ 899,000)
Trust Funds	3,484,607	3,174,150	3,428,607	- 56,000	+ 254,457
EMPLOYEE BENEFITS SECURITY ADMINISTRATION (EBSA)					
Salaries and Expenses	147,400	.....	147,400	.....	+147,400
Enforcement and Participant Assistance	26,901	.....	26,901	.....	+ 26,901
Policy and Compliance Assistance	6,699	.....	6,699	.....	+6,699
Executive Leadership, Program Oversight and Administration .....	.....	183,926	.....	.....	- 183,926
Employee benefits security programs .....	.....	.....	.....	.....	.....
Total, EBSA	181,000	183,926	181,000	.....	-2,926
PENSION BENEFIT GUARANTY CORPORATION (PBGC)					
Pension Benefit Guaranty Corporation Fund	(519,506)	(522,917)	(424,417)	(- 95,089)	(- 98,500)
Consolidated Administrative budget	227,500	230,068	227,500	.....	-2,568
WAGE AND HOUR DIVISION, Salaries and Expenses	38,187	46,634	40,187	+ 2,000	-6,447
OFFICE OF LABOR-MANAGEMENT STANDARDS, Salaries and Expenses	104,476	88,000	103,476	- 1,000	+ 15,476
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS, Salaries and Expenses .....	.....	.....	.....	.....	.....

OFFICE OF WORKERS' COMPENSATION PROGRAMS					
Salaries and Expenses	115,424	113,109	115,424		+ 2,315
Trust Funds	2,177	2,173	2,177		+ 4
Total, Salaries and Expenses	117,601	115,282	117,601		+ 2,319
Federal Funds	(115,424)	(113,109)	(115,424)		(+ 2,315)
Trust Funds	(2,177)	(2,173)	(2,177)		(+ 4)
Special Benefits					
Federal Employees' Compensation Benefits	217,000	217,000	217,000		
Longshore and Harbor Workers' Benefits	3,000	3,000	3,000		
Total, Special Benefits	220,000	220,000	220,000		
Special Benefits for Disabled Coal Miners					
Benefit Payments	75,000	65,000	65,000	- 10,000	
Administration	5,319	5,319	5,319		
Subtotal, fiscal year 2018 program level	80,319	70,319	70,319	- 10,000	
Less funds advanced in prior year	- 19,000	- 16,000	- 16,000	+ 3,000	
Total, Current Year	61,319	54,319	54,319	- 7,000	
New advances, 1st quarter, fiscal year 2019					
	16,000	15,000	15,000	- 1,000	
Total, Special Benefits for Disabled Coal Miners	77,319	69,319	69,319	- 8,000	
Energy Employees Occupational Illness Compensation Fund					
Administrative Expenses	59,846	59,846	59,846		
Black Lung Disability Trust Fund					
Benefit Payments and Interest on Advances	302,115	345,635	345,635	+ 43,520	
Workers' Compensation Programs, Salaries and Expenses	38,246	38,246	38,246		
Departmental Management, Salaries and Expenses	31,994	30,595	30,595	- 1,399	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2018—Continued
[In thousands of dollars]

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
Departmental Management, Inspector General	330	330	330		
Subtotal, Black Lung Disability	372,685	414,806	414,806	+42,121	
Treasury Department Administrative Costs	356	356	356		
Total, Black Lung Disability Trust Fund	373,041	415,162	415,162	+42,121	
Total, Workers' Compensation Programs	847,807	879,609	881,928	+34,121	+2,319
Federal Funds	845,630	877,436	879,751	+34,121	+2,315
Current year	(829,630)	(862,436)	(864,751)	(+35,121)	(+2,315)
Fiscal year 2019	(16,000)	(15,000)	(15,000)	(-1,000)	
Trust Funds	2,177	2,173	2,177		+4
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)					
Salaries and Expenses					
Safety and Health Standards	18,000	18,176	18,000		-176
Federal Enforcement	208,000	207,465	208,000		+535
Whistleblower enforcement	17,500	17,383	17,500		+117
State Programs	100,850	100,658	100,850		+192
Technical Support	24,469	24,281	24,469		+188
Compliance Assistance:					
Federal Assistance	70,981	72,351	70,981		-1,370
State Consultation Grants	59,500	57,665	59,500		+1,835
Training Grants	10,537		10,537		+10,537
Subtotal, Compliance Assistance	141,018	130,016	141,018		+11,002
Safety and Health Statistics	32,900	34,326	32,900		-1,426

Executive Direction and Administration	10,050	10,952	10,050	.....	- 902
Total, OSHA	552,787	543,257	552,787	.....	+9,530
MINE SAFETY AND HEALTH ADMINISTRATION					
Salaries and Expenses					
Coal Enforcement	160,000	157,026	160,000	.....	+2,974
Metal/Non-Metal Enforcement	94,500	97,875	94,500	.....	- 3,375
Standards Development	4,500	5,460	4,500	.....	- 960
Assessments	6,627	7,457	6,627	.....	- 830
Educational Policy and Development	39,320	37,365	39,320	.....	+1,955
Technical Support	35,041	34,330	35,041	.....	+ 711
Program Evaluation and Information Resources [PEIR]	17,990	19,169	17,990	.....	- 1,179
Program Administration	15,838	16,490	15,838	.....	- 652
Total, Mine Safety and Health Administration	373,816	375,172	373,816	.....	- 1,356
Total, Worker Protection Agencies	1,595,367	1,582,339	1,596,367	+ 1,000	+ 14,028
Federal Funds	(1,593,190)	(1,580,166)	(1,594,190)	(+ 1,000)	(+ 14,024)
Trust Funds	(2,177)	(2,173)	(2,177)	.....	(+ 4)
BUREAU OF LABOR STATISTICS					
Salaries and Expenses					
Employment and Unemployment Statistics	208,000	203,878	208,000	.....	+4,122
Labor Market Information	65,000	64,876	65,000	.....	+ 124
Prices and Cost of Living	207,000	209,863	207,000	.....	-2,863
Compensation and Working Conditions	83,500	82,880	83,500	.....	+ 620
Productivity and Technology	10,500	10,798	10,500	.....	- 298
Executive Direction and Staff Services	35,000	35,547	35,000	.....	- 547
Total, Bureau of Labor Statistics	609,000	607,842	609,000	.....	+1,158
Federal Funds	544,000	542,966	544,000	.....	+ 1,034
Trust Funds	65,000	64,876	65,000	.....	+ 124
OFFICE OF DISABILITY EMPLOYMENT POLICY					
Salaries and Expenses	38,203	27,203	38,203	.....	+ 11,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2018—Continued
[In thousands of dollars]

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
DEPARTMENTAL MANAGEMENT					
Salaries and Expenses					
Executive Direction	30,250	30,951	30,250	.....	- 701
Departmental Program Evaluation	8,040	8,025	8,040	.....	+ 15
Legal Services	121,745	126,933	123,745	+ 2,000	- 3,188
Trust Funds	308	308	308	.....	.....
International Labor Affairs	86,125	18,500	86,125	.....	+ 67,625
Administration and Management	28,834	23,496	23,534	- 5,300	+ 38
Adjudication	35,000	31,939	35,000	.....	+ 3,061
Women's Bureau	12,530	2,925	12,530	.....	+ 9,605
Civil Rights Activities	6,880	6,867	6,880	.....	+ 13
Chief Financial Officer	5,132	9,914	10,432	+ 5,300	+ 518
Total, Departmental Management Salaries and expenses	334,844	259,858	336,844	+ 2,000	+ 76,986
Federal Funds	(334,536)	(259,550)	(336,536)	(+ 2,000)	(+ 76,986)
Trust Funds	(308)	(308)	(308)	.....	.....
Veterans Employment and Training					
State Administration, Grants	175,000	174,667	175,000	.....	+ 333
Transition Assistance Program	14,600	16,073	18,500	+ 3,900	+ 2,427
Federal Administration	41,027	40,410	42,127	+ 1,100	+ 1,717
National Veterans' Employment and Training Services Institute	3,414	3,408	3,414	.....	+ 6
Homeless Veterans Programs	45,000	45,037	45,000	.....	- 37
Total, Veterans Employment and Training	279,041	279,595	284,041	+ 5,000	+ 4,446
Federal Funds	45,000	45,037	45,000	.....	- 37
Trust Funds	234,041	234,558	239,041	+ 5,000	+ 4,483

IT Modernization							
Departmental support systems	4,898	4,889	4,898				+9
Infrastructure technology modernization	13,880	24,833	13,880				- 10,953
Total, IT Modernization	18,778	29,722	18,778				- 10,944
Office of Inspector General							
Program Activities	82,061	80,487	82,061				+ 1,574
Trust Funds	5,660	5,649	5,660				+ 11
Total, Office of Inspector General	87,721	86,136	87,721				+ 1,585
Total, Departmental Management	720,384	655,311	727,384			+ 7,000	+ 72,073
Federal Funds	480,375	414,796	482,375			+ 2,000	+ 67,579
Current Year	(480,375)	(414,796)	(482,375)			(+ 2,000)	(+ 67,579)
Trust Funds	240,009	240,515	245,009			+ 5,000	+ 4,494
Total, Workforce Investment Act Programs	5,042,854	3,502,210	5,034,354			- 8,500	+ 1,532,144
Current year	(3,270,854)	(2,629,210)	(3,262,354)			(- 8,500)	(+ 633,144)
Fiscal year 2019	(1,772,000)	(873,000)	(1,772,000)				(+ 899,000)
Total, Title I, Department of Labor	13,667,361	11,296,656	13,580,982			- 86,379	+ 2,284,326
Federal Funds	9,875,568	7,814,942	9,840,189			- 35,379	+ 2,025,247
Current year	(8,087,568)	(6,926,942)	(8,053,189)			(- 34,379)	(+ 1,126,247)
Fiscal year 2019	(1,788,000)	(888,000)	(1,787,000)			(- 1,000)	(+ 899,000)
Trust Funds	3,791,793	3,481,714	3,740,793			- 51,000	+ 259,079
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES							
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)							
Primary Health Care							
Community Health Centers	1,490,522	1,488,587	1,490,522				+ 1,935
Free Clinics Medical Malpractice	1,000	100	1,000				+ 900
Total, Primary Health Care	1,491,522	1,488,687	1,491,522				+ 2,835

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2018—Continued
(In thousands of dollars)

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
Health Workforce					
Training for Diversity:					
Centers of Excellence	21,711	.....	21,711	.....	+ 21,711
Health Careers Opportunity Program	14,189	.....	14,189	.....	+ 14,189
Faculty Loan Repayment	1,190	.....	1,190	.....	+ 1,190
Scholarships for Disadvantaged Students	45,970	.....	45,970	.....	+ 45,970
Total, Training for Diversity	83,060	.....	83,060	.....	+ 83,060
Training in Primary Care Medicine	38,924	.....	38,924	.....	+ 38,924
Oral Health Training	36,673	.....	36,673	.....	+ 36,673
Interdisciplinary Community-Based Linkages:					
Area Health Education Centers	30,250	.....	32,750	+ 2,500	+ 32,750
Geriatric Programs	38,737	.....	38,737	.....	+ 38,737
Mental and Behavioral Health	9,916	.....	9,916	.....	+ 9,916
Behavioral Health Workforce Education and Training	50,000	.....	50,000	.....	+ 50,000
Screening for treatment for material depression .....	.....	.....	5,000	+ 5,000	+ 5,000
Total, interdisciplinary Community Linkages	128,903	.....	136,403	+ 7,500	+ 136,403
Workforce Information and Analysis	4,663	.....	4,663	.....	+ 9
Public Health and Preventive Medicine programs	17,000	4,654	17,000	.....	+ 17,000
Nursing Programs:					
Advanced Education Nursing	64,581	.....	69,581	+ 5,000	+ 69,581
Nurse Education, Practice, and Retention	39,913	.....	39,913	.....	+ 39,913
Nursing Workforce Diversity	15,343	.....	15,343	.....	+ 15,343
Nursing Corps Scholarship and Loan Repayment Program	83,135	82,977	83,135	.....	+ 158
Nursing Workforce Development .....	.....	.....	.....	.....	.....
Nursing Faculty Loan Program	26,500	.....	26,500	.....	+ 26,500

Total, Nursing programs	229,472	82,977	234,472	+ 5,000	+ 151,495
Children's Hospitals Graduate Medical Education	300,000	295,000	305,000	+ 5,000	+ 10,000
National Practitioner Data Bank	18,814	18,000	18,814		+ 814
User Fees	-18,814	-18,000	-18,814		- 814
Total, Health Workforce	838,695	382,631	856,195	+ 17,500	+ 473,564
Maternal and Child Health					
Maternal and Child Health Block Grant	641,700	666,987	641,700		- 25,287
Sickle Cell Anemia Demonstration Program	4,455		4,455		+ 4,455
Autism and Other Developmental Disorders	47,099		47,099		+ 47,099
Heritable Disorders	13,883		13,883		+ 13,883
Healthy Start	103,500	128,303	103,500		- 24,803
Healthy Start Initiative (PL 114-254)	15,000			- 15,000	
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	863,617	795,290	848,617	- 15,000	+ 53,327
Ryan White HIV/AIDS Program					
Emergency Assistance	655,876	654,629	655,876		+ 1,247
Comprehensive Care Programs	1,315,005	1,312,505	1,315,005		+ 2,500
AIDS Drug Assistance Program (ADAP) (NA)	(900,313)	(-898,602)	(900,313)		(+1,798,915)
Early Intervention Program	201,079	204,689	201,079		- 3,610
Children, Youth, Women, and Families	75,088	75,088	75,088		
AIDS Dental Services	13,122	13,097	13,122		+ 25
Education and Training Centers	33,611		33,611		+ 33,611
Special Projects of National Significance	25,000		25,000		+ 25,000
Total, Ryan White HIV/AIDS program	2,318,781	2,260,008	2,318,781		+ 58,773
Health Care Systems					
Organ Transplantation	23,549	23,504	23,549		+ 45
National Cord Blood Inventory	12,266	11,245	12,266		+ 1,021
CW Bill Young Cell Transplantation program	22,109	22,067	22,109		+ 42
340B Drug Pricing program/Office of Pharmacy Affairs	10,238	10,219	19,238	+ 9,000	+ 9,019
User Fees			-9,000	- 9,000	- 9,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2018—Continued
(In thousands of dollars)

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
Poison Control	18,846	18,810	19,846	+ 1,000	+ 1,036
National Hansen's Disease Program	15,206	11,653	11,653	- 3,553	.....
Hansen's Disease Program Buildings and Facilities	122	.....	122	.....	+ 122
Payment to Hawaii, Treatment of Hansen's	1,857	1,853	1,857	.....	+ 4
Total, Health Care Systems	104,193	99,351	101,640	- 2,553	+ 2,289
Rural Health					
Rural Outreach Grants	65,500	50,811	67,500	+ 2,000	+ 16,689
Rural Health Research/Policy Development	9,351	5,000	9,351	.....	+ 4,351
Rural Hospital Flexibility Grants	43,609	.....	43,609	.....	+ 43,609
State Offices of Rural Health	10,000	.....	10,000	.....	+ 10,000
Black Lung Clinics	7,266	6,753	7,266	.....	+ 513
Radiation Exposure Screening and Education Program	1,834	1,831	1,834	.....	+ 3
Telehealth	18,500	10,000	21,000	+ 2,500	+ 11,000
Total, Rural Health	156,060	74,395	160,560	+ 4,500	+ 86,165
Family Planning					
Family Planning	286,479	286,479	286,479	.....	.....
Program Management	154,000	151,993	154,000	.....	+ 2,007
Vaccine Injury Compensation Program Trust Fund					
Post-fiscal year 1988 Claims	240,000	268,000	240,000	.....	- 28,000
HRSA-Administrative expenses	7,750	9,200	7,750	.....	- 1,450
Total, Vaccine Injury Compensation Trust Fund	247,750	277,200	247,750	.....	- 29,450
Total, Health Resources and Services Administration	6,461,097	5,816,034	6,465,544	+ 4,447	+ 649,510

CENTERS FOR DISEASE CONTROL AND PREVENTION					
Immunization and Respiratory Diseases	455,000	497,228	470,000	+ 15,000	- 27,228
Pandemic Flu balances (Public Law 111-32)	(15,000)	.....	.....	(- 15,000)	.....
Prevention and Public Health Fund ¹	(324,350)	(203,600)	(324,350)	.....	(+ 120,750)
Subtotal	(794,350)	(700,828)	(794,350)	.....	(+ 93,522)
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention	1,117,278	934,000	1,117,278	.....	+ 183,278
Emerging and Zoonotic Infectious Diseases	532,922	377,000	532,922	.....	+ 155,922
Prevention and Public Health Fund ¹	(52,000)	(137,000)	(52,000)	.....	(- 85,000)
Subtotal	584,922	514,000	584,922	.....	+ 70,922
Chronic Disease Prevention and Health Promotion	777,646	452,250	817,596	+ 39,950	+ 365,346
Prevention and Public Health Fund ¹	(337,950)	(500,000)	(247,550)	(- 90,400)	(- 252,450)
Subtotal	1,115,596	952,250	1,065,146	- 50,450	+ 112,896
Birth Defects, Developmental Disabilities, Disabilities and Health	137,560	100,000	139,560	+ 2,000	+ 39,560
Prevention and Public Health Fund ¹ .....	.....	.....	.....	.....	.....
Subtotal	137,560	100,000	139,560	+ 2,000	+ 39,560
Public Health Scientific Services	489,397	317,032	489,397	.....	+ 172,365
Evaluation Tap Funding .....	.....	(142,968)	.....	.....	(- 142,968)
Subtotal	(489,397)	(460,000)	(489,397)	.....	(+ 29,397)
Environmental Health	163,750	157,000	163,750	.....	+ 6,750
Childhood lead poisoning prevention (PL 114-254)	35,000	.....	.....	- 35,000	.....
Prevention and Public Health Fund ¹	(17,000)	.....	(17,000)	.....	(+ 17,000)
Subtotal	215,750	157,000	180,750	- 35,000	+ 23,750
Injury Prevention and Control	286,059	216,165	291,059	+ 5,000	+ 74,894
National Institute for Occupational Safety and Health	335,200	200,000	335,200	.....	+ 135,200
Energy Employees Occupational Illness Compensation Program	55,358	55,358	55,358	.....	.....
Global Health	435,121	350,000	433,621	- 1,500	+ 83,621
Public Health Preparedness and Response	1,405,000	1,266,000	1,405,000	.....	+ 139,000
Buildings and Facilities	10,000	20,000	10,000	.....	- 10,000
CDC-Wide Activities and Program Support .....	.....	.....	.....	.....	.....
Prevention and Public Health Fund ¹	(160,000)	.....	(160,000)	.....	(+ 160,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2018—Continued
(In thousands of dollars)

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
Office of the Director	113,570	105,000	113,570	.....	+ 8,570
Subtotal, CDC—Wide Activities	(273,570)	(105,000)	(273,570)	.....	(+ 168,570)
Total, Centers for Disease Control	6,348,861	5,047,033	6,374,311	+ 25,450	+ 1,327,278
Discretionary	6,293,503	4,991,675	6,318,953	+ 25,450	+ 1,327,278
Evaluation Tap Funding (NA) .....	.....	(142,968)	.....	.....	(- 142,968)
Pandemic Flu balances (Public Law 111-32)	(15,000)	.....	.....	(- 15,000)	.....
Prevention and Public Health Fund ¹	(891,300)	(840,600)	(800,900)	(- 90,400)	(- 39,700)
Total, Centers for Disease Control Program Level	(7,255,161)	(6,030,601)	(7,175,211)	(- 79,950)	(+ 1,144,610)
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute	5,371,926	4,174,222	5,558,270	+ 186,344	+ 1,384,048
Transfer from NIH Innovation, CURES Act ⁴	300,000	300,000	300,000	.....	.....
Subtotal, National Cancer Institute	5,671,926	4,474,222	5,858,270	+ 186,344	+ 1,384,048
National Heart, Lung, and Blood Institute	3,217,081	2,534,803	3,322,774	+ 105,693	+ 787,971
National Institute of Dental and Craniofacial Research	425,751	320,749	439,738	+ 13,987	+ 118,989
National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK]	1,874,028	1,449,534	1,935,597	+ 61,569	+ 486,063
Juvenile Diabetes (mandatory)	(150,000)	(150,000)	(150,000)	.....	.....
Subtotal, NIDDK program level	2,024,028	1,599,534	2,085,597	+ 61,569	+ 486,063
National Institute of Neurological Disorders and Stroke	1,782,582	1,312,998	1,861,666	+ 79,084	+ 548,668
Transfer from NIH Innovation, CURES Act ⁴ .....	.....	43,000	43,000	+ 43,000	.....
Subtotal, National Institute of Neurological Disorders and Stroke	1,782,582	1,355,998	1,904,666	+ 122,084	+ 548,668
National Institute of Allergy and Infectious Diseases	4,916,346	3,782,670	5,127,866	+ 211,520	+ 1,345,196
National Institute of General Medical Sciences	1,825,685	1,405,509	1,812,751	- 12,934	+ 407,242

Evaluation Tap Funding	(824,443)	(780,000)	(1,074,443)	(+ 250,000)	(+ 294,443)
Subtotal, NGMS program level	2,650,128	2,185,509	2,887,194	+ 237,066	+ 701,685
Eunice Kennedy Shriver National Institute of Child Health and Human Development	1,379,684	1,032,029	1,426,092	+ 46,408	+ 394,063
National Eye Institute	732,855	549,847	758,552	+ 25,697	+ 208,705
National Institute of Environmental Health Sciences	714,261	533,537	737,727	+ 23,466	+ 204,190
National Institute on Aging	2,052,487	1,303,541	2,535,539	+ 483,052	+ 1,231,998
National Institute of Arthritis and Musculoskeletal and Skin Diseases	557,851	417,898	576,178	+ 18,327	+ 158,280
National Institute on Deafness and Other Communication Disorders	436,875	325,846	451,768	+ 14,893	+ 125,922
National Institute of Nursing Research	150,273	113,688	155,210	+ 4,937	+ 41,522
National Institute on Alcohol Abuse and Alcoholism	483,525	361,356	500,491	+ 16,966	+ 139,135
National Institute on Drug Abuse	1,073,320	864,998	1,113,442	+ 40,122	+ 248,444
National Institute of Mental Health	1,608,212	1,201,901	1,681,568	+ 73,356	+ 479,667
Transfer from NIH Innovation, CURES Act ⁴	.....	43,000	43,000	+ 43,000	.....
Subtotal, National Institute of Mental Health	1,608,212	1,244,901	1,724,568	+ 116,356	+ 479,667
National Human Genome Research Institute	529,537	399,622	546,934	+ 17,397	+ 147,312
National Institute of Biomedical Imaging and Bioengineering	357,777	282,614	371,151	+ 13,374	+ 88,537
National Center for Complementary and Integrative Health	134,689	101,793	139,654	+ 4,965	+ 37,861
National Institute on Minority Health and Health Disparities	288,312	214,723	297,784	+ 9,472	+ 83,061
John E. Fogarty International Center	72,014	.....	74,380	+ 2,366	+ 74,380
National Center for Advancing Translational Sciences	705,903	557,373	729,094	+ 23,191	+ 171,721
National Library of Medicine (NLM)	407,510	373,258	420,898	+ 13,388	+ 47,640
National Institute for Research on Safety and Quality ³	.....	272,000	.....	.....	- 272,000
Office of the Director	1,667,610	1,329,833	1,796,970	+ 129,360	+ 467,137
Common Fund (non-add)	(682,856)	(441,823)	(575,290)	(- 107,566)	(+ 133,467)
Gabriella Miller Kids First Research Act (Common Fund add)	12,600	12,600	12,600	.....	+ 30,248
Buildings and Facilities	128,863	98,615	128,863	.....	.....
NIH Innovation Account, CURES Act ⁴	52,000	496,000	496,000	+ 444,000	.....
NIH Innovation Account, CURES Act transfers	.....	- 386,000	- 386,000	- 386,000	.....
Total, National Institutes of Health (NIH)	33,259,557	25,823,557	35,009,557	+ 1,750,000	+ 9,186,000
(Evaluation Tap Funding)	(824,443)	(780,000)	(1,074,443)	(+ 250,000)	(+ 294,443)
Total, NIH Program Level	(34,084,000)	(26,603,557)	(36,084,000)	(+ 2,000,000)	(+ 9,480,443)
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)					
Programs of Regional and National Significance	386,659	277,419	386,659	.....	+ 109,240
Mental Health	.....	.....	.....	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2018—Continued

[In thousands of dollars]

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
Prevention and Public Health Fund ¹	(12,000)	.....	(12,000)	.....	(+ 12,000)
Subtotal	398,659	277,419	398,659	.....	+ 121,240
Mental Health block grant	541,532	400,000	541,532	.....	+ 141,532
Evaluation Tap Funding	(21,039)	(15,539)	(21,039)	.....	(+ 5,500)
Subtotal	(562,571)	(415,539)	(562,571)	.....	(+ 147,032)
Children's Mental Health	119,026	118,800	119,026	.....	+ 226
Grants to States for the Homeless (PATH)	64,635	64,512	64,635	.....	+ 123
Protection and Advocacy	36,146	36,077	36,146	.....	+ 69
Subtotal, Mental Health	1,147,998	896,808	1,147,998	.....	+ 251,190
(Evaluation Tap Funding)	(21,039)	(15,539)	(21,039)	.....	(+ 5,500)
Subtotal, Mental Health program level	(1,181,037)	(912,347)	(1,181,037)	.....	(+ 268,690)
Substance Abuse Treatment .....	.....	.....	.....	.....	.....
Programs of Regional and National Significance	352,427	339,738	352,427	.....	+ 12,689
Evaluation Tap Funding	(2,000)	(2,000)	(2,000)	.....	.....
Subtotal	(354,427)	(341,738)	(354,427)	.....	(+ 12,689)
Substance Abuse block grant	1,778,879	1,775,497	1,778,879	.....	+ 3,382
Evaluation Tap Funding	(79,200)	(79,200)	(79,200)	.....	.....
Subtotal, block grant	(1,858,079)	(1,854,697)	(1,858,079)	.....	(+ 3,382)
Subtotal, Substance Abuse Treatment	2,131,306	2,115,235	2,131,306	.....	+ 16,071
(Evaluation Tap Funding)	(81,200)	(81,200)	(81,200)	.....	.....
Subtotal, Program level	(2,212,506)	(2,196,435)	(2,212,506)	.....	(+ 16,071)

Substance Abuse Prevention					
Programs of Regional and National Significance	223,219	149,703	238,219	+ 15,000	+ 88,516
Total, Substance Abuse Prevention	223,219	149,703	238,219	+ 15,000	+ 88,516
Health Surveillance and Program Support	116,830	108,922	114,402	- 2,428	+ 5,480
Evaluation Tap Funding (NA)	(31,428)	(23,426)	(31,428)		(+ 8,002)
Subtotal	148,258	132,348	145,830	- 2,428	+ 13,482
Total, SAMHSA	3,619,353	3,270,668	3,631,925	+ 12,572	+ 361,257
(Evaluation Tap Funding)	(133,667)	(120,165)	(133,667)		(+ 13,502)
(Prevention and Public Health Fund ¹)	(12,000)		(12,000)		(+ 12,000)
Total, SAMHSA Program Level	(3,765,020)	(3,390,833)	(3,777,592)	(+ 12,572)	(+ 386,759)
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRO) ³					
Healthcare Research and Quality					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds	187,156		187,156		+ 187,156
Subtotal, Health Costs, Quality, and Outcomes	(187,156)		(187,156)		(+ 187,156)
Medical Expenditures Panel Surveys:					
Federal Funds	66,000		66,000		+ 66,000
Program Support:					
Federal Funds	70,844		70,844		+ 70,844
Total, AHRO Program Level ³	(324,000)		(324,000)		(+ 324,000)
Federal funds ³	(324,000)		(324,000)		(+ 324,000)
Total, Public Health Service (PHS) appropriation	50,012,868	39,957,292	51,805,337	+ 1,792,469	+ 11,848,045
Total, Public Health Service Program Level	(51,889,278)	(41,841,025)	(53,826,347)	(+ 1,937,069)	(+ 11,985,322)
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits	354,223,901	384,608,394	384,608,394	+ 30,384,493	
State and Local Administration	18,975,984	20,811,084	20,811,084	+ 1,835,100	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2018—Continued

(In thousands of dollars)

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
Vaccines for Children	4,386,584	4,598,358	4,598,358	+211,774	.....
Subtotal, Medicaid Program Level	377,586,469	410,017,836	410,017,836	+32,431,367	.....
Less funds advanced in prior year	-115,582,502	-125,219,452	-125,219,452	-9,636,950	.....
Total, Grants to States for Medicaid	262,003,967	284,798,384	284,798,384	+22,794,417	.....
New advance, 1st quarter, fiscal year 2019	125,219,452	134,847,759	134,847,759	+9,628,307	.....
Payments to Health Care Trust Funds					
Supplemental Medical Insurance	214,944,000	245,396,000	245,396,000	+30,452,000	.....
Federal Uninsured Payment	147,000	132,000	132,000	-15,000	.....
Program Management	877,500	1,104,000	1,104,000	+226,500	.....
General Revenue for Part D Benefit	82,512,000	76,133,000	76,133,000	-6,379,000	.....
General Revenue for Part D Administration	405,000	422,000	422,000	+17,000	.....
HCFAC Reimbursement	299,000	307,000	307,000	+8,000	.....
State Low-Income Determination for Part D	3,200	3,300	3,300	+100	.....
Total, Payments to Trust Funds, Program Level	299,187,700	323,497,300	323,497,300	+24,309,600	.....
Program Management					
Research, Demonstration, Evaluation	20,054	18,054	20,054	.....	+2,000
Program Operations	2,519,823	2,441,274	2,519,823	.....	+78,549
State Survey and Certification	397,334	406,135	397,334	.....	-8,801
Federal Administration	732,533	722,533	732,533	.....	+10,000
Total, Program management	3,669,744	3,587,996	3,669,744	.....	+81,748
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services	486,936	536,145	584,766	+97,830	+48,621

HHS Office of Inspector General	82,132	74,246	84,398	+ 2,266	+ 10,152
Medicaid/CHIP	82,132	74,246	84,398	- 82,132	- 74,246
Department of Justice	73,800	66,363	75,836	+ 2,036	+ 9,473
Total, Health Care Fraud and Abuse Control	725,000	751,000	745,000	+ 20,000	- 6,000
Total, Centers for Medicare and Medicaid Services	690,805,863	747,482,439	747,558,187	+ 56,752,324	+ 75,748
Federal funds	686,411,119	743,143,443	743,143,443	+ 56,732,324	
Current year	(561,191,667)	(608,295,684)	(608,295,684)	(+ 47,104,017)	
New advance, fiscal year 2019	(125,219,452)	(134,847,759)	(134,847,759)	(+ 9,628,307)	
Trust Funds	4,394,744	4,338,996	4,414,744	+ 20,000	+ 75,748
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)					
Payments to States for Child Support Enforcement and Family Support Programs	33,000	33,000	33,000		
Repatritation	1,000	1,000	1,000		
Subtotal	34,000	34,000	34,000		
Child Support Enforcement:					
State and Local Administration	3,680,840	3,763,200	3,763,200	+ 82,360	
Federal Incentive Payments	585,791	588,200	588,200	+ 2,409	
Access and Visitation	10,000	10,000	10,000		
Subtotal, Child Support Enforcement	4,276,631	4,361,400	4,361,400	+ 84,769	
Total, Family Support Payments Program Level	4,310,631	4,395,400	4,395,400	+ 84,769	
Less funds advanced in previous years	- 1,300,000	- 1,400,000	- 1,400,000	- 100,000	
Total, Family Support Payments, current year	3,010,631	2,995,400	2,995,400	- 15,231	
New advance, 1st quarter, fiscal year 2019	1,400,000	1,400,000	1,400,000		
Formula Grants	3,390,304		3,390,304		+ 3,390,304
Low Income Home Energy Assistance (LIHEAP)					
Refugee and Entrant Assistance					
Transitional and Medical Services	490,000	320,000	320,000	- 170,000	

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FOR FISCAL YEAR 2018—Continued
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Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
Refugee Support Services .....	.....	159,321	207,201	+207,201	+47,880
Victims of Trafficking	18,755	18,719	20,755	+2,000	+2,036
Social Services	155,000	.....	.....	-155,000	.....
Preventive Health	4,600	.....	.....	-4,600	.....
Targeted Assistance	47,601	.....	.....	-47,601	.....
Unaccompanied Minors	948,000	948,000	948,000	.....	.....
Victims of Torture	10,735	10,715	10,735	.....	+20
Total, Refugee and Entrant Assistance	1,674,691	1,456,755	1,506,691	-168,000	+49,936
Payments to States for the Child Care and Development Block Grant	2,856,000	2,761,000	2,856,000	.....	+95,000
Social Services Block Grant (Title XX)	1,700,000	.....	1,700,000	.....	+1,700,000
Total, Social Services Block Grant	1,700,000	.....	1,700,000	.....	+1,700,000
Children and Families Services Programs					
Programs for Children, Youth and Families:					
Head Start, current funded	9,253,095	9,168,095	9,253,095	.....	+85,000
Preschool Development Grants	250,000	.....	250,000	.....	+250,000
Consolidated Runaway Homeless Youth Program	101,980	101,786	101,980	.....	+194
Prevention Grants to Reduce Abuse of Runaway Youth	17,141	17,108	17,141	.....	+33
Child Abuse State Grants	25,310	25,262	25,310	.....	+48
Child Abuse Discretionary Activities	33,000	32,937	33,000	.....	+63
Community Based Child Abuse Prevention	39,764	39,688	39,764	.....	+76
Child Welfare Services	268,735	268,224	268,735	.....	+511
Child Welfare Training, Research, or Demonstration projects	17,984	17,950	17,984	.....	+34
Adoption Opportunities	39,100	30,072	39,100	.....	+9,028
Adoption Incentive grants	37,943	37,871	37,943	.....	+72
Social Services and Income Maintenance Research	6,512	6,500	6,512	.....	+12
Native American Programs	52,050	49,905	52,050	.....	+2,145

Community Services:									
Community Services Block Grant Act programs:									
Grants to States for Community Services	715,000					700,000			+700,000
Economic Development	19,883					19,883			+19,883
Rural Community Facilities	7,500					7,500			+7,500
Subtotal	742,383					727,383			+727,383
Subtotal, Community Services	742,383					727,383			+727,383
Domestic Violence Hotline	8,250		8,250			8,250			
Family Violence/Battered Women's Shelters	151,000		151,000			156,000			+5,000
Charter Education and Training Vouchers	43,257		43,175			43,257			+82
Disaster Human Services Case Management	1,864		1,860			1,864			+4
Program Direction	205,000		204,610			205,000			+390
Total, Children and Families Services Programs	11,294,368		10,204,293			11,284,368			+1,080,075
Promoting Safe and Stable Families	325,000		345,000			325,000			-20,000
Discretionary Funds	59,765		59,651			59,765			+114
Total, Promoting Safe and Stable Families	384,765		404,651			384,765			-19,886
Payments for Foster Care and Permanency									
Foster Care	4,992,000		5,537,000			5,537,000			+545,000
Adoption Assistance	2,780,000		2,867,000			2,867,000			+87,000
Guardianship	152,000		181,000			181,000			+29,000
Independent Living	140,000		140,000			140,000			
Total, Payments to States	8,064,000		8,725,000			8,725,000			+661,000
Less Advances from Prior Year	-2,300,000		-2,500,000			-2,500,000			-200,000
Total, payments, current year	5,764,000		6,225,000			6,225,000			+461,000
New Advances, 1st quarter, fiscal year 2019	2,500,000		2,700,000			2,700,000			+200,000
Total, ACF	33,974,759		28,147,099			34,442,528			+467,769
Current year	(30,074,759)		(24,047,099)			(30,342,528)			(+267,769)
Fiscal year 2019	(3,900,000)		(4,100,000)			(4,100,000)			(+200,000)
Total, ACF Program Level	33,974,759		28,147,099			34,442,528			+467,769

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2018—Continued
(In thousands of dollars)

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
ADMINISTRATION FOR COMMUNITY LIVING					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-based Supportive Services	350,224	347,063	350,224	.....	+ 3,161
Preventive Health	19,848	19,810	19,848	.....	+ 38
Protection of Vulnerable Older Americans-Title VII	20,658	20,619	20,658	.....	+ 39
Subtotal	390,730	387,492	390,730	.....	+ 3,238
Family Caregivers	150,586	150,300	150,586	.....	+ 286
Native American Caregivers Support	7,556	7,517	7,556	.....	+ 39
Subtotal, Caregivers	158,142	157,817	158,142	.....	+ 325
Nutrition:					
Congregate Meals	450,342	447,490	450,342	.....	+ 2,852
Home Delivered Meals	227,342	225,912	227,342	.....	+ 1,430
Nutrition Services Incentive Program	160,069	159,765	160,069	.....	+ 304
Subtotal	837,753	833,167	837,753	.....	+ 4,586
Subtotal, Grants to States	1,386,625	1,378,476	1,386,625	.....	+ 8,149
Grants for Native Americans	31,208	31,099	31,208	.....	+ 109
Aging Network Support Activities	9,961	9,942	9,961	.....	+ 19
Alzheimer's Disease Demonstrations	4,800	19,490	4,800	.....	- 14,690
Prevention and Public Health Fund 1	(14,700)	.....	(14,700)	.....	(+ 14,700)
Lifespan Respite Care	3,354	3,354	3,360	.....	+ 6
Chronic Disease Self-Management Program	(8,000)	5,000	.....	.....	- 5,000
Prevention and Public Health Fund 1 .....	.....	.....	(8,000)	.....	(+ 8,000)
Elder Falls Prevention .....	.....	5,000	.....	.....	- 5,000
Prevention and Public Health Fund 1	(5,000)	.....	(5,000)	.....	(+ 5,000)

Elder Rights Support Activities	13,874	11,851	13,874	.....	+ 2,023
Aging and Disability Resources	6,119	6,107	6,119	.....	+ 12
Senior Community Service Employment Program	47,115	.....	47,115	.....	+ 47,115
State Health Insurance Program	6,700	.....	6,700	.....	+ 6,700
Paralysis Resource Center	2,500	.....	2,500	.....	+ 2,500
Limb loss	9,321	.....	9,321	.....	+ 6,159
Traumatic Brain Injury .....	.....	3,162	.....	.....	.....
Developmental Disabilities Programs:	.....	.....	.....	.....	.....
Partnerships for Innovation, Inclusion, and Independence	73,000	45,000	73,000	.....	- 45,000
State Councils	38,734	38,660	38,734	.....	+ 73,000
Protection and Advocacy	4,963	4,954	4,963	.....	+ 74
Voting Access for Individuals with Disabilities	10,000	7,600	10,000	.....	+ 9
Developmental Disabilities Projects of National Significance	38,619	38,546	38,619	.....	+ 2,400
University Centers for Excellence in Developmental Disabilities .....	.....	.....	.....	.....	+ 73
Subtotal, Developmental Disabilities Programs	165,316	134,760	165,316	.....	+ 30,556
Workforce Innovation and Opportunity Act Independent Living	101,183	78,156	101,183	.....	+ 23,027
National Institute on Disability, Independent Living, and Rehabilitation Research	103,970	95,127	103,970	.....	+ 8,843
Assistive Technology	34,000	31,939	34,000	.....	+ 2,061
Subtotal, Workforce Innovation and Opportunity Act	239,153	205,222	239,153	.....	+ 33,931
Program Administration	40,063	37,987	40,063	.....	+ 2,076
Total, Administration for Community Living (ACL)	1,966,115	1,851,450	1,966,115	.....	+ 114,665
Federal funds	(1,919,000)	(1,851,450)	(1,919,000)	.....	(+ 67,550)
Trust Funds	(47,115)	.....	(47,115)	.....	(+ 47,115)
(Prevention and Public Health Fund 1)	(27,700)	.....	(27,700)	.....	(+ 27,700)
Total, ACL program level	1,993,815	1,851,450	1,993,815	.....	+ 142,365
OFFICE OF THE SECRETARY	.....	.....	.....	.....	.....
General Departmental Management	.....	.....	.....	.....	.....
General Departmental Management	.....	.....	.....	.....	.....
General Departmental Management, Federal Funds	199,620	203,500	199,620	.....	- 3,880
Teen Pregnancy Prevention Community Grants	101,000	.....	101,000	.....	+ 101,000
Evaluation Tap Funding	(6,800)	.....	(6,800)	.....	(+ 6,800)
Subtotal, Grants	(107,800)	.....	(107,800)	.....	(+ 107,800)
Faith-Based Center	1,299	1,299	1,299	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2018—Continued
(In thousands of dollars)

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
Sexual Risk Avoidance	15,000	10,000	25,000	+ 10,000	+ 15,000
Minority Health	56,670	56,562	56,670	.....	+ 108
Office of Women's Health	32,140	32,140	32,140	.....	.....
Minority HIV/AIDS prevention and treatment	53,900	.....	53,900	.....	+ 53,900
Embryo Adoption Awareness Campaign	1,000	1,000	1,000	.....	.....
Planning and Evaluation, Evaluation Tap Funding	(58,028)	(57,465)	(58,028)	.....	(+ 563)
Subtotal, General Departmental Management	460,629	304,501	470,629	+ 10,000	+ 166,128
Total, General Departmental Management	460,629	304,501	470,629	+ 10,000	+ 166,128
Federal Funds	(460,629)	(304,501)	(470,629)	(+ 10,000)	(+ 166,128)
(Evaluation Tap Funding)	(64,828)	(57,465)	(64,828)	.....	(+ 7,363)
Total, General Departmental Management Program	525,457	361,966	535,457	+ 10,000	+ 173,491
Office of Medicare Hearings and Appeals	107,381	117,177	107,381	.....	- 9,796
Office of the National Coordinator for Health Information Technology	60,367	38,381	60,367	.....	+ 21,986
Office of Inspector General					
Inspector General Federal Funds	80,000	68,085	80,000	.....	+ 11,915
HCFAC funding (NA)	(334,097)	.....	(334,097)	.....	(+ 334,097)
Total, Inspector General Program Level	(414,097)	(68,085)	(414,097)	.....	(+ 346,012)
Office for Civil Rights					
Federal Funds	38,798	32,530	38,798	.....	+ 6,268
Retirement Pay and Medical Benefits for Commissioned Officers					
Retirement Payments	457,459	456,266	456,266	- 1,193	.....
Survivors Benefits	31,559	31,583	31,583	+ 24	.....

Dependents' Medical Care	141,390	130,840	130,840	- 10,550	.....
Total, Medical Benefits for Commissioned Officers	630,408	618,689	618,689	- 11,719	.....
Public Health and Social Services Emergency Fund (PHSSEF)					
Assistant Secretary for Preparedness and Response					
Operations	30,938	30,879	30,938		+ 59
Preparedness and Emergency Operations	24,654	24,607	24,654		+ 47
National Disaster Medical System	49,904	49,809	49,904		+ 95
Hospital Preparedness Cooperative Agreement Grants:					
Formula Grants	254,555	227,201	254,555		+ 27,354
Biomedical Advanced Research and Development Authority (BARDA)	511,700	511,700	511,700		
Policy and Planning	14,877	14,849	14,877		+ 28
Project BioShield	510,000	510,000	510,000		
Subtotal, Preparedness and Response	1,396,628	1,369,045	1,396,628		+ 27,583
Assistant Secretary for Administration					
Office of Security and Strategic Information	50,860	73,263	50,860		- 22,403
	7,470	7,456	7,470		+ 14
Public Health and Science					
Medical Reserve Corps	6,000	5,989	6,000		+ 11
Pandemic Influenza Preparedness	57,000	206,863	92,000		- 114,863
Pandemic Flu balances (Public Law 111-32)	(15,000)				+ 35,000
					(- 15,000)
Subtotal, Pandemic Influenza Preparedness	72,000	206,863	92,000		- 114,863
Subtotal, Non-pandemic flu/BioShield/Parkland/Other construction					
	950,958	945,753	950,958		+ 5,205
Total, PHSSEF	1,517,958	1,662,616	1,552,958		- 109,658
Total, PHSSEF Program level	1,532,958	1,662,616	1,552,958		- 109,658
Account for the State Response to the Opioid Abuse Crisis, CURES Act ²					
	500,000	500,000	500,000		
Total, Office of the Secretary					
Federal Funds	3,395,541	3,341,979	3,428,822		+ 86,843
Trust Funds	3,288,160	3,224,802	3,321,441		+ 96,639
(Evaluation Tap Funding)	107,381	117,177	107,381		- 9,796
	(64,828)	(57,465)	(64,828)		(+ 7,363)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2018—Continued
(In thousands of dollars)

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
Total, Office of the Secretary Program Level	3,475,369	3,399,444	3,493,650	+ 18,281	+ 94,206
Total, Title II, Health and Human Services	780,155,146	820,780,259	839,200,989	+ 59,045,843	+ 18,420,730
Federal Funds	775,598,156	816,314,886	834,623,999	+ 59,025,843	+ 18,309,113
Current year	(646,478,704)	(677,367,127)	(695,676,240)	(+ 49,197,536)	(+ 18,309,113)
Fiscal year 2019	(129,119,452)	(138,947,759)	(138,947,759)	(+ 9,828,307)	.....
Trust Funds	4,556,990	4,465,373	4,576,990	+ 20,000	+ 111,617
Total, Pandemic Flu balances (Public Law 111-32)	(30,000)	.....	.....	(- 30,000)	.....
Total, Prevention and Public Health Fund 1	(931,000)	(840,600)	(840,600)	(- 90,400)	.....
TITLE III—DEPARTMENT OF EDUCATION					
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies (LEAs) Basic Grants:					
Advance from prior year	(2,390,776)	(1,840,776)	(1,840,776)	(- 550,000)	.....
Forward funded	4,613,625	2,733,460	4,639,033	+ 25,408	+ 1,905,573
Current funded	5,000	466,100	5,000	.....	- 461,100
Subtotal, Basic grants current year approp	4,618,625	3,199,560	4,644,033	+ 25,408	+ 1,444,473
Subtotal, Basic grants total funds available	(7,009,401)	(5,040,336)	(6,484,809)	(- 524,592)	(+ 1,444,473)
Basic Grants fiscal year 2019 Advance	1,840,776	3,231,497	1,815,368	- 25,408	- 1,416,129
Subtotal, Basic grants, program level	6,459,401	6,431,057	6,459,401	.....	+ 28,344
Concentration Grants:					
Advance from prior year	(1,362,301)	(1,362,301)	(1,362,301)	.....	.....
Fiscal year 2019 Advance	1,362,301	1,362,301	1,362,301	.....	.....
Subtotal	1,362,301	1,362,301	1,362,301	.....	.....
Targeted Grants:					
Advance from prior year	(3,544,050)	(3,819,050)	(3,819,050)	(+ 275,000)	.....

Fiscal year 2019 Advance	3,819,050	3,544,050	3,831,754	+ 12,704	+ 287,704
Subtotal	3,819,050	3,544,050	3,831,754	+ 12,704	+ 287,704
Education Finance Incentive Grants:					
Advance from prior year	(3,544,050)	(3,819,050)	(3,819,050)	(+ 275,000)	
Fiscal year 2019 Advance	3,819,050	3,544,050	3,831,754	+ 12,704	+ 287,704
Subtotal	3,819,050	3,544,050	3,831,754	+ 12,704	+ 287,704
Subtotal, Grants to LEAs, program level	15,459,802	15,881,458	15,485,210	+ 25,408	- 396,248
FOCUS Grants (ESIA-I-E)	27,000	1,000,000			- 1,000,000
Innovative Approaches to Literacy	190,000		27,000		+ 27,000
Comprehensive literacy development grants			190,000		+ 190,000
State Agency Programs:					
Migrant	374,751	374,039	374,751		+ 712
Neglected and Delinquent/High Risk Youth	47,614	47,523	47,614		+ 91
Subtotal, State Agency programs	422,365	421,562	422,365		+ 803
Migrant Education:					
High School Equivalency Program	44,623	44,538	44,623		+ 85
Total, Education for the disadvantaged	16,143,790	16,347,558	16,169,198	+ 25,408	- 178,360
Current year	(5,302,613)	(4,665,660)	(5,328,021)	(+ 25,408)	(+ 662,361)
Fiscal year 2019	(10,841,177)	(11,681,898)	(10,841,177)		(- 840,721)
Total, Forward Funded	(5,225,990)	(3,155,022)	(5,251,398)	(+ 25,408)	(+ 2,096,376)
IMPACT AID					
Basic Support Payments	1,189,233	1,166,012	1,200,242	+ 11,009	+ 34,230
Payments for Children with Disabilities	48,316	48,224	48,316		+ 92
Facilities Maintenance (Sec. 8008)	4,835	4,826	4,835		+ 9
Construction (Sec. 8007)	17,406	17,373	17,406		+ 33
Payments for Federal Property (Sec. 8002)	68,813		69,313	+ 500	+ 69,313
Total, impact aid	1,328,603	1,236,435	1,340,112	+ 11,509	+ 103,677
SCHOOL IMPROVEMENT PROGRAMS					
Supporting Effective Instruction State Grants	374,389		374,389		+ 374,389

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2018—Continued
 (In thousands of dollars)

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
Advance from prior year	(1,681,441)	(1,681,441)	(1,681,441)		
Fiscal year 2019	1,681,441		1,681,441		+ 1,681,441
Subtotal, Supporting Effective Instruction State Grants, program level	2,055,830		2,055,830		+ 2,055,830
Supplemental Education Grants	16,699	16,667	16,699		+ 32
21st Century Community Learning Centers	1,191,673		1,191,673		+ 1,191,673
State Assessments	369,100	377,281	369,100		- 8,181
Education for Homeless Children and Youth	77,000	69,867	77,000		+ 7,133
Training and Advisory Services (Civil Rights)	6,575	6,563	6,575		+ 12
Education for Native Hawaiians	33,397		33,397		+ 33,397
Alaska Native Education Equity	32,453		32,453		+ 32,453
Rural Education	175,840	175,506	175,840		+ 334
Comprehensive Centers	50,000	51,347	50,000		- 1,347
Student Support and Academic Enrichment grants	400,000		450,000	+ 50,000	+ 450,000
Total, School Improvement Programs	4,408,567	697,231	4,458,567	+ 50,000	+ 3,761,336
Current year	(2,727,126)	(697,231)	(2,777,126)	(+ 50,000)	(+ 2,079,895)
Fiscal year 2019	(1,681,441)		(1,681,441)		(+ 1,681,441)
Total, Forward Funded	(2,588,002)	(622,654)	(2,638,002)	(+ 50,000)	(+ 2,015,348)
INDIAN EDUCATION					
Grants to Local Educational Agencies	100,381	100,190	100,381		+ 191
Federal Programs:					
Special Programs for Indian Children	57,993	37,921	57,993		+ 20,072
National Activities	6,565	5,554	6,865	+ 300	+ 1,311
Subtotal, Federal Programs	64,558	43,475	64,858	+ 300	+ 21,383

	164,939	143,665	165,239	+ 300	+ 21,574
Total, Indian Education					
INNOVATION AND IMPROVEMENT					
Education Innovation and Research	100,000	370,000	95,000	- 5,000	- 275,000
American History and Civics Academies	1,815		1,815		+ 1,815
American History and Civics National Activities	1,700			- 1,700	
School Leader Recruitment and Support	14,500			- 14,500	
Charter Schools Grants	342,172	500,000	367,172	+ 25,000	- 132,828
Magnet Schools Assistance	97,647	96,463	97,647		+ 1,184
Teacher and School Leader Incentive Grants	200,000	199,563	187,000	- 13,000	- 12,563
Ready-to-Learn Television	25,741		27,741	+ 2,000	+ 27,741
Supporting Effective Educator Development (SEED)	65,000	42,000	65,000		+ 23,000
Arts in Education	27,000		27,000		+ 27,000
Javits Gifted and Talented Students	12,000		12,000		+ 12,000
Total, Innovation and Improvement	887,575	1,208,026	880,375	- 7,200	- 327,651
Current year	(887,575)	(1,208,026)	(880,375)	(- 7,200)	(- 327,651)
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Promise Neighborhoods	73,254	60,000	73,254		+ 13,254
School Safety National Activities	68,000	74,857	58,000	- 10,000	- 16,857
Full-Service Community Schools	10,000			- 10,000	
Total, Safe Schools and Citizenship Education	151,254	134,857	131,254	- 20,000	- 3,603
ENGLISH LANGUAGE ACQUISITION					
Current funded	47,931	47,840	47,931		+ 91
Forward funded	689,469	688,158	689,469		+ 1,311
Total, English Language Acquisition	737,400	735,998	737,400		+ 1,402
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B current year	2,719,465	1,766,099	2,719,465		+ 953,366
Part B advance from prior year	(9,283,383)	(9,283,383)	(9,283,383)		
Grants to States Part B (fiscal year 2019)	9,283,383	10,124,103	9,283,383		- 840,720
Subtotal, program level	12,002,848	11,890,202	12,002,848		+ 112,646

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2018—Continued
(In thousands of dollars)

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
Preschool Grants	368,238	367,538	368,238	.....	+ 700
Grants for Infants and Families	458,556	457,684	458,556	.....	+ 872
Subtotal, program level	12,829,642	12,715,424	12,829,642	.....	+ 114,218
IDEA National Activities (current funded):					
State Personnel Development	38,630	41,551	38,630	.....	- 2,921
Technical Assistance and Dissemination (including Special Olympics Education)	56,928	44,261	59,428	+ 2,500	+ 15,167
Personnel Preparation	83,700	83,541	83,700	.....	+ 159
Parent Information Centers	27,411	27,359	27,411	.....	+ 52
Educational Technology, Media, and Materials	28,047	29,990	28,047	.....	- 1,943
Subtotal, IDEA National Activities	234,716	226,702	237,216	+ 2,500	+ 10,514
Total, Special education	13,064,358	12,942,126	13,066,858	+ 2,500	+ 124,732
Current year	(3,780,975)	(2,818,023)	(3,783,475)	(+ 2,500)	(+ 965,452)
Fiscal year 2019	(9,283,383)	(10,124,103)	(9,283,383)	.....	(- 840,720)
Subtotal, Forward Funded	(3,546,259)	(2,591,321)	(3,546,259)	.....	(+ 954,938)
REHABILITATION SERVICES					
Vocational Rehabilitation State Grants	3,398,554	3,452,931	3,452,931	+ 54,377	.....
Client Assistance State grants	13,000	12,975	13,000	.....	+ 25
Training	29,388	30,131	29,388	.....	- 743
Demonstration and Training programs	5,796	5,785	5,796	.....	+ 11
Protection and Advocacy of Individual Rights [PAIR]	17,650	17,616	17,650	.....	+ 34
Supported Employment State grants	27,548	.....	.....	- 27,548	.....
Independent Living:					
Services for Older Blind Individuals	33,317	33,254	33,317	.....	+ 63
Helen Keller National Center for Deaf/Blind Youth and Adults	10,336	10,316	10,336	.....	+ 20

Total, Rehabilitation services	3,535,589	3,563,008	3,562,418	+ 26,829	- 590
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
American Printing House for the Blind	25,431	25,383	25,431	.....	+ 48
National Technical Institute for the Deaf (NTID): Operations	70,016	69,883	70,016	.....	+ 133
Gallaudet University: Operations	121,275	121,044	121,275	.....	+ 231
Total, Gallaudet University	121,275	121,044	121,275	.....	+ 231
Total, Special Institutions for Persons with Disabilities	216,722	216,310	216,722	.....	+ 412
CAREER, TECHNICAL, AND ADULT EDUCATION					
Career Education:					
Basic State Grants/Secondary & Technical Education State Grants, current funded	326,598	158,499	326,598	.....	+ 168,099
Advance from prior year	(791,000)	(791,000)	(791,000)	.....	.....
Fiscal year 2019	791,000	791,000	791,000	.....	.....
Subtotal, Basic State Grants, program level	1,117,598	949,499	1,117,598	.....	+ 168,099
National Programs	7,421	27,407	7,421	.....	- 19,986
Subtotal, Career Education	1,125,019	976,906	1,125,019	.....	+ 148,113
Adult Education:					
State Grants/Adult Basic and Literacy Education:					
State Grants, current funded	581,955	485,849	581,955	.....	+ 96,106
National Leadership Activities	13,712	13,686	13,712	.....	+ 26
Subtotal, Adult education	595,667	499,535	595,667	.....	+ 96,132
Total, Career, Technical, and Adult Education	1,720,686	1,476,441	1,720,686	.....	+ 244,245
Current year	(929,686)	(685,441)	(929,686)	.....	(+ 244,245)
Fiscal year 2019	(791,000)	(791,000)	(791,000)	.....	.....
Total, Forward Funded	(929,686)	(685,441)	(929,686)	.....	(+ 244,245)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2018—Continued
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Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
STUDENT FINANCIAL ASSISTANCE					
Pell Grants—maximum grant (NA)	(4,860)	(4,860)	(4,960)	(+ 100)	(+ 100)
Pell Grants	22,475,352	22,432,626	22,475,352	.....	+ 42,726
Federal Supplemental Educational Opportunity Grants	733,130	.....	733,130	.....	+ 733,130
Federal Work Study	989,728	500,000	989,728	.....	+ 489,728
Total, Student Financial Assistance [SFA]	24,198,210	22,932,626	24,198,210	.....	+ 1,265,584
STUDENT AID ADMINISTRATION					
Salaries and Expenses	696,643	680,711	696,643	.....	+ 15,932
Servicing Activities	880,211	1,017,000	880,211	.....	- 136,789
Total, Student Aid Administration	1,576,854	1,697,711	1,576,854	.....	- 120,857
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions	86,534	.....	86,534	.....	+ 86,534
Hispanic Serving Institutions	107,795	107,590	107,795	.....	+ 205
Promoting Post-Baccalaureate Opportunities for Hispanic Americans	9,671	9,653	9,671	.....	+ 18
Strengthening Historically Black Colleges (HBCUs)	244,694	244,229	244,694	.....	+ 465
Strengthening Historically Black Graduate Institutions	63,281	63,161	63,281	.....	+ 120
Strengthening Predominantly Black Institutions	9,942	9,923	9,942	.....	+ 19
Asian American Pacific Islander	3,348	3,342	3,348	.....	+ 6
Strengthening Alaska Native and Native Hawaiian-Serving Institutions	13,802	13,776	13,802	.....	+ 26
Strengthening Native American-Serving Nontribal Institutions	3,348	3,342	3,348	.....	+ 6
Strengthening Tribal Colleges	27,599	27,547	27,599	.....	+ 52
Strengthening HBCU Masters programs	7,500	.....	7,500	.....	+ 7,500
Subtotal, Aid for Institutional development	577,514	482,563	577,514	.....	+ 94,951

International Education and Foreign Language:									
Domestic Programs	65,103				65,103			+ 65,103	
Overseas Programs	7,061				7,061			+ 7,061	
Subtotal, International Education & Foreign Lang	72,164				72,164			+ 72,164	
Postsecondary Program for Students with Intellectual Disabilities	11,800		11,778		11,800			+ 22	
Minority Science and Engineering Improvement	9,630		9,630		9,648			+ 18	
Tribally Controlled Postsec-Voc/Tech Institutions	8,286		8,270		8,286			+ 16	
Federal TRIO Programs	950,000		808,289		953,000		+ 3,000	+ 144,711	
GEAR UP	339,754		219,000		339,754			+ 120,754	
Graduate Assistance in Areas of National Need	28,047		5,775		23,047		- 5,000	+ 17,272	
Teacher Quality Partnerships	43,092				38,092		- 5,000	+ 38,092	
Child Care Access Means Parents in School	15,134				15,134			+ 15,134	
Total, Higher Education	2,055,439		1,545,305		2,048,439		- 7,000	+ 503,134	
HOWARD UNIVERSITY									
Academic Program	191,091		190,721		191,091			+ 370	
Endowment Program	3,405		3,405		3,405				
Howard University Hospital	27,325		27,273		27,325			+ 52	
Total, Howard University	221,821		221,399		221,821			+ 422	
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM									
HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU)									
CAPITAL FINANCING PROGRAM ACCOUNT									
HBCU Federal Administration	334		333		334			+ 1	
HBCU Loan Subsidies	20,150		20,112		20,150			+ 38	
Total, HBCU Capital Financing Program	20,484		20,445		20,484			+ 39	
INSTITUTE OF EDUCATION SCIENCES (IES)									
Research, Development and Dissemination	187,500		194,629		185,000		- 2,500	- 9,629	
Statistics	109,500		111,787		107,000		- 2,500	- 4,787	
Regional Educational Laboratories	54,423		54,320		54,423			+ 103	
Research in Special Education	54,000		53,897		54,000			+ 103	
Special Education Studies and Evaluations	10,818		10,797		10,818			+ 21	
Statewide Data Systems	32,281		34,473		32,281			- 2,192	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2018—Continued
 [In thousands of dollars]

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
Assessment:					
National Assessment	149,000	148,717	149,000		+ 283
National Assessment Governing Board	7,745	8,219	7,745		- 474
Subtotal, Assessment	156,745	156,936	156,745		- 191
Total, IES	605,267	616,839	600,267	- 5,000	- 16,572
DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses	431,000	438,000	430,000	- 1,000	- 8,000
Building Modernization	1,000			- 1,000	
Total, Program administration	432,000	438,000	430,000	- 2,000	- 8,000
Office for Civil Rights	108,500	106,797	117,000	+ 8,500	+ 10,203
Office of Inspector General	59,256	61,143	59,256		- 1,887
Total, Departmental management	599,756	605,940	606,256	+ 6,500	+ 316
Total, Title III, Department of Education	71,637,749	66,342,354	71,721,595	+ 83,846	+ 5,379,241
Current year	(49,040,748)	(43,745,353)	(49,124,594)	(+ 83,846)	(+ 5,379,241)
Fiscal year 2019	(22,597,001)	(22,597,001)	(22,597,001)		
TITLE IV—RELATED AGENCIES					
Committee For Purchase From People Who Are Blind Or Severely Disabled	8,000	6,117	8,000		+ 1,883

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE							
Operating Expenses							
Domestic Volunteer Service Programs:							
Volunteers in Service to America (VISTA)	92,364	4,910	92,364				+ 87,454
National Senior Volunteer Corps:							
Foster Grandparents Program	107,702	117	107,702				+ 107,585
Senior Companion Program	45,512	117	45,512				+ 45,395
Retired Senior Volunteer Program	48,903	117	48,903				+ 48,786
Subtotal, Senior Volunteers	202,117	351	202,117				+ 201,766
Subtotal, Domestic Volunteer Service	294,481	5,261	294,481				+ 289,220
National and Community Service Programs:							
AmeriCorps State and National Grants	386,010	2,341	386,010				+ 383,669
Innovation, Assistance, and Other Activities	5,000		5,400		400		+ 5,400
Evaluation	4,000		4,000				+ 4,000
National Civilian Community Corps (NCCC)(subtittle E)	30,000	24,087	30,000				+ 5,913
State Commission Support Grants	16,538		16,538				+ 16,538
Subtotal, National and Community Service	441,548	26,428	441,948		400		+ 415,520
Total, Operating expenses	736,029	31,689	736,429		400		+ 704,740
National Service Trust	206,842		195,000		11,842		+ 195,000
Salaries and Expenses	81,737	99,735	81,737				- 17,998
Office of Inspector General	5,750	3,568	5,750				+ 2,182
Total, Corp. for National and Community Service	1,030,358	134,992	1,018,916		11,442		+ 883,924
CORPORATION FOR PUBLIC BROADCASTING:							
Fiscal year 2020 (current) with fiscal year 2018 comparable	445,000		445,000				+ 445,000
Fiscal year 2019 advance with fiscal year 2017 comparable (NA)	(445,000)	(445,000)	(445,000)				(+ 445,000)
Rescission of fiscal year 2019 funds (NA)		(- 445,000)					
Subtotal, fiscal year 2019 program level	445,000		445,000				+ 445,000
Fiscal year 2018 advance with fiscal year 2016 comparable (NA)	(445,000)	(445,000)	(445,000)				(+ 441,500)
Rescission of fiscal year 2018 funds (NA)		(- 441,500)					

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2018—Continued
(In thousands of dollars)

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
Subtotal, fiscal year 2018 program level	445,000	3,500	445,000	.....	+ 441,500
Public television interconnection system (current)	50,000	.....	20,000	- 30,000	+ 20,000
Federal Mediation and Conciliation Service	46,650	.....	46,650	.....	- 2,005
Federal Mine Safety and Health Review Commission	17,184	17,053	17,184	.....	+ 131
Institute of Museum and Library Services	231,000	23,000	235,000	+ 4,000	+ 212,000
Medicaid and CHIP Payment and Access Commission	7,765	8,700	7,765	.....	- 935
Medicare Payment Advisory Commission	11,925	12,295	11,925	.....	- 370
National Council on Disability	3,250	3,211	3,250	.....	+ 39
National Labor Relations Board	274,224	258,000	274,224	.....	+ 16,224
National Mediation Board	13,800	13,205	13,800	.....	+ 595
Occupational Safety and Health Review Commission	13,225	12,615	13,225	.....	+ 610
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account	25,000	22,000	22,000	- 3,000	.....
Less Income Tax Receipts on Dual Benefits	- 2,000	- 1,000	- 1,000	+ 1,000	.....
Subtotal, Dual Benefits	23,000	21,000	21,000	- 2,000	.....
Federal Payments to the Railroad Retirement Accounts	150	150	150	.....	.....
Limitation on Administration	113,500	111,225	114,500	+ 1,000	+ 3,275
Limitation on the Office of Inspector General	10,000	8,437	11,000	+ 1,000	+ 2,563
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds	11,400	11,400	11,400	.....	.....
Supplemental Security Income Program					
Federal Benefit Payments	52,941,736	48,236,000	48,236,000	- 4,705,736	.....
Beneficiary Services	89,000	159,000	159,000	+ 70,000	.....
Research and Demonstration	58,000	101,000	101,000	+ 43,000	.....
Afghanistan Special Immigrant Visa .....	.....	.....	.....	.....	.....

Administration	5,029,427	5,060,526	4,954,927	-74,500	-105,599
Subtotal, SSI program level	58,118,163	53,556,526	53,450,927	-4,667,236	-105,599
Less funds advanced in prior year	-14,500,000	-15,000,000	-15,000,000	-500,000	.....
Subtotal, regular SSI current year	43,618,163	38,556,526	38,450,927	-5,167,236	-105,599
New advance, 1st quarter, fiscal year 2019	15,000,000	19,500,000	19,500,000	+4,500,000	.....
Total, SSI program	58,618,163	58,056,526	57,950,927	-667,236	-105,599
Limitation on Administrative Expenses					
OAS/IDI Trust Funds	5,145,407	4,916,768	4,950,073	-195,334	+33,305
HI/SMI Trust Funds	1,684,753	2,012,556	1,620,795	-63,958	-391,761
Social Security Advisory Board	2,300	2,300	2,300	.....	.....
SSI	3,706,485	3,671,376	3,565,777	-140,708	-105,599
Subtotal, regular LAE	10,538,945	10,603,000	10,138,945	-400,000	-464,055
User Fees:					
SSI User Fee activities	126,000	118,000	118,000	-8,000	.....
CBO adjustment	-3,000	-3,000	-3,000	.....	.....
SSPA User Fee Activities	1,000	1,000	1,000	.....	.....
CBO adjustment	-1,000	-1,000	-1,000	.....	.....
Subtotal, User fees	123,000	115,000	115,000	-8,000	.....
Subtotal, Limitation on administrative expenses	10,661,945	10,718,000	10,253,945	-408,000	-464,055
Program Integrity:					
OASDI Trust Funds	496,058	345,850	345,850	-150,208	.....
SSI	1,322,942	1,389,150	1,389,150	+66,208	.....
Subtotal, Program integrity funding	1,819,000	1,735,000	1,735,000	-84,000	.....
Total, Limitation on Administrative Expenses	12,480,945	12,453,000	11,988,945	-492,000	-464,055
Federal Funds	29,787	30,000	30,000	+213
Office of Inspector General					

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FOR FISCAL YEAR 2018—Continued
(In thousands of dollars)

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2017 appropriation	Budget estimate
Trust Funds	75,713	75,500	75,500	-213	.....
Total, Office of Inspector General	105,500	105,500	105,500	.....	.....
Adjustment: Trust fund transfers from general revenues	-5,029,427	-5,060,526	-4,954,927	+74,500	+105,599
Total, Social Security Administration	66,186,581	65,565,900	65,101,845	-1,084,736	-464,055
Federal funds	58,782,350	58,212,926	58,107,327	-675,023	-105,599
Current year	(43,782,350)	(38,712,926)	(38,607,327)	(-5,175,023)	(-105,599)
New advances, 1st quarter, fiscal year 2019	(15,000,000)	(19,500,000)	(19,500,000)	(+4,500,000)	.....
Trust funds	7,404,231	7,352,974	6,994,518	-409,713	-358,456
Total, Title IV, Related Agencies	68,485,612	66,244,555	67,363,434	-1,122,178	+1,118,879
Federal Funds	60,945,956	58,759,624	60,231,491	-714,465	+1,471,867
Current Year	(45,500,956)	(39,259,624)	(40,286,491)	(-5,214,465)	(+1,026,867)
Fiscal Year 2019 Advance	(15,000,000)	(19,500,000)	(19,500,000)	(+4,500,000)	.....
Fiscal Year 2020 Advance	(445,000)	.....	(445,000)	.....	(+445,000)
Trust Funds	7,539,656	7,484,931	7,131,943	-407,713	-352,988
Grand Total	933,945,868	964,663,824	991,867,000	+57,921,132	+27,203,176

1 Sec. 4002 of Public Law 111-148.
 2 21st Century CURES Act (Public Law 114-255); fiscal year 2017 funds provided in Public Law 114-254.
 3 Fiscal year 2018 budget request proposes consolidating the Agency for Healthcare Research and Quality within the National Institutes of Health as the National Institute for Research on Safety and Quality.
 4 Reflects transfer from NIH Innovation Account to NCI, NINDS and NIMH.

