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SENATE

{ REPORT
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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES,
AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2017

JUNE 9, 2016.—Ordered to be printed

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

REPORT

[To accompany S. 3040]

The Committee on Appropriations reports the bill (S. 3040) making appropriations for Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2017, 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	\$932,211,568,000
Amount of 2016 appropriations	888,428,751,000
Amount of 2017 budget estimate	933,107,118,000
Bill as recommended to Senate compared to:	
2016 appropriations	+ 43,782,817,000
2017 budget estimate	- 895,550,000

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

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

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

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

SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 2017, the Committee recommends total budget authority of \$932,211,568,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. This amount includes \$161,857,000,000 in current year discretionary funding subject to discretionary spending caps and \$1,960,000,000 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 2016 levels cited in this report reflect the enacted amounts in Public Law 114–113, the Consolidated Appropriations Act, 2016, adjusted for comparability.

OVERVIEW

The Labor, Health and Human Services, and Education, and Related Agencies [Labor-HHS-Education] appropriations bill constitutes the largest share of non-defense discretionary spending, 31 percent of the total in fiscal year 2017. Total spending in this bill subject to discretionary spending caps is \$270,000,000 below the comparable fiscal year 2016 level. This level has required the Committee to make difficult funding decisions and consider the appropriate role and jurisdiction of Federal programs.

The Committee notes that the administration's budget requests for large programmatic increases, offset by reductions in core discretionary funding programs, continue to add financial pressure on existing programs and operations throughout the bill. This is especially true for the Department of Health and Human Services, whose budget request shifted nearly \$3,000,000,000 in traditionally discretionary funded programs out of the annual appropriations process without knowing whether there is a path forward to fill those holes with new streams of mandatory funding. Had the Committee accepted the Department's budget request, it would have required a \$1,000,000,000 cut to the National Institutes of Health [NIH], \$150,000,000 cut to Community Health Centers, and the elimination of the Children's Hospital Graduate Medical Education program. Further, the administration requested increases for critical health activities, historically funded through discretionary appropriations, such as programs focused on fighting the growing opioid epidemic, mental health treatment, and critical medical research programs, such as advancing precision medicine, on the mandatory side of the ledger.

The Committee recommendation prioritizes funding for programs adhering to the spirit and letter of the discretionary caps agreed to in the Bipartisan Budget Act of 2015. 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 \$34,084,000,000 for the NIH, an increase of \$2,000,000,000. The Committee strongly believes that in this difficult budget environment that the Labor-HHS-Education appropriations bill must continue to prioritize and recognize the essential role biomedical research plays in every American's life.

The Committee rejects the administration's budget request to reduce discretionary funding for medical research at the NIH by \$1,000,000,000. A continued commitment to NIH is essential to address our Nation's growing health concerns, spur medical innovation, sustain America's competitiveness, and reduce healthcare costs. After last year's historic increase of \$2,000,000,000, the largest increase for the NIH in this bill in over a decade, the administration chose to take a step backwards by reducing discretionary funding for NIH. Instead of accepting this misguided budget request, the Committee increases funding by \$2,000,000,000 above fiscal year 2016.

The Committee recommendation allocates funding to areas holding the most extraordinary promise of scientific advancement, while allowing NIH to maintain flexibility to pursue unplanned scientific opportunities and address unforeseen public health needs. The Committee recommendation is estimated to support over 11,200 new and competing grants in fiscal year 2017, an increase of 4.2 percent above fiscal year 2016.

Alzheimer's Disease.—By 2050, the cost to treat and care for those suffering from Alzheimer's disease is expected to top \$1,100,000,000,000 a year. To put that figure in perspective, it is twice what the Federal Government currently spends to defend the Nation. Without a medical breakthrough to prevent, slow, or stop the disease, Medicare and Medicaid-related costs could rise nearly five-fold. NIH-funded research offers the only hope for finding solutions to successfully manage this disease in the future. Therefore, the Committee recommendation includes an increase of \$400,000,000 for Alzheimer's disease research, bringing the total available in fiscal year 2017 to approximately \$1,391,000,000, a 40 percent increase above fiscal year 2016.

Brain Research through Advancing Innovative Neurotechnologies [BRAIN].—The Committee continues to support the BRAIN Initiative and provides \$250,000,000 in fiscal year 2017. This is an increase of \$100,000,000 above fiscal year 2016 and \$55,000,000 above the budget request. 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.

Precision Medicine.—The Committee provides \$300,000,000, an increase of \$100,000,000 above fiscal year 2016, for the Precision Medicine Initiative. Instead of a one-size-fits-all approach, the Precision Medicine Initiative will allow physicians to individualize treatment.

Combating Antibiotic Resistant Bacteria [CARB].—Given the threat posed by the spread of antibiotic resistant bacteria, the recommendation includes \$463,000,000, an increase of \$50,000,000 above fiscal year 2016, for efforts to develop new antibiotics and rapid diagnostic tests.

COMBATING OPIOID ABUSE

It is estimated that 1.9 million American adults have an opioid use disorder related to prescription pain relievers, and 586,000 have an opioid use disorder related to heroin. According to the Centers for Disease Control and Prevention [CDC], sales from prescription opioids nearly quadrupled between 1999 and 2014 and there was a corresponding increase in deaths from prescription opioids, claiming more than 165,000 lives. Even more troubling, prescription opioids can act as a gateway drug to 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 \$261,000,000, an increase of \$126,000,000, or 93 percent, above fiscal year 2016, in discretionary funding to fight both prescription opioid and heroin abuse:

Abuse Prevention.—The Committee provides \$98,000,000, a \$28,000,000 increase above the fiscal year 2016 level, or 40 percent, to CDC's Prescription Drug Overdose program to enhance State-level prevention efforts such as increasing adoption of safe opioid prescribing guidelines and improving data collection and collaboration among States.

Drug Treatment, Prevention, and Awareness.—The Committee provides \$60,000,000 to Substance Abuse and Mental Health Services Administration [SAMHSA] for grants to States to expand access to drug treatment services for those with a dependence on prescription opioids or heroin. This level is a \$35,000,000, or 140 percent, increase above fiscal year 2016. Funds will be targeted to States that have experienced the greatest increase in treatment admissions for these drugs.

Overdose Reversal.—The Committee includes \$26,000,000 to prevent opioid overdose, a \$14,000,000, or 117 percent, increase above fiscal year 2016. Funds will be used to help States purchase and train first responders on emergency devices that rapidly reverse the adverse effects of an opioid overdose and to increase awareness of the dangers of opioid use to the public. Of this amount, the Committee provides \$8,000,000 to prevent opioid overdose-related deaths in rural areas. Americans living in rural communities are especially vulnerable and more likely to overdose on prescription pain killers than those in urban areas, according to CDC.

Community Health Centers.—Within the funding provided to Community Health Centers, \$50,000,000 is allocated for services relating to the treatment and prevention of opioid abuse. This investment will help health centers hire over 400 new providers and treat approximately 70,000 new patients nationwide. This is in addition to the \$94,000,000 in funding that HRSA plans to provide Community Health Centers to improve and expand the delivery of substance abuse services in health centers for fiscal year 2017, with a specific focus on treatment of opioid use disorders in underserved populations.

In total, the Department is expected to spend \$356,000,000 in discretionary and mandatory funding for targeted efforts to combat opioid abuse in fiscal year 2017. In addition, States have access to the Substance Abuse Prevention and Treatment Block Grant, funded at \$1,858,079,000 in fiscal year 2017. 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 \$52,500,000 in this act.

PROMOTING COLLEGE AFFORDABILITY AND COMPLETION

The Committee recommendation restores and modifies a provision, eliminated in fiscal year 2011, allowing students to receive Pell grants year-round. This will allow a student who has exhausted their Pell grant award for the academic year to receive a Pell grant for an additional term, traditionally the summer.

Currently, full-time students and some part-time students exhaust their full Pell grant after two semesters, or the equivalent. Students who wish to continue coursework for an additional term during the academic year must use other means to pay for it, such as student loans, or not take the additional classes and wait until the beginning of the next academic year. This expanded eligibility and flexibility in the Pell grant program will provide an incentive for students to take classes year-round and stay continuously enrolled, help them stay on track for graduation, accelerate completion of their program, enter or re-enter the workforce faster, and graduate with less student debt. This is expected to provide an estimated 1 million students an additional Pell grant, on average, of \$1,650 for the 2017–2018 academic year.

In addition, the Committee recommendation is more than sufficient to support the scheduled increase in the maximum Pell grant award from \$5,815 for the 2016–17 school year to \$5,935 for the 2017–18 school year.

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 2018 CJ information detailing how much funding was spent on advertising in fiscal year 2017.

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 2017, 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 advances several initiatives to increase the efficiency and cost effectiveness of Government, including:

Fighting Healthcare Fraud and Abuse.—The Committee includes \$725,000,000 for the Health Care Fraud and Abuse Control program at CMS. The Committee notes that the latest data demonstrates for every \$1 spent on fraud and abuse, \$2 is recovered by the U.S. Treasury. By utilizing the cap adjustment provided in the Budget Control Act, the Committee recommendation will create over \$10,200,000,000 in savings to the U.S. Treasury over 10 years.

Inspectors General.—The Committee recommendation provides \$672,574,000 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 \$1,819,000,000, a \$393,000,000 increase, 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 \$10,897,000,000 over 10 years in taxpayer dollars by reducing waste, fraud, abuse, and improper payments in the Social Security, Medicare, and Medicaid programs.

Strengthening Oversight of Social Security Disability Benefits.—The Committee recommendation includes language strengthening oversight of Social Security disability programs. Specifically, the Committee encourages SSA to expedite efforts to update the medical vocational guidelines used as part of the initial disability determination process and to clarify how the medical improvement standard, and exceptions from it, should be applied during continuing disability reviews, as well as revise the treating physician rule to reflect changes in healthcare delivery. The Committee also supports the agency as it implements recommendations from GAO, as outlined in its annual duplication report, to reduce overpayments to individuals receiving concurrent Federal Workers Compensation Act [FECA] payments.

Taxpayer Accountability.—In recent years, GAO has published reports that have exposed 200 areas of potential duplication and overlap. These reports have revealed more than 1,100 potentially duplicative Federal programs that cost taxpayers billions of dollars every year and have identified opportunities to achieve greater efficiency and effectiveness that result in cost savings or enhanced revenue collection. While GAO has noted that the Nation has achieved significant 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 legislative 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.

Unemployment Insurance Trust Fund Integrity.—The Committee provides \$115,000,000 for Reemployment Services and Eligibility Assessments for fiscal year 2017. Recent data cited by the administration have shown that this program significantly reduces the time participating individuals receive unemployment compensation payments and reduces the total amount of benefits paid. Claimants are more successful in returning to work sooner in jobs with higher wages. The data show that \$2.60 in savings is produced for every \$1 in cost under this initiative. Enhanced, in-person assessments also play an impactful role in protecting the integrity of the Unemployment Insurance Trust Fund by reducing improper payments made to ineligible claimants.

GUIDANCE DOCUMENTS

The Committee notes 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 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.

OTHER HIGHLIGHTS OF THE BILL

Access to Mental Health Care.—The Committee continues to prioritize mental health treatment and services and provides an increase of \$80,000,000 to key mental health activities around the Nation. The Committee provides an increase of \$30,000,000 for the Mental Health Block Grant at SAMHSA as well as \$50,000,000 to expand mental health services in Community Health Centers.

Apprenticeship Grants.—The Committee recommendation includes \$100,000,000, an increase of \$10,000,000, for innovative, job-driven approaches that result in the expansion of Registered Apprenticeship programs to train workers with skills that meet employer and industry workforce needs.

Charter Schools.—The Committee recommendation includes \$343,172,000 for the Charter Schools Program, a \$10,000,000 increase, to promote school choice and accountability by developing and expanding high quality charter schools.

Child Care.—The Committee recommendation includes \$2,786,000,000 for the Child Care and Development Block Grant, a \$25,000,000 increase. This builds on consistent increases in the program over the last several years to help States implement important reforms in the recent reauthorization of the program to

strengthen child care health and safety standards, and improve the overall quality of child care programs.

Children's Hospitals Graduate Medical Education [CHGME].—The Committee recommendation includes \$300,000,000 for CHGME, the full authorized level, an increase of \$5,000,000 above fiscal year 2016. 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 2016. Combined with mandatory funding provided in Public Law 114–10, the fiscal year 2017 program level is \$5,091,522,000. The Committee rejects the administration's proposal to reduce funding by \$150,000,000. The Committee's recommendation is projected to support 27 million patients, an increase of approximately 4 million since 2014, and continues quality improvement activities for more than 1,300 health centers operating over 9,000 primary sites.

Head Start.—The Committee recommendation includes \$9,203,095,000, a \$35,000,000 increase for Head Start. This will help all Head Start programs keep up with costs, recruit and retain highly qualified staff, maintain enrollment, and continue to provide high-quality early childhood care and education for children and families.

International Labor Affairs.—The Committee recommendation includes \$91,125,000, a \$5,000,000 increase, to ensure that our trading partners around the world are respecting workers' rights. These funds will enable the Bureau of International Labor Affairs to increase its monitoring of labor provisions in our trade agreements, support additional grant assistance to address worker rights issues, and combat exploitative child labor.

Job Corps.—Maintaining safe and productive learning environments for the participating youth and staff on the Nation's Job Corps campuses is a high priority. Recent increases in incidents of violence and other unsafe behaviors threaten both the well-being of people that depend on the program and the effectiveness and viability of the program itself. The largest discretionary increase in the bill within the Department of Labor is dedicated to addressing the safety and welfare of Job Corps students through physical security enhancements, mental health resources, and other specialized staffing.

Medicare Appeals Process.—The number of cases appealed to the Office of Medicare Hearings and Appeals [OMHA] has increased 1,000 percent over the past 6 years. As of the end of 2015, it takes OMHA nearly 700 days to close out an existing appeal. The Committee recommendation includes \$112,381,000, a \$5,000,000 increase, to OMHA to expand capacity to address the significant backlog of appeals.

Occupational License Portability.—The Committee enhances an initiative started in 2016 to reduce barriers created by a lack of interstate reciprocity for occupational licenses. Additional funding is provided for consortia of States, with technical and other types of assistance from the Department of Labor, to evaluate and pursue cooperative approaches to enhance reciprocity or portability of

occupational licenses across State lines. Such agreements would significantly ease barriers to opportunity and reemployment for thousands of Americans, especially for military spouses, dislocated workers from various industries, and transitioning servicemembers.

Polio Eradication.—CDC has substantially contributed to the more than 99 percent decline in global polio cases from more than 350,000 cases reported in 1988. Currently, polio remains endemic in three countries, Nigeria, Afghanistan and Pakistan. The Committee includes \$174,000,000, an increase of \$5,000,000, for polio eradication.

Supporting State and Local Flexibility in Elementary and Secondary Education.—The Committee recommendation supports the implementation of the Every Student Succeeds Act, the reauthorization of the Elementary and Secondary Education Act, that shifts significant responsibility, control, and accountability for schools back to States and local school districts. The Committee recommendation includes:

- \$15,409,802,000, a \$500,000,000 increase for title I grants to LEAs, including consolidated funding from the School Improvement Grants program;
- \$1,315,603,000, a \$10,000,000 increase, for Impact Aid;
- \$11,952,848,000, a \$40,000,000 increase, for Individuals with Disabilities Education Act State Grants.

In addition, the Committee recommendation includes \$300,000,000 for a new Student Support and Academic Enrichment formula block grant program. This represents a \$22,239,000 increase over the combined fiscal year 2016 funding level of the discrete programs consolidated to create this new formula block grant program.

Telehealth.—The Committee commends the work that is being done in the area of Telehealth and the impact it is having on access to care for medically underserved and rural populations. In addition to a \$1,000,000 increase for the Office for the Advancement of Telehealth [OAT] in fiscal year 2017, the Committee's recommendation includes several initiatives that focus on the success of Telehealth networks to increase access, prevent and treat opioid abuse, and expand continuing education to medical professionals in medically underserved areas.

Training Assistance to Coal Workers.—The bill continues an initiative dedicating a portion of the Dislocated Worker National Reserve to ensure reemployment and training assistance are provided to workers dislocated from coal mines and closely related industries. As job losses mount in the coal industry, it is very important that dislocated workers are able to adapt existing skills and learn new skills demanded by other growing industries so they can return to work as soon as possible. The bill includes \$19,000,000 for this initiative.

Veterans Employment and Training Service.—The Committee recommendation includes \$274,541,000, an increase of \$3,431,000. This amount includes a program increase of \$2,391,000 to enhance the Homeless Veteran's Reintegration Program which provides an array of specialized services to help homeless veterans, such as job training, social services, clothing, substance abuse treatment, transportation, and housing referrals.

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

Appropriations, 2016	\$3,335,425,000
Budget estimate, 2017	3,525,460,000
Committee recommendation	3,268,367,000

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 2017 will support the program from July 1, 2017, through June 30, 2018. A portion of this account’s funding, \$1,772,000,000, is available on October 1, 2017, for the 2017 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 of Museum and Library Services to assist in the implementation of the 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.

Grants to States

The Committee recommends \$2,636,000,000 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. Therefore, each Governor of a State shall reserve not more than 15 percent of the funds allotted to a State through the WIOA State grant programs for State-wide workforce investment activities. This increased flexibility will assist Governors in meeting unexpected needs, effectively targeting pockets of unemployment in their States and fulfilling their oversight and technical assistance responsibilities.

Adult Employment and Training.—For adult employment and training activities, the Committee recommends \$782,000,000.

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

Funds are made available in this bill for adult employment and training activities in program year 2017, which occurs from July 1, 2017, through June 30, 2018. The bill provides that \$70,000,000 is available for obligation on July 1, 2017, and that \$712,000,000 is available on October 1, 2017. Both categories of funding are available for obligation through June 30, 2018.

Youth Training.—For youth training activities, the Committee recommends \$838,000,000.

The purpose of this program is to provide low-income youth facing barriers to employment with services that prepare them to succeed in the knowledge-based economy. The program provides assistance to youth in achieving academic and employment success through improved education and skill competencies, connections to employers, mentoring, training, and supportive services. The program also supports summer employment directly linked to academic and occupational learning, incentives for recognition and achievement, and activities related to leadership development, citizenship, and community service. Funds are made available for youth training activities in program year 2017, which occurs from April 1, 2017, through June 30, 2018.

Dislocated Worker Assistance.—For dislocated worker assistance, the Committee recommends \$1,016,000,000.

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

may also use funds for implementing innovative incumbent and dislocated worker training programs.

Funds made available in this bill support activities in program year 2017, which occurs from July 1, 2017, through June 30, 2018. The bill provides that \$156,000,000 is available for obligation on July 1, 2017, and that \$860,000,000 is available on October 1, 2017. Both categories of funding are available for obligation through June 30, 2018.

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 2017. The bill provides that \$20,859,000 is available for obligation on July 1, 2017, and that \$200,000,000 is available on October 1, 2017. Both categories of funding are available for obligation through September 30, 2018.

The Committee bill continues a \$19,000,000 program within the National Reserve initiated in fiscal year 2016 to focus dislocated worker training and support for the large numbers of people losing jobs in the coal mining and closely related industries. The Department is strongly urged to engage proactively with Workforce Development Boards and other appropriate entities at the State and local levels 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 coal workers in areas hardest hit by job loss in that industry.

Indian and Native American Programs.—The Committee recommends \$48,500,000 for Indian and Native American Programs. These programs are designed to improve the academic, occupational, and literacy skills of Native Americans, Alaskan Natives, and Native Hawaiians to aid the participants in securing permanent, unsubsidized employment. Allowable training services include adult basic education, GED attainment, literacy training, English language training, as well as the establishment of linkages with remedial education.

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

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.

Women in Apprenticeship.—The Committee accepts the administration's request to eliminate the Women in Apprenticeship program. The Committee notes that the recommendation significantly expands funding for the new wide-scale apprenticeship grant program, which includes an element designed to support apprenticeship opportunities for women, minorities, and other under-represented populations more holistically.

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. Since becoming a Federal program in 1992, YouthBuild has helped over 140,000 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 and over 48 million hours of community service. There are currently over 260 YouthBuild programs across the country.

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. 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.

The Committee notes that the Federal YouthBuild program competed successfully to receive a Reintegration of Ex-Offenders grant in 2011. According to the grant's final report, after 3 years of operation involving a total of over 500 young ex-offenders, the YouthBuild program demonstrated a recidivism rate of only 1 percent according to Department-established performance parameters. In fact, the DREAMS YouthBuild program in Brooklyn, which served over 200 ex-offenders alone, achieved a zero percent recidivism rate. These results compare very favorably with the average recidivism rate commonly ranging from 10 to 15 percent for the Reintegration of Ex-Offenders program according to the CJ. Success rates were high in part due to the program's strategy to engage heavily with youth and their parents pre-release. Due to YouthBuild's exemplary performance results, an existing national infrastructure including strong and mature community relationships, leveraged private support, and its status as a related Federal program, the Committee encourages ETA to consider establishing an ongoing, non-competitive, formal partnership between the Reintegration program and YouthBuild with an appropriate portion of the Reintegration activity funding. Such a partnership seems likely to bolster overall program success rates.

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

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

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

Apprenticeship Grants.—The Committee recommendation includes \$100,000,000 to support the ApprenticeshipUSA Initiative, an increase of \$10,000,000 above fiscal year 2016. This funding will support innovative, job-driven approaches that expand apprenticeship programs to train workers with the 21st century skills that

meet employer and industry workforce needs. The Committee commends the Department for designing a national campaign to engage a broad range of stakeholders, including employers, labor, States, education and workforce partners, to expand and diversify apprenticeship opportunities across the country. The Committee directs the Department to use funding to support economic development strategies that generate new or leverage existing employer demand for apprenticeships. The Committee also directs the Department to build off of the success of the Women Apprentices in Non-Traditional Occupations program by requiring States and organizations to engage, recruit, and serve under-represented populations, with a particular emphasis on increasing the representation of women in apprenticeship programs.

JOB CORPS

Appropriations, 2016	\$1,689,155,000
Budget estimate, 2017	1,754,590,000
Committee recommendation	1,709,955,000

The recommendation for operations of Job Corps centers is \$1,591,625,000, an increase of \$9,800,000 above fiscal year 2016. The Committee directs that Job Corps dedicate significant operations funding in fiscal year 2017 to upgrading safety and security of Job Corps centers as requested. These investments will include improved training to detect security risks, increased security personnel staffing, additional mental health counseling, integrated behavior management approaches, and related activities to improve the safety environment at Job Corps centers. A portion of the increase may be dedicated to the modernization of curricula, upgrades of equipment to meet industry standards, and refinement of training to provide skills and credentials that are in high demand by employers.

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 \$86,000,000 in construction, renovation, and acquisition [CRA] funds, an increase of \$11,000,000 above fiscal year 2016. This amount is available from July 1, 2017, to June 30, 2020. The Department is directed to utilize not less than \$17,000,000 of the CRA funds to implement urgent targeted security measures at Job Corps centers, including improved access controls, perimeter fencing, security cameras, site lighting, and other appropriate measures. The CRA activity recommendation overall includes funds for building rehabilitation and replacement, to increase safety and security, to address conditions that threaten life or safety, to abate environmentally unsafe conditions, for engineering and contract support services, for center telecommunication upgrades, for contingency funds for emergency re-

pairs, for minor repair and replacement, and for needed major equipment. The Committee continues bill language allowing the Secretary to transfer up to 15 percent of CRA funds, if necessary, to meet the operational needs of Job Corps centers or to achieve administrative efficiencies. The bill continues to require the Secretary to notify the House and Senate Committees on Appropriations at least 15 days in advance of any transfer. The Committee expects any notification to include a justification.

The Committee supports the Department’s goals to modernize curricula, upgrade equipment to meet industry standards, and refine training to provide skills and credentials that are in high demand by employers. To advance these goals, the Committee urges Job Corps to require strong, local employer partnerships and work-based learning opportunities for students as part of any Job Corps pilot initiative. Additionally, any external review of the Job Corps program should also include evaluation of the Job Corps management structure, the procurement process, and the procedures for determining or changing which academic and career training programs are offered at Job Corps centers.

In addition, the Committee urges the Department to be cognizant of the competitiveness of Job Corps teacher and instructor salaries as well as staff retention and vacancy rates. Finally, funds should not be used to award a new contract for operation of a Job Corps center, unless the Assistant Secretary of 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 is encouraged by recent progress made toward the rebuilding of the Gulfport Job Corps Center. The Committee expects the Department to have completed the section 106 process, finalized the design of the new center, and opened a request for contracts as quickly as possible. The Department should continue to remain committed to work to ensure 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 directs the Department to prioritize the Gulfport Job Corps Center among pending construction cases in the Construction, Rehabilitation and Acquisition Account. The Committee requests to be updated on a regular, continuing basis on the progress of the administrative steps to complete the design and rehabilitation of this facility.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2016	\$434,371,000
Budget estimate, 2017	434,371,000
Committee recommendation	400,000,000

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

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 2016	\$861,000,000
Budget estimate, 2017	849,000,000
Committee recommendation	849,000,000

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 2017 consistent with current law.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 2016	\$3,589,878,000
Budget estimate, 2017	3,631,085,000
Committee recommendation	3,535,960,000

The Committee recommendation includes \$3,444,394,000 authorized to be drawn from the Employment Security Administration account of the Unemployment Trust Fund and \$91,566,000 to be provided from the general fund of the Treasury.

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

The Committee recommends a total of \$2,712,266,000 for UI activities. For UI State operations, the Committee recommends \$2,697,019,000. Of these funds, the Committee includes \$115,000,000 to help address and prevent long-term unemployment and reduce improper payments through the Reemployment Services and Eligibility Assessments [RESEA] initiative.

The request also proposed \$35,000,000 of the total be provided through a discretionary cap adjustment. The Committee recommendation does not include funding through the proposed cap adjustment.

The Administration's request of \$50,000,000 to fund State consortia to modernize their UI tax and benefit systems is also included in the recommendation. The Committee expects the full \$50,000,000 to be applied to this purpose.

The Committee recommendation includes \$6,000,000 for the UI Integrity Center of Excellence, including \$3,000,000 to support an integrated data hub and data analytics capacity to help States reduce fraud.

The Committee recommendation provides no funding for an additional round of State incentive grants related to worker misclassification.

The Committee recommendation provides for a contingency reserve amount should the unemployment workload exceed an average weekly insured claims volume of 2,453,000.

The Committee recommends \$15,247,000 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 \$671,413,000. This amount includes \$21,413,000 in general funds together with an authorization to spend \$650,000,000 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.

The Committee is concerned about widespread reports of lengthy wage determination and application processing delays as well as allegations of instances of enforcement of regulations Congress specifically prohibited in the fiscal year 2016 appropriations act. The H-2B program is a critical source of labor for highly seasonal industries including fishing, forestry, tourism, hospitality, recreation, and others. The program ensures a legal labor force to fill temporary jobs when an insufficient number of American workers are available. However, some requirements currently imposed by the Department make the program excessively burdensome and costly on employers seeking to legally obtain temporary employees which ultimately jeopardizes jobs for American workers dependent on these enterprises. General provisions are continued in the bill to address these concerns; however, persistent delays in processing applications remain. The delays noted in most of the guest worker programs have grown so severe that businesses have to forego part of their work seasons, resulting in missed or defaulted contracts, preventing growth, and ultimately jeopardizing the jobs of dependent American workers. The Committee directs the Department to administer and regulate the H-2B program in an efficient manner that is consistent with the law, allowing employers to legally seek temporary workers at fair and accurate prevailing wages.

The Committee recommendation includes an amendment to a previously existing general provision to authorize ETA to utilize up to \$20,000,000 of H-1B fee funds to augment staffing for H-2B and H-2A foreign labor certification processing, including wage determinations and associated tasks. The Department is directed to use no less of this authority than is necessary to eliminate all labor certification backlogs.

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. This type of worker misclassification is believed to have resulted 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 \$70,153,000. The Committee includes \$8,500,000 to support the initiative started in fiscal year 2016 to establish occupational licensing grants for State consortia to identify, explore, and address areas where licensing requirements create an unnecessary barrier to labor market entry or labor mobility where interstate portability of licenses could improve economic opportunity, particularly for dislocated workers, transitioning servicemembers, veterans, and military spouses. The Committee also encourages the Department to urge participating States to consider ways to increase their recognition of military certifications for equivalent private sector skills and occupations to further ease the transition of former servicemembers to comparable civilian jobs. The Committee requests progress updates as this initiative proceeds.

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 2017, 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.

The recommendation also includes \$1,500,000 to conduct a requested study and to begin to pilot approaches to modernize and streamline data collection for the O*NET and related tools. O*NET is a source of labor market information for the workforce development 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, 2016	\$154,559,000
Budget estimate, 2017	180,826,000
Committee recommendation	160,156,000

The Committee recommendation of \$160,156,000 for program administration includes \$110,174,000 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.

Of the funds provided above the fiscal year 2016 level, \$3,200,000 is dedicated toward implementation of the integrated performance reporting system pursuant to WIOA and the grants management system, and \$2,160,000 is for Office of Apprenticeship for the administration of the new apprenticeship grant program.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2016	\$181,000,000
Budget estimate, 2017	205,761,000
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.

Mental health disorders affected an estimated 43.8 million Americans last year. The Committee believes that the Mental Health Parity and Addiction Equity Act of 2008 [MHPAEA] made significant progress ensuring that individuals in need of mental health care have access to those services on the same basis as they would for other medical care. While MHPAEA has been a strong step towards parity, the Committee believes there is insufficient guidance on what constitutes parity under the law. Specific guidance for group health plans and health insurance issuers as well as for employers and employees covered by plans governed by the law is particularly needed. The Committee directs the Secretary to coordinate with the Secretary of Health and Human Services and prepare annual reports of parity compliance activities in each State. Reports shall include inquiries and complaints specific to the MHPAEA, and a transparent de-identified report of all enforcement actions. Reports also shall include a compliance guide that answers questions raised during the previous year and specific guidelines providing clear interpretations of the law and the final rule.

PENSION BENEFIT GUARANTY CORPORATION

The Pension Benefit Guaranty Corporation's [PBGC's] estimated obligations for fiscal year 2017 include single-employer benefit payments of \$7,195,000,000, multi-employer financial assistance of \$315,000,000, and administrative expenses of \$519,506,000. Administrative expenses are comprised of three activities: pension insurance activities, pension plan termination expenses, and operational support. These expenditures are financed by permanent authority.

For fiscal year 2016, the Committee accepted the PBGC’s proposal to reform the previous administrative apportionment classifications from three budget activities to one budget activity to make operations more efficient and improve stewardship of resources. 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.

PBGC requested \$98,500,000 for costs associated with the consolidation of three separate headquarters facilities into one upon the expiration of existing leases. The consolidation is intended to reduce the leased footprint of the agency, increase efficiencies associated with consolidated office space, and reduce overall lease costs. The Committee bill provides the requested funds, to be available for 5 years and only available for lease replacement costs. Unused funds for this purpose will be retained in the revolving fund.

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 President’s budget proposes and the bill continues authority for a contingency fund for the PBGC that provides additional administrative resources when the number of participants in terminated plans exceeds 100,000. When the trigger is reached, an additional \$9,200,000 becomes available through September 30, 2018, for every 20,000 additional participants in terminated plans. The Committee bill also continues authority allowing the PBGC additional obligation authority for unforeseen and extraordinary pre-termination expenses, after approval by OMB and notification of the Committees on Appropriations of the House of Representatives and the Senate.

WAGE AND HOUR DIVISION

SALARIES AND EXPENSES

Appropriations, 2016	\$227,500,000
Budget estimate, 2017	276,599,000
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, 2016	\$40,593,000
Budget estimate, 2017	45,691,000
Committee recommendation	35,529,000

The Committee recommends \$35,529,000 for the Office of Labor-Management Standards [OLMS].

OLMS administers the Labor-Management Reporting and Disclosure Act of 1959 and related laws. These laws establish safeguards for union democracy and financial integrity. They also require public disclosure by unions, union officers, employers, and others. In addition, the Office administers employee protections under federally sponsored transportation programs.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2016	\$105,476,000
Budget estimate, 2017	114,169,000
Committee recommendation	104,476,000

The Committee recommends \$104,476,000 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.

OFFICE OF WORKERS' COMPENSATION PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2016	\$115,501,000
Budget estimate, 2017	126,159,000
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, 2016	\$210,000,000
Budget estimate, 2017	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 recommendation continues language that allows carryover of unobligated balances to be used in the following year and that provides authority to draw such sums as are needed after August 15 to pay current beneficiaries. Such funds are charged to the subsequent year appropriation.

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

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, 2016	\$69,302,000
Budget estimate, 2017	61,319,000
Committee recommendation	61,319,000

The Committee recommends a mandatory appropriation of \$61,319,000 in fiscal year 2017 for special benefits for disabled coal miners. This is in addition to the \$19,000,000 appropriated last year as an advance for the first quarter of fiscal year 2017, for a total program level of \$80,319,000 in fiscal year 2017. The decrease in this account below the fiscal year 2016 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 \$16,000,000 for the first quarter of fiscal year 2018. 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, 2016	\$58,552,000
Budget estimate, 2017	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 EEIOCPA, which provides benefits to eligible employees and former employees of the Department of Energy [DOE], its contractors and subcontractors, or to certain survivors of such individuals. The mission also includes delivering benefits to certain beneficiaries of the Radiation Exposure Compensation Act. The Division is part of OWCP.

In fiscal year 2017, the volume of incoming claims under part B of EEOICPA is estimated at about 5,300 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 4,350 new claims will be received during fiscal year 2017. Under this authority, the Department provides benefits to eligible DOE contractor employees who were found to have work-related occupational illnesses due to exposure to a toxic substance at a DOE facility, or to the employees' survivors.

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 2016	\$341,467,000
Budget estimate, 2017	371,641,000
Committee recommendation	371,641,000

The Committee bill provides an estimated \$371,641,000 as requested for this mandatory appropriations account. This estimate is comprised of \$69,526,000 for administrative expenses and an estimated \$302,115,000 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 \$30,594,000 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, 2016	\$552,787,000
Budget estimate, 2017	595,023,000
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 203(g) of the Occupational Safety and Health Act. These funds primarily are provided to States that have taken responsibility for administering their own occupational safety and health programs for the private sector and/or the public sector. State plans must be at least as effective as the Federal program and are monitored by OSHA. The Committee bill continues language that allows OSHA to provide grants of up to 50 percent for the costs of State plans approved by the agency.

The Committee believes that OSHA's worker safety and health training and education programs are a critical part of a comprehensive approach to worker protection. Under the program, grants are made to various types of organizations representing employers and labor organizations for direct training of workers on occupational safety and health. The Committee recommendation includes \$10,537,000 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 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.

The Committee repeats and emphasizes the concerns stated in the joint explanatory statement accompanying the Consolidated Appropriations Act, 2016 about OSHA's use of guidance documents to change longstanding OSHA policy. In June and July of 2015, OSHA issued three guidance documents related to Executive Order 13650, "Improving Chemical Facility Safety and Security." They are Process Safety Management of Highly Hazardous Chemicals and Covered Concentrations of Listed Appendix A Chemicals, RAGAGEP in Safety Process Management Enforcement, and PSM Retail Exemption Interim Enforcement Policy. These along with other OSHA "letters of interpretation" attempt to change prevailing agency policies without proposing regulatory changes, which would be governed by the requirements of the Administrative Procedures Act (5 U.S.C. 551 et. seq.). OSHA has issued letters of interpretation on substantive policy matters that leave the agency open to liability that can be avoided by going through the proper rulemaking process, including notice and period of public comment. OSHA is expected to implement agency policy changes through the formal regulatory process.

Therefore, the revised enforcement policy relating to the exemption of retail facilities from coverage of the Process Safety Management of Highly Hazardous Chemicals standard (29 CFR 191.0.119(a)(2)(i)) issued by the Occupational Safety and Health Administration on July 22, 2015, shall not be enforced nor deemed by the Department of Labor to be in effect until: the Bureau of the Census establishes a new North American Industry Classification System code under Sector 44-45 Retail Trade for Farm Supply Retailers; the Secretary of Labor, acting through the Assistant Secretary of Labor for Occupational Safety and Health, has carried out all notice and comment rulemaking procedures and invited meaningful public participation in the rulemaking; and the Secretary, acting through the Assistant Secretary of Labor for Occupational Safety and Health, arranges for an independent third-party to conduct a cost-benefit analysis of such proposed rule and the Secretary includes such analysis in the publication of the proposed rule.

The Committee understands that, as a result of Executive Order 13650, Improving Chemical Facility Safety and Security, OSHA is considering options to ensure the safety of ammonium nitrate handling and storage. The Committee also understands that there is no record thus far of an accidental detonation of ammonium nitrate in a situation where a storage facility has been compliant with OSHA's existing regulations at 29 CFR 1910.109(i). The existing regulations are based on standards of the National Fire Protection Association. Before any new regulations are proposed for the storage of solid ammonium nitrate, the Secretary shall submit a report

to the Committees on Appropriations of the House Representatives and the Senate; the Senate Health, Education, Labor and Pensions Committee; and the House Committee on Education and the Workforce that identifies any provisions of OSHA’s current 29 CFR 1910.109(i) regulations under consideration for update and that evaluates the costs and benefits of such changes.

The Committee is concerned about OSHA’s implementation of the Outreach Training Program and its use of Requests for Proposals [RFPs] to change longstanding OSHA policy. Since 2008, OSHA has implemented and administered online Outreach Training Program courses via its OSHA Outreach Training Program—Online Training Guidance document. Instead of remaining consistent with its own Guidance document, OSHA has twice used the RFP process unsuccessfully to specifically limit online distribution of the Outreach Training Program. Therefore, the Committee urges OSHA to consider recognition of online training as an equivalent to classroom training with respect to the Outreach Training Program and improvement of worker safety and health. Further, OSHA is urged to seek the meaningful advance participation of policymakers and stakeholders through public meetings and pre-solicitation conferences prior to the issuance of any new or amended training RFP for this program. OSHA is directed to provide notification to the Committees on Appropriations of the House of Representatives and the Senate at least 10 days prior to issuance of any new or amended RFP specific to Outreach Training Programs.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2016	\$375,887,000
Budget estimate, 2017	397,372,000
Committee recommendation	375,887,000

The Committee recommendation includes \$375,887,000 for the Mine Safety and Health Administration [MSHA].

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

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

The Committee supports MSHA’s ongoing work to improve mine rescue communications capabilities. To prepare properly for an actual mine rescue emergency, the Committee directs MSHA to continue to devote sufficient resources towards mine rescue technology and, to the extent possible, urges MSHA to expedite progress toward outfitting all five MSHA Mine Rescue teams with advanced

mine rescue technology. The Committee has been informed that there is a discrepancy among States' interpretations of whether the purchase of mine rescue communications equipment is an eligible use of State Assistance Training funds. The Committee believes that such purchases, when used in part for training purposes which are the focus of these funds, are an allowable use and directs MSHA to clarify this issue for all training grant recipients.

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

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriations, 2016	\$609,000,000
Budget estimate, 2017	640,943,000
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 understands that BLS is preparing a report requested in last year's statement of managers that will discuss the efforts of BLS to account for and report on all forms of employment in the current economy. The Committee notes that the availability of data on trends in employment helps inform long-term economic policy-making and looks forward to receiving the report later this year.

OFFICE OF DISABILITY EMPLOYMENT POLICY

Appropriations, 2016	\$38,203,000
Budget estimate, 2017	38,544,000
Committee recommendation	38,203,000

The Committee recommends \$38,203,000 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, 2016	\$334,373,000
Budget estimate, 2017	387,925,000
Committee recommendation	339,186,000

The Committee recommendation includes \$339,186,000 for the Departmental Management account. Of this amount, \$338,878,000 is available from general funds and \$308,000 is available by transfer from the Employment Security account of the Unemployment Trust Fund. In addition, \$30,594,000 is available by transfer from the Black Lung Disability Trust Fund.

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

The administration requested \$2,620,000 and 15 full time equivalent staff to implement Executive Order 13673. This request is denied by the Committee. The Committee is concerned that the administration proposes to create additional layers of bureaucracy to duplicate existing functions of government. Violations of Federal labor law are a serious matter. Such violations are already illegal by definition, and enforcement mechanisms are already in place to adjudicate such cases and to levy punishment as appropriate, up to and including debarment.

The Committee notes that some have raised concerns about the Department's use of guidance documents, including Dear Colleague letters, because such documents are not legally binding, but regulated entities may interpret them as such. Accordingly, the Committee recommendation includes new directives in the overview section of the Committee Report for each of the Departments and agencies included in this bill relating to the use of guidance documents.

The Committee recommendation includes \$91,125,000 for the Bureau of International Labor Affairs [ILAB], of which \$61,825,000 is available for obligation through December 31, 2017. ILAB's appropriation is available to help improve working conditions and labor standards for workers around the world and carry out ILAB's statutory mandates and international responsibilities. 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.

The Committee recognizes that the exploitation of children around the world remains a serious problem, including in settings where children should be safe and protected such as in homes and schools. Approximately 115 million children are engaged in haz-

ardous work and 5.5 million children are in forced labor. The Committee notes ILAB's involvement in the United States Government Action Plan on Children in Adversity and requests that the amount of funding by objective for the Action Plan on Children in Adversity be reported as part of the fiscal year 2018 CJ.

The Committee expects ILAB to enhance its current effort on programs to combat exploitative child labor. The Committee also expects that integrated child labor and worker rights projects supported by ILAB funds will have a significant and direct child labor component. The bill requires ILAB to spend not more than \$54,825,000 for programs to combat exploitative child labor internationally and not less than \$7,000,000 to implement model worker rights programs in countries with which the United States has trade preference programs or free trade agreements.

The Committee understands ILAB's desire to place labor attachés in selected U.S. missions abroad and notes that Honduras has been established as a first priority. The Committee requests a report, not later than 180 days after enactment of this act, from the Departments of Labor and State which describes current labor-related staffing at U.S. missions overseas and the Departments' coordinated plan for future staffing and support for effective monitoring and enforcement of labor provisions related to free trade agreements and trade preference programs, particularly in priority countries.

The Committee recommendation provides \$8,040,000 for program evaluation and allows these funds to be available for obligation through September 30, 2018. The Committee bill also continues the authority of the Secretary to transfer these funds to any other account in the Department for evaluation purposes. The Committee bill continues authority to use up to 0.75 percent of certain Department appropriations for evaluation activities identified by the chief evaluation officer. The Committee expects to be notified of the planned uses of funds derived from this authority.

The Committee directs the Chief Evaluation Officer, in conjunction with the Employee Benefits Security Administration and other relevant DOL offices, to submit a report to Congress within 6 months of enactment of this act that explains the Department's proposal for pilot programs to design, implement, and evaluate new and existing models and approaches for benefit portability and the ways in which such approaches would differ from currently available retirement plans that originate with employers which can be retained or rolled into other personal savings options.

The recommendation includes \$28,834,000 for the Office of the Assistant Secretary for Administration and Management. The increase of \$421,000 above fiscal year 2016 is provided to cover requested inflationary and built-in costs.

The recommendation includes \$35,336,000 for the Adjudication activity, an increase of \$3,336,000 above the fiscal year 2016 level. The Committee directs that the increase be used to reduce the projected increase in backlogged cases in the Office of Administrative Law Judges as requested and of which up to \$896,000 may be used for built-in inflationary cost increases across the agencies within the Adjudication activity.

The Committee recommendation provides \$11,536,000 for the Women’s Bureau. The Committee continues bill language allowing the Bureau to award grants. The requested program increase to support a Paid Leave Grant Program is not included.

VETERANS EMPLOYMENT AND TRAINING

Appropriations, 2016	\$271,110,000
Budget estimate, 2017	285,520,000
Committee recommendation	274,541,000

The Committee recommendation of \$274,541,000 for the Veterans Employment and Training Service [VETS] includes \$40,500,000 in general revenue funding and \$234,041,000 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 \$14,600,000 for the Transition Assistance Program [TAP]. This funding will support over 6,000 employment workshops at military installations and in virtual classrooms worldwide for exiting service members and spouses.

The Committee recommendation includes \$41,027,000 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 \$40,500,000 for the Homeless Veterans’ Reintegration Program [HVRP], an increase of \$1,891,000, to help homeless veterans attain the skills they need to gain meaningful employment. This funding will allow DOL to provide HVRP services to as many as 17,000 homeless veterans nationwide, including homeless women veterans. The bill allows Incarcerated Veterans’ Transition funds to be awarded through September 30, 2017, and to serve veterans who have recently been released from incarceration but are at-risk of homelessness.

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

INFORMATION TECHNOLOGY MODERNIZATION

Appropriations, 2016	\$29,778,000
Budget estimate, 2017	63,162,000
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, 2016	\$86,300,000
Budget estimate, 2017	94,541,000
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.

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. Authority is included to utilize H-1B fee receipts for the elimination of foreign labor certification processing backlogs.

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

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

the WIOA. In addition, authority is provided for program integrity-related activities as requested by the administration.

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

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

Section 109. The bill continues a provision that provides flexibility with respect to the crossing of H-2B nonimmigrants.

Section 110. The bill continues a provision related to the wage methodology under the H-2B program.

Section 111. 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 112. The bill continues a provision related to enforcement of H-2B program regulations.

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, 2016	\$1,491,522,000
Budget estimate, 2017	1,342,422,000
Committee recommendation	1,491,522,000

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

Community Health Centers

The program level for Community Health Centers is \$5,091,522,000, equal to the amount provided last year.

The Committee provides \$1,491,522,000 in this bill, which is combined with \$3,600,000,000 in mandatory funding appropriated for fiscal year 2017.

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 supports administrative changes to the HRSA Loan Guarantee Program designed to improve its efficiency and better align the program with other successful Federal loan guarantees, and to increase utilization of this

tool to leverage outside resources to meet health centers' capital needs.

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

Of the available funding for fiscal year 2017, bill language directs that not less than \$50,000,000 shall be awarded for services related to the treatment, prevention, and awareness of opioid abuse. In addition, not less than \$50,000,000 will be awarded for services related to mental health.

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.

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

Native Hawaiian Health Care.—The Committee expects that not less than \$14,400,000 be provided for the Native Hawaiian Health Care Program.

Perinatal Transmission of Hepatitis B.—The Committee is pleased that HRSA funded an evaluation of intervention strategies to eliminate the perinatal transmission of Hepatitis B. The Committee recognizes that a full evaluation of intervention strategies will require the training of health care professionals, followed by service delivery, data collection, and evaluation. The Committee encourages HRSA to incorporate these recommended intervention strategies into the required activities and funding plans for health centers.

Thalassemia.—The Committee supports the important work HRSA has funded to establish expert recommendations for patient care in three key areas in thalassemia treatment and to aid the development of regional partnership networks related to thalassemia. The Committee looks forward to this work continuing and expanding to address more issues related to this patient population, which deals with a particularly challenging rare disorder.

Tuberculosis [TB].—The Committee notes that the National Action Plan for Combating Drug Resistant Tuberculosis recommends the creation of healthcare liaisons between State and local health departments and institutions, including health centers that serve hard-to-reach groups who are at risk for TB. The Committee looks forward to an update on coordination between community health centers and State and local TB control programs to help ensure appropriate identification, treatment, and prevention of TB among vulnerable populations.

Free Clinics Medical Malpractice 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, 2016	\$836,895,000
Budget estimate, 2017	536,745,000
Committee recommendation	826,806,000

The Committee recommendation for the activities of the Bureau of Health Professions is \$826,806,000.

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.

Health Professions Training.—Given that the Department of Health and Human Services recently celebrated the 30th year anniversary of the “Report of the Secretary’s Task Force on Black and Minority Health,” commonly called the “Heckler Report,” HRSA is encouraged to work with the Office of Minority Health and the Office of Women’s Health to submit a follow up report within 1 year after enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate to the “Heckler Report” concerning advancements and future courses of action. The report should analyze HRSA’s federally funded healthcare workforce programs, their funding, their impact, and ways to further increase diversity in the health professions, as well as increase the number of primary health care professionals.

The Committee recommends that HRSA consider reinstating and funding the Student/Resident Experiences and Rotations in Community Health [SEARCH] program which provides opportunities for health professions students and residents to serve on multidisciplinary health care teams in underserved communities.

National Health Service Corps

The Committee recommendation does not include discretionary funding for the National Health Service Corps [Corps], as proposed by the administration, due to funding constraints, and because funding was included in Public Law 114–10 for fiscal year 2017.

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

Training for Diversity

Centers of Excellence

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

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

The Committee commends those institutions with a historic commitment to educating under-represented minority students in the health professions. In addition to the ongoing efforts of COEs, the Committee encourages HRSA to survey current and former COEs for options on how to better address the low representation of under-represented minority males in COE's health professions disciplinary focus areas (medicine, dentistry, pharmacy, and behavioral health).

Health Careers Opportunity Program

The Committee eliminates the Health Careers Opportunity Program due to funding constraints. Funding to increase the diversity of the health professions workforce in this bill is prioritized by investing in programs that have a more immediate impact on the

production of health professionals by supporting students who have committed to and are in training as healthcare professionals.

Faculty Loan Repayment

The Committee provides \$1,190,000 for the Faculty Loan Repayment Program. This amount is the same as the fiscal year 2016 enacted level and the budget request.

Scholarships for Disadvantaged Students

The Committee provides \$49,070,000 for Scholarships for Disadvantaged Students, an increase of \$3,100,000 above the fiscal year 2016 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.

Increased funding will help to meet the demand for scholarship support to disadvantaged students who have unmet financial need in paying for their health professions education. It is essential that disadvantaged students, particularly those from rural or underserved health professional shortage areas, are given the tools to become effective health care professionals by using their knowledge of rural healthcare issues and are supported in pursuing education and training.

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. The Committee directs HRSA to prioritize programs that support underserved communities and applicants from disadvantaged backgrounds in any new grant competition in 2017.

Training in Oral Health Care

The Committee provides \$35,873,000 for Training in Oral Health Care programs, which includes not less than \$10,000,000 each for general and pediatric dentistry. Funds may be used to expand training in general dentistry, pediatric dentistry, public health dentistry, dental hygiene, and other oral health access programs. Funds may also be used to plan and operate training programs, as well as to provide financial assistance to students and residents.

The agency is directed to provide continuation funding for predoctoral and postdoctoral training grants initially awarded in fiscal year 2015, and for Section 748 Dental Faculty Loan Program grants initially awarded in fiscal year 2016.

The Committee understands that since the Chief Dental Officer [CDO] was created at HRSA, the position has been downgraded to Senior Dental Advisor. The Committee strongly encourages HRSA to restore the position of Chief Dental Officer with executive level authority and resources to oversee and lead HRSA dental programs and initiatives. The CDO is also expected to serve as the agency representative on oral health issues to international, national,

State, and/or local government agencies, universities, and oral health stakeholder organizations.

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 \$30,250,000 for Area Health Education Centers [AHECs], equal to the fiscal year 2016 level.

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. As requested by the administration, the Committee transfers the program to HRSA from the Substance Abuse and Mental Health Services Administration [SAMHSA]. HRSA will continue to leverage SAMHSA's subject matter expertise in formulating new investments in fiscal year 2017.

The Committee supports the broadened target populations of people to be served by the BHWET program. In light of the new competition that will be held in 2017, the Committee directs 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; psychology interns; and behavioral health paraprofessionals. The Committee is concerned about the uneven distribution of funds among specialties resulting from the initial grant competition in 2014 and

therefore directs HRSA to ensure that funding is distributed proportionately among the participating health professions and to consider strategies such as issuing separate funding opportunity announcements for each participating health profession.

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, substance 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.

When awarding GPE grants, the Committee directs HRSA to give priority to Historically Black Colleges and Universities and other Minority Serving Institutions that propose GPE projects in underserved and rural areas with significant health disparities, large minority patient populations, and/or shortages of behavioral health providers.

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.

The Committee recommendation includes funding for Public Health Training Centers and the Preventative Medicine Residency with Integrative Health Care program, as requested by the administration.

Nursing Workforce Development Programs

The Committee provides \$229,472,000 for Nursing Workforce Development programs. The program provides funding to address all

aspects of nursing workforce demand, including education, practice, recruitment, and retention.

The Committee encourages HRSA to expand the Nurse Corps Loan Repayment program by naming free and charitable clinics as accepted sites for nurses to work and take advantage of the Nurse Corps Loan Repayment program. The Committee supports efforts to ensure that affordable medication can be obtained by the neediest patients and urges the inclusion of free and charitable clinics as designated sites to provide access to free or low cost prescription drugs.

Children’s Hospitals Graduate Medical Education

The Committee provides \$300,000,000, 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, 2016	\$845,117,000
Budget estimate, 2017	845,117,000
Committee recommendation	846,617,000

The Committee recommendation for the Maternal and Child Health [MCH] Bureau is \$846,617,000. 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.

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.

The Committee supports programs that provide early, continuous, intensive, and comprehensive child development and family support services using evidence-based home visiting models with the goal of providing parents with child development knowledge and parenting support, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness.

The Committee encourages HRSA to utilize demonstration projects to support the implementation of integrating oral health and primary care practice. The projects should model the core clinical oral health competencies for non-dental providers that HRSA published and initially tested in its 2014 report, "Integration of Oral Health and Primary Care Practice."

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 an additional \$3,500,000 within the Special Projects of Regional and National Significance program and directs HRSA to fund a study focused on systemic change that would positively impact the policy of child-health-related institutions and systems in States with the highest levels of childhood poverty. A successful program would consider inter- and intra-cultural dynamics to yield best practices for areas across the nation with diverse populations, persistent poverty, and child health outcomes in need of improvement. The end goal of the program should be to yield a model for other States to utilize in improving child health and development outcomes.

Vision Health.—The Committee is concerned that vision disorders are the leading cause of impaired health in childhood. One in four school-aged children has a vision problem significant enough to affect learning. The Committee recognizes that early detection can help prevent vision loss and blindness and understands many serious ocular conditions in children are treatable if diagnosed at an early stage. Therefore, the Committee commends and supports the work of the National Center for Children's Vision and Eye Health, which through partnerships, sound science, and targeted policy initiatives, advances the development of public health

infrastructure to support a comprehensive, multi-tiered continuum of vision care for young children.

Sickle Cell Anemia

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

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.

Newborn Screening for Heritable Disorders

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

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.

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

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, 2016	\$2,322,781,000
Budget estimate, 2017	2,331,781,000
Committee recommendation	2,293,781,000

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

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

Emergency Assistance

The Committee provides \$655,876,000 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. The President's request did not include funding for this program. The Committee once again rejects the President's proposal to consolidate this program with the Early Intervention Services program.

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

AIDS Dental Services

The Committee provides \$13,122,000 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

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

HEALTH CARE SYSTEMS

Appropriations, 2016	\$103,193,000
Budget estimate, 2017	110,193,000
Committee recommendation	103,193,000

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

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

Organ Donation and Transplantation

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

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

National Cord Blood Inventory

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

C.W. Bill Young Cell Transplantation Program

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

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

Office of Pharmacy Affairs

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

The Committee includes a statutory provision to allow a nominal cost recovery fee to fund the program integrity provisions recommended by the inspector general. The fee will be set at 0.1 percent for covered entities and is expected to generate \$9,000,000 in fiscal year 2018. The Committee expects HRSA to report the estimated and actual amounts generated by the fee in HRSA's annual CJ.

The 340B statute requires HRSA to make 340B ceiling prices available to covered entities through a 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.

The Committee recognizes that OPA recently published the first, comprehensive program guidance. The Committee urges OPA to consider carefully the comments received from all stakeholders.

Poison Control Centers

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

The Committee recognizes the critical role of Poison Control Centers and the value of its highly effective public-private/local-State-Federal partnership in helping the country address the opioid epidemic, as well as contributing significantly to Congressional goals of achieving the most efficient delivery of healthcare services to all citizens.

The Committee commends HRSA for successfully recognizing the first accreditation of a Poison Control Center through an approved State accrediting body in 2015. This accreditation, executed pursuant to the Poison Center Network Act, demonstrates the viability of the State-based accrediting process and makes clear that this designation confers the full approval of HRSA on centers successfully utilizing this pathway. The Committee urges HRSA to offer assistance to any Poison Control Center seeking State-based accreditation and to approve those deemed to meet standards sufficient to protect public safety.

National Hansen’s Disease Program

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

National Hansen’s Disease Program Buildings and Facilities

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

Payment to Hawaii for Hansen’s Disease Treatment

The Committee provides \$1,857,000 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, 2016	\$149,571,000
Budget estimate, 2017	144,162,000
Committee recommendation	152,571,000

The Committee recommendation for Rural Health programs is \$152,571,000, an increase of \$3,000,000 above the fiscal year 2016 level.

The Office of Rural Health Policy [ORHP] administers HHS rural health programs, coordinates activities related to rural healthcare within HHS, and analyzes the possible effects of policy on the more than 42 million residents of rural communities. ORHP advises the

Secretary on the effects of Medicare and Medicaid on rural citizens' access to care, the viability of rural hospitals, and the availability of physicians and other health professionals.

Reliable Energy Supply for Rural Health Facilities.—The Committee recognizes that rural health facilities, including dialysis centers, are often dependent on inconsistent energy supply that can be interrupted for days or weeks following severe weather events. The lack of consistent power may require that patients travel long distances, often in less than safe conditions, for simple, life-saving procedures. This problem can be solved with alternative power generation capacity located at health facilities. The Committee encourages HRSA to design a competitive grant program that would support energy reliability and power generation capacity for qualified health and dialysis facilities located outside Metropolitan Statistical Areas or in a Rural Urban Commuting Areas.

Rural Health Outreach

The Committee provides \$65,500,000 for the Rural Health Outreach program, \$2,000,000 above the fiscal year 2016 level.

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

Delta States Rural Development Network Grant Program.—The Committee encourages HRSA to consult with the Delta Regional Authority [DRA] on the awarding and administration of grants under the Delta States Network Grant Program in fiscal year 2017. Further, the Committee encourages HRSA to solicit input from DRA on the implementation, administration, and monitoring of Delta States Network Grant Program in fiscal year 2017. The Committee encourages 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 \$2,000,000 to support HRSA's collaboration with the DRA to develop a pilot 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.

Rural Health Research

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

the delivery of health services to rural communities and populations.

Rural Hospital Flexibility Grants

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

The Committee recognizes the continuing need to provide support for hospitals located in rural and underserved communities. The Rural Hospital Flexibility Grant Program has improved access for the millions of Americans who reside outside of a reasonable scope of a critical access hospital.

State Offices of Rural Health

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

Black Lung Clinics

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

The Committee is deeply concerned about changes HRSA has made to the Black Lung Clinic Grants Program in fiscal year 2014, including the adoption of a three-tiered funding system and an overall per-applicant cap. These changes to the program have unnecessarily increased the administrative burden on applicants and may result in reductions in funding for States and communities most in-need of the essential health care services provided by this program. The fiscal year 2014 policy violates HRSA regulations which require the Secretary to give preference to State agencies, account for the number of miners to be served and their needs, and evaluate the quality and breadth of services to be provided by a prospective grantee. The Secretary is directed to evaluate funding levels for applicants based on the needs of the populations those applicants will serve and the ability of those applicants to provide 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 \$18,000,000, an increase of \$1,000,000 above the fiscal year 2016 level, for the Office for the Advancement of Telehealth [OAT], which promotes the effective use of technologies to improve access to health services for people who are isolated from healthcare and to provide distance education for health professionals.

The Committee strongly supports OAT and their mission to expand high quality medical care to rural communities that do not have adequate access to medical providers including many medical specialties.

Extension for Community Health Outcomes [ECHO].—Project ECHO is an innovative continuing medical education model that uses interactive videoconferencing to link specialist teams with primary care providers in rural and underserved areas. The Committee is encouraged by early implementations of the ECHO model in rural communities and requests a report from the Government Accountability Office regarding opportunities for increased adoption of such models, efficiencies, and potential cost savings, as well as ways to improve health care through such models, and field recommendations to advance the use of such models.

Telehealth Center of Excellence.—The Committee recognizes the growing importance of telehealth in delivering high-quality healthcare to medically underserved communities in both rural and urban areas. The Federal Government's need for telehealth research and cross-agency coordination has grown as more Federal agencies, including HHS, USDA, DOD, VA, and FCC, have developed telehealth programs. Therefore, the Committee directs HRSA to develop a plan to create a telehealth center of excellence [COE] to test the efficacy of telehealth services in both urban and rural geographic locations. The COE would operate varied sites of service, including patients' homes; examine the benefits to student health of school-based telehealth; establish standards and best practices for various telehealth modes of delivery, including real-time audio-visual, audio-only, store-and-forward, and remote patient monitoring; pilot new health care delivery models as they emerge; test innovative payment models to examine potential cost savings to Federal health care spending from telehealth; facilitate inter-agency coordination on telehealth issues; and perform any other telehealth-related research that is needed. To lead this COE, HHS should consider a public academic medical center with demonstrated success, a high volume of annual telehealth visits, and established programs that provide telehealth services in medically underserved areas with high chronic disease prevalence and high poverty rates. The selected site should also have established a reimbursement structure that allows telehealth services to be financially self-sustaining. The Committee requests a written report outlining HRSA's plans for a telehealth COE within 120 days of enactment of this act.

Telehealth for the Prevention of Opioid Abuse.—The Committee encourages the Office of Rural Health Policy to explore how telehealth networks can improve access to, coordination of, and quality of prevention and treatment of the opioid epidemic, especially in rural areas. Increased use of telehealth networks will help ensure those struggling with a substance use disorder have access to the care they need, provide continuing education to rural clinicians and emergency medical providers on emerging treatment options, and will help patients who are prescribed opioids for pain management use them effectively and appropriately.

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 2017.

Rural Opioid Overdose Reversal Program

The Committee does not provide funding for this program under HRSA, but has provided funds to combat the opioid epidemic in rural communities through the Centers for Substance Abuse within SAMHSA.

FAMILY PLANNING

Appropriations, 2016	\$286,479,000
Budget estimate, 2017	300,000,000
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, 2016	\$154,000,000
Budget estimate, 2017	157,061,000
Committee recommendation	154,000,000

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

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

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

Appropriations, 2016	\$244,500,000
Budget estimate, 2017	249,200,000
Committee recommendation	247,500,000

The Committee provides that \$247,500,000 be released from the Vaccine Injury Compensation Trust Fund in fiscal year 2017. Of that amount, \$7,500,000 is for administrative costs.

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

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Committee recommendation provides a program level of \$7,115,106,000 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], \$891,300,000 in transfers from the Prevention and Public Health [PPH] Fund, and \$15,000,000 in Public Health and Social Services Emergency Fund [PHSSEF] unobligated balances from pandemic influenza supplemental appropriations.

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

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriations, 2016	\$798,405,000
Budget estimate, 2017	748,066,000
Committee recommendation	798,405,000

The Committee recommendation for the activities of the National Center for Immunization and Respiratory Diseases is \$798,405,000, which includes \$324,350,000 in transfers from the PPH Fund and \$15,000,000 in transfers from PHSSEF unobligated balances.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2016 appropriation	Fiscal year 2017 request	Committee recommendation
Section 317 Immunization Program	610,847	560,508	610,847
National Immunization Survey (non-add)	12,864	12,864	12,864
Influenza Planning and Response	187,558	187,558	187,558

Cost Estimates.—The Committee is pleased with CDC’s 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, 2017, to reflect fiscal year 2018 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.

Influenza.—The Committee provides the same level of budget authority as in fiscal year 2016 and directs the Department to use \$15,000,000 in pandemic influenza supplemental balances to support CDC’s global influenza activity. The Committee expects in the future that CDC and the Department will clearly identify in budget documents when and how supplemental appropriations are used. In particular, the Committee expects to be notified if any additional balances are used by CDC in fiscal year 2017.

Immunizations.—The Committee rejects the reduction to the Section 317 Immunization Program proposed by the Administration and provides funding at last year’s level to enhance core activities including the infrastructure for the Vaccines for Children program. 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. During the 2015 measles outbreak, funds from this program supported State and local health departments in rapid response, public health communication, data gathering, and diagnostics.

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

Appropriations, 2016	\$1,122,278,000
Budget estimate, 2017	1,127,278,000
Committee recommendation	1,112,278,000

The Committee recommendation for the activities of the National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases [STDs], and TB Prevention is \$1,112,278,000.

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 2016 appropriation	Fiscal year 2017 request	Committee recommendation
Domestic HIV/AIDS Prevention and Research	788,712	788,712	788,712
HIV Prevention by Health Department	397,161	397,161	397,161
HIV Surveillance	119,861	119,861	119,861
Activities to Improve Program Effectiveness	103,208	103,208	103,208
National, Regional, Local, Community & Other Organiza- tions	135,401	135,401	135,401
School Health	33,081	33,081	33,081
Viral Hepatitis	34,000	39,000	34,000
Sexually Transmitted Infections	157,310	157,310	152,310
Tuberculosis	142,256	142,256	137,256

Hepatitis B.—The Committee is concerned that even with a Hepatitis B vaccine that is 95 percent effective, CDC estimates that there are up to 2 million Americans infected with Hepatitis B, with

over 19,500 new infections occurring each year and more than 10 deaths each day as a direct result of Hepatitis B. The Committee encourages CDC to prioritize the acceleration of Hepatitis B interventions within its Viral Hepatitis program.

HIV Screening.—The Committee continues to support CDC grant programs that work to reduce the rate of undiagnosed persons among those infected with HIV, increase linkage to care, and increase viral suppression. The Committee acknowledges geographic disparities in rates of undiagnosed persons among those infected, viral suppression, and death rates based on the findings in the 2015 CDC HIV State Prevention Progress Report. The Committee requests that CDC partner closely with States to improve diagnosis rates among the undiagnosed and improve viral suppression rates, focusing specifically on States with the lowest scores on these outcome measures and with States who need to improve collection of complete laboratory data to measure viral suppression.

Tuberculosis [TB].—The Committee applauds CDC for its leadership role in the President’s National Action Plan for Combating Multi Drug Resistant TB. The Committee encourages the Director to prioritize implementation of the action plan, including the plan’s objective to explore the development of a national stockpile of TB drugs and diagnostics and ensure that State and local TB control programs have adequate resources to pursue the plan’s goals.

Viral Hepatitis Prevention Coordinators.—The Committee recognizes the importance of the Viral Hepatitis Prevention Coordinator [VHPC] program as the only source of Federal expertise on hepatitis prevention for States. The Committee encourages the Division of Viral Hepatitis to expand efforts within current resources in jurisdictions not currently funded, including U.S. territories, to build the Federal response for all impacted areas by providing technical assistance to VHPCs for the provision of core prevention services such as screening, testing, linking to care, education, and surveillance.

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, 2016	\$579,885,000
Budget estimate, 2017	629,485,000
Committee recommendation	578,885,000

The Committee recommendation for the activities of the National Center for Emerging and Zoonotic Diseases is \$578,885,000, 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 2016 appropriation	Fiscal year 2017 request	Committee recommendation
Core Infectious Diseases	393,313	427,913	396,313
Antibiotic Resistance Initiative	160,000	200,000	163,000
Lab Safety and Quality	8,000	8,000	8,000
Vector-borne Diseases	26,410	26,410	26,410
Lyme Disease	10,663	10,663	10,663
Prion Disease	6,000	6,000	6,000
Chronic Fatigue Syndrome	5,400	.....	5,400
Emerging Infectious Diseases	147,000	147,000	147,000
All Other Infectious Diseases	29,840	29,840	29,840
Food Safety	52,000	52,000	48,000
National HealthCare Safety Network	21,000	21,000	21,000
Quarantine	31,572	46,572	31,572
Advanced Molecular Detection	30,000	30,000	30,000
Epidemiology and Lab Capacity Program	40,000	40,000	40,000
Healthcare-Associated Infections	12,000	12,000	12,000

Antibiotic Stewardship.—The Committee commends CDC on its efforts to improve antibiotic use, specifically its work to align the complementary work of antibiotic stewardship and early sepsis recognition. The Committee directs CDC to continue this dual approach for improving antibiotic use.

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 directs 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 provide an updated spend plan to the Committee within 30 days after enactment of this act and include an update on these efforts in the fiscal year 2018 CJ.

The Committee encourages CDC to develop a national capacity to identify and catalog microbial genome sequences, paying attention to antibiotic-resistant microbes. The CDC should continue to pursue research opportunities in the area of antimicrobial stewardship in diverse healthcare settings and encourage regional collaborations to study the most effective strategies to improve antibiotic prescribing and stewardship.

Emerging and Zoonotic Infections Diseases.—The Committee encourages CDC to continue improving a comprehensive outbreak response, including leveraging existing Federal and State investments to work with research universities with expertise in disease detection, surveillance, containment, and early vaccine development response capabilities.

National Healthcare Safety Network.—The Committee notes that each year, hospital acquired catheter associated urinary tract infections [CAUTIs] results in the death of 15,000 patients. The Committee urges the CDC to examine existing evidence regarding the use of stents to address CAUTIs and issue appropriate communica-

tions to hospitals, including an update to its 2009 guidelines to prevent CAUTIs if necessary. The Committee also notes that treatment gaps in healthcare associated infections persist across non-hospital health care settings. The Committee recognizes that the National Healthcare Safety Network started collecting data from ambulatory surgical centers and encourages CDC to continue to expand its data collection efforts to additional providers in non-hospital settings.

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

Responding to Emerging Threats.—The Epidemiology and Laboratory Capacity for Infectious Diseases Program [ELC] 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 pleased that the CDC addressed sepsis as a priority within the CARB initiative in its fiscal year 2017 CJ. The Committee supports the 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. The Committee requests a breakdown of funding used for sepsis awareness, prevention, and treatment across CDC programs in the fiscal year 2018 CJ.

Vector Borne Diseases.—The Committee notes the importance of the Epidemiology and Lab Capacity program to help protect the nation from Zika, West Nile, Lyme disease, and other bacterial and viral diseases caused by mosquitos, ticks, and other arthropods. CDC is encouraged to allocate the maximum amount possible to support evidence-based efforts at the Federal, State, and local public health agencies and labs for arbovirus control, testing, and reporting. In particular, the Committee encourages CDC to focus research on tick borne illnesses, including Lyme disease and Rocky Mountain Spotted Fever, which have increased significantly in the past decade.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriations, 2016	\$1,177,096,000
Budget estimate, 2017	1,117,145,000
Committee recommendation	1,064,646,000

The Committee recommendation for the activities of the National Center for Chronic Disease Prevention and Health Promotion is \$1,064,646,000, which includes \$337,950,000 in transfers from the PPH Fund.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2016 appropriation	Fiscal year 2017 request	Committee recommendation
Tobacco	210,000	210,000	210,000
Nutrition, Physical Activity and Obesity	49,920	49,920	49,920
High Obesity Rate Counties (non-add)	10,000	10,000	10,000
School Health	15,400	15,400	15,400
Health Promotion	14,025	14,025	14,025
Community Health Promotion			
Glaucoma	3,300	3,300	3,300
Visual Screening Education	525	525	525
Alzheimer's Disease	3,500	3,500	3,500
Inflammatory Bowel Disease	750	750	750
Interstitial Cystitis	850	850	850
Excessive Alcohol Use	3,000	3,000	3,000
Chronic Kidney Disease	2,100	2,100	2,100
Prevention Research Centers	25,461	25,461	25,461
Heart Disease and Stroke	160,037	160,037	130,037
Diabetes	170,129	170,129	140,129
National Diabetes Prevention Program	20,000	20,000	20,000
Cancer Prevention and Control	356,174	302,173	356,174
Breast and Cervical Cancer	210,000	169,204	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	49,440	49,440
Colorectal Cancer	43,294	39,515	43,294
Comprehensive Cancer	19,675	19,675	19,675
Johanna's Law	5,500	5,500	5,500
Ovarian Cancer	7,500	7,500	7,500
Prostate Cancer	13,205		13,205
Skin Cancer	2,125	2,125	2,125
Cancer Survivorship Resource Center	475	475	475
Other		3,779	
Oral Health	18,000	18,000	16,000
Safe Motherhood/Infant Health	46,000	46,000	46,000
Arthritis	11,000	11,000	11,000
Epilepsy	8,000	8,000	8,500
National Lupus Registry	6,000	6,000	6,000
Racial and Ethnic Approach to Community Health	50,950	30,000	
Partnerships to Improve Community Health			
Million Hearts	4,000	4,000	4,000
Workplace Wellness			
National Early Child Care Collaboratives	4,000	4,000	4,000
Hospitals Promoting Breastfeeding	8,000	8,000	8,000

[In thousands of dollars]

Budget activity	Fiscal year 2016 appropriation	Fiscal year 2017 request	Committee recommendation
Good Health and Wellness in Indian Country	15,000	.....

Alzheimer's and Healthy Aging.—The Committee commends the Healthy Brain Initiative for its leadership in bringing attention to the public health crisis of Alzheimer's disease. 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.

Asthma.—The Committee applauds CDC's 6|18 Initiative and its recognition that asthma is one of the most common and costly health conditions in the United States. Twenty-four million Americans have asthma, including 6.3 million children. The annual direct healthcare costs and lost productivity attributed to asthma total \$56,000,000,000. The Committee understands that better coordination of public health and health systems interventions are necessary to reduce the disease burden of asthma, and encourages increased collaboration with payers.

Atopic Dermatitis [AD].—The Committee understands that AD is the most severe and long-lasting form of eczema impacting as many as one out of every four children and 7–8 million adults in the United States. The Committee recognizes that AD is a potentially debilitating condition which can severely compromise a person's quality of life, and yet, there is a lack of understanding into what causes AD and how it can be managed, treated, and, ultimately, prevented. The Committee recognizes that there are continued gaps in data on eczema and atopic dermatitis in adults, particularly regarding prevalence rates and linkages between comorbidities including asthma and food allergies. The Committee encourages the Center on Chronic Disease Prevention and Health Promotion to collaborate with the National Center for Health Statistics to identify survey instruments that could be used to obtain better data and begin to fill these gaps.

Breast and Cervical Cancer Early Detection Program.—The Committee again rejects the administration's proposed funding reduction to the Breast and Cervical Cancer early detection program and provides funding at the fiscal year 2016 level. The Committee notes that, in 2017, roughly 2.6 million women aged 40–64 will remain uninsured and eligible for breast cancer screening services under this program. Similarly, 5.7 million women aged 21–64 will remain uninsured in 2017 and eligible for cervical cancer screening through the Breast and Cervical Cancer Early Detection Program. This program remains critical for women across the country and has shown strong success in specifically providing low-income, uninsured, and underinsured women with the lifesaving preventive services they need.

Cancer Screening in Minority Populations.—The Committee remains concerned about the disparity in cancer screening and treatment in minority and medically underserved populations. CDC is encouraged to employ novel partnerships with both cancer providers and community leaders in community-based outreach efforts, such as those in faith-based organizations, clinics, and rec-

reational centers, designed to improve early detection and prevention in regions of the country that have high numbers of economically disadvantaged minorities.

Cancer Survivor Resource Center.—Recognizing there are more than 14,500,000 cancer survivors in the United States, the Committee encourages the 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 the 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 are 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 directs the 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 the CDC's efforts to collaborate with disease experts in its multi-site study. The Committee is pleased that the National Academy of Medicine [NAM] has clarified the disease definition and that the NAM and the CFS Advisory Committee have made recommendations to educate the medical community. The Committee encourages CDC to leverage those recommendations to provide new clinical guidelines and to execute a broad-based medical education campaign. To address the critical lack of access to clinical care, the Committee encourages CDC to work with the NIH and other agencies within the Department to find creative ways to support a clinical care component to regional Centers of Excellence.

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 2016 National Health Interview Survey, make this information available to the public, and expand the topic area on chronic pain in the Healthy People 2030 initiative. The Committee further encourages the CDC to address the public health epidemic of chronic pain by making information and current statistics on chronic pain publicly available through the CDC Vital Signs reports.

Colorectal Cancer.—The Committee rejects the administration's proposed funding reduction to this program and emphasizes the importance of continuing to provide screenings for low-income, un-

insured, and underinsured adults who may not have benefited from the ACA.

Community Grants.—The Committee eliminated the Partnerships to Improve Community Health [PICH] in the fiscal year 2016 agreement. To lessen the disruption during PICH close out, last year the agreement directed CDC to shift fiscal year 2016 continuation costs to two chronic disease budget lines, \$30,000,000 to Heart Disease and Stroke and \$30,000,000 to Diabetes. In fiscal year 2017, PICH close out will be completed. Therefore, the Committee has removed funds from these two chronic disease budget lines and directs that no funds shall be used for continuing PICH activities. Within 120 days of enactment of this act, the Division of Community Health shall provide a report to the Committee on evaluation plans for PICH following the final year of funding in fiscal year 2016.

Community Prevention.—The Committee requests that, within 120 days of enactment of this act, CDC shall provide the Committee any evaluation data or analysis related to previous investments in community prevention and health promotion, including Communities Putting Prevention to Work and the Community Transformation Grant programs. This report shall summarize previous funding histories, list projects and activities funded, and provide specific evidence-based data on how these projects advanced public health.

Diabetes Prevention Program.—The Committee recommendation includes \$20,000,000, the same as fiscal year 2016, 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 and care, as well as the National Diabetes Education Program, the expansion of diabetes surveillance, and other DDT activities.

Early Child Care Collaboratives.—The Committee recognizes that the early care and education setting is an important one for promoting healthy habits in young children. The Committee provides \$4,000,000 to the National Early Child Care Collaboratives to enable training of early care and education providers in implementation of healthy eating and physical activity best practices, including strategies for engaging families. Funds will also support technical assistance for integration of healthy eating and physical activity best practices into existing State and local professional development systems Early Care and Education settings and health initiatives.

Electronic Cigarettes.—The Committee notes a rise in usage of electronic cigarettes, or e-cigarettes, by U.S. middle and high school

students. The Committee is aware of an ongoing NAM study on the health effects from e-cigarettes and recommendations for future federally funded research. The Committee looks forward to the results and recommendations from the study.

Epilepsy in Rural Areas.—Over 2,000,000 individuals in the United States have epilepsy and, while new cases are most common among young children, the onset of epilepsy can occur at any age. The Committee has included an increase of \$500,000 from last year's level for CDC to expand telehealth and educational training programs for rural and underserved areas that reach school nurses, child care personnel, first responders, and care providers for seniors, to recognize and respond appropriately to seizures caused by epilepsy or result from trauma and other acute chronic illness. Given the link between epilepsy and Tuberous Sclerosis Complex, the Committee also supports efforts to increase awareness of Tuberous Sclerosis Complex clinical trials and effective therapeutics, and encourages the CDC to update the study of all-cause mortality of persons diagnosed with TSC.

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

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 Web site 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. CDC should 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 only support activities that are supported by scientific evidence.

Inflammatory Bowel Disease [IBD].—The Committee commends CDC for exploring the burden of IBD and communicating these results to the public. Little is known about the impact of IBD on minority and underserved populations, and the Committee encourages CDC to complement its existing epidemiological study with a focus on these populations.

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

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

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

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.

Million Hearts.—The Committee supports the Million Hearts program, a public-private initiative setting goals for our Nation in preventing heart attacks and strokes. These funds support enhanced ways to implement the ABCS: aspirin when appropriate, blood pressure control, cholesterol management, and smoking cessation, as well as activities to increase the use of cardiac rehabilitation, as appropriate.

Mississippi Delta Health Collaborative [MDHC].—The Committee commends CDC's efforts supporting the Mississippi Delta Health Collaborative in implementing a successful, evidenced-based strategy to reduce the burden of heart disease and stroke. These advancements were made possible with chronic disease prevention interventions through partnerships at the local level, and team-based approaches designed to link communities with clinical care, such as education and counseling, medication therapy management, comprehensive medication management, and utilizing health information technology to change health outcomes. Taking these

lessons learned, the Committee wants to build upon the investments and see whether this success can be replicated in other high-risk and underserved areas in the future. Therefore, the Committee encourages CDC, working with the Collaborative and relevant stakeholders, to reach populations at high risk in the Delta with effective interventions while maintaining the current strategy. CDC shall consider using lifestyle change intervention models like the Diabetes Prevention Program; utilizing local pharmacy schools with existing community-based research programs that could focus on screenings, medication reviews, medication therapy management, comprehensive medication management, and disseminating prevention strategies; and working with communities to establish health networks to better coordinate and manage community based health initiatives. To reach the target population, the Committee encourages CDC to take advantage of rapidly evolving healthcare technology by leveraging the resources of States with recognized leadership in areas of electronic medical records, telehealth, and innovative delivery of education tools. CDC shall provide an update on these activities in the fiscal year 2018 CJ.

Ovarian Cancer.—The Committee commends the CDC for its work to evaluate existing risk assessment tools, which can be used to help identify patients with a genetic predisposition to ovarian and other cancers, and identify which of these existing tools are valid, reliable, and the most user-friendly for providers and patients. The Committee requests that the CDC present the findings of this review and provide recommendations with respect to how CDC can support the deployment of the tools found to have the greatest value and utility in the fiscal year 2018 CJ.

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.

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

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. From 2008 through 2014, WISEWOMAN served more

than 165,000 women and over 90 percent had at least one heart disease and stroke risk factor. More than 118,000 evidenced-based behavior change services were provided to help reduce heart disease and stroke.

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

Appropriations, 2016	\$135,610,000
Budget estimate, 2017	135,610,000
Committee recommendation	137,560,000

The Committee recommendation for the activities of the National Center on Birth Defects and Developmental Disabilities [NCBDDD] is \$137,560,000.

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 2016 appropriation	Fiscal year 2017 request	Committee recommendation
Child Health and Development	65,800	65,800	65,800
Other Birth Defects	19,000	19,000	19,000
Fetal Death	900	900	900
Fetal Alcohol Syndrome	11,000	11,000	11,000
Folic Acid	3,150	3,150	3,150
Infant Health	8,650	8,650	8,650
Autism	23,100	23,100	23,100
Health and Development with Disabilities	54,710	54,710	56,660
Disability and Health	22,050	22,050	24,000
Tourette Syndrome	2,000	2,000	2,000
Early Hearing Detection and Intervention	10,760	10,760	10,760
Muscular Dystrophy	6,000	6,000	6,000
Attention Deficit Hyperactivity Disorder	1,900	1,900	1,900
Fragile X	2,000	2,000	2,000
Spina Bifida	6,000	6,000	6,000
Congenital Heart Defects	4,000	4,000	4,000
Public Health Approach to Blood Disorders	4,500	4,500	4,500
Hemophilia CDC Activities	3,500	3,500	3,500
Hemophilia Treatment Centers	5,000	5,000	5,000
Thalassemia	2,100	2,100	2,100

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

Congenital Heart Disease [CHD].—CHD is the number one cause of birth defects in the United States and a leading cause of birth defect-related infant mortality. The Committee notes that children and adults with CHD require ongoing, specialized cardiac care, and there remain gaps in the epidemiological data as children and adolescents transition to adult care. The Committee commends the National Center for Birth Defects and Developmental Disabilities for its leadership in addressing CHD and adult CHD surveillance efforts, including on the estimated number of individuals in the

United States living with CHD, epidemiology of CHD across the lifespan, age-specific prevalence, and factors associated with those patients who may have dropped out of appropriate specialty care.

Fetal Alcohol Spectrum Disorders [FASD].—The Committee encourages the CDC to collaborate with State substance abuse agencies to establish a State-Federal partnership on FASD issues. This collaboration would involve dissemination of FASD best practices, providing technical assistance, and creating State-to-State sharing opportunities.

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. The 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 the work of the National Center on Health, Physical Activity and Disability [NCHPAD] and its goal of promoting better health for adults and children with disabilities. By mobilizing national networks to provide technical assistance, provide community leaders and community organizations with health promotion training, and by disseminating effective strategies and tools for disability service providers, NCHPAD plays 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 the recommendation that people with hemophilia be tested for inhibitors at least annually. 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.—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 \$6,700,000 for the Healthy Athletes program.

Muscular Dystrophy Surveillance.—The Committee is aware of the CDC’s established surveillance efforts through the Muscular Dystrophy Surveillance, Tracking, and Research Network [MD STARnet] and supports the development of a plan to enhance the quality and quantity of the data being collected through MD

STARnet. Additionally, the Committee is interested in the agency’s plans to disseminate and implement the updated care standards, including for adults with Duchenne and for other forms of muscular dystrophy, and requests a report on this activity 180 days after the enactment of this act. The Committee also supports CDC’s engagement of multiple Divisions and Centers in the development of a Duchenne newborn screening program.

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

Thalassemia.—The Committee commends CDC’s thalassemia program and encourages CDC to coordinate the efforts of the treatment centers and the nonprofit patient advocacy community to enhance public and provider awareness about thalassemia prevention and treatment.

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, 2016	\$491,597,000
Budget estimate, 2017	500,631,000
Committee recommendation	485,000,000

The Committee recommendation for Public Health Scientific Services is \$485,000,000.

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 2016 appropriation	Fiscal year 2017 request	Committee recommendation
Health Statistics	160,397	160,397	156,000
Surveillance, Epidemiology, and PH Informatics	279,000	283,008	279,000
Public Health Workforce	52,200	57,226	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 directs the CDC to make 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.

Community Preventive Services Task Force.—The Committee notes that the Task Force recommendations provide information about evidence-based options that decision makers and stakeholders can consider when determining what best meets the specific needs, preferences, available resources, and constraints of their jurisdictions and constituents. These recommendations and the reviews of the evidence on which they are based are compiled in the Guide to Community Preventive Services. The Committee recognizes CDC's continuing efforts to support the Task Force and to conduct dissemination activities that provide information to help communities make informed decisions.

Modernizing Vital Statistics Collection.—While most States now 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, 2016	\$182,303,000
Budget estimate, 2017	182,303,000
Committee recommendation	182,303,000

The Committee recommendation for the National Center for Environmental Health is \$182,303,000. The Committee recommendation includes \$17,000,000 in transfers from the PPH Fund.

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

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2016 appropriation	Fiscal year 2017 request	Committee recommendation
Environmental Health Laboratory	56,000	56,000	56,000
Newborn Screening Quality Assurance Program	8,300	8,300	8,300
Newborn Screening for SCID	1,200	1,200	1,200
Other Environmental Health	46,500	46,500	46,500
Environmental Health Activities	46,303	46,303	46,303
Safe Water	8,600	8,600	8,600
Amyotrophic Lateral Sclerosis Registry	10,000	10,000	10,000
Built Environment & Health Initiative			
Climate Change	10,000	10,000	10,000
All Other Environmental Health	17,703	17,703	17,703
Environmental and Health Outcome Tracking Network	34,000	24,000	34,000
Asthma	29,000	29,000	29,000
Childhood Lead Poisoning	17,000	17,000	17,000

[In thousands of dollars]

Budget activity	Fiscal year 2016 appropriation	Fiscal year 2017 request	Committee recommendation
Hearing Loss	10,000	.....

Amyotrophic Lateral Sclerosis [ALS] Registry.—The Committee commends CDC and the Agency for Toxic Substances and Disease Registry [ATSDR] for its continued efforts to maintain and strengthen the National ALS Registry and to ensure that the registry supports and advances research into the causes and treatment of ALS and the care of ALS patients. The Committee encourages ATSDR to identify and support additional ways the registry can advance ALS treatment development including as a tool to identify cohorts for research studies; assess benefit-risk and patient preferences; assist in conducting natural history studies; collect patient and caregiver reported outcomes and post-marketing data; and identify geographic locations for trial sites based on proximity of larger patient populations that meet enrollment criteria. The Committee also encourages ATSDR to continue to consult with ALS organizations, patients, researchers, the pharmaceutical industry and Federal agencies, including NIH, VA, and the FDA, to coordinate efforts and ensure the registry continues to be a resource for stakeholders.

Environmental Health Activities.—The Committee is aware that local health departments are involved in a wide array of environmental health activities including groundwater protection, protection of the food supply, pollution prevention, and hazardous waste disposal. CDC is urged to ensure that funds are available to State and local health departments in communities to address local level threats.

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

Lead Poisoning.—The Committee notes that the National Advisory Committee on Childhood Lead Poisoning Prevention was disbanded in 2013. The lead poisoning crisis in Flint, Michigan, demonstrates that this committee is greatly needed by providing a forum for convening lead poisoning experts and providing these experts with an official conduit for recommendations to CDC to address emerging lead poisoning problems quickly. CDC is encouraged to re-establish this Committee. CDC is also encouraged to prioritize the geocoding and mapping of lead poisoning surveillance data, which is inexpensive and makes the data much more accessible to local jurisdictions and agencies serving lead-poisoned children.

INJURY PREVENTION AND CONTROL

Appropriations, 2016	\$236,059,000
Budget estimate, 2017	268,629,000
Committee recommendation	264,059,000

The Committee recommendation for the National Center for Injury Prevention and Control is \$264,059,000.

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 2016 appropriation	Fiscal year 2017 request	Committee recommendation
Intentional Injury	97,730	107,730	97,730
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	44,430
Gun Violence Prevention Research		10,000	
National Violent Death Reporting System	16,000	23,570	16,000
Unintentional Injury	8,800	8,800	8,800
Traumatic Brain Injury	6,750	6,750	6,750
Elderly Falls	2,050	2,050	2,050
Injury Prevention Activities	28,950	28,950	28,950
Prescription Drug Overdose	70,000	80,000	98,000
Illicit Opioid Use Risk Factors	5,579	5,579	5,579
Concussion Surveillance		5,000	
Injury Control Research Centers	9,000	9,000	9,000

Children's Exposure to Violence.—The Committee believes that understanding children's exposure to violence and its potential impacts on a child's health and well-being is of critical importance. The Committee encourages CDC to continue its collaboration with the Office of Juvenile Justice and Delinquency Prevention at the Department of Justice on the National Survey of Children's Exposure to Violence.

Combating Opioid Abuse.—The Committee includes \$98,000,000, an increase of \$28,000,000 above fiscal year 2016, for the Prescription Drug Overdose [PDO] Prevention for States program. CDC shall use this increase, which is \$18,000,000 above the administration's request, to expand its competitive cooperative agreement program that funds States with the greatest burden of opioid overdoses and readiness to implement prevention activities and improve interventions that monitor prescribing and dispensing practices, inform clinical practice, and protect high risk patients. The Committee notes the strong connection between abuse of prescription opioids and use of other types of opioids like heroin. Activities targeting one area will have a significant impact on the other. Therefore, funding will support activities such as implementing guidelines to improve prescribing behaviors and collecting real-time and more accurate data for heroin-related opioid deaths. The Committee urges CDC to require applicants applying for the PDO Prevention for States Program to collaborate with the State substance abuse agency or those agencies managing the State's PDMP to ensure linkages to clinically appropriate substance use disorder services.

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-related 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 applauds CDC’s Guidelines for Prescribing Opioids for Chronic Pain and directs the agency to translate the guidelines into succinct, usable formats and toolkits accessible to providers across the country. CDC is also directed to broadly disseminate the guidelines and toolkits to promote use among as many providers as possible. The Committee expects CDC to offer technical assistance to States and expand training modules available for continuing medical education credit and maintenance of certification to spur uptake of guidelines by professional societies and health systems. CDC is urged 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.

OCCUPATIONAL SAFETY AND HEALTH

Appropriations, 2016	\$339,121,000
Budget estimate, 2017	285,621,000
Committee recommendation	334,121,000

The Committee recommendation for National Institute for Occupational Safety and Health [NIOSH] programs is \$334,121,000.

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 2016 appropriation	Fiscal year 2017 request	Committee recommendation
National Occupational Research Agenda	115,500	90,500	115,500
Agriculture, Forestry, Fishing (non-add)	25,000	.....	25,000
Education and Research Centers	28,500	.....	28,500

[In thousands of dollars]

Budget activity	Fiscal year 2016 appropriation	Fiscal year 2017 request	Committee recommendation
Personal Protective Technology	20,000	20,000	20,000
Healthier Workforce Center			
Mining Research	61,300	61,300	61,300
National Mesothelioma Registry and Tissue Bank	1,100	1,100	1,100
Other Occupational Safety and Health Research	112,721	112,721	107,721

ENERGY EMPLOYEES OCCUPATIONAL INJURY COMPENSATION ACT

Appropriations, 2016	\$55,358,000
Budget estimate, 2017	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, 2016	\$427,121,000
Budget estimate, 2017	442,121,000
Committee recommendation	432,121,000

The Committee recommends \$432,121,000 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 2016 appropriation	Fiscal year 2017 request	Committee recommendation
Global HIV/AIDS Program	128,421	128,421	128,421
Global Immunization Program	219,000	224,000	224,000
Polio Eradication	169,000	174,000	174,000
Measles and Other Vaccine Preventable Diseases	50,000	50,000	50,000
Parasitic Diseases and Malaria	24,500	24,500	24,500
Global Health Security		5,000	
Global Disease Detection and Emergency Response	45,400	50,400	45,400
Global Public Health Capacity Development	9,800	9,800	9,800

Antimicrobial Resistance [AMR].—As a result of the increased global availability and over-prescription of antimicrobial medicines to humans and animals, a number of disease-causing microbes have developed resistance to drugs previously used to treat them. Yet U.S. efforts to combat AMR may be insufficient, since most resistance emerges in other regions of the world where antimicrobial use in people and food animals is rampant and poorly regulated. The Committee urges CDC to consider partnering with a coalition of hospitals, State public health departments, global health non-governmental organizations, and biotech companies, among others, with the goal of linking global patterns of emerging resistance to

their impact in U.S. hospitals and clinical settings. Such a coalition would attempt to identify the most important factors that contribute to the emergence and the spread of AMR infections worldwide, and how they are spread to the United States.

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 therefore 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. However, Nigeria has not reported a case since August of 2014 and will be declared polio free if no cases are reported by August of 2017. The Committee commends these efforts and includes a \$5,000,000 increase above the fiscal year 2016 level to help eradicate this disease.

Tropical Disease.—The Committee recognizes the critical role the Center and its Vector Borne Disease program play in ongoing efforts to prepare for and fight tropical diseases emerging on U.S. soil, such as Dengue, Chikungunya and now Zika. The groundwork laid in the Center’s efforts on Dengue and Chikungunya will be critical for fighting Zika. The Committee recognizes that without a robust Vector Borne Disease program, the United States will be ill equipped to monitor and prepare for Zika and new vector-borne infectious disease threats.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriations, 2016	\$1,405,000,000
Budget estimate, 2017	1,402,166,000
Committee recommendation	1,396,800,000

The Committee recommendation for the Office of Public Health Preparedness and Response [PHPR] is \$1,396,800,000.

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 2016 appropriation	Fiscal year 2017 request	Committee recommendation
Public Health Emergency Preparedness Cooperative Agreement ..	660,000	660,000	660,000
Academic Centers for Public Health Preparedness	8,200	.....	.....
All Other State & Local .....	.....	.....	.....

[In thousands of dollars]

Budget activity	Fiscal year 2016 appropriation	Fiscal year 2017 request	Committee recommendation
BioSense	23,000	23,000	23,000
All Other CDC Preparedness	138,800	144,166	138,800
Strategic National Stockpile	575,000	575,000	575,000

Emergency Preparedness.—The Committee continues to request detailed information on how State Public Health Emergency Preparedness [PHEP] funding is distributed at the local level by States. CDC is encouraged to provide in the fiscal year 2018 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.

State and Local Preparedness and Response.—The Committee eliminates the Academic Centers for Public Health Preparedness as requested by the administration. CDC will continue to support research and training through its Office of Public Health Preparedness and Response.

Strategic National Stockpile [SNS].—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. Moreover, CDC should consider a comprehensive approach to preparedness through vaccines, diagnostics, and antiviral therapeutics.

U.S. Public Health Capacity and Needs.—The Committee directs GAO to issue a report within 180 days of the enactment of this act that reviews the U.S. public health system’s current capacity to respond to infectious disease outbreaks, including Federal emergency response. The GAO report shall identify response best practices based on a review of the responses to recent major global infectious disease outbreaks, and provide recommendations about how to ensure that every State public health department has the capacity to provide for a minimum necessary level of public health services. During the course of their review and preparation of recommendations, GAO shall review the 2012 Institute of Medicine report entitled “For the Public’s Health: Investing in a Healthier Future.”

CDC-WIDE ACTIVITIES

Appropriations, 2016	\$283,570,000
Budget estimate, 2017	144,791,000
Committee recommendation	273,570,000

The Committee provides \$113,570,000 for public health leadership and support activities at CDC.

CDC is encouraged to work with the Department to use the Non-recurring Expenses Fund for capital projects and National Repair and Improvement 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 2016 appropriation	Fiscal year 2017 request	Committee recommendation
Preventive Health and Health Services Block Grant	160,000	.....	160,000
Public Health Leadership and Support	113,570	113,570	113,570

Preventative Health and Health Services Block Grant.—The Committee continues to reject the administration’s proposal to eliminate this program and provides \$160,000,000, the same level as in fiscal year 2016. 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.

Underground Mine Safety.—The Committee appreciates the requested timeline submitted by CDC and continues to support a replacement facility for the Lake Lynn Experimental Mine and Laboratory. The Committee directs CDC to utilize prior-year funding for the planning and design, land acquisition, construction, and equipping of the replacement facility. No later than 180 days after enactment, the CDC shall submit a detailed update of its activities to date to replace the Lake Lynn facility and accompanying plan to complete the timely acquisition of a replacement facility to the Committees on Appropriations of the House of Representatives and the Senate.

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. The Committee provides \$34,084,000,000 for NIH activities within the jurisdiction of this bill, an increase of \$2,000,000,000, or 6.3 percent, above fiscal year 2016. This includes \$857,000,000 in transfers available under section 241 of the PHS Act. The Committee continues a reform to section 241 allocations such that no NIH funding will be removed from NIH under this authority. This reform ensures that section 241 transfers are a benefit to NIH rather than a liability. In addition, it improves the transparency of NIH’s budget, so that the enacted total is truly the amount the Committee expects to be used for biomedical research.

The Committee recommendation provides \$300,000,000 in fiscal year 2017 from the Department’s Nonrecurring Expenses Fund [NEF]. Bill language is included to repurpose this portion of the NEF, created in fiscal year 2008, for biomedical research activities at the NIH.

The Committee continues its commitment to funding research on Alzheimer’s disease and increases funding by \$400,000,000 to a total of approximately \$1,391,000,000 in fiscal year 2017; increases funding for the Precision Medicine Initiative by \$100,000,000; increases funding for antibiotic resistance research by \$50,000,000; and increases funding for the BRAIN Initiative by \$100,000,000. In addition, funding is provided to ensure that every Institute and Center receives an increase above fiscal year 2016 to continue in-

vestments 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.”

NATIONAL CANCER INSTITUTE

Appropriations, 2016	\$5,213,509,000
Budget estimate, 2017	5,097,287,000
Committee recommendation	5,429,769,000

The Committee recommendation includes \$5,429,769,000 for the National Cancer Institute [NCI]. Of this amount, \$50,000,000 is available for repairs and improvements to the NCI facility in Frederick, Maryland.

Biospecimen Resource Locator.—The Committee appreciates that the NCI has developed and supports the Specimen Resource Locator, a searchable database of biospecimen collections. The Committee also appreciates that pediatric cancer biospecimen resources are included within the Specimen Resource Locator, and requests an update from NCI on pediatric cancer biospecimen collections in the fiscal year 2018 CJ.

Breast Cancer.—Recent advances in breast cancer screening include the introduction of digital mammography [DM] and magnetic resonance imaging [MRI] for women at high risk for breast cancer. A new technology available for breast cancer screening, tomosynthesis [TM], is FDA-approved and being adopted as the “standard of care” in some markets. Limited trial results to date show a strong reduction in false positives and a trend toward more cancers diagnosed with TM than with DM. The Committee recommends NCI continue its vital research to help provide breast cancer patients and their physicians with a clear, informed picture of the role of breast cancer imaging. The Committee encourages NCI to conduct a 5-year, large cohort study exploring the validity and merits of TM and how it compares to other forms of imaging.

Cancer Kinome and Ovarian Cancer.—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. NCI is encouraged to support research in this area.

Cancer and Mitochondria.—The Committee commends NCI for its work in establishing a Mitochondrial Model Organisms and Cellular Systems Working Group and for its work to identify needs, barriers, and opportunities pertaining to mitochondrial biology relevant to addressing mechanistic questions in cancer. The Committee encourages NCI to continue to support research studies that examine the mechanisms by which cancer cells utilize oxidative stress in stromal cells to fuel their growth.

Colorectal Cancer and Inflammatory Bowel Diseases.—The Committee recognizes that left untreated, inflammatory bowel diseases can advance to colorectal cancer. The Committee encourages addi-

tional research on the developmental pathway of colorectal cancer among patients with IBD.

Deadliest Cancers.—While overall cancer incidence and death rates are declining, the Committee is concerned that there are a group of cancers, defined in statute as recalcitrant cancers, whose 5-year survival rates remains below 50 percent. The Committee applauds the NCI for launching its Molecular Analysis for Therapy Choice [MATCH] study, a potentially ground-breaking trial that analyzes patients' tumors to determine whether they contain genetic abnormalities for which a targeted drug exists and assigns treatment based on the abnormality. The Committee was pleased to learn that a goal of MATCH is to ensure patients with rare cancers represent at least 25 percent of the enrollees in the trial. Given the growing toll recalcitrant cancers take on society, and the enormous potential MATCH offers for our Nation's deadliest cancers, the Committee strongly urges NCI to continue to prioritize rare cancers within the MATCH trial.

Cancer and Hereditary Hemorrhagic Telangiectasia [HHT].—HHT is a genetic disorder of the blood vessels, and one variation of the disorder, HHT1, is characterized by deficiency in endoglin, an angiogenic protein. Recent research has indicated improved survival outcomes for cancer patients who also have HHT1. The Committee encourages NCI to support research investigating whether reduced systemic endoglin levels, expected in patients diagnosed with HHT1, impacts clinical outcomes for cancer. The Committee requests an update in the fiscal year 2018 CJ on the status of research related to this topic.

Early Detection.—The Committee is pleased to support the NCI's goal of increasing early detection research. Early detection is an important means to saving lives and reducing the need for systemic treatments which have long-term side effects for many patients.

Immunotherapy.—Recent NCI research demonstrates that new cancer immunotherapy approaches that specifically attack tumor cells with characteristics unique to a certain cancer could be effective against a wide range of cancers. The Committee encourages NCI to further explore new interventions, such as immunotherapy, as a promising new treatment strategy for children with cancer.

Liver Cancer.—The Committee notes that the number of liver cancer cases has more than tripled since 1980 and the death rate for this cancer has continued to increase. The Committee continues to be concerned with the increasing incidence of liver cancer and its low 5-year survival rate. Therefore, the Committee encourages NCI to continue to support liver cancer research across its portfolio, including research focused on the development of biomarkers to serve as early detection markers of cancer to offer the prospect of improved outcomes.

Melanoma.—Melanoma is the most responsive tumor type to the new generation of immune therapies. As many phase 3 trials—the essential platform to provide high quality annotated biospecimens for biomarker discovery—are launched under the aegis of the NCI, and industry has specimens that have not been fully analyzed, the Committee urges a coordinated effort to analyze biospecimens across NCI and industry trials and treatment type with the most advanced technologies. The current Exceptional Responders Initia-

tive has been focused primarily on chemotherapy which has been proven to be ineffective in improving outcomes for the majority of patients with melanoma. This initiative could be extended to exceptional responders to targeted therapies and/or immunotherapies. The Committee continues to encourage efforts to use advances in genomic, proteomic, and digital imaging technologies for early detection, research to understand genetic changes that occur in melanogenesis and mechanisms that underlie clinical dormancy to provide effective means of preventing recurrence. The Committee requests an update on these requests in the fiscal year 2018 CJ.

Metastatic Brain Tumor Research.—The incidence of metastatic brain tumors has been increasing, largely due to the fact that more Americans are surviving and living longer after treatment for other cancer diagnoses. While the increased incidence is a significant cause of concern, brain metastases are often treatable if diagnosed in a timely manner. The Committee encourages NCI to continue to involve stakeholders in the brain tumor community in its research efforts to develop strategies that improve our understanding of the molecular basis for cancer metastasis to the brain, detection through enhanced imaging, early intervention, and treatment.

Military Hospitals and Cancer Centers Collaboration.—The Committee is aware that formal alliances between American military hospitals and NCI-designated cancer centers would provide an ideal context to facilitate research on the causes, prevention, and treatment of cancer in military personnel and their families. The Committee encourages NCI to explore opportunities for collaborative clinical research efforts between American military hospitals and NCI-designated cancer centers. The Committee urges NCI to focus on populations with significant health disparities, including multiethnic populations.

Ovarian Cancer.—The Committee notes that despite scientific advancements, ovarian cancer remains the fifth most prevalent disease for women with 5-year survival rates still below 50 percent. The Committee encourages NCI to continue to support clinical trials with emerging genomics-driven immunotherapies applied to human ovarian cancer, with particular emphasis on treatments that target the molecular characteristics of each tumor. The Committee requests an update in the fiscal year 2018 CJ.

Pancreatic Cancer.—The Scientific Framework for Pancreatic Ductal Adenocarcinoma [PDAC] made four important recommendations for expanding pancreatic cancer research: understanding the biological relationship between PDAC and diabetes mellitus; evaluating longitudinal screening protocols for biomarkers for early detection of PDAC and its precursors; studying new therapeutic strategies in immunotherapy; and developing new treatment approaches that interfere with RAS oncogene-dependent signaling pathways. The Committee looks forward to receiving the fiscal year 2018 CJ to learn how the specific recommendations included in the report are being implemented.

Pediatric Cancer.—The Committee remains concerned that pediatric cancers remain the leading cause of death by disease past infancy among children in the United States, and that the majority of childhood cancer survivors suffer from late effects of cancer treatment. The Committee strongly encourages NCI to bolster pedi-

atric cancer research and clinical trials. The Committee urges NCI to continue key investments in pediatric oncology research, including clinical studies for children with brain tumors, development of the novel pediatric MATCH study, and the important pediatric pre-clinical testing program evaluating new agents for treating pediatric malignancies. Further, the NCI Director is urged to conduct research related to the needs, outcomes, health disparities, and barriers of pediatric cancer survivors, with an emphasis on minority or other medically underserved populations. The Committee requests an update 90 days after enactment of this act on specific pediatric cancer initiatives as well as how general cancer research will benefit pediatric cancer activities. In addition, the Committee expects a further update to be included in the fiscal year 2018 CJ on how the NCI is focusing on the unique needs of children.

Precision Medicine.—The Committee continues to strongly support NCI's PMI, and provides \$70,000,000 to continue its efforts to develop effective patient-specific treatments that target the disease's genetic and molecular abnormalities. NCI has made significant progress in changing the way we understand cancer, advances that have and are producing massive amounts of new data. To make the fullest use of all of this information, NCI has committed resources to launch the Genomic Data Commons to stimulate sharing of information among researchers, and is evaluating the expansion of existing databases and other approaches to data sharing with the NCI cloud pilots. NCI and the broader research community recognize that the need for data integration and manipulation to make full use of these massive cancer datasets not only entails investment in open data hosting, but requires significant investments in scalable, interactive data management that combines imaging, clinical, and molecular datasets. It also requires further data standards development to enable discovery, increase accessibility, improve interoperability, and promote data reuse and reproducibility, as well as resolve uncertainty in technical variation that can arise from different approaches in sample storage, acquiring biomaterial, and choices in computational pipelines. It is hoped that open sharing on this scale, accessible for research, clinical decision making, and drug development, will accelerate understanding—and more effective treatments—for many cancers. The Committee directs NCI to provide a plan, developed in collaboration with its external partners, to the Committee 6 months after enactment of this act outlining its efforts to address these questions to effectively build a cancer genomics data ecosystem that enables and promotes data sharing, including schedule and cost estimates. Finally, the Committee notes the importance of NCI clinical trials in the area of immuno-oncology. The Committee encourages NCI to engage leaders in this emerging field to utilize the network of existing comprehensive cancer centers and the National Clinical Trials Network to aggressively develop new therapies through clinical trials using engineered T-cells, coordinated research strategies, and training initiatives for broad application. Of particular interest is the use of precision medicine to develop therapies for late stage and other cancers where conventional treatments have proved largely ineffective.

Prostate Cancer.—The Committee is aware of NCI’s ongoing investment in prostate cancer research, and encourages further efforts into treatments for men with advanced disease as well as diagnostic and imaging methodologies common in other hormone-driven cancers with similar disease burden. The Committee encourages NCI to coordinate its response to these needs with other Federal agencies, and collaborators as appropriate, including the Department of Defense, 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 implement distress screenings in the NIH Clinical Center and in NCI-funded clinical trials as appropriate.

Radiation Oncology.—It is increasingly evident that combination therapy-involving radiation therapy, surgery, chemotherapy, immunotherapy and/or precision therapy-provides the best treatment options for many cancer patients. The Committee applauds the recent funding announcement for Cooperative Agreements to Develop Targeted Agents for Use with Systemic Agents Plus Radiotherapy and supports the NCI’s prioritization of breaking down the existing silos, fostering a collaboration of the best scientists in far-reaching fields.

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 explore the role of sleep in cancer development and progression.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2016	\$3,115,538,000
Budget estimate, 2017	3,069,901,000
Committee recommendation	3,242,685,000

The Committee recommendation includes \$3,242,685,000 for the National Heart, Lung, and Blood Institute [NHLBI].

Asthma.—The Committee applauds NHLBI for its efforts to develop better treatments to manage severe asthma as part of the Precision Medicine Initiative, and urges the NHLBI to expand these efforts.

Cardiovascular Disease [CVD].—The Committee is aware that for certain disease areas, like CVD, rural States and their respective patient populations have disproportionately high incidence. In the case of cardiovascular disease, high rates of obesity, diabetes, and smoking among rural populations create much higher risks for acute cardiovascular disease. While the NHLBI has the primary lead for research in CVD, other Institutes that include emphasis on children or bioengineering have important secondary roles in helping to generate positive research outcomes to combat this disease area. For this reason, the Committee urges the NIH to consider

convening a cross disciplinary, multi-Institute effort to identify ways to include rural populations in research and to work with institutions located in heavily rural States.

Chronic Obstructive Pulmonary Disease [COPD].—The Committee notes NHLBI's collaboration with the CDC in the development of a COPD action plan and is pleased with the stakeholder town hall meeting held recently on the NIH campus to advance its completion. The Committee expects CDC and NIH to work together to complete the action plan on a timely basis and report bi-annually on the implementation of the plan's recommendations. Further, the Committee remains aware and concerned that Alpha 1 Antitrypsin Deficiency [Alpha 1] is a major genetic risk factor for developing COPD. The Committee, therefore, encourages NHLBI to continue to advance Alpha 1 research as part of the overall plan.

Congenital Heart Disease [CHD].—The Committee commends the NHLBI for its continued work to better understand causation and appropriate treatment needs 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. The Committee urges NHLBI to continue its work with other Federal agencies and professional and patient organizations to expand collaborative research initiatives and other related activities targeted toward prevention and treatment of the diverse lifelong needs of children and adults living with CHD.

Cystic Fibrosis [CF].—The Committee encourages advancement of cell-based tools to advance new therapies to patients based on an individual's specific CF-causing mutation. These tools may be used to develop new personalized approaches to CF therapeutics, including new means to identify and characterize the efficacy of multidrug therapies that address the mutant CFTR protein, which is the underlying cause of CF in the majority of those with the disease. In particular, the Committee supports research into nonsense mutations for CF, which truncate the creation of CFTR protein in about 10 percent of the CF population and contribute to thousands of other genetic diseases. In addition, the Committee urges further research into live cell imaging modalities that are able to characterize mucus and monitor mucociliary clearance, the defense mechanisms at the heart of CF, and many other respiratory diseases. The Committee encourages funding for new technologies aimed at the genetic repair of cystic fibrosis. This includes technologies for gene editing, lung stem cell biology and nucleic acid delivery. Such technologies are critical for developing therapies to reach all CF patients, especially those with mutations that are not amenable to protein manipulation with CFTR modulating therapies.

Fibrotic Diseases.—The Committee encourages NIH to continue to vigorously support research into fibrotic diseases affecting different organs, including the lung, liver, kidney, heart, and skin, and to ensure enhanced coordination between its Institutes as they conduct necessary, expanded single organ or cross-organ fibrotic disease research to save lives and reduce healthcare expenses in future budget years. Furthermore, the Committee encourages NIH to explore the creation of a trans-NIH fibrotic disease working group, which would bring together key stakeholders at the NIH and else-

where, 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 2018 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 aware of the enormous and growing burden heart disease inflicts on our Nation’s population and economy, particularly as the population ages, and strongly encourages NIH to increase its heart research investment commensurate with the impact on public health and scientific opportunities. The Committee looks forward to receiving details on the Institute’s strategic vision for heart research.

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

Lung Disease.—The Committee applauds NHLBI’s efforts on primary lung disease prevention, from prenatal lung development through the aging process. The Committee requests that NHLBI report on its efforts to prevent lung disease, which is now the third leading cause of death in the United States, in the fiscal year 2018 CJ.

Lymphangiomyomatosis [LAM].—The Committee remains very interested in efforts to find a cure for LAM, a progressive and often fatal lung disease in women. The Committee supports both intramural and extramural means of expanding research on LAM and urges NHLBI to use all available mechanisms as appropriate to stimulate a broad range of clinical and basic research. The Committee commends NIH for supporting multi-center LAM trials and encourages additional support of such trials.

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

Sickle Cell Disease [SCD].—The Committee encourages NHLBI to devote more research to the study of SCD. 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, which is currently the only therapy that can cure the disease. However, more focused research is needed to augment the limited treatment options available. The Committee notes recent advances in treatment of SCD and urges the Institute to support clinical trials for prenatal and postnatal treatment of SCD, which includes multiple promising approaches to eradicate the disease, save lives, and reduce dramatically the substantial health care costs associated with SCD for children and adults.

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 NHLBI's efforts to improve our understanding of sleep disorders and urges NHLBI 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 by 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, 2016	\$413,396,000
Budget estimate, 2017	404,560,000
Committee recommendation	430,544,000

The Committee recommendation includes \$430,544,000 for the National Institute of Dental and Craniofacial Research [NIDCR].

Dental Materials.—Biomaterials is an important section of biomedical research for practicing dentists. The Committee urges NIDCR to continue to invest in the development and innovation of dental materials.

Overlapping Pain Conditions.—The Committee commends the NIDCR for its ongoing support for the Orofacial Pain Prospective Evaluation and Risk Assessment program, which is yielding valuable information on many physiological aspects of temporomandibular disorders and overlapping pain conditions. The Committee encourages continued research on overlapping pain conditions and increased collaboration across NIH Institutes on epidemiological, basic, clinical and translational research related to pain conditions.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 2016	\$1,816,310,000
Budget estimate, 2017	1,786,086,000
Committee recommendation	1,891,652,000

The Committee recommendation includes \$1,891,652,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK].

Asian Americans and Diabetes.—The Committee supports targeted research to examine the physiological differences between Asian Americans and other populations affected by diabetes with the goal of establishing appropriate indices for risk and disease detection, including a specific Body Mass Index cut point to identify Asian Americans with, or at risk for, future diabetes.

Autism.—The Committee urges NIDDK to study the relationship between GI diseases and Autism Spectrum Disorders.

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.

Celiac Disease and Type 1 Diabetes.—The Committee is encouraged by the TEDDY study which has led to discoveries in the risk for pediatric celiac disease and the development of type 1 diabetes. The Committee urges the Institute to explore the intersection of type 1 diabetes with celiac disease prevention.

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. The Committee recognizes the success of 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.

Gestational Diabetes.—The Committee recognizes the importance of research funded by the NIDDK 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 NIDDK to explore additional opportunities for research on gestational diabetes.

Inflammatory Bowel Disease Genetics Consortium.—The Committee is pleased by NIDDK's work on the Inflammatory Bowel Disease Genetics Consortium and supports this ongoing initiative. The Committee also urges NIDDK to expand its portfolio on pediatric IBD research through existing and new initiatives.

Interstitial Cystitis.—The Committee is pleased that the Multidisciplinary Approach to the Study of Chronic Pelvic Pain Research Network is leading to novel and multidisciplinary efforts to study interstitial cystitis and has the potential to have a particularly positive impact on women's health.

Irritable Bowel Syndrome [IBS].—The Committee is encouraged by the work of NIDDK to explore symptoms of IBS among various patient populations and urges NIDDK to further explore the etiology of IBS and the efficacy of treatments for IBS symptoms.

Liver Disease.—The Committee continues to be concerned by the morbidity and mortality of Hepatitis C-related liver disease and the development of cirrhosis, liver failure, and liver cancer in chronically infected persons with viral hepatitis. The Committee urges NIDDK to enhance multi-Institute collaborations on liver research to understand these diseases. The Committee encourages NIDDK and NIAID to collaborate research efforts in this area.

Medical Foods.—The Committee is encouraged by the opening of a new Office of Nutrition Research. The Committee requests the Office develop research initiatives that explore the impact of medical foods on nutrition and digestive disease management.

Pancreatitis and Pancreatic Cancer.—The Committee is encouraged by NIDDK's consortium for the Study of Chronic Pancreatitis Diabetes and Pancreatic Cancer in collaboration with NCI. The

Committee urges additional efforts to utilize the diverse data of patients within the consortium in precision medicine to inform targeted treatment and prevention.

Pediatric Kidney Disease.—The Committee is encouraged by NIDDK’s plans to conduct pilot studies of candidate therapies for Pediatric Chronic Kidney Disease. These studies will further optimize study designs for larger trials of new pediatric chronic kidney disease treatments. Further, the Committee continues to support NIDDK efforts to work collaboratively with other NIH Institutes, including the NICHD and NHLBI, to encourage multi-disciplinary research for children and young adults with kidney disease. Such collaborative efforts will aid in identifying childhood antecedents of chronic kidney disease, including modifiable risk factors that could be critical to developing interventions for pediatric kidney disease.

Psychosocial Issues and Chronic Disease Management.—People with chronic diseases have an elevated risk of psychosocial issues such as depression, anxiety, and eating disorders. These issues correlate with an increase in negative outcomes for disease management. The Committee urges NIDDK to devote resources toward investigating the psychosocial burdens related to chronic diseases, particularly as it relates to type 1 diabetes, and identify steps that can be taken to help improve disease management.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2016	\$1,695,180,000
Budget estimate, 2017	1,659,416,000
Committee recommendation	1,803,306,000

The Committee recommendation includes \$1,803,306,000 for the National Institute of Neurological Disorders and Stroke [NINDS].

Amyotrophic Lateral Sclerosis [ALS].—The Committee strongly supports NIH’s research in ALS and encourages NIH to continue to support promising ALS research related to IPS cells, whole genome sequencing, biomarkers, precision medicine, natural history studies, and translational research that could help identify new treatments for the disease. NIH is encouraged to partner with ALS organizations and other Federal agencies and programs, including the ALS Research Program at DOD, the VA, and the National ALS Registry at CDC/ATSDR. The Committee further encourages NIH to work with FDA, industry, and other stakeholders to identify opportunities to inform and advance the development of treatments for ALS, particularly how the NIH can support Phase II and Phase III clinical trials in ALS.

Cerebral Cavernous Angioma.—The Committee urges HHS agencies [NIH, FDA, and CDC] to work together with the research and advocacy community to increase the efficiency and effectiveness of the research and clinical drug trials effort.

Cerebral Palsy [CP].—Over 800,000 Americans are impacted by CP and currently there are no identified best practices at diagnosis or through the lifespan, organized standards of care, CP Registry, or proven therapy protocols. The Committee commends NINDS for working with scientists and stakeholders to develop a 5-year, research-focused strategic plan for CP prevention, treatment, and cure through the lifespan. The Committee urges NINDS, working with other relevant NIH ICs, to strengthen research efforts in sup-

port of the strategic plan to advance basic and translational research for CP, as well as clinical efforts to improve outcomes of diverse impairments and health issues on functioning, participation and well-being across the lifespan.

Duchenne Muscular Dystrophy.—The Committee recommends NINDS consider strategies that could lead to the development of combinatorial therapies for Duchenne Muscular Dystrophy. The Committee supports facilitating clinical trial readiness and establishing research infrastructure needed to conduct high-quality, efficient trials in Duchenne alongside efforts to improve performance of clinical trial endpoints and develop and validate biomarkers of the disease. The Committee also recognizes that there have been significant scientific advances in exon skipping technology since the 2010 NIH/FDA meeting and urges the NIH, in coordination with the FDA and other agencies, to conduct a Duchenne follow-on meeting to examine the current state of the science of exon skipping and targeted therapeutics.

Lyme Disease.—With over 300,000 individuals suffering from Lyme disease, especially in rural States across the United States, an improved understanding of the disease is essential to the health and wellbeing of Americans. 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 NINDS, in coordination with CDC, to study the long-term effects of Lyme disease. Specifically, the Committee urges NINDS to evaluate the effectiveness of laboratory tests associated with the detection of *Borrelia burgdorferi* to diagnose the disease early, which can improve the effectiveness of treatment.

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 Committee recognizes that NINDS is prioritizing public health concerns with severe gaps in unmet medical needs and supports 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 an update of its progress on implementing these recommendations in the fiscal year 2018 CJ.

Peripheral Neuropathies.—The Committee notes the lack of ongoing research into Guillain-Barre syndrome, chronic inflammatory demyelinating polyneuropathy, and related conditions, and encourages NINDS to work with stakeholders to identify research needs and develop strategies for supporting critical projects.

Stroke.—The Committee recognizes the immense burden stroke places on our Nation's population and economy, and strongly support NINDS increase its stroke research efforts. NINDS is also encouraged to 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.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2016	\$4,715,697,000
Budget estimate, 2017	4,700,548,000
Committee recommendation	4,961,305,000

The Committee recommendation includes \$4,961,305,000 for the National Institute of Allergy and Infectious Diseases [NIAID].

Autoimmune Neuropathies.—The Committee encourages NIAID to work with NINDS and other ICs 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].—With the identification of the first case of CRE in the United States last month, the Committee remains deeply concerned by the threat posed by the rise of antibiotic resistant bacteria. The Committee continues to strongly support NIAID's work related to CARB and includes approximately \$463,000,000, an increase of \$50,000,000, for NIAID to expand efforts to develop new antibiotics and rapid diagnostic tests, and build a national genome sequence database on all reported resistant human infections. Critical to the success of these efforts is developing a comprehensive understanding of the biological mechanisms that cause or contribute to antibiotic resistance, both in terms of resistance due to human activity or by inherent natural processes. This fundamental knowledge will enhance efforts to responsibly steward existing antibiotics, develop new antibiotics, and repurpose current antibiotics in new ways or combinations. The Committee encourages NIH and FDA to convene industry and other stakeholders to develop strategies to augment and enhance the infrastructure supporting clinical trials of new antibiotics. The Committee also encourages NIH to continue and expand its collaboration with USDA and CDC to develop a research strategy to promote a fundamental understanding of antibiotic resistance and improving the responsible use of antibiotics in agriculture. The Committee requests an update on these activities in the fiscal year 2018 CJ.

Healthcare-Associated Infections [HAIs].—HAIs are estimated to occur in 5 percent of all hospitalizations in the United States, resulting in more than 1,700,000 illnesses and 99,000 deaths annually. While HHS has been leading efforts to develop and encourage hospitals to implement improved infection control strategies, potential solutions are complicated by the difficulty of removing dangerous pathogens, including multidrug-resistant organisms, from the clinical environment by disinfection protocols alone. The Committee has been encouraged by the progress made in reducing central line-associated bloodstream infections and methicillin-resistant *Staphylococcus aureus* bacteremia, but there has been little or no improvement since 2009 in, for example, the rates of catheter-associated urinary tract infections and colon surgery surgical site infections [SSI]. Clearly, more action is needed at every level of health care to eliminate infections that commonly threaten hospital patients. As efforts to develop a systems approach to decontamination increase, one of most promising areas of research is related to tech-

nologies that can provide surfaces with self-disinfection capability. Advancements in this area could be greatly beneficial to health outcomes, reduce healthcare expenses, and improve patient life-quality. The Committee encourages NIAID to support efforts to accelerate the development of self-disinfecting medical devices, disinfecting strategies to alleviate SSIs, as well as materials engineering approaches to minimize or prevent the transmission of pathogens from surfaces within clinical care environments.

Hepatitis B.—The Committee is aware that it is now possible to study the entire Hepatitis B virus life cycle, and, therefore, a research program to identify life cycle vulnerabilities. The Committee encourages NIAID to collaborate with NIDDK to advance innovative research to discover and develop new therapies and treatments to interrupt the life cycle of the Hepatitis B virus to eliminate the infection and to help cure this deadly disease.

Hereditary Angioedema [HAE].—The Committee applauds NIAID for co-hosting the Expanding Boundaries of our HAE Knowledge Conference and supports its focus on continuing HAE research activities moving forward.

HIV/AIDS.—The Committee appreciates that NIAID has made reducing the incidence of HIV/AIDS, including the development of safe and effective vaccines, a high priority. The Committee is aware of several promising HIV vaccine candidates, including candidates that use novel immunogens and vaccine platforms, such as cytomegalovirus [CMV]. The Committee supports NIAID efforts to advance such innovative and promising vaccine candidates into early clinical testing.

Tuberculosis [TB].—The Committee encourages NIAID to continue prioritizing and implementing the National Action Plan for Combating Multi-drug Resistant Tuberculosis, including addressing the Plan’s objectives, and coordinating with other TB research agency partners including USAID and CDC.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2016	\$2,512,437,000
Budget estimate, 2017	2,434,144,000
Committee recommendation	2,633,755,000

The Committee recommendation includes \$2,633,755,000 for the National Institute of General Medical Sciences [NIGMS], which includes \$857,000,000 in transfers available under section 241 of the PHS Act.

Institutional Development Award [IDeA].—The Committee provides \$333,361,000 for the IDeA program, an increase of \$13,277,000. The IDeA program continues to support high-quality research throughout the country and enhances the competitiveness of investigators at institutions located in States in which the aggregate success rate for NIH grants has been historically low. Discoveries and medical breakthroughs can come from anywhere, and the Committee continues to strongly support the IDeA program, particularly its focus on serving rural and medically underserved communities in IDeA States. In particular, the Committee is concerned that many institutions eligible for funding under the National Science Foundation’s Experimental Program to Stimulate Competitive Research [EPSCoR] are ineligible to participate in the IDeA

program. The Committee directs NIGMS to report to the Committee no later than 120 days after enactment of this act with updated IDeA eligibility criteria that would incorporate EPSCoR States into the IDeA 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. Therefore, NIH is directed to continue funding the SEPA program at no less than \$17,100,000, the fiscal year 2016 level. Further, because of the central role NIGMS plays in managing programs that support the development of the biomedical research workforce, the Committee transfers the SEPA program from OD to NIGMS.

Small Business Research Funding.—The Committee supports the initiative to direct small business research funding to IDeA States to foster the development of products to advance public health. The Committee asks NIGMS to consider allocating funding for one shared innovation incubator in each of the four IDeA regions that would be competitively bid among IDeA States and would serve IDeA States. NIH shall not use funding from its IDeA allocation for these grants.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Appropriations, 2016	\$1,338,348,000
Budget estimate, 2017	1,316,607,000
Committee recommendation	1,395,811,000

The Committee recommendation includes \$1,395,811,000 for the Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD].

Demographic 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—the scientific study of human populations—and reproductive health. The Committee urges NICHD to sustain this research by making a strong investment in its Population Dynamics Centers Research Infrastructure Program. Further, the Committee supports NICHD’s efforts to make wise investments in large-scale longitudinal scientific surveys and prioritize data sharing as a condition of award. Making these survey data widely available efficiently promotes and supports broad-based scientific research activities on health and development.

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

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

Intellectual and Developmental Disabilities Research Centers [IDDRC].—The Committee recognizes the outstanding contributions of the IDDRCs toward understanding why child development goes awry, discovering ways to prevent developmental disabilities, and discovering treatments and interventions to improve the lives of people with developmental disabilities and their families. The Committee urges NICHD to continue to support the IDDRCs to conduct basic and translational research to develop effective prevention, treatment, and intervention strategies for children and adults with developmental disabilities.

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

NATIONAL EYE INSTITUTE

Appropriations, 2016	\$707,998,000
Budget estimate, 2017	687,249,000
Committee recommendation	740,826,000

The Committee recommendation includes \$740,826,000 for the National Eye Institute [NEI].

Age-Related Macular Degeneration [AMD].—The Committee recognizes NEI’s leadership in identifying more than 500 genes associated with both common and rare eye diseases. NEI’s International AMD Genomics Consortium has now discovered a total of 52 genetic variants that are associated with AMD, located among 34 regions of the human genome called loci, 16 of which had not been previously associated with AMD. With past NEI-funded research solidifying a link between AMD and genes encoding the complement system, a set of proteins that plays a central part in immune responses and inflammation, the Committee anticipates additional findings from initial research that suggest that a class of medications used to treat HIV, called nucleoside reverse transcriptase inhibitors [NRTIs], shows promise to treat AMD, and may be repurposed to treat other inflammatory disorders.

Audacious Goals Initiative [AG].—The Committee commends NEI’s leadership through its Audacious Goals Initiative, 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 awarded the first set of grants associated with 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, and will proceed with a second round of awards associated with identifying new factors that control regeneration and comparing the regenerative process among model organisms, rodents, and non-human primates.

Cataract.—The Committee recognizes that clouding of the eye’s lens in cataracts is the leading cause of blindness worldwide. It commends recent NEI-funded research that reported on the use of the fiber optic-based dynamic light scattering technology, developed by NASA, to estimate the level of the structural protein alpha-crystalline in the lens every 6 months in patients at risk for cataracts over the course of 3 years. This effort confirmed the correlation of the loss of protein with the rate of nuclear cataract progression, enabling clinicians to determine cataract progression and a potential time to intervene to prevent their formation. The Committee is also pleased that a recent NEI study has identified molecules that restore transparency to the lens in animal models, which could lead to therapies being delivered by eye drops, thereby eliminating surgery.

Diabetic Retinopathy Clinical Research Network.—The Committee commends NEI for the collaborative efforts of the Diabetic Retinopathy Clinical Research Network. The Committee acknowledges the importance of clinical trial networks and hopes the NEI will maintain the Diabetic Retinopathy Clinical Research Network’s commitment to facilitating clinical research on diabetic retinopathy. The Committee strongly encourages the NEI to build on the success of the Diabetic Retinopathy Clinical Research Network to expand and extend the scope of the network to include other retinal diseases.

Glaucoma.—The Committee recognizes the identification of three new genes by the NEI Glaucoma Human Genetics Collaboration Heritable Overall Operational Database Consortium that are strongly associated with primary open-angle glaucoma, 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 primary open angle glaucoma 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 the prioritization of Usher syndrome research at NEI. The Committee requests an update on NEI and NIDCD basic, clinical, and translational research that will lead to additional treatment options and improved patient outcomes for individuals with Usher syndrome. The update should include a description of the criteria used by NIH to evaluate grant submissions to ensure the prioritization of those that accelerate human treatment options that would benefit individuals with Usher syndrome.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2016	\$693,533,000
Budget estimate, 2017	681,613,000
Committee recommendation	722,301,000

The Committee recommendation includes \$722,301,000 for the National Institute of Environmental Health Sciences [NIEHS].

Autism.—The Committee urges the NIEHS, as the lead agency on environmental health research and a member agency of the Interagency Autism Coordinating Committee [IACC], to ask the IACC to consider research on environmental factors related to au-

tism, including onset patterns, in the upcoming revision to the IACC Strategic Plan for Autism Research. In addition, as the lead NIH Institute on Autism Spectrum Disorders research, the Committee suggests that NIMH work in coordination with NIEHS to assure that research on environmental factors continues to be supported.

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

NATIONAL INSTITUTE ON AGING

Appropriations, 2016	\$1,598,246,000
Budget estimate, 2017	1,265,133,000
Committee recommendation	2,067,138,000

The Committee recommendation includes \$2,067,138,000 for the National Institute on Aging [NIA].

Alzheimer’s Disease.—The bill includes approximately \$1,391,000,000, an increase of \$400,000,000 above fiscal year 2016, for high-quality research on Alzheimer’s disease, subject to the scientific opportunity presented in the peer review process. NIA is encouraged to continue addressing the research goals set forth in the National Plan to Address Alzheimer’s Disease, as well as the recommendations from the Alzheimer’s disease Research Summit in 2015. Further, the Committee recognizes the importance of well-characterized, longitudinal, population-based cohort studies in providing new 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. The Committee directs NIH to support research involving 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. In particular, NIA is encouraged to fund a pilot program to test community-based clinical trials for the prevention of cognitive decline. Such a longitudinal study should include an ethnically representative sample, incorporate genomic and environmental Alzheimer’s disease risk factors and monitor cognitive and motor function, disability, and morbidity over time. The Committee notes that poor sleep health and sleep disorders progress diseases that impair cognitive functioning, such as Alzheimer’s disease. The Committee encourages support for research that explores the linkages between sleep cycle, cardiovascular system, and Alzheimer’s disease, in an effort to inform prevention. Priority consideration should be given to applicants with a NIA designated Alzheimer’s Disease Center, Alzheimer’s Disease Accelerating Medicines Partnership award, and at least one Patient-Centered Outcomes Research Institute grant. Finally, the Committee is particularly interested in NIH’s plans to place additional emphasis on high-risk, high-reward projects using a DARPA-like approach to goal-oriented and milestone-driven research. The Committee believes such an ap-

proach can be particularly valuable in addressing major scientific gaps and encourages NIH to establish clear priorities, including Alzheimer's disease and dementia and other high-cost diseases of aging, particularly given our national goal of preventing and effectively treating Alzheimer's disease by 2025.

Demographic Research.—The Committee is greatly concerned by the health and financial threats that dementia-related disorders, including Alzheimer's disease, pose as the U.S. population ages. NIA is urged to respond by investing in the full spectrum of scientific research, including population research, to address the complex nature of dementia-related disorders and its devastating effects on patients, families, and caregivers. This effort should include sustained investment in large-scale longitudinal studies, such as the Health and Retirement Study. The Committee encourages NIA to support research and data collection on the causes of widening disparities in health and longevity at older ages, and the role of social factors, such as education and income, in the health and well-being of older people.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN
DISEASES

Appropriations, 2016	\$541,662,000
Budget estimate, 2017	532,753,000
Committee recommendation	564,131,000

The Committee recommendation includes \$564,131,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS].

Arthritis Disparities.—Research from CDC notes that minority groups, including African American and Latino/Hispanic populations, experience higher rates of arthritis-attributable activity and work limitations than other populations. The Committee encourages NIAMS to support research to understand these disparities, in collaboration with NIMHD.

Epidermolysis Bullosa [EB].—The Committee recognizes the promising scientific gains made in pursuit of treatments for EB and supports the private partners working to advance research towards practical EB treatments. Further research in this area holds great promise for both EB and for other skin and connective-tissue disorders treatments. The Committee encourages the NIH to continue to support meritorious research and collaboration activities related to EB.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION
DISORDERS

Appropriations, 2016	\$422,936,000
Budget estimate, 2017	416,146,000
Committee recommendation	441,778,000

The Committee recommendation includes \$441,778,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD].

Otolaryngology.—The Committee is concerned that research in the study of human temporal bone tissues may be jeopardized by the loss of technical and pathological expertise in this field. Active temporal bone laboratories are largely responsible for the

pathologic characterizations of many of the diseases that are treated on a frequent basis, including otosclerosis, Meniere’s disease and chronic otitis media. However, there are other disorders for which the pathology has not been well characterized and the need remains for the active participation of multiple laboratories to develop new techniques to allow for molecular investigations that have not been possible in the past. The Committee urges NIDCD to work with the otolaryngology community to facilitate new and innovative therapies that examine the pathology of the ear and to ensure that hypothesis driven research is retained in pathology centers.

Usher Syndrome.—The Committee continues to encourage the NIDCD to prioritize Usher syndrome research. The Committee requests an update on NEI and NIDCD basic, clinical, and translational research that will lead to additional treatment options and improved patient outcomes for individuals with Usher syndrome. The update should include a description of the criteria used by NIH to evaluate grant submissions to ensure that prioritization of those that accelerate human treatment options that would benefit individuals with Usher syndrome.

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2016	\$145,912,000
Budget estimate, 2017	143,942,000
Committee recommendation	151,965,000

The Committee recommendation includes \$151,965,000 for the National Institute of Nursing Research [NINR].

Nursing Research.—The Committee supports NINR’s Strategic Plan, Bringing Science to Life, as well as its efforts to bolster the new NIH-Wide Strategic Plan. The Committee applauds NINR’s aim to enhance health promotion and disease prevention. The Committee supports NINR’s commitment to improving quality-of-life by managing symptoms of acute and chronic illness; improving palliative and end-of-life care; enhancing innovation in science and practice; and developing the next generation of nurse scientists. The Committee remains particularly interested in NINR’s efforts to invest in young nurse scientists who will produce the evidence to improve quality of care nationally and globally.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2016	\$467,445,000
Budget estimate, 2017	459,578,000
Committee recommendation	488,782,000

The Committee recommendation includes \$488,782,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA].

Genomic Research and Alcohol Dependence.—The Committee remains concerned about the negative impact of alcohol abuse both to individuals struggling with alcoholism and to the budgets of Federal health programs. Research has implicated several gene variants that confer risk for Alcohol Use Disorder [AUD] and posttraumatic stress, suggesting that there may be shared genetic vulnerabilities for these disorders. The Committee encourages the NIAAA to capitalize on advances in genetic tools and available datasets to gain additional insight into the genetics of co-occurring

AUD and posttraumatic stress to inform prevention and treatment for affected individuals. NIAAA shall provide a report to the Committee within 180 days after enactment of this act that provides a detailed plan on how to move large-scale genetic screening initiatives forward to focus on high-risk populations, including those who exhibit alcohol dependency after suffering from post-traumatic stress.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2016	\$1,050,550,000
Budget estimate, 2017	1,020,459,000
Committee recommendation	1,103,032,000

The Committee recommendation includes \$1,103,032,000 for the National Institute on Drug Abuse [NIDA].

Adolescent Brain Development.—The Committee recognizes and supports the Adolescent Brain and Cognitive Development [ABCD] Study, which will continue to study the dramatic brain development that takes place during adolescence and how the various experiences children are exposed to during this time interact with each other and a child’s brain development. As the largest longitudinal brain-imaging study of youth, the ABCD study will follow approximately 10,000 U.S. children from ages 9–10 into early adulthood, and will yield critical insights into the foundational aspects of adolescence that shape life trajectories. The Committee requests an update on the ABCD study in the fiscal year 2018 CJ.

Drug Treatment in Justice System Settings.—The Committee understands that providing evidence-based treatment for substance use disorders offers a strong alternative for interrupting the drug use/criminal justice cycle for offenders with drug problems. NIDA’s Juvenile Justice Translational Research on Interventions for Adolescents in the Legal System [JJ-TRIALS] program identifies and tests strategies for improving the delivery of evidence-based substance abuse and HIV prevention and treatment services for justice-involved youth. The JJ-TRIALS initiative will provide insight into the process by which juvenile justice and other service settings can successfully adopt and adapt existing evidence-based programs and strategies to improve treatment for at-risk youth. The Committee requests an update on the JJ-TRIALS in the fiscal year 2018 CJ.

Expansion of Research on Opioid Alternatives.—The Committee remains concerned about the growing epidemic of opioid overdoses. The widespread availability of opioid painkillers has contributed to the millions of Americans who suffer from addiction disorders. 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 for treating pain, both acute and chronic. The Committee strongly encourages NIDA to expand scientific activities related to research on medications used to treat and reduce chronic pain. In doing this, NIDA should coordinate with CDC, HHS, VA, FDA, DOD, DEA, 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 acute and chronic pain. In addition, NIDA should continue to

sponsor research to better understand the effects of long-term prescription opioid use, especially as it relates to the prevention and treatment of opioid abuse and addiction.

Medications Development.—The Committee recognizes that new technologies are required for the development of next-generation pharmaceuticals. The Committee is encouraged by NIDA’s current approaches to develop viable immunotherapeutic or biologic methods for treating addiction. The goal of this research is the development of safe and effective vaccines or antibodies that target specific addictive drugs. The Committee is encouraged by this approach; if successful, immunotherapies, alone or in combination with other medications, behavioral treatments, or enzymatic approaches, stand to revolutionize how we treat, and ultimately prevent addiction.

Opioid Misuse and Addiction.—The Committee appreciates the important role that research plays in the various Federal initiatives aimed at addressing the opioid crisis. The Committee urges NIDA to continue to fund research on medications to alleviate pain, including the development of those with reduced abuse liability, and continue to work with industry to fund innovative research into such medications. The Committee requests an update in the fiscal year 2018 CJ on these initiatives.

Raising Awareness of 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, patients, and families. Through its NIDAMeD initiative, NIDA is advancing addiction awareness, prevention, and treatment in primary care practices through seven Centers of Excellence for Physician Information. Intended to serve as national models, these centers target physicians-in-training, including medical students and resident physicians in primary care specialties. NIDA also developed, in partnership with the Office of National Drug Control Policy, two online continuing medical education courses on safe prescribing for pain and managing patients who abuse prescription opioids. The Committee is pleased with NIDAMed, and urges NIDA to continue its focus on activities to provide 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, 2016	\$1,518,673,000
Budget estimate, 2017	1,459,700,000
Committee recommendation	1,619,537,000

The Committee recommendation includes \$1,619,537,000 for the National Institute of Mental Health [NIMH].

Autism.—As the lead agency on Autism Spectrum Disorders policy, the Committee urges the NIMH to include research on environmental factors related to autism, especially regressive autism, in the upcoming revision to the Strategic Plan for Autism Research.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2016	\$513,227,000
Budget estimate, 2017	509,762,000
Committee recommendation	534,516,000

The Committee recommendation includes \$534,516,000 for the National Human Genome Research Institute [NHGRI].

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2016	\$343,506,000
Budget estimate, 2017	334,025,000
Committee recommendation	361,062,000

The Committee recommendation includes \$361,062,000 for the National Institute of Biomedical Imaging and Bioengineering [NIBIB].

Healthcare-Associated Infections [HAIs].—HAIs are estimated to occur in 5 percent of all hospitalizations in the United States, resulting in more than 1.7 million illnesses and 99,000 deaths annually. While HHS has been leading efforts to develop and encourage hospitals to implement improved infection control strategies, potential solutions are complicated by the difficulty of removing dangerous pathogens, including multidrug-resistant organisms, from the clinical environment by disinfection protocols alone. The Committee has been encouraged by the progress made in reducing central line-associated bloodstream infections and methicillin-resistant *Staphylococcus aureus* bacteremia, but there has been little or no improvement since 2009 in, for example, the rates of catheter-associated urinary tract infections and colon surgery surgical site infections [SSI]. Clearly, more action is needed at every level of health care to eliminate infections that commonly threaten hospital patients. As efforts to develop a systems approach to decontamination increase, one of most promising areas of research is related to technologies that can provide surfaces with self-disinfection capability. Advancements in this area could be greatly beneficial to health outcomes, reduce healthcare expenses, and improve patient life-quality. The Committee encourages NIBIB to support efforts to accelerate the development of self-disinfecting medical devices, disinfecting strategies to alleviate SSIs, as well as materials engineering approaches to minimize or prevent the transmission of pathogens from surfaces within clinical care environments.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH

Appropriations, 2016	\$129,941,000
Budget estimate, 2017	126,673,000
Committee recommendation	136,195,000

The Committee recommendation includes \$136,195,000 for the National Center for Complementary and Integrative Health [NCCIH].

Pain Management.—The Committee is encouraged by the ongoing collaboration between NCCIH, VA, DOD, and other NIH Institutes 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 to support research on non-pharmacological treatments to ensure the best quality of care for our Nation’s veterans and servicemembers, and urges the NIH, VA, and DOD to continue this vital research.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES

Appropriations, 2016	\$280,680,000
Budget estimate, 2017	279,680,000
Committee recommendation	292,323,000

The Committee recommendation includes \$292,323,000 for the National Institute on Minority Health and Health Disparities [NIMHD].

Cohort Studies.—The Committee is aware of novel efforts underway to recruit individuals from racially and ethnically diverse backgrounds for participation in the PMI Cohort Program. Information from the cohort will be a broad, powerful resource for researchers working on a variety of important health questions. The Committee applauds NIH’s efforts to partner with HRSA to begin partnerships with several Federally Qualified Health Centers to develop, pilot, and refine approaches for bringing underserved individuals, families, and communities into the PMI Cohort Program. The Committee believes that the NIMHD can and should help support these efforts to ensure participation of racially and ethnically diverse individuals.

Research Centers in Minority Institutions.—The Committee continues to recognize the critical role played by minority-serving institutions in addressing minority health and health disparities, while also providing training for a diverse health workforce. 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 \$1 invested being leveraged to generate an additional \$5 to \$6 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 remains concerned NIMHD may be considering changing RCMI’s configuration and funding structure without adequate congressional or stakeholder input. Therefore, the Committee directs NIH to maintain the existing vital infrastructure support provided through the RCMI program and make available not less than last year’s level for the RCMI program. Further, NIMHD is directed to provide an update to the Committee no later than 90 days after enactment of this act on any proposed changes to the program and prior to any changes being implemented.

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

Appropriations, 2016	\$70,117,000
Budget estimate, 2017	69,175,000
Committee recommendation	73,026,000

The Committee recommendation includes \$73,026,000 for the Fogarty International Center [FIC].

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

NATIONAL LIBRARY OF MEDICINE

Appropriations, 2016	\$395,684,000
Budget estimate, 2017	395,110,000
Committee recommendation	412,097,000

The Committee recommends \$412,097,000 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, 2018.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES

Appropriations, 2016	\$685,417,000
Budget estimate, 2017	660,131,000
Committee recommendation	713,849,000

The Committee recommendation includes \$713,849,000 for the National Center for Advancing Translational Sciences [NCATS]. The Committee includes bill language allowing up to \$25,835,000 of this amount, the same as the budget request and fiscal year 2016, to be used for the Cures Acceleration Network [CAN].

Clinical and Translational Science Awards [CTSA] Program.—The Committee includes \$520,740,000, an increase of \$20,740,000, for the CTSA Program. The Committee applauds the success of the CTSA Program and recognizes recent NCATS efforts to update the program following the recommendations of the Institute of Medicine. NCATS is encouraged to further integrate the CTSA Program into the full spectrum of medical research activities at NIH, including collaboration with other ICs, and greater support for the CTSA hubs and network.

OFFICE OF THE DIRECTOR

Appropriations, 2016	\$1,558,600,000
Budget estimate, 2017	1,432,859,000
Committee recommendation	1,731,152,000

The Committee recommendation includes \$1,731,152,000 for the Office of the Director [OD]. Within this total, \$790,542,000 is provided for the Common Fund, which includes \$230,000,000 for the Precision Medicine Initiative, an increase of \$100,000,000 above fiscal year 2016.

Academic Research Enhancement Award [AREA] Program.—The Committee believes that biomedical discoveries can occur any-

where, 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 EPSCoR States, but not IDeA States. The Committee encourages NIH to enhance support for the AREA program by holding regional workshops to provide guidance on writing and submitting R15/AREA applications and on developing institutional capacities for undergraduate research. Further, NIH is urged to develop ways to improve ties between institutions that receive significant NIH funding and AREA-eligible institutions.

Amyloidosis.—The Committee recommends that NIH continue 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 requests NIH to update the Committee on the steps taken to increase the understanding of the causes of amyloidosis and the efforts to improve the diagnosis and treatment of this devastating group of diseases.

Angiogenesis.—The Committee commends the NIH for posting the Trans-NIH Angiogenesis Workshop findings. The Committee urges NIH to address the needs outlined in the comments including, the establishment of cross-disciplinary collaborations across therapeutic fields by NCI, NHLBI, NIDDK, NEI and other institutes, and the creation of a trans-NIH Program Project Grant. The Committee further encourages NIH to examine angiogenesis modifying interventions across populations using data to identify differences in response and benefit across age, gender, ethnicity/race/ancestral categories, socioeconomic strata, chronic disease States, and genetic background. Specifically, NIH is encouraged to study: angiogenesis and metabolism; biomarkers that reflect normal and abnormal angiogenesis; epigenetic changes of angiogenesis induced by natural stimuli such as diet, physical activity, and lifestyle, as well as medications; the effect of angiogenesis regulation on health and disease outcomes; the functional connections between angiogenesis and other health defense systems in the body (inflammation, regeneration, anti-aging, and immunity).

Big Data Infrastructure Plan.—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 by the research community to enable major scientific breakthroughs. Figuring out how to make this possible is one of the biggest issues facing NIH as it pursues ambitious initiatives related to cancer, the human brain, Alzheimer's disease, and other challenges. 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. The Committee believes that NIH now needs to build on this progress by developing a strategic plan to realize the full potential of these efforts for NIH's Institutes and Centers. The Committee directs NIH to provide such a plan to the Committee

within 1 year of enactment of this act. This plan should describe how NIH intends to make big data sustainable, interoperable, accessible and usable, and include a roadmap to achieve these objectives. The plan should be developed with the input of external partners and stakeholders, and include milestones and estimates of the resources that will be necessary to achieve its goals.

Brain Health.—The Committee supports brain health research, education, and care that can be advanced through collaborative and interdisciplinary efforts that seek to study issues of cognition across the age spectrum with a goal to improve overall community health. The Director is strongly encouraged to recognize brain health as a top research priority with a special emphasis for initiatives that cross the age continuum and include autism, PTSD/TBI, and Alzheimer’s Disease.

Brain Research through Application of Innovative Neuro-technologies [BRAIN] Initiative.—The Committee continues to strongly support the BRAIN initiative. The bill provides \$250,000,000, an increase of \$100,000,000 above fiscal year 2016, to expand the initiative consistent with the BRAIN 2025 report issued in 2014. The Committee is encouraged by the rapid progress the initiative has made in dramatically changing the ways we gather data about the brain, generating advances in tools for measuring brain structure and activity that have the potential to produce massive amounts of new data. To prepare for the management of all this information, BRAIN has dedicated some of its existing budget to stimulate the development of centers for data warehousing, analysis and visualization for each of its defined research areas. However, the Committee believes the need for data integration and manipulation that would make full use of these large cross-disciplinary datasets not only entails a large investment in open data hosting, but also requires significant investments in interactive data management that combines neurophysiological, imaging, clinical, and molecular datasets in both human and model organisms. The Committee encourages NIH to work with its Federal, academic and private partners, as well as leaders in the technology sector, to jointly develop integrated, user friendly, scalable data analysis hubs for BRAIN data as well as methods for tool dissemination. The goal of such an effort would be a network that has at its core an interconnected open platform of imaging, neurophysiological, behavioral, clinical, and molecular data along with the metadata essential for its interpretation. This collaborative effort would guide development and sharing of best practices in data acquisition, analysis, and choices in computational pipelines. Open sharing on this scale would enable data analysis and visualization across institutional boundaries to accelerate understanding of brain function and dysfunction. The Committee directs NIH to provide a plan, developed in collaboration with its partners, to the Committee 6 months after enactment of this act to create such a network, including schedule and cost estimates.

Building Infrastructure Leading to Diversity [BUILD].—The Committee supports the NIH Director’s efforts to reverse the trend of underrepresentation of researchers from ethnically diverse backgrounds and continues to be pleased with the commitment to increase the number of minority investigators. The Committee en-

courages NIH to ensure that graduate institutions with a historic mission of educating minorities in the health professions and biomedical sciences can participate in the program.

Burden of Disease.—The Committee expects NIH to consider the burden of a disease when setting priorities and developing strategic plans across its Institutes and Centers. Diseases such as Alzheimer's, diabetes, heart disease, and cancer affect a large portion of the population, especially the aging population. The impact of these diseases on patients and their families are substantial and costly. Targeting biomedical research funding toward these diseases is an important strategy to finding better treatments and cures. Further, the Committee commends the NIH on the inclusion of burden of disease as part of its NIH-Wide Strategic Plan for Fiscal Years 2016–2020. The Plan 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. The Committee supports a focus on conditions in need of further funding such as chronic pain, including migraine and other treatment alternatives for chronic pain.

Chimpanzees.—The Committee supports NIH in its decision to make chimpanzees eligible for retirement from NIH-supported biomedical research and reaffirm its commitment to the care of the federally owned and supported chimpanzee population. Consistent with that policy, the Committee directs NIH to report its estimated timeline for moving chimpanzees to accredited sanctuaries within 30 days after enactment of this act. In addition, the Committee recognizes the need to provide greater financial support for the lifelong care of federally owned and supported chimpanzees, including sanctuary facility capital and care costs.

Chronic Fatigue Syndrome [CFS].—The Committee is pleased to see the 2015 reports from the Institute of Medicine and the NIH's Pathways to Prevention Workshop, along with the recent advances in science and renewed interests of researchers, relating to CFS. The Committee urges the NIH to collaborate with disease researchers, clinicians, patients, and their advocates to address the historical lack of research and to capitalize on these opportunities to make progress on this poorly understood disease. Specifically, the Committee encourages NIH to use funding to jumpstart the field through a set of intramural and extramural investments that could include Funding Opportunity Announcements for biomarkers and treatment trials; other investigator-initiated studies, including for early-stage research; and support for research to develop consensus on a case definition and research standards.

Chronic Overlapping Pain Conditions.—The Committee notes the strong scientific evidence substantiating common disease mechanisms underlying Chronic Overlapping Pain Conditions. However, evidence needed to inform practice guidelines is insufficient, sometimes resulting in the misdiagnosis and ineffective and harmful treatment of patients with these disorders. A coordinated effort on chronic overlapping pain conditions is urgently needed to maximize the Federal research investment and inform clinical practice. Research recommendations from the 2012 NIH Workshop on Chronic Overlapping Pain Conditions and September 2014 scientific meeting, co-sponsored by various NIH ICs and the TMJ Association,

should continue to guide the relevant ICs in advancing research 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.

Chronic Pain Research.—The 2011 Institute of Medicine report, “Relieving Pain in America,” revealed the devastating public health crisis of chronic pain, demonstrating that 4-in-10 American adults report chronic pain at a cost of \$1,600,000,000 per day. The Committee strongly urges NIH to intensify and expand its basic, translational, and clinical research effort on chronic pain to elucidate underlying mechanisms of disease, as well as to discover and develop safe, effective, non-habit forming drug and non-drug therapies. The Committee encourages the Director to include chronic pain in ongoing NIH initiatives that have potential for yielding significant advancements in this area, such as the Precision Medicine Initiative, the NIH Common Fund, Advanced Medicines Partnership, BRAIN Initiative, and public-private partnerships within NCATS.

Clinical Center Reorganization.—The Committee notes NIH’s recently announced plans to restructure its Clinical Center [CC] to ensure patient safety and care are always its foremost priorities. The restructuring follows the advice of a blue ribbon panel tasked with assessing the CC and NIH intramural clinical research following a highly critical FDA inspection of the CC Pharmacy in May 2015. The Committee commends NIH for its efforts to look beyond the serious problems in the Pharmacy to assess other aspects of its operations. It is understandable that the decentralized nature of NIH would lead to fragmented accountability and governance at the CC, and the decision to adopt a centralized management structure modeled on the best practices in the Nation’s top hospitals makes sense. The Committee directs NIH to continue to provide timely updates as these efforts move forward, including providing an update in the fiscal year 2018 CJ, including the status of recruitment of the CC’s new management team, the activities of the Hospital Board and Office of Research Support and Compliance, and adoption of other industry best practices by the CC.

Duchenne Muscular Dystrophy.—The Committee is aware of the updated MD Action Plan released in the winter of 2015, and supports the Plan’s recommendation to expand Duchenne research into bone health, endocrine functioning, and cardio-pulmonary functioning. Further, the Committee is encouraged that NIH support for earlier stage research in Duchenne muscular dystrophy has successfully resulted in a substantial pipeline of new potential therapeutics. To provide a smooth transition for these projects into clinical development and to increase the potential for success, the Committee urges NIH to increase support for late stage preclinical and early stage clinical projects; and to consider partnering with outside entities, including patient organizations and industry, to facilitate research focused on the rapid identification and qualification of new biomarkers for Duchenne.

Environmental Influences on Child Health Outcomes Program / National Children’s Study Alternative [ECHO].—The Committee continues its support of the ECHO program and the goal to under-

stand the effects of environmental exposures on child health and development. Sufficient funding, level with fiscal year 2016, is provided to the OD to continue this program. In particular, the Committee notes its support for the IDeA States Pediatric Clinical Trials Network in ECHO which will leverage the infrastructure at existing IDeA State centers by embedding clinical trials experts at IDeA State locations. This structure will facilitate their partnership with other academic institutions and help address access gaps for rural and medically underserved children.

Fragile X [FX].—The Committee commends NIH for the NICHD-led effort that resulted in significant progress in mapping the molecular, physiological, biological, and genetic connections among FX, the FX protein, and autism spectrum disorder. Increased focus on basic science is needed to identify additional targetable mechanisms of the disease. The Committee urges the Director to support expanded natural history studies to supplement the CDC's efforts, and to focus on validating outcome measures and identifying biomarkers. Given the inextricable connection between the FX protein and autism, the Committee urges the Director and IC Directors with Fragile X and autism portfolios to explore ways to create greater efficiency and synergy among these two research tracks to accelerate translational research toward a better understanding of both conditions and to shorten the time to bring effective treatments to market. Finally, the Committee commends the NIH for its previous work to create and update the Research Plan on Fragile X Syndrome and Associated Disorders and urges the NICHD to reconvene this group before the end of fiscal year 2017 to discuss updates to the research plan.

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 the fiscal year 2016 funding for the Gabriella Miller Kids First Research Act, including any personnel that are responsible for overseeing the allocation of designated research dollars, the criteria that NIH employed to ensure awards will advance the objectives of the act, and a description of the research projects that were funded at the end of fiscal year 2016. This report should also describe the criteria and process for grant awards the NIH intends to use for fiscal year 2017 and subsequent years of funding under the act.

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 2018 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.

Gut Microbiome.—The Committee commends the Office of the Director for its work to partner with NIDDK on the Human Microbiome project, which has led to valuable scientific discoveries in therapeutic and genetic research on inflammatory bowel diseases. The Committee urges expanded research on predictors and modifiable factors that can improve early interventions and treatments, particularly among pediatric and young adult populations.

Hereditary Hemorrhagic Telangiectasia [HHT].—The Committee supports the formation of an HHT coordinating committee of mul-

tiple ICs, including NINDS, NHLBI, NICHD, NHGRI, NIDDK, NIBIB, and NCATS. The Committee urges the coordinating committee to initiate a workshop to explore collaborative research opportunities into the diagnosis and treatment of HHT, including efforts to foster translational research in the development of new therapeutics for vascular anomalies, the identification of potential targets for interrupting pathways to prevent HHT progression, and new imaging methods to enable more precise detection of vascular malformations. The Committee requests an update in the fiscal year 2018 CJ on the status of research related to this topic.

Human Trisome.—The Committee looks forward to the results of NIH's feasibility report on a multi-year study to examine the molecular, cellular, and physiological mechanisms that predestine individuals born with a third copy of human chromosome 21 to either live with—or be protected from—a range of diseases that cause nearly 60 percent of U.S. deaths. The Committee encourages NIH to focus on whether aspects of the project, from accrual of children and adults with T21, to analysis of biological samples at the genetic, epigenetic, biochemical, and cellular levels, to advanced bioinformatics analysis of large genomics datasets, fit within the priorities set in the NIH research plan published in 2014.

Imaging.—The Committee notes that imaging research occurs in multiple ICs throughout the NIH and is an integral component of the BRAIN Initiative. The Committee requests NIH provide an overview of imaging research throughout all NIH activities, including collaborations with other HHS and non-HHS agencies. The Committee requests this information be included in the fiscal year 2018 CJ.

Inclusion of Children.—The Committee appreciates the commitment made by the NIH in its fiscal year 2017 budget request to pursue plans to collect age-related inclusion information for research studies to support enhanced analyses and reporting on inclusion by age. Reporting study participation by age will assist the Committee, researchers, and other stakeholders in understanding whether children as a whole, or particular pediatric subpopulations, are underrepresented in federally funded biomedical research. The Committee believes that the implementation challenges cited by the NIH, including determining the appropriate format for collecting age-related data and establishing meaningful age-based categories, are addressable with appropriate expertise and stakeholder input. The Committee directs the NIH to develop a detailed plan to collect data and report publicly on the actual numbers of children and age distribution that are enrolled in its clinical studies.

Infrastructure.—The Committee understands that Federal agencies such as NIH need to maintain and upgrade parts of their physical infrastructure every year. The NIH facilities budget has been relatively flat since 2009. Over time, only the most essential maintenance and repairs for health and safety have been addressed, leaving an increasing backlog of projects requiring attention. To ensure the Committee is informed of NIH's critical facility needs and inform future infrastructure budgets, the Committee has included up to \$1,000,000 for NIH to enter into a contract with the National Research Council, Division of Engineering and Physical Sciences, to

prepare a report that assesses the capital needs of NIH's main campus. The report should identify facilities in greatest need of repair, describe the work needed to bring them up to current standards, and include cost estimates for each project. The Committee directs NIH to provide the report with its recommendations to the House and Senate Committees on Appropriations no later than 1 year from the date of the contract agreement on the statement of work between NIH and the National Research Council.

Interagency Pain Research.—The Committee encourages the Director to intensify and coordinate fundamental, translational, and clinical research 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 made by the Federal Pain Research Strategy, an ongoing effort coordinated by the Interagency Pain Research Coordinating Committee and the NIH Demographic.

Lymphatic Research and Lymphatic Disease.—The Committee commends the trans-NIH Coordinating Committee for Lymphatic Research, which sponsored a historic Lymphatic Symposium in 2015. The Committee supports building on this momentum 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 greater 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 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. The Committee looks forward to the pending publication of a report in follow up to the December 2014 workshop on Nutritional Interventions in Primary Mitochondrial Disease that will identify a research agenda for evidence-based nutritional interventions for mitochondrial disorders. With the growing recognition mitochondrial disease provides a window into understanding and treating many conditions that afflict large segments of the population, the Committee strongly encourages the Director to urge an aggressive research effort around primary mitochondrial disease as well as mitochondrial function and dysfunction.

National Pediatric Research Network [NPRN].—The Committee is aware that the National Pediatric Research Network authorizes an innovative model to accelerate research through infrastructure consortia across the Nation's pediatric research institutions. The Committee has provided sufficient funding to explore how to carry out provisions of the act, as feasible, and requests that NIH update

the Committee on how it is implementing the goals of the act within 60 days of enactment of this act.

Natural Products Collections.—The Committee continues to urge NIH to increase access to comprehensive and professionally organized natural products libraries.

Neurofibromatosis [NF].—The Committee supports NIH's commitment to NF research and treatment at multiple ICs, including NCI, NINDS, NIDCD, NHLBI, NICHD, NIMH, NCATS, and NEI. The Committee encourages NCI to continue to support its NF research portfolio in fundamental basic science, translational research and clinical trials focused on NF. The Committee also encourages the NCI to support NF preclinical mouse models 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 support 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 continue to support 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 continue its investment in NF2 basic and clinical research. NF1 can cause vision loss due to optic gliomas; the Committee encourages NEI to continue its investment in NF1 basic and clinical research.

Neurogenic Bladder and Kidney Disease.—The Committee encourages NIH 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 and management of Spina Bifida and associated secondary conditions, such as hydrocephalus; and to support research to understand the myriad co-morbid conditions experienced by individuals with Spina Bifida, including those associated with both paralysis and developmental delay.

Nonrecurring Expenses Fund [NEF].—Created in fiscal year 2008, the NEF permits HHS to transfer unobligated balances of expired discretionary funds into the NEF account for capital acquisitions. For fiscal year 2017, the Committee transfers \$300,000,000 from the NEF to OD for carrying out activities associated with biomedical research. The OD shall provide actual expenditures based on activity in the fiscal year 2018 CJ.

Phelan-McDermid Syndrome.—Phelan-McDermid Syndrome is a genetic disorder caused by a partial deletion of chromosome 22 and a loss of the SHANK3 gene. The Committee encourages NIH to continue its multi-Institute approach to research into the Syndrome and related “shankopathies.” Some topics of interest, if feasible, include the correlation of the syndrome with mental health disorders, including autism, schizophrenia, catatonia, and bipolar disorder; the study of SHANK3 as a target for better understanding risk factors for mental health problems that occur in adolescence; phenotype studies of the syndrome as a model for studying prodromes as indicators of later manifestations in disorders; and gastro-intestinal complications associated with Phelan-

McDermid Syndrome and related disorders. The Committee requests an update in the fiscal year 2018 CJ on the status of research related to this topic.

Physician-Scientist Workforce.—The Committee is concerned about the impact of the decrease in the number of physician-scientists who can accelerate the translation of science to the treatment of widespread chronic, and currently incurable diseases such as diabetes and other diseases. The Committee applauds NIH for the actions it has already taken to address barriers that are preventing physician-scientists from entering the biomedical research workforce and looks forward to continuing progress on this front. The Committee expects a report in the fiscal year 2018 CJ on the specific steps NIH has taken and their effect, as well as the path forward to implement the recommendations of the Physician-Scientist Workforce Working Group.

Precision Medicine Initiative [PMI].—The Committee recommendation continues its strong support for PMI by providing \$230,000,000 to develop a national research cohort of 1 million or more U.S. volunteers. This level of funding is \$100,000,000 above fiscal year 2016, and is in addition to \$70,000,000 included in the bill for NCI-led PMI for oncology. The Committee is aware that the Advisory Committee to the Director in its final report supported the inclusion of children in the PMI Cohort Program and recommended that NIH consider how to best incorporate necessary safeguards to ensure appropriate enrollment, retention and protections for children. Since much of adult health is rooted in the earliest years, there is great value to including children in the PMI-Cohort Program. The Committee encourages NIH to ensure that through the process of awarding funds for the PMI-Cohort Program, that pediatric populations are appropriately included in the study. The Committee also encourages NIH to use in vitro clinical trials and broader phenotypic data analysis to test how a particular cancer or other disease conditions may react to a specific therapy or combination of therapies. Finally, the Committee directs NIH to provide a report within 6 months of enactment of this act assessing PMI plans to safeguard participants' personal data.

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.

Severe Acute Shock and Multi-Organ Failure.—There are an estimated 1,300,000 cases in the United States each year of severe, acute shock, which can trigger multi-organ failure, often resulting in death. Despite the number of Americans affected by this condi-

tion and the lack of a proven treatment for shock, the Committee notes that there is no dedicated Federal research focused on addressing these challenges. The Committee encourages NIH to support research to develop treatments for severe, acute shock, including septic shock, cardiogenic shock, hypovolemic shock, and hemorrhagic shock.

Temporomandibular Disorders [TMD].—The Committee understands that NIH-funded research has demonstrated that TMD is primarily a multisystem disorder with overlapping co-morbid 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. Therefore, the Committee strongly supports research to examine the safety and efficacy of current clinical treatments of TMD, the burden and costs associated with TMD, and the development of future scientific and clinical, professional and policy directions for TMD. Further, the Committee encourages NIH ICs with pertinent expertise on the temporomandibular joint to collaborate and implement the recommendations from the Temporomandibular Joint in Health and Disease Round Table held in 2013. Research to develop safe and effective techniques for joint repair and regeneration is essential. An analysis of problems associated with current joint replacements should provide guidance in these efforts.

Transfer Authority.—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.

Translational Science and Clinical Trials.—The Committee commends NIH's continued focus on clinical and translational science, but is concerned with the need to expand this work to geographic regions with the highest burdens of chronic disease, limited access to health care providers, and minority populations. By providing support for the necessary infrastructure for translational science across the spectrum from drug and natural product discovery to clinical trial implementation to community and population health, citizens with significant needs in these underserved regions will benefit. Therefore, NIH is directed to support efforts to build and sustain integrated clinical and translational science infrastructure to optimize the movement of drug and natural product discoveries across the translational spectrum in States where funding has not previously been provided, but where there is significant disease burden.

Tuberous Sclerosis Complex [TSC].—The Committee is encouraged by progress on updating NIH's 2003 TSC Research Plan, including a March 2015 workshop sponsored by NINDS and the Tuberous Sclerosis Alliance that assessed progress and prioritized new opportunities for research in TSC. Building on this progress, the Committee encourages the Director to coordinate the participation of multiple ICs on a research strategy aimed at addressing the numerous medical and neuropsychological burdens associated with TSC while deciphering the biology underlying phenotypic heterogeneity. Manifestations of TSC are highly variable among affected individuals, and TSC can be a model condition for developing precision medicine approaches to treat each individual's symptoms to

maximize the benefit-risk ratio. NIH should encourage research opportunities in the five key areas prioritized by workshop participants: understanding phenotypic heterogeneity in TSC, gaining a deeper knowledge of TSC signaling pathways and the cellular consequences of TSC deficiency, improving TSC disease models, developing clinical biomarkers for TSC, and facilitating therapeutics and clinical trials research.

BUILDINGS AND FACILITIES

Appropriations, 2016	\$128,863,000
Budget estimate, 2017	128,863,000
Committee recommendation	128,863,000

The Committee recommendation includes \$128,863,000 for NIH buildings and facilities. This funding will remain available for obligation for 5 years. The Committee does not include the request by the administration to make funding available until expended.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Committee recommends \$3,738,077,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA]. The recommendation includes \$134,667,000 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.

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 2017.

MENTAL HEALTH

Appropriations, 2016	\$1,166,987,000
Budget estimate, 2017	1,158,766,000
Committee recommendation	1,170,037,000

The Committee recommends \$1,170,037,000 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 \$387,659,000 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 2016 appropriation	Fiscal year 2017 request	Committee recommendation
CAPACITY:			
Seclusion & Restraint	1,147	1,147	1,147
Youth Violence Prevention	23,099	.....	.....
Project AWARE State Grants	49,902	57,001	57,001
Mental Health First Aid	14,963	14,963	14,963
Healthy Transitions	19,951	19,951	19,951
National Traumatic Stress Network	46,887	46,887	46,887
Children and Family Programs	6,458	6,458	6,458
Consumer and Family Network Grants	4,954	4,954	4,954
MH System Transformation and Health Reform	3,779	3,779	3,779
Project LAUNCH	34,555	34,555	23,605
Primary and Behavioral Health Care Integration	49,877	26,004	49,877
National Strategy for Suicide Prevention	2,000	30,000	2,000
Suicide Lifeline	7,198	7,198	7,198
GLS—Youth Suicide Prevention—States	35,427	35,427	35,427
GLS—Youth Suicide Prevention—Campus	6,488	6,488	6,488
AI/AN Suicide Prevention Initiative	2,931	2,931	2,931
Homelessness Prevention Programs	30,696	30,696	30,696
Tribal Behavioral Grants	15,000	15,000	15,000
Minority AIDS	9,224	15,935	9,224
Crisis Systems .....	.....	5,000	.....
Criminal and Juvenile Justice Programs	4,269	4,269	4,269
Assisted Outpatient Treatment	15,000	15,000	15,000
SCIENCE AND SERVICE:			
GLS—Suicide Prevention Resource Center	5,988	5,988	5,988
Practice Improvement and Training	7,828	7,828	7,828
Primary and Behavioral Health Care Integration TA	1,991	1,991	1,991
Consumer & Consumer Support TA Centers	1,918	1,918	1,918
Minority Fellowship Program	8,059	8,059	8,059
Disaster Response	1,953	1,953	1,953
Homelessness	2,296	2,296	2,296
HIV/AIDS Education	771	771	771

Primary and Behavioral Healthcare Integration.—The Committee directs SAMHSA to require grantees of the Primary and Behavioral Health Care Integration program to include in their biannual National Outcome Measures report a summary of the policies that serve as barriers to the provision of integrated care and the specific steps the grantee has taken or will take to address such barriers.

Project Aware.—The Committee strongly supports Project AWARE which increases awareness of mental health issues and connects young people that have behavioral health issues and their families with needed services. The Committee recommendation reflects the administration's proposal to reallocate funding from Youth Violence Prevention to Project AWARE. This shift will allow SAMHSA to avoid program duplication. The increase provided will support a new cohort of Project AWARE State Education Agency awards. 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 2016 grants and continue to be coordi-

nated with the Department of Education grants. The Committee requests a report on progress of fiscal year 2016 grantees 180 days after the enactment of this act.

Project Linking Actions for Unmet Needs in Children's Health [LAUNCH].—The Committee continues to support Project LAUNCH activities which promote the wellness of young children from birth to age 8 by addressing the physical, social, and emotional, cognitive, and behavioral aspects of their development. The Committee provides continuation funding for all existing grant activities.

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 17 years to translate research findings into practice and hopes that this joint effort between NIMH and SAMHSA may be a model for how to reduce this timeframe. The Committee directs SAMHSA to continue its collaboration with NIMH to ensure that funds from this set-aside are only used for programs showing strong evidence of effectiveness and 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 2018 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 has not included bill language requested by the administration to set aside up to 10 percent of these funds to carry out early interventions for young people at high risk of developing psychosis. While the Committee applauds SAMHSA's focus on this population, it believes further evidence of effectiveness is needed before these interventions are widely adopted.

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, 2016	\$2,195,424,000
Budget estimate, 2017	2,186,348,000
Committee recommendation	2,194,563,000

The Committee recommends \$2,194,563,000 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 \$336,484,000 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 2016 appropriation	Fiscal year 2017 request	Committee recommendation
CAPACITY:			
Opioid Treatment Programs/Regulatory Activities	8,724	8,724	8,724
Screening, Brief Intervention, Referral, & Treatment	46,889	30,000	32,000
Target Capacity Expansion	36,303	61,303	71,303
Medicated Assisted Treatment for Prescription Drug and Opioid Addiction (non-add)	25,000	50,080	60,000
Buprenorphine Prescribing Authority Demo		10,000	
Pregnant & Postpartum Women	15,931	15,931	15,931
Strengthening Treatment Access and Retention			
Recovery Community Services Program	2,434	2,434	2,434
Children and Families	29,605	29,605	29,605
Treatment Systems for Homeless	41,304	36,386	36,386
Minority AIDS	65,570	58,859	65,570
Criminal Justice Activities	78,000	61,946	61,946
Crisis Systems		5,000	

[In thousands of dollars]

Budget activity	Fiscal year 2016 appropriation	Fiscal year 2017 request	Committee recommendation
SCIENCE AND SERVICE:			
Addiction Technology Transfer Centers	9,046	8,081	9,046
Minority Fellowship Program	3,539	3,539	3,539
Special Initiatives/Outreach			

Addiction Technology Transfer Centers [ATTCs].—The Committee again rejects the administration’s proposal to reduce funding for the ATTCs and instead provides the same funding level as fiscal year 2016. The Committee directs SAMHSA to ensure that ATTCs maintain a primary focus on addiction treatment and recovery services.

Combating Opioid Abuse.—Of the amount provided for Targeted Capacity Expansion, the Committee includes \$60,000,000 for discretionary grants to States for the purpose of expanding treatment services to those with heroin or opioid dependence. The Committee directs CSAT to ensure that these grants include as an allowable use the support of medication assisted treatment and other clinically appropriate services. These grants should target States with the highest age adjusted rates of admissions and that have demonstrated a dramatic age adjusted increase in admissions for the treatment of opioid use disorders.

Complex Trauma.—Child traumatic stress occurs when children and adolescents are exposed to traumatic events or situations that overwhelm their ability to cope and affects tens of thousands of children each year. The Committee supports SAMHSA’s current efforts in this area and encourages SAMHSA to explore opportunities to address the causes of complex trauma throughout the lifespan.

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.

Medication-Assisted Therapy.—The Committee encourages SAMHSA to finalize regulations on prescribing buprenorphine to treat opioid dependence while supporting strategies to eliminate diversion as expeditiously as possible.

Opioids State Targeted Response/State Targeted Response Cooperative Agreements.—The Committee recognizes the valuable work conducted by Sheriff’s Departments across the country that have undertaken a collective effort to enhance the continuum of care for incarcerated individuals with substance use disorders. These efforts by Sheriff’s Departments that have jail-operation powers and corrections duties serve as a critical component as it relates to a variety of treatment and recovery support services. As SAMHSA works to allocate resources for States grappling with the opioid crisis, the Committee encourages SAMHSA to consider these efforts for the Opioids State Targeted Response grants.

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

Pregnant and Postpartum Women [PPW].—The Committee recommendation provides the same level of funding for the PPW program, which supports comprehensive, family-based residential substance use disorder services for pregnant and parenting women, their minor children, and other family members. The Committee has not included language requested by the administration to support non-residential family-based services through innovation grants. The Committee notes that this issue is addressed in reauthorization legislation that is pending in both the House of Representatives and Senate.

Screening, Brief Intervention, and Referral to Treatment [SBIRT].—The Committee is pleased that SAMHSA recently included language in the SBIRT Request for Proposal to allow grantees to focus 20 percent of the funding on individuals between the ages of 12 and 18 who are seeking medical services. This will expand opportunities for health care and youth service practitioners to engage young people in preventative conversations about substance use, as well as identify and address risky use before it progresses to addiction. The Committee expects SAMHSA to continue to encourage applicants to take advantage of this allowable use of funds for 12- to 18-year-olds.

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 [SAPT] block grant. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act. The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

SUBSTANCE ABUSE PREVENTION

Appropriations, 2016	\$211,219,000
Budget estimate, 2017	211,148,000
Committee recommendation	225,219,000

The Committee recommends \$225,219,000 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 notes that youth drug use continues to be a major issue and that perceptions of harm are significantly waning. Therefore, the Committee directs that all of the money appropriated explicitly for Substance Abuse Prevention purposes both in CSAP’s PRNS lines as well as the funding from the 20 percent prevention set-aside in the SAPT Block Grant be used only for bona fide substance abuse prevention activities and not for any other purpose.

Programs of Regional and National Significance

The Committee provides \$225,219,000 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 2016 appropriation	Fiscal year 2017 request	Committee recommendation
CAPACITY:			
Strategic Prevention Framework/Partnership for Success	109,484	109,484	109,484
Strategic Prevention Framework Rx	10,000	10,000	10,000
Grants to Prevent Prescription Drug/Opioid Overdose	12,000	12,000	26,000
Mandatory Drug Testing	4,894	4,894	4,894
Minority AIDS	41,205	41,205	41,205
Sober Truth on Preventing Underage Drinking (STOP Act) ..	7,000	7,000	7,000
National Adult-Oriented Media Public Service Cam-			
paign	1,000	1,000	1,000
Community-based Coalition Enhancement Grants	5,000	5,000	5,000
ICCPUD	1,000	1,000	1,000
Tribal Behavioral Health Grants	15,000	15,000	15,000
SCIENCE AND SERVICE:			
Fetal Alcohol Spectrum Disorder			
Center for the Application of Prevention Technologies	7,493	7,493	7,493
Science and Service Program Coordination	4,072	4,072	4,072
Minority Fellowship Program	71	71	71

Combating Opioid Abuse.—The Committee provides \$26,000,000 for grants to prevent opioid overdose related deaths. 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. Of this amount, the Committee provides \$8,000,000 to prevent opioid overdose-related deaths in rural areas. People in rural communities are especially vulnerable and more likely to overdose on prescription pain killers than people in urban areas, according to the CDC. The Committee encourages SAMHSA to work with HRSA in the administration of these resources to rural areas. The Committee directs SAMHSA to ensure applicants outline how proposed activities in the grant would work with treatment and recovery communities in addition to first responders. Furthermore, the Committee provides \$10,000,000 for the Strategic Prevention Frame-

work Rx program to increase awareness of opioid abuse and misuse in communities.

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

STOP Act.—The Committee directs that all funds appropriated for STOP Act community-based coalition enhancement grants shall be used for making grants to eligible communities and not for any other purposes or activities.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriations, 2016	\$156,306,000
Budget estimate, 2017	173,886,000
Committee recommendation	148,258,000

The Committee recommends \$148,258,000 for Health Surveillance and Program Support activities. The recommendation includes \$32,428,000 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 2016 appropriation	Fiscal year 2017 request	Committee recommendation
Health Surveillance	47,258	47,258	47,258
Program Management	79,559	77,559	77,000
Performance & Quality Information Systems	12,918	12,918	10,000
Public Awareness and Support	15,571	13,482	13,000
Peer Professional Workforce Development		10,000	
Minority Fellowship Program			
Behavioral Health Workforce Data	1,000	1,000	1,000

Behavioral Health Workforce Education and Training.—The Committee transfers this program to HRSA as requested by the administration.

Minority Fellowship Program.—The Committee maintains the separate accounts for the Minority Fellowship Programs at the Center for Mental Health Services, Center for Substance Abuse Prevention, and the Center for Substance Abuse Treatment like in previous fiscal years and does not consolidate them as proposed by SAMHSA. Therefore, funding for these programs is reflected in the tables for each of the centers.

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, 2016	\$334,000,000
Budget estimate, 2017	363,698,000
Committee recommendation	324,000,000

The Committee provides \$324,000,000 for the Agency for Healthcare Research and Quality [AHRQ]. AHRQ was established in 1990 to enhance the quality, appropriateness, and effectiveness of health services, as well as access to such services. AHRQ conducts, supports, and disseminates scientific and policy-relevant research on topics such as promoting high-quality care, eliminating healthcare disparities, using information technology, and evaluating the effectiveness of clinical services.

HEALTH COSTS, QUALITY, AND OUTCOMES

The Committee provides \$184,279,000 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 2016 appropriation	Fiscal year 2017 request	Committee recommendation
Research on Health Costs, Quality, and Outcomes:			
Prevention/Care Management	11,649	11,649	11,649
Health Information Technology	21,500	22,877	16,500
Patient Safety Research	74,253	75,977	74,253
Health Services Research, Data and Dissemination	89,398	113,474	81,877

Antimicrobial Stewardship.—The Committee supports AHRQ’s efforts to develop, improve, and disseminate antimicrobial stewardship interventions to combat the ongoing and serious threat of antimicrobial resistance. AHRQ is directed to work closely with CDC, NIH, and other Federal agencies to coordinate efforts to improve the use of antibiotics in humans across hospital and community settings.

Consumer Assessment of Healthcare Providers and Systems [CAHPS].—The Committee notes that CAHPS surveys are important tools for patients to make more informed decisions about their medical care and for providers and insurers to inform quality improvement initiatives and incentives. Patient experience data in maternity care is currently not regularly and systematically collected. Therefore, the Committee urges AHRQ to expand its current set of surveys and develop a CAHPS survey for maternity care.

Effective Healthcare Program.—The Committee is aware of AHRQ’s interest in expanding the areas of focus for the Horizon Scanning System. The Committee believes it is equally important for AHRQ to improve the utility of the system by streamlining the processes by which it collects information and improving the manner and timeliness that this information is made available to the public. Therefore, the Committee requests a report from AHRQ

within 90 days of enactment regarding how it can better accomplish these objectives.

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

Healthcare-Associated Infections.—Within the Patient Safety portfolio, the Committee provides \$37,253,000, the same level as in fiscal year 2016, for healthcare-associated infection activities. Within this funding level, the Committee includes \$10,000,000 for activities as part of the CARB initiative. These funds will support the development and expansion of antibiotic stewardship programs specifically focused on ambulatory and long-term care settings. In addition, the Committee directs AHRQ to collaborate with NIH, BARDA, CDC, FDA, VA, DOD, and USDA to leverage existing resources to increase capacities for research aimed at developing therapeutic treatments, reducing antibiotic use and resistance in animals and humans, and implementing effective infection control policies.

Healthcare Delivery Systems.—Within the Patient Safety portfolio, the Committee 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.

U.S. Preventative Task Force [USPSTF].—The Committee strongly urges the Secretary to ensure greater transparency and inclusion of appropriate physician experts in the development of USPSTF recommendations. The Committee is concerned about the lack of communication with relevant stakeholders and inconsistency with recommendations by other Federal agencies or organizations. Therefore, the Committee emphasizes the need for the USPSTF to conduct outreach to relevant stakeholders, including provider groups, practicing specialists that treat the specific disease or condition under review, and relevant patient and disease advocacy organization before voting on a draft recommendation statement. To promote greater transparency, the Committee urges that any final recommendation statement include a description of comments received on the draft recommendation statement and relevant recommendations of other Federal agencies and organizations.

MEDICAL EXPENDITURES PANEL SURVEYS

The Committee provides \$68,877,000 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, 2016	\$243,545,410,000
Budget estimate, 2017	262,003,967,000
Committee recommendation	262,003,967,000

The Committee recommends \$262,003,967,000 in mandatory funding for Grants to States for Medicaid.

The fiscal year 2017 recommendation excludes \$115,582,502,000 in fiscal year 2016 advance appropriations for fiscal year 2017. As requested by the administration, \$125,219,452,000 is provided for the first quarter of fiscal year 2018.

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, 2016	\$283,171,800,000
Budget estimate, 2017	299,187,700,000
Committee recommendation	299,187,700,000

The Committee recommends \$299,187,700,000 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 \$214,944,000,000 for the Federal payment to the Supplementary Medical Insurance Trust Fund. This payment provides matching funds for premiums paid by Medicare Part B enrollees.

The Committee further provides \$82,512,000,000 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 \$405,000,000 to be transferred to the Supplementary Insurance Trust Fund as the

general fund share of Part D administrative expenses. The Committee recommendation includes \$299,000,000 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, 2016	\$3,669,744,000
Budget estimate, 2017	4,109,549,000
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 continues to prioritize mental health treatment and services and provides an increase within the bill for these programs. The Committee provides an increase of \$30,000,000 for the Mental Health Block Grant at SAMHSA as well as \$50,000,000 to expand mental health services in Community Health Centers around the Nation. While these programs remain fundamental components of the mental and behavioral health system, the Committee notes that without access to these services, many Americans suffering from mental or behavioral health issues will continue to go untreated. The Committee strongly urges CMS to pursue initiatives that expand access to quality care and increase parity for mental health services.

Adult Immunization Quality Measures.—The Committee is aware that CMS is working to close gaps in quality measures to improve care delivery and patient outcomes, including reducing racial and ethnic health disparities. Adult immunization quality measures are one area where more work is needed as noted in the August 2014, the National Quality Forum [NQF] report entitled “Priority Setting for Healthcare Performance Measurement: Addressing Performance Measure Gaps for Adult Immunization”. The Committee recommends CMS partner with the Core Measures Collaborative and NQF’s Measure Application Partnership to address the current gaps in adult immunization measures and ensure the reflect current best practices. The Committee requests a report from CMS no later than 18 months following enactment on the steps the agency

has taken to expand and improve quality measures applicable to adult immunization under Medicare and Medicaid, including an action plan to disseminate measures to enable widespread adoption.

Air Ambulance Services and Payment Structures.—The Committee directs the GAO to submit a report to the Committees on Appropriations of the House of Representatives and the Senate no later than 12 months after the enactment of this act on air ambulance services and payment structures. The report should include analysis of the following costs: maintenance of aircrafts; medical supplies; fuel; employee expenses; recurring training relating to aviation, maintenance, communication, and clinical; rent and utilities; communications; travel; hull and aviation liability insurance, life insurance, and professional malpractice insurance; marketing; supplies; overhead support; aircraft ownership expenses; safety enhancement capital costs; and safety enhancement recurring costs, as well as the amounts charged to individuals who utilize these services. The report should reflect regional, State, demographic, and urban/rural/super rural differences; coverage maps for rotor and fixed winged services; number of providers vs. number of transports over the last decade broken out by year and by region; health plans accepted, including Medicare, Medicaid, and stand-alone air medical transport insurance, and type and amount of coverage; number of air ambulance providers that accept Medicare reimbursement, number of carriers that in network agreements with health insurance providers, and out of network carriers; whether health insurance, including Medicare and Medicaid, reimbursements cover costs and which air ambulance providers balance bill those receiving services; differences in rates, costs, and frequency for transports from accident sites in comparison to rates, costs, and frequency for facility-to-facility transports; differences in emergency rates, costs, and frequency in comparison to non-emergency, or chartered, rates, costs, and frequency; evaluate costs/reimbursement rates relative to quality of aircraft and services provided; and startup costs and fixed and variable costs. Finally, the report should also include analysis of the disproportionate share of super-rural air ambulance utilization as a ratio of all super-rural ambulance usage in comparison to rural air ambulance utilization as a ratio of all rural ambulance usage, including the factors leading to an increased super-rural proportion of use of air ambulance services and whether the increased use is justified.

Ambulance Moratorium.—The Committee supports CMS' efforts to extend home health and ambulance moratoriums to curb and prevent waste, fraud, and abuse. The Committee encourages CMS to continue to ensure patients have appropriate access to care while weighing additional extensions.

American Board of Interventional Pain Physicians [ABIPP].—The ABIPP has extensive training requirements and a credentialing process that requires primary board certification from the American Board of Medical Specialties [ABMS]. The Committee encourages CMS to consider ABIPP specialty certification as equivalent to certifications recognized by ABMS, including, but not limited to accreditation, licensing, participation in Managed Care Organizations and Accountable Care Organizations and privileges to practice interventional pain management.

Appropriate Use Criteria [AUC] for Certain Imaging Services.—In section 218(b) of Public Law 113–93, Congress instructed CMS to promote the use of AUC for certain imaging services in the Medicare program. This language was intended to support the study and adoption of clinical decision support systems, which can be integrated into electronic health records. In seeking to implement section 218(b), the Committee encourages CMS to focus on consultation with clinical guidelines when ordering advanced imaging tests before instituting prior authorization. The Committee encourages CMS to continue to support the use of AUC by closing knowledge gaps with health care professionals on how to apply AUC when choosing an imaging text.

Assistive Technology Act Programs Reutilization Program.—The Committee is encouraged that several State Medicaid Programs have developed assistive technology and durable medical equipment reuse programs. These programs retrieve and refurbish devices that were purchased with Medicaid funds, but are no longer being used by Medicaid recipients or other sources. Refurbished equipment may be reassigned to Medicaid members as a priority or to other eligible individuals who are disabled or elderly. CMS should encourage State Medicaid programs to partner with State Assistive Technology Act Programs to develop and implement reutilization programs with a goal of containing Medicaid costs.

Cancer Screening Technologies.—The Committee believes it is critical for Medicare beneficiaries to have access to high-quality preventive services, including innovative cancer screening tests. To help maintain robust access to quality preventive cancer care, the Committee requests that CMS, when considering Medicare quality measurements, work with stakeholders, as appropriate, to ensure that cancer screening technologies are reviewed in a timely manner.

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.

Complex Rehabilitation Technology.—The Committee encourages CMS to ensure that individuals with severe disabilities, including those with cerebral palsy, muscular dystrophy, multiple sclerosis, and spinal cord injuries, who are entitled to Medicare benefits have adequate information on how to access complex rehabilitation technology that appropriately addresses their unique needs.

Critical Access Hospitals [CAH].—The Committee is disappointed that the administration continues to propose eliminating CAH status from facilities located less than 10 miles from another hospital and reducing the reimbursement rate from 101 percent to 100 percent of reasonable cost. A recent Health Affairs study reviewed the

impact of similar minimum distance requirements and found that currently 37.6 percent of CAHs had a negative operating margin, and if such a distance requirement went into effect, it would rise to 75.6 percent. If a CAH lost its designation, it would be forced under the applicable prospective payment systems which are designed for larger facilities, not small, low volume rural hospitals. The results of the study underscore the importance of factoring clinical expertise, physician distribution, availability of telehealth, sufficient volume to maintain key services, and the needs of underserved populations. Coupled with over regulation, decreased reimbursements, and workforce shortages, CAHs would be forced to close without their designation, causing patients to travel farther, forego preventative care, and ultimately cost more in CMS healthcare expenditures.

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 Technologies.—Diabetes technologies known as continuous glucose monitors [CGM] have been shown in clinical trials to improve health care outcomes of people with type 1 diabetes and reduce the risk of low blood sugar emergencies which can lead to hospitalizations. These technologies are recommended by national diabetes guidelines and covered by 95 percent of private health plans. Medicare, however, does not cover CGM technologies, leaving seniors vulnerable. The Committee encourages Medicare to modernize its policies to cover CGM technologies to ensure access for those with type 1 diabetes or those entering Medicare who have benefitted from the technology under their prior health plan.

Electrodiagnostic Tests.—The Committee requests an update from CMS submitted to the Committees on Appropriations of the House of Representatives and the Senate on the three recommendations proposed by the 2014 OIG Report: “Questionable Billing for Medicare Electrodiagnostic Tests”.

Evaluation and Management Research.—The Committee recognizes that both traditional and innovative payment models rely on traditional fee-for-service as a foundation for physician payment. The existing outpatient evaluation and management service codes do not adequately capture the range of outpatient evaluation and management work performed by cognitive physicians. The Committee encourages CMS to commission the research necessary to understand, on the basis of newly collected data, what occurs during and following an outpatient evaluation and management service. Once complete, CMS should use these findings to develop new outpatient service codes and the associated documentation requirements. This research model can then be used to revise the other evaluation and management code families. The Committee expects a report submitted to the Committees on Appropriations of the House of Representatives and the Senate on the status of this research in the fiscal year 2018 CJ.

Graduate Medical Education [GME].—Communities throughout the country, particularly those in rural areas, struggle with physician shortages, particularly with access to primary care and mental

health care. GME serves as the final step in a physician's training, and Medicare provides the majority of public financing for GME. The Committee is concerned that current public financing for GME does not adequately address the needs of all communities or the changing demands of the health care system. The Committee directs CMS to submit a report to Congress, no later than 180 days after the enactment of this act, on what steps can be taken under current law to address physician shortages.

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 2018.

Home Dialysis.—The Committee encourages CMS to review, streamline, and update the Medicare Administrative Contractor waiver requirements to incorporate a fair and transparent process to granting waivers for use of remote monitoring and management technologies. The Committee requests a report on the status of the review and update process within 180 days of the enactment of this act.

Intrathecal Pain Pumps.—The Committee is concerned that recent 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. Therefore, the Committee directs the Secretary, in consultation with relevant stakeholders, to conduct a study of the effect of this billing practice change on patient access in these States. The Secretary shall submit the report within 6 months after enactment of this act to the Committees on Appropriations of the House of Representatives and the Senate with recommendations rectifying any identified limits to patient access to intrathecal pain pump medication.

Medicare Advantage.—The Committee is 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. However, where there is high enrollment in Medicare Advantage, a relatively large proportion of Medicare beneficiaries without Part B coverage, and relatively lower fee-for-service costs, Medicare Advantage reimbursement rates may be better based on the per capita cost of coverage to beneficiaries enrolled in both Medicare Parts A and B. The Committee encourages CMS to consider more accurate adjustments for fiscal year 2018.

Out of Network Emergency Care.—The Committee believes that beneficiary protections are important to reduce the financial expo-

sure of patients who receive emergency care outside of their insurance network. The Committee is concerned that the Center for Consumer Information and Insurance Oversight [CCIIO] has not provided sufficient clarity on how to determine the “Usual, Customary & Reasonable” [UCR] amount and encourages that CCIIO publish clarifying guidance.

Part D Billing of Vaccines.—The Committee is aware that Medicare Part B covers vaccines for several serious vaccine-preventable diseases, including influenza, pneumonia, and Hepatitis B for at-risk patients. However, a growing number of other vaccines are only covered under Medicare’s pharmacy benefit, which can be challenging and burdensome for Part B providers to bill. This can impede beneficiary access to the full complement of vaccines recommended by the Advisory Committee on Immunization Practices. The Committee encourages CMS to prioritize the establishment and deployment of a Web-based system to facilitate access to information regarding Part D coverage criteria for vaccines and streamline billing for Part D vaccines. Such a system should reduce administrative burdens by enabling physicians to search plan coverage and allow electronic submission claims for vaccines and vaccine administration directly to Part D plans. The Committee requests a report within 1 year of enactment submitted to the Committee detailing implementation, including health care professional education efforts among health care professionals and utilization rates of recommended Part D vaccines among Medicare beneficiaries.

Pre-Dispute Arbitration SNF.—The Committee is aware that CMS has proposed regulations that would restrict or prohibit pre-dispute arbitration agreements in skilled nursing facilities. The Committee urges CMS to more thoroughly study the impact of restricting pre-dispute arbitration agreements before taking further action.

Prosthetic Coverage.—The Committee recognizes that Medicare payments for all prosthetics, and especially the newer advanced technologies, have declined over each of the years 2010–2014. The Committee encourages CMS to consult broadly with clinicians, patient groups, and the prosthetics field regarding revisions to the draft Local Coverage Determination, prior to publishing an updated draft policy for public comment.

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 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.

Relative Values Under the Medicare Physician Fee Schedule.—The Committee encourages the Secretary to increase the representation of actively practicing board certified primary care physicians on any advisory board, working group, task force or panel that is charged with formulating recommendations to any annual updates involving physician work standards.

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.

Robotic Stereotactic Radiosurgery.—The Committee was encouraged by CMS' decision to reverse the National Correct Coding Initiative [NCCI] procedure edit regarding the provision of robotic radiosurgery. With this decision, CMS recognizes the safety and value of dosimetry calculations in radiation oncology. However, the Committee remains concerned that the cuts to robotic stereotactic radiosurgery threatens its viability in both the hospital and freestanding center setting. The Committee encourages CMS not to make further changes to these services in the freestanding center as CMS complies with Public Law 114–115.

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 out on routine preventative care which will end up increasing healthcare costs in the long run. The Committee continues to direct CMS to work with HRSA's Office of Rural Health and provide an update in the fiscal year 2018 CJ on actions taken to alleviate the disproportionate impact of regulations, reimbursement cuts, and workforce issues on rural hospitals.

Smart Medicare Card.—The Committee encourages CMS to continue to explore smart card technology for Medicare beneficiaries and providers to increase quality of care, reduce identity theft, and increase the accuracy of Medicare billing.

Third Party Premium Assistance.—The Committee remains concerned that CMS guidance on qualified health plan third party payment remains unclear and is being interpreted as prohibiting premium assistance by nonprofit organizations. CMS is encouraged to continue to clarify language and consider outlining specific instances when third-party payment premium assistance should be accepted.

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.—Under Public Law 114–10, Congress prohibits the use of Social Security numbers on Medicare beneficiary cards. The Com-

mittee urges CMS to work expeditiously to remove Social Security numbers from Medicare cards as directed in Public Law 114–10. The Committee directs CMS to provide an update on the progress of this initiative in their fiscal year 2018 CJ.

Vial Size.—Within 90 days of enactment of this act, CMS shall enter into an agreement with the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine [the Academies] to conduct a study on the Federal healthcare costs, safety, and quality concerns associated with discarded drugs that results from weight-based dosing of medicines contained in single-dose vials. As part of this study, the Academies should assess factors such as patient safety; storage/shipping issues; FDA guidance; CDC guidelines to biopharmaceutical manufacturers; and the Federal cost of discarded drugs. Stakeholders, including CMS, FDA, CDC, DOD, IHS, VA, specialty physicians [including rural practitioners], specialty clinics [including rural clinics], patient groups, biopharmaceutical manufacturers, health insurance companies, and healthcare distributors/wholesalers shall be consulted. The Committee directs this report, which shall include recommendations to Congress, to be submitted to the Committees on Appropriations of the House of Representatives and the Senate no later than 12 months after the contract date.

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, 2016	\$681,000,000
Budget estimate, 2017	725,000,000
Committee recommendation	725,000,000

The Committee recommends \$725,000,000, 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 is recovered by the Treasury. By utilizing the cap adjustment provided in the Budget Control Act, the Committee recommendation will create over \$10,200,000,000 in savings to the U.S. Treasury over 10 years.

The Committee recommendation includes a base amount of \$311,000,000 and an additional \$414,000,000 through a budget cap

adjustment authorized by section 251(b) of the Balanced Budget and Emergency Deficit Control Act of 1985.

Senior Medicare Patrol Program.—The bill includes language to fully fund the Senior Medicare Patrol Program administered through the Administration for Community Living from the level provided in this account.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

Appropriations, 2016	\$2,944,906,000
Budget estimate, 2017	3,010,631,000
Committee recommendation	3,010,631,000

The Committee recommendation includes \$3,010,631,000 in fiscal year 2017 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 2018.

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, 2016	\$3,390,304,000
Budget estimate, 2017	3,000,304,000
Committee recommendation	3,390,304,000

The Committee recommendation includes \$3,390,304,000 for LIHEAP, which provides home heating and cooling assistance to low-income households, generally in the form of payments to energy vendors on behalf of the recipient. Within the total, the Committee recommendation includes up to \$2,988,000 for program integrity and oversight efforts.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2016	\$1,674,691,000
Budget estimate, 2017	2,249,860,000
Committee recommendation	1,674,691,000

The Committee recommends \$1,674,691,000 for Refugee and Entrant Assistance programs. These programs provide a variety of benefits and services to refugees, asylees, Cuban and Haitian entrants, immigrants arriving on Special Immigrant Visas, trafficking victims, and torture victims (collectively referred to below as "refugees"). These programs also provide temporary care and services for unaccompanied children apprehended by the Department of Homeland Security or other law enforcement agencies, who have no lawful immigration status in the United States until they can be placed with a parent, guardian, or other sponsor while awaiting adjudication of their immigration status.

Transitional and Medical Services

The Committee recommendation includes \$490,000,000 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.

The Committee notes that there is considerable uncertainty in the estimates of costs for this program, which depend heavily on the number of refugees admitted and entering the United States, as well as estimates of financial, medical, and foster care costs of arriving refugees. In addition, there are significant prior-year unobligated balances available within ORR that may be used for the TAMS program. Congress has provided extended availability for funds appropriated in this account specifically to account for uncertainties in this program. The Committee will consider future funding needs as more data becomes available.

Victims of Trafficking

The Committee recommendation includes \$18,755,000 for Victims of Trafficking programs. These programs support a national network of organizations that provide a variety of services—including case management, counseling, benefit coordination, and housing assistance—for victims of commercial sex and forced labor trafficking.

Within the total, the Committee recommendation includes \$13,000,000 for services for foreign national victims, and \$5,755,000 to improve services available for U.S. citizens and legal permanent residents, the same as the fiscal year 2016 funding levels. The Committee recommendation also includes continued funding for a national human trafficking resource center, and includes bill language clarifying that funds can continue to be used for these activities.

Social Services

The Committee recommendation includes \$155,000,000 for Social Services programs for refugees. These funds include both formula and discretionary grants to States and nonprofit organizations to provide a variety of employment and support services to recently arrived refugees.

Preferred Communities.—The Committee is encouraged that ORR integrates long-term intensive case management services for vulnerable refugee populations and secondary migrants through the Preferred Communities Program. Extended case management services help to ensure refugees achieve self-sufficiency and integrate into their new communities.

Preventive Health

The Committee recommendation includes \$4,600,000 for Preventive Health services for refugees. This program funds competitive grants to States to provide newly arrived refugees health orientation and education services, referrals for medical and mental health services, and access to ongoing healthcare.

Targeted Assistance

The Committee recommendation includes \$47,601,000 for the Targeted Assistance program. This program provides additional funds to States and counties with the greatest number of refugee arrivals and high concentrations of refugees facing difficulties achieving self-sufficiency.

Unaccompanied Children

The Committee recommendation includes \$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.

Similar to the TAMS program, there is considerable uncertainty in the estimates of costs for this program, which depend heavily on the number of unaccompanied children coming to the United States and referred to HHS. There are also significant prior-year unobligated balances available for use under this program that may be used in fiscal year 2016 and 2017. The amount of unobligated balances available in fiscal year 2017, which will directly impact the amount of new budget authority needed for fiscal year 2017, will depend on costs in fiscal year 2016, for which there is also considerable uncertainty. The Committee will consider future funding needs for this program as more data becomes available.

The Committee notes that HHS is responsible for providing post-release services, including home visits, for certain children it places with a sponsor pending adjudication of their immigration status. The Committee strongly encourages HHS to continue efforts to improve its process for providing post-release services to ensure that children are placed in safe, appropriate environments.

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, 2016	\$2,761,000,000
Budget estimate, 2017	2,961,672,000
Committee recommendation	2,786,000,000

The Committee recommends \$2,786,000,000 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 CCBDG Act of 2014 included a new set-aside requiring States to reserve a specified percentage of funding for improving the quality of infant and toddler child care. This replaces a similar set-aside previously included in appropriations language. Accordingly, the Committee recommendation removes the set-aside previously included in appropriations language.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2016	\$1,700,000,000
Budget estimate, 2017	1,700,000,000
Committee recommendation	1,700,000,000

The Committee recommends \$1,700,000,000 in mandatory funds for the SSBG, a flexible source of funding that allows States to provide a diverse array of services to low-income children and families, the disabled, and the elderly.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 2016	\$11,234,268,000
Budget estimate, 2017	11,725,057,000
Committee recommendation	11,214,935,000

The Committee recommends \$11,214,935,000 for Children and Family Services programs. These funds support a variety of programs for children, youth, and families; Native Americans; victims of child abuse, neglect, and domestic violence; and other vulnerable populations.

The Committee directs the Department, in conjunction with the Department of Education, to conduct the review of all federally funded early childhood education programs required by section 9213 of the Every Student Succeeds Act, to develop a plan for the elimination of overlapping programs, determine if activities conducted by States using grant funds from Race to the Top and Preschool Development Grants have led to a better utilization of resources, and make recommendations to Congress for streamlining all such programs.

Head Start

The Committee recommendation includes \$9,203,095,000 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 recommendation includes a \$35,000,000 increase to support increases for all current Head Start programs which will help programs keep up with costs, recruit and support highly qualified staff, maintain enrollment levels, and continue to provide high-quality, comprehensive services for children and families.

Within the total for Head Start, in addition to funds otherwise available for Early Head Start, the Committee recommendation includes \$635,000,000, the same as the fiscal year 2016 level, to support the continuation of 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 also includes up to \$25,000,000, the same as the comparable fiscal year 2016 level and the budget request, for transition-related costs associated with the Head Start Designation Renewal System [DRS]. HHS is in the process of evaluating the DRS, including its validity, its sensitivity in differentiating lower performing programs from higher performing programs, and its role in improving the quality of Head Start programs. The Committee looks forward to the results of this evaluation. In addition, the Committee encourages HHS to continue to consider the unique challenges faced by Head Start grantees in remote and frontier areas when reviewing such grantees' compliance with health and dental screening requirements as part of the DRS.

The Committee continues to support efforts to expand the duration of Head Start services. Research increasingly indicates that expanding the duration of services, including lengthening the school day and school year, is critical to increasing and sustaining the benefits of early childhood programs. However, the Committee directs HHS to ensure that as part of the effort to expand the duration of services, grantees continue to have flexibility to meet the needs of their local 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.

Preschool Development Grants

The Committee recommendation includes \$250,000,000 for Preschool Development Grants. The Every Student Succeeds Act moves this program from the Department of Education to HHS, and the Committee recommendation is consistent with that move. Funding for Preschool Development Grants in fiscal year 2016 is shown in HHS for comparability.

The Preschool Development Grants program provides competitive grants to States to develop or expand preschool programs for 4-year olds from low- and moderate-income families. This fiscal year 2017 funding will support the continuation costs for the fourth and final year of existing State grants.

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.

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. This survey provides critical, nationally representative, longitudinal data on children who have been involved in State child protective services programs. This helps examine the current characteristics and needs of children and families involved with child

protective services, and evaluate the impact of interventions to improve child and family well-being.

Adoption Opportunities

The Committee recommends \$39,100,000 for the Adoption Opportunities program. This program funds discretionary grants to help facilitate the elimination of barriers to adoption and provide technical assistance to help States increase the number of children adopted, particularly children with special needs.

The Committee encourages ACF to fund activities to improve hospital-based adoption support services for pregnant and expectant mothers, including training for hospital staff and doctors. Such activities would 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 adoptions of children from the foster care system, with an emphasis on children who are the hardest to place.

Social Services and Income Maintenance Research

The Committee recommends \$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 \$50,000,000 for Native American programs. These funds support a variety of programs to promote self-sufficiency and cultural preservation activities among Native American, Native Hawaiian, Alaska Native, and Pacific Islander organizations and communities.

Within the total, the Committee recommendation includes \$12,000,000 for Native American language preservation activities, including no less than \$4,000,000 for Native American language nests and survival schools, as authorized by sections 803C(b)(7)(A)–(B) of the Native American Programs Act. The Committee directs HHS to give priority to programs with the most rigorous immersion programs.

Community Services Block Grant

The Committee recommendation includes \$715,000,000 for the Community Services Block Grant [CSBG]. The CSBG is a formula grant to States and Indian tribes to provide a wide range of services to alleviate causes of poverty in communities and to assist low-income individuals in becoming self-sufficient. States are required to pass on at least 90 percent of these funds to local community-based organizations, the vast majority of which are community action agencies.

Community Economic Development

The Committee recommendation does not include funding for the Community Economic Development [CED] program, as proposed by the administration. The President's budget proposed eliminating this program because it is similar or duplicative of programs administered by other agencies, including the Department of Treasury.

Rural Community Facilities

The Committee recommendation does not include funding for the Rural Community Facilities program, as proposed by the administration. The President's budget proposed eliminating this program because it is similar or duplicative of programs administered by other agencies, including the Department of Agriculture and Environmental Protection Agency.

Assets for Independence

The Committee recommendation does not include funding for the Assets for Independence program. This program was created in 1998 as a demonstration program to test the impact of individual development accounts on a range of outcomes for low-income individuals and families.

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 \$151,000,000 for Family Violence Prevention and Services programs. These funds support programs to prevent family violence and provide immediate shelter and related assistance for victims of domestic violence and their dependents.

Chafee Education and Training Vouchers

The Committee recommendation includes \$43,257,000 for the Chafee Education and Training Voucher program. This program supports vouchers to foster care youth to help pay for expenses related to postsecondary education and vocational training.

Disaster Human Services Case Management

The Committee recommends \$1,864,000 for Disaster Human Services Case Management. This program assists States in establishing the capacity to provide case management services in a timely manner in the event of a disaster. It ensures that States are able to meet social service needs during disasters by helping disaster victims prepare recovery plans, referring them to service providers and FEMA contacts to identify needed assistance, and providing ongoing support and monitoring through the recovery process.

Program Administration

The Committee recommendation includes \$205,000,000 for the Federal costs of administering ACF programs.

CHILDREN'S RESEARCH AND TECHNICAL ASSISTANCE

Appropriations, 2016	
Budget estimate, 2017	\$10,000,000
Committee recommendation	

The Committee recommendation does not include new discretionary funding for Children's Research and Technical Assistance. This program receives dedicated mandatory funding to carry out authorized activities.

PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 2016	\$404,765,000
Budget estimate, 2017	424,765,000
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 expires in fiscal year 2016. Mandatory funding for certain activities within this account are not assumed to continue in the CBO baseline. Accordingly, the Committee recommendation does not include funding for those activities.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriations, 2016	\$5,298,000,000
Budget estimate, 2017	5,764,000,000
Committee recommendation	5,764,000,000

The Committee recommends \$5,764,000,000 in mandatory funds for Payments for Foster Care and Permanency. In addition, the Committee recommends \$2,500,000,000 in advance mandatory funding for the first quarter of fiscal year 2018. These funds support programs that assist States with the costs of maintaining eligible children in foster care, prepare children for living on their own, assist relatives with legal guardianship of eligible children, and find and support adoptive homes for children with special needs.

The Committee notes that older youth in the foster care system or aging out of the foster care system have extremely high rates of homelessness. There are many steps that State and local child welfare agencies can take to help prevent homelessness for these youth, and to help prevent child abuse and neglect, including extending foster care payments for youth up to age 21 and better coordinating with programs supported by the Department of Housing

and Urban Development, the Department of Labor, and the Department of Education. The Committee strongly encourages HHS to provide States and localities with guidance and examples of best practices for using extended foster care payments to help maintain housing stability. The Committee further encourages HHS to develop, in coordination with the U.S. Interagency Council on Homelessness, comprehensive guidance on transition planning for youth exiting the foster care system including lessons from the Youth At Risk of Homelessness Planning Grants; best practices regarding seeking legal permanency and permanent connections to caring adults for youth nearing the end of eligibility for foster care; example transition plans; and guidance about the Federal funding sources available to assist with the transition process for youth exiting foster care including housing and supportive services such as tenancy supports, basic living skills development, behavioral health, and connections to education and employment. The Committee directs HHS to report to the House and Senate Committees on Appropriations within 120 days of enactment of this act on the actions it has taken, as well as future actions it will undertake, to implement these directives.

Ensuring Timely Mental Health Screenings and Assessments for Children in Foster Care.—The Committee strongly encourages HHS to provide guidance to States to improve mental health screenings and services for children in foster care. Specifically, the Committee strongly encourages HHS to require, as part of the State plan required under section 422 of the Social Security Act, that a child receives an initial health screening within 30 days of entry into foster care and, if an initial mental health issue is identified, the child receives a comprehensive assessment in mental health within 60 days.

ADMINISTRATION FOR COMMUNITY LIVING

AGING AND DISABILITY SERVICES PROGRAMS

Appropriations, 2016	\$1,992,550,000
Budget estimate, 2017	2,020,994,000
Committee recommendation	1,935,435,000

The Committee recommends an appropriation of \$1,935,435,000 for the Administration for Community Living [ACL]. The Committee recommendation also 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.

The Committee understands that ACL has proposed to expand the administrative capacity of the formula grant programs by transferring up to 2 percent from the State grants to support new staff. The Committee recognizes that this additional capacity may enhance program oversight and performance. However, the Committee is concerned about the disproportionate impact the transfer may have on grantees in the smaller formula programs, particu-

larly those authorized under the Development Disabilities Assistance and Bill of Rights Act. The Committee urges ACL to more thoughtfully examine the impact of the proposed transfer on the smaller programs before taking further action.

Home- and Community-Based Supportive Services

The Committee recommends an appropriation of \$347,724,000 for the Home- and Community-Based Supportive Services program. This program provides formula grants to States and territories to fund a wide range of social services that enable seniors to remain independent and in their homes for as long as possible. State agencies on aging award funds to designated area agencies on aging that, in turn, make awards to local service providers. This activity supports services such as transportation, adult day care, physical fitness programs, and in-home assistance such as personal care and homemaker assistance. The Committee directs ACL to work with States to prioritize innovative service models, like naturally occurring retirement communities [NORCs], which help older Americans remain independent as they age. The Committee notes that NORCs, and similar settings, are a more cost-effective alternative to long-term care that enables older Americans to be more engaged in their communities while living at home.

Preventive Health Services

The Committee recommends \$19,848,000 for Preventive Health Services. This program funds activities such as medication management and enhanced fitness and wellness programs. These programs help seniors stay healthy and avoid chronic disease, thus reducing the need for costly medical interventions. The Committee maintains bill language that requires States to use these funds to support evidence-based models that enhance the wellness of seniors.

Protection of Vulnerable Older Americans

The Committee recommends \$20,658,000 for grants to States for the Long-term Care Ombudsman program and the Prevention of Elder Abuse program. Both programs provide formula grants to States to prevent the abuse, neglect, and exploitation of older individuals. The ombudsman program focuses on the needs of residents of nursing homes and other long-term care facilities, while the elder abuse prevention program targets the elderly community at large.

National Family Caregiver Support Program

The Committee recommends \$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 \$7,531,000 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 \$448,342,000 for congregate nutrition services and \$226,342,000 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 \$26,158,000 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 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, an increase of \$2,000,000 above fiscal year 2016, 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.

Elder Justice Initiative.—The Committee is aware of the work being carried out by the Elder Justice Coordinating Council [EJCC], where the Department is a permanent member, and remains supportive of efforts to help protect older adults from all forms of abuse, including through increasing public awareness to

occurrences of elder abuse and the dissemination of information about how members of the public may obtain services. Through the work of the EJCC, the Committee encourages the Department of Justice to work with the Secretary of the HHS, and other relevant agencies, to develop a national elder justice awareness campaign.

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

Due to budget constraints, the Committee recommendation does not include funding for the State Health Insurance Assistance Program. The Committee expects ACL, in coordination with CMS and States, to continue to provide accurate and understandable health insurance information to Medicare beneficiaries and their families through existing HHS programs that support these activities.

Paralysis Resource Center

The Committee recommendation includes \$7,700,000 for the Paralysis Resource Center, which provides comprehensive information and referral services to people living with paralysis and their families. These resources and services focus on the promotion of independence and quality of life for the over 6,000,000 Americans living with paralysis.

Limb Loss

The Committee provides \$2,810,000 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.

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 2016 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.

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 provides \$575,000 for technical assistance and training for the State Councils on Developmental Disabilities.

Transportation.—The Committee includes \$1,000,000 to fund transportation assistance activities for older adults and persons with disabilities. These activities should focus on the most cost-effective and sustainable strategies that can be replicated to other communities. 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 will also allow 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.

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 supports 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 the NIDILRR to continue to support research and activities that help older or disabled adults, including those in rural and tribal communities, to increase, maintain, or improve their functional capabilities. To that end, the Committee supports increased investment in university research to harness technological advances that improve health, 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 develop technologies that allow for independent living, seek to address aging and disabled populations, and target rural, frontier, and tribal communities as they stand to benefit the most from home and community-delivered technologies that reduce isolation, increase safety and well-being, prevent falls and related injuries, and maximize mobility.

Assistive Technology

The Committee recommendation includes \$32,000,000 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.

The Committee also includes report language directing CMS to work with ACL to encourage Assistive Technology Reutilization programs at the State level.

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.

Muscular Dystrophy.—The Committee is aware that the ACL is included in the Muscular Dystrophy Coordinating Committee under the Muscular Dystrophy CARE Act Amendments enacted in September 2014. The Committee supports programs and initiatives focused on the transitions of persons with Duchenne into adulthood. The Committee requests a report within 180 days of enactment of this act on the administration’s plans to conduct comprehensive studies focused on demonstrating the cost-effectiveness of independent living programs and supports for persons living with various forms of muscular dystrophy.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2016	\$520,837,000
Budget estimate, 2017	544,890,000
Committee recommendation	509,747,000

The Committee recommends \$509,747,000 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.—Although many medical organizations recommend early documented diagnosis and prompt treatment of Alzheimer’s to assure safety and provide timely advice to patients and their families, several studies have concluded that many physicians lack sufficient training and experience in assessing and treating Alzheimer’s disease. The Committee directs the Secretary to plan and implement a comprehensive outreach and education campaign directed at physicians, practitioners, patients, and caregivers with a goal of increasing information going to pa-

tients who are members of racial and ethnic minority groups. The campaign shall include dissemination of the following information: (1) Early detection and diagnosis of Alzheimer's confers many benefits; (2) What the criteria and guidelines are for diagnosis of Alzheimer's disease; (3) Comprehensive care planning improves the quality of long term Alzheimer's outcomes and may slow or prevent cognitive impairment, improve management of accompanying chronic conditions, increase access to medical and non-medical treatment, provide access to support services, allow time for financial planning and building a care team, and increase treatment options such as enrollment in clinical trials; and (4) Any other information the Secretary determines appropriate.

The information from the comprehensive Alzheimer's education initiative shall be posted on the Web sites of relevant Federal agencies, including OWH, OMH, and the Office of Rural Health Policy, and shared with providers and advocacy organizations. The campaign shall not specify, or be designed as a tool to limit the health care providers available to patients. In developing the information to be disseminated, the Secretary shall consult with appropriate medical societies and patient advocate organizations for Alzheimer's disease, and with patient advocate organizations representing racial and ethnic minority groups with a special emphasis on African American and Hispanic populations.

The Committee directs the Secretary to submit to the Committees on Appropriations of the House of Representatives and Senate, the Committee on Finance of the Senate, and the Committee on Ways and Means and the Committee on Energy and Commerce of the House of Representatives an annual report describing the activities carried out under this section during the preceding fiscal year, and an evaluation of the extent to which such activities have been effective in improving the health and well-being of racial and ethnic minority groups.

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 urges 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 2018 CJ a detailed update on the progress being made to implement the CARB national strategy.

Antimicrobial Usage, Risks, and Prevention.—The Committee is deeply concerned about the continued misuse of dangerous chemicals and unapproved animal drugs in aquaculture production in developing countries. Findings highlighted in a November 30, 2008, report by the Food and Drug Administration [FDA] cited clear sci-

entific evidence that the application of certain compounds during the various stages of production may result in carcinogenic, mutagenic and other negative effects to human health. The Secretary, in coordination with FDA, CDC, and other relevant Federal agencies, is directed to submit to the Committees on Appropriations within 180 days after enactment of this act a report on the current risks of unapproved substances used in foreign imported aquaculture and an updated assessment of the human health impacts associated with these risks.

Breast Cancer Patient Education Campaign.—The Committee continues to prioritize education and awareness related to breast cancer and appreciates that this remains a priority for the Secretary. The Committee encourages the Secretary to continue updating outreach materials designed to inform breast cancer patients anticipating surgery about the availability and coverage of breast reconstruction, prostheses, and other options, with a focus on informing patients who are members of racial and ethnic minority groups.

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 begin implementation efforts across all relevant HHS agencies and in coordination with the DOD and VA.

Dietary Guidelines.—The Committee encourages HHS to work with related agencies to ensure that Dietary Guidelines are consistent with Federal nutrition policy, education, outreach, and food assistance programs. The Department should include an update on these efforts in its fiscal year 2018 CJ.

E-Health and Telemedicine.—The Committee encourages the Secretary to convene a national working group on e-health and telemedicine to communicate, coordinate, and collaborate on e-health needs, standards, Federal goals, and Federal efforts. Such a working group would reduce duplication and e-health incompatibility, as well as improve health quality, effectiveness, and outcomes.

Federal Anaphylaxis Policy.—The Committee recognizes that immediate access to epinephrine is the primary and most effective treatment for anaphylaxis. It is also critically important that epinephrine be readily available wherever allergic triggers for anaphylaxis are present. Access to epinephrine auto-injectors within the first 5 minutes of an anaphylactic event can be life-saving. The Committee encourages Federal Occupational Health to engage with patient groups, healthcare professionals and manufacturers to develop recommendations for a program to address treatment for anaphylaxis in Federal buildings, parks, and other federally controlled facilities.

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, the NCI, the 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—including NCATS—jointly coordinate global health research activities with specific measurable metrics used to track progress toward agreed upon health goals.

Guidance Documents.—The Committee notes that some have raised concerns about the Department’s use of guidance documents, including Dear Colleague letters, because such documents are not legally binding, but regulated entities may interpret them as such. Accordingly, the Committee recommendation includes new directives in the overview section of the Committee report for each of the Departments and agencies included in this bill relating to the use of guidance documents.

High-Containment Transport.—The need to transport patients quickly, safely, and without transmitting highly infectious diseases was an identified need during the 2014 Ebola outbreak. The Committee requests a report within 180 days after enactment of this act on how the Department is preparing for other events that may require the transport of highly contagious patients.

Nonrecurring Expenses Fund [NEF].—The Department is directed to include in its fiscal year 2018 CJ the amount of expired unobligated balances available for transfer to the NEF and the amount of any such balances transferred to the NEF. This should include actual or estimated amounts for the prior, current, and future budget years. The description should include specific projects, costs, project total cost, and years expected to complete as well as the specific projects supported in the current year.

Open Access to Federal Research.—The Committee has received reports by the Office of Science and Technology Policy’s [OSTP] on the progress of all Federal agencies in developing and implementing policies to increase public access to Federally funded scientific research. The Committee is pleased by the progress, but previously instructed OSTP to have plans approved from all relevant Departments’ and Agencies’ plans in this act’s jurisdiction approved by the end of calendar year 2014 with implementation occurring by January 1, 2016. Agencies funded in this act are instructed to continue providing quarterly reports to the Committees on Appropriations of the House of Representatives and Senate to keep Congress apprised of the remaining progress needed to make federally funded research accessible to the public as expeditiously as possible.

Opioid Use and Abuse.—The Committee notes that opiate use and addiction continue to pose epidemic-sized challenges in the United States. To increase access to life-saving anti-addiction medication, the Secretary is urged to consider whether naloxone should cease to be a prescription-only drug and be more readily available as a behind-the-counter drug. The Committee also urges the Secretary to convene or coordinate an interagency working group to encourage States and local governments to increase opportunities for disposal of opiates and to reduce opportunities for abuse, such

as by establishing opioid dispensing limits at hospital emergency departments and other locations. The Secretary should take all appropriate action to increase access to treatment of opioid use disorders, including medication-assisted treatment.

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 urges the Secretary to ensure that the report and recommendations required by the act are submitted within the timeframe required by the act.

Pulmonary Hypertension [PH].—The Committee is concerned that most PH patients are not diagnosed for many years until the condition has reached a catastrophic stage, which leads to significant disability, greatly increased mortality, and the need for costly and dramatic medical interventions, such as heart-lung transplantation. 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.

Seafood Sustainability.—The Committee prohibits the Department from using or recommending third party, nongovernmental certification for seafood sustainability.

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 urges the Secretary to prioritize implementation of the plan in coordination with the Federal TB Task Force, CDC, and NIH.

United States/Mexico Border.—The Committee notes that in 2015, almost 181,000,000 people crossed this border, often to work or visit family, and were infected with, or were exposed to, serious infectious diseases. 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. Such activity could focus on priority surveillance, epidemiology and preparedness activities along the borders in order to be able to respond to potential outbreaks and epidemics, including those caused by potential bioterrorism agents.

Teen Pregnancy Prevention

The Committee recommendation includes \$107,800,000 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.

The Committee notes that the eligibility criteria for the most recent 5-year grant cycle for the TPP program was changed significantly from the previous grant cycle. To reflect a shift toward a collective impact strategy, prospective grantees were required to meet a minimum threshold of 700 youth to be served across three implementation sites. As a result, some communities, particularly those

in rural areas, were excluded from consideration due to their smaller youth population and lack of implementation sites. These communities, with a single or very few youth-serving agencies, have limited ability to form the kind of community collaboration required by the Office of Adolescent Health. The Committee requests that HHS submit a report to the Committees on Appropriations of the House of Representatives and Senate on the differences between communities funded during the first grant cycle of the TPP program compared to the second, with a focus on the type of grantee location (urban, rural, or suburban), population size, and capacity to form a collective impact strategy.

Office of Minority Health

The Committee recommends \$50,000,000 for the Office of Minority Health [OMH]. This Office focuses on strategies designed to decrease health disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals and coordinates all departmental activity related to improving health outcomes for disadvantaged and minority individuals.

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 urges the OMH to consider 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 urges 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 \$15,000,000 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 pov-

erty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors.

Office of the Surgeon General

The Committee understands that the Surgeon General has announced and is in the process of creating a Report on Substance Use, Addiction, and Health. Given the current national opioid epidemic, the Committee looks forward to the report focusing on opioid research and providing recommendations for future direction on best practices to address opioid abuse.

The Committee urges the Surgeon General to develop a report on improving the health of America’s children. Too many children still live in poverty, affecting their ability to be healthy, to succeed in school, and to raise healthy families themselves. A report by the Surgeon General on improving the health of children could increase awareness and generate additional effort on ameliorating this problem.

Office of Women’s Health

The Committee recommends \$29,000,000 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.

OFFICE OF MEDICARE HEARINGS AND APPEALS

Appropriations, 2016	\$107,381,000
Budget estimate, 2017	120,000,000
Committee recommendation	112,381,000

The Committee provides \$112,381,000 for the Office of Medicare Hearings and Appeals [OMHA]. This Office is responsible for hearing Medicare appeals at the Administrative Law Judge [ALJ] level, which is the third level of Medicare claims appeals. OMHA ensures that Medicare beneficiaries who are dissatisfied with the initial decisions about their benefits or eligibility can appeal and exercise their right to a hearing in front of an ALJ.

Appeals Backlog.—The Committee continues to be concerned over the substantial backlog in the number of cases pending before ALJs at OMHA. In fiscal year 2016, the Committee provided an increase of \$20,000,000 over fiscal year 2015 level and provides \$5,000,000 in additional funding in fiscal year 2017. 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 2016–2018 with the re-

sources 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, 2016	\$60,367,000
Budget estimate, 2017	82,000,000
Committee recommendation	60,367,000

The Committee makes available \$60,367,000 to the Office of the National Coordinator for Health Information Technology [ONC]. The Committee provides funding for ONC entirely through budget authority. ONC is responsible for promoting the use of electronic health records in clinical practice, coordinating Federal health information systems, and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

Electronic Health Records.—The Committee believes HHS’ work to encourage the adoption of electronic health records has provided important new opportunities to improve the quality, safety, and cost-effectiveness of health care. The Secretary is directed to further this work by studying approaches to improve person-centered healthcare through patient access to health information. That 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.

Immunization Information Systems [IIS].—The threat of disease outbreaks and the ongoing work to target outreach to under immunized communities underscores the importance of maintaining robust immunization information systems [IIS]. The Committee is aware of the Immunization Registry Data Exchange and the Consumer Access Immunization Registry pilot projects exploring ways to improve the efficiency and effectiveness of IIS. The Committee encourages ONC to continue these pilots and requests a report to the Committee from ONC no later than 180 days after enactment of this act with findings, results, and recommendations from the pilot studies. The Committee encourages ONC to partner with CDC and other relevant HHS partners to leverage knowledge and enhance education and information sharing opportunities between registry system administrators and related State and local personnel.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2016	\$75,000,000
Budget estimate, 2017	85,000,000
Committee recommendation	75,000,000

The Committee recommends \$75,000,000 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 con-

tract 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, 2016	\$38,798,000
Budget estimate, 2017	42,705,000
Committee recommendation	38,798,000

The Committee recommends \$38,798,000 for the Office for Civil Rights [OCR], which is responsible for enforcing civil rights-related statutes in healthcare and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and implements programs to generate voluntary compliance among providers and constituency groups of health and human services.

Pending Complaints.—OCR is tasked with ensuring that individuals are not subject to unlawful discrimination in healthcare programs. Yet, for nearly 3 years, since September 2014, three Weldon Amendment cases have been filed with OCR without resolution. Therefore, the Committee directs OCR to properly investigate the pending cases and urges OCR to resolve the pending cases expeditiously.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 2016	\$586,188,000
Budget estimate, 2017	630,408,000
Committee recommendation	630,408,000

The Committee provides an estimated \$630,408,000 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, 2016	\$1,532,958,000
Budget estimate, 2017	1,431,117,000
Committee recommendation	1,532,958,000

The Committee recommends \$1,532,958,000 for the Public Health and Social Services Emergency Fund, which includes \$15,000,000 in transfers from PHSSEF unobligated funds. 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.

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

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.

Trauma Service Availability and Systems Development.—The Committee continues to support efforts to improve trauma center sustainability and service availability in rural, exurban, suburban, and urban locations. The Committee encourages ASPR to develop a proposal for how trauma center improvements could be made in these areas to address problems with trauma care resiliency and reach to unserved populations. In doing so, ASPR should incorporate its analysis of the ability of existing trauma care infrastructure to respond to mass casualty events in a variety of geographic locations previously requested by the Committee.

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 importance of this program in helping communities respond to tragic events and 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.

Bioweapon Response Assessment.—The Blue Ribbon Study Panel on Biodefense, published in October 2015, noted that "certain requirements associated with highly infectious diseases and low frequency biological events fit well within hospital disaster preparedness frameworks designed to address earthquakes, hurricanes, and other disasters, but other requirements do not." The Committee believes that understanding the unique requirements necessary to respond to a biological attack will help improve our preparedness. For this reason, within 120 days of enactment, the Committee requests that the ASPR submit an assessment to the Committees on Appropriations of the House of Representatives and Senate of the unique response requirements for biological weapons attacks, including attacks that may result in mass fatalities. The assessment should also note the role of other Federal agencies in the response.

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 counter-measures 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.

Equine Hyperimmune Globulin.—Antibody preparations, produced from horse serum or plasma, have been used over the past century for the treatment of humans suffering from a variety of infectious diseases, intoxications, or envenomations. However, adverse reactions limited its use to the most life threatening of situations. The Committee is aware of recent improvements in processing techniques that reduce risks by as many as two orders of magnitude. The Committee encourages BARDA to explore the viability of developing medical countermeasures using equine hyperimmune globulin.

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 \$79,470,000 for activities within the Office of the Secretary.

Pandemic Influenza Preparedness

The Committee recommendation includes \$72,000,000 for Pandemic Influenza Preparedness. Of the total, \$17,000,000 is provided in annual funding, \$40,000,000 in no-year funding, and \$15,000,000 in transfers from PHSSEF unobligated balances.

Emergency Supplemental Pandemic Influenza Balances.—The Committee requests a detailed summary from ASPR in its fiscal year 2018 CJ about the level of unspent pandemic influenza supplemental balances. This summary should include an analysis of how funds have been spent over the previous 3 fiscal years and how any remaining funds will be allocated.

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 2017, the level transferred from the fund after accounting for sequestration is \$931,000,000. The Committee includes bill language in section 221 of this act that requires that funds be transferred within 45 days of enactment of this act to the following accounts, for the following activities, and in the following amounts:

[Dollars in thousands]

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).	175,950
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.	73,000
CDC	Chronic Disease Prevention and Health Promotion.	Diabetes	73,000

[Dollars in thousands]

Agency	Account	Program	Committee recommendation
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 continues a provision authorizing the transfer of up to 2.6 percent of PHS Act funds for evaluation activities.

Section 205. The bill continues a provision restricting transfers of appropriated funds and requires a 15-day notification to the Committees on Appropriations of the House of Representatives and the Senate Appropriations Committees.

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 related to third party payments to NIH.

Section 219. 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 220. The bill continues a provision requiring a publicly available Web site that details expenditures from the PPH Fund.

Section 221. 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 222. The bill continues a provision requiring CJs to include certain FTE information with respect to ACA.

Section 223. The bill continues a provision related to ACA exchange funding transparency.

Section 224. The bill continues a provision related to notifications for ACA enrollment and Community Health Centers awards.

Section 225. The bill continues a provision prohibiting funds for the Risk Corridor program.

Section 226. The bill continues a provision for Medicare and Medicaid expenses.

Section 227. The bill restates a requirement for HHS to conduct an analysis of the ACA's impact on eligibility for certain discretionary programs.

Section 228. The bill continues a provision related to breast cancer screening recommendations.

Section 229. The bill includes new language on care management for Alzheimer's disease.

Section 230. The bill includes new language on medical marijuana.

TITLE III
DEPARTMENT OF EDUCATION
EDUCATION FOR THE DISADVANTAGED

Appropriations, 2016	\$16,043,790,000
Budget estimate, 2017	16,043,790,000
Committee recommendation	16,093,790,000

The Committee recommends an appropriation of \$16,093,790,000 for education for the disadvantaged.

The programs in the Education for the Disadvantaged account provide a foundation of support to help ensure that all children receive a high-quality education. Funds appropriated in this account primarily support activities in the 2017–2018 school year.

Grants to Local Educational Agencies

Title I grants to local educational agencies [LEAs] provide supplemental education funding, especially in high-poverty areas, for local programs that provide extra academic support to help raise the achievement of eligible students or, in the case of schoolwide programs, help all students in high-poverty schools meet challenging State academic standards. Title I grants are distributed through four formulas: basic, concentration, targeted, and education finance incentive grant.

The Committee recommends \$15,409,802,000 for the title I grants to LEAs program. Of the funds available for title I grants to LEAs, up to \$3,984,000 shall be available on October 1, 2016 for transfer to the Census Bureau for poverty updates; \$4,564,641,000 will become available on July 1, 2017; and \$10,841,177,000 will become available on October 1, 2017. The funds that become available on July 1, 2017, and October 1, 2017, will remain available for obligation through September 30, 2018.

Consistent with the Every Student Succeeds Act [ESSA], the reauthorization of the Elementary and Secondary Education Act [ESEA], the Committee recommendation consolidates funding for the School Improvement Grants [SIG] program into title I grants to LEAs. In eliminating SIG, ESSA increases the amount States must reserve from their title I allocation for schools identified for improvement, from 4 percent under the previous authorization to 7 percent (or, if higher, the amount States reserved in fiscal year 2016 plus their fiscal year 2016 SIG allocation).

ESSA shifts significant responsibility, authority, and accountability for schools, including school improvement efforts, back to States and LEAs. The Committee recommendation includes a total increase of \$500,000,000 for title I grants to LEAs, including the consolidation of SIG, building on the \$500,000,000 increase provided in fiscal year 2016, to help States implement ESSA. Com-

bined, the Committee recommendation is \$397,484,000 more than the authorized level, which will provide sufficient funding through authorized set-asides to help States implement comprehensive and targeted support and improvement efforts for schools identified for improvement, while also protecting funding for LEAs, and allowing for significantly more funding for LEAs than envisioned in reauthorization. The Committee recommendation does not include appropriations language requested by the administration increasing the amount set-aside for comprehensive support and improvement activities or targeted support and improvement activities.

Report on Community Eligibility Program.—The Committee requests the Department, in collaboration with the Department of Agriculture, submit a report to the Committee as well as the Education and the Workforce Committee of the House of Representatives, and the Health, Education, Labor and Pensions Committee of the Senate, within 180 days that describes the impact of the Community Eligibility Program on accountability provisions of the ESEA, including how it impacts school rankings under 1113(a)(3), and how disadvantaged students are incorporated into State accountability systems under sections 1111(c) and (d) and how their performance is reported under subsection (h).

Parent and Family Engagement.—The Committee notes that ESSA includes several provisions promoting parent and family engagement in schools and their children’s education, including requiring LEAs to reserve at least 1 percent of title I funds for such activities. The Committee strongly supports these activities, and the use of funds for these purposes.

Report on Improving Conditions for Student Learning.—The Committee believes that improving conditions for student learning is vital for student success and notes that ESSA requires States to submit plans to the Secretary that describe how SEAs will support LEAs in improving conditions for student learning, including through reducing the use of aversive behavioral interventions that compromise student health and safety, such as seclusion and restraint. The Committee requests that the Secretary prepare a report on State-identified efforts to reduce such interventions and other completed and planned activities of the Department on this issue.

School Improvement Grants

The Committee recommendation does not include funding for the SIG program. Consistent with ESSA, the Committee recommendation eliminates this program and consolidates the funding into title I grants to LEAs.

Comprehensive Literacy State Development Grants

The Committee recommendation includes \$190,000,000 for the Comprehensive Literacy State Development Grants program. This program, formerly the Striving Readers Comprehensive Literacy program, was newly authorized in ESSA and 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 edu-

cation programs in a State for each of several age bands ranging from birth through 12th grade.

The Committee notes that under the new authorization of this program, home-based early childhood literacy programs are identified as eligible entities. The Committee encourages the Department to provide clear guidance that States may subgrant funds to such programs.

Innovative Approaches to Literacy

The Committee recommendation includes \$27,000,000 for the Innovative Approaches to Literacy program. This program was funded under the authority in the Fund for the Improvement of Education [FIE] in fiscal year 2016, but was separately authorized in ESSA.

The Innovative Approaches to Literacy program provides competitive grants to national not-for-profit organizations and school libraries for providing books and childhood literacy activities to children and families living in high-need communities.

The Committee continues to 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. School library programs increase access to a wide range of print and electronic resources, and provide learning opportunities for all students, particularly those who are less likely to have access to such materials at home. In addition, the Committee directs 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, 2016	\$1,305,603,000
Budget estimate, 2017	1,305,603,000
Committee recommendation	1,315,603,000

The Committee recommends \$1,315,603,000 for the Impact Aid program.

Impact Aid provides financial assistance to school districts affected by the presence of Federal activities and federally owned land. These school districts face unique challenges because they must educate children living on federally owned land, such as 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 \$1,176,233,000 for the Basic Support Payments program. Under this statutory formula, payments are made on behalf of all categories of federally connected children, with a priority placed on making payments first to heavily impacted school districts and providing any remaining funds for regular basic support payments.

The Committee is concerned that the Department is not notifying school districts in a timely advanced manner of changes in their Impact Aid eligibility status. Hold harmless provisions in ESEA and timely enactment of appropriations bills would provide school districts with adequate time to adjust to significant changes in funding. The Committee directs the Department to enhance its communication with school districts about significant payment decreases likely in the coming school year, particularly those that are likely to enter hold harmless provisions for a given school year.

Payments for Children With Disabilities.—The Committee bill includes \$48,316,000 for Payments for Children With Disabilities. Under this program, additional payments are made for certain federally connected children eligible for services under IDEA.

Facilities Maintenance.—The Committee recommends \$4,835,000 for Facilities Maintenance. This activity provides funding for emergency repairs and comprehensive capital improvements to certain

school facilities owned by the Department and used by LEAs to serve federally connected military dependent students. Funds appropriated for this purpose are available until expended.

Construction.—The Committee recommends \$17,406,000 for eligible LEAs for emergency repairs and modernization of school facilities.

The Committee recommendation includes bill language allowing these funds to be awarded entirely on a competitive basis and be available for obligation through September 30, 2018, as requested by the administration.

Payments for Federal Property.—The Committee recommends \$68,813,000 for Payments for Federal Property. These payments compensate LEAs specifically for revenue lost due to the removal of Federal property from local tax rolls, regardless of whether any federally connected children attend schools in the district. The budget request proposed eliminating this program. The Committee recommendation 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, 2016	\$4,433,629,000
Budget estimate, 2017	4,558,409,000
Committee recommendation	4,177,239,000

The Committee recommendation includes \$4,177,239,000 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 fiscal year 2016 appropriation for this program included \$93,993,000 in funding set-aside for the Supporting Effective Educator Development [SEED] program. ESSA reauthorized SEED as a stand-alone program and the Committee’s fiscal year 2017 recommendation for SEED is included in the Innovation and Improvement account.

The appropriation for this program primarily supports activities associated with the 2017–2018 academic year. Of the funds provided, \$374,389,000 will become available on July 1, 2017, and \$1,681,441,000 will become available on October 1, 2017. These funds will remain available for obligation through September 30, 2018.

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.

ESSA includes new provisions to promote the use of title I and title II funds to support principals and school leaders, including an optional 3 percent set-aside of title II–A funds for such activities.

Many States already use these funds to support principals and school leaders but all States would benefit from clear guidance and examples of how States and LEAs could best use these funds to support effective strategies in this area. Therefore, the Committee strongly encourages the Department to issue guidance on the importance of strong school leadership, and how States can use existing resources to support principals and school leadership, including examples of best practices.

Mathematics and Science Partnerships

The Committee recommendation does not include funding for Mathematics and Science Partnerships. ESSA eliminated this program and consolidated the funding into a new Student Support and Academic Enrichment Grants program. The Committee recommendation is consistent with this consolidation.

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 \$1,050,000,000 for the 21st Century Community Learning Centers [21st CCLC] program.

Funds are allocated to States by formula, which in turn, award at least 95 percent of their allocations to LEAs, community-based organizations, and other public and private entities. Grantees use these resources to establish or expand community learning centers that provide activities offering significant extended learning opportunities, such as before- and after-school programs, recreational activities, drug and violence prevention, and family literacy programs for students and related services to their families. Centers must target their services to students who attend schools that are eligible to operate a schoolwide program under title I of the ESEA or serve high percentages of students from low-income families.

The Committee notes that ESSA reduced the authorized funding level of the 21st CCLC program below the previously authorized level and below the fiscal year 2015 appropriated level, the last enacted appropriation prior to passage of ESSA. Accordingly, the Committee recommends a reduced funding level for this program.

State Assessments Grants

The Committee recommends \$378,000,000 for the State Assessments Grants program.

This program provides formula grants to States for developing and implementing standards and assessments required by the

ESEA and helping States and LEAs carry out audits of their assessment systems to eliminate low-quality or duplicative assessments. It also provides competitive grants to States, including consortia of States, to improve the quality, validity, and reliability of academic assessments.

Reducing Duplicative and Redundant Assessments.—The Committee strongly supports the steps that Congress took last year in ESSA to help address the issue of over testing in schools. The Committee appreciates the Department's guidance issued earlier this year that identifies Federal funding available to help States and LEAs address the issue this school year. The Committee requests that the Department report to Congress, no later than 90 days after the enactment of this act, on the concrete steps it has already taken and plans to take during this year to help States and LEAs reduce the number of duplicative and redundant assessments and the amount of classroom time spent on unnecessary test preparation, rather than teaching and learning.

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 address the severe educational handicaps of Alaska Native schoolchildren. Funds are used for the development of sup-

plemental 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 directs the Department to ensure that Alaska Native tribes, Alaska Native regional nonprofits, 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, and to make every effort to ensure that Alaska Natives and Alaskans represent a significant proportion of peer reviewers for grant applications submitted in fiscal year 2017.

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.

Comprehensive Centers

The Committee recommends \$51,445,000 for the Comprehensive Centers program.

These funds provide support to a network of comprehensive centers that are operated by research organizations, agencies, institutions of higher education, or partnerships thereof, and provide training and technical assistance on various issues to States, LEAs, and schools as identified through needs assessments undertaken in each region. The system currently includes 15 regional centers, which are charged with providing intensive technical assistance to SEAs to increase their capacity to assist LEAs and schools with meeting the goals of the ESEA, and 7 content centers, which are organized by topic area.

In fiscal year 2017, the Department is scheduled to hold a competition to fund a new cohort of comprehensive centers. With the passage of ESSA, this new cohort of comprehensive centers will reflect changing priorities and the expanded role and responsibilities of States under reauthorization. The Committee directs the Department to brief the Committee within 30 days of enactment on how they plan to ensure this new cohort of comprehensive centers will provide a well-coordinated, accessible, and robust technical assistance system for SEAs.

In selecting priorities for a new cohort of comprehensive centers, the Committee directs the Department to recognize the unique challenges affecting rural schools, and 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, including those 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 \$300,000,000 for Student Support and Academic Enrichment Grants. This new 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. This program was created by consolidating funding for several previously individually authorized programs. The combined fiscal year 2016 funding level of the programs eliminated and consolidated into this new formula block grant was \$277,761,000. The Committee recommendation represents a \$22,239,000 increase above the fiscal year 2016 level.

The Committee notes that funds available under this program may be used for local activities that may include programs that build skills in STEM, including computer science, and that foster innovation in learning by supporting nontraditional STEM education teaching methods. The Committee believes that such activities, including robotics competitions through partnerships with local schools and nonprofit organizations, will help further engage and inspire students to pursue further study or careers in STEM.

In conducting a needs assessment pursuant to section 4106(d) of the ESEA, the Committee encourages States to work with LEAs in identifying already available and appropriate local data and metrics, which may include incidence and prevalence of the issues and behaviors that are appropriate to be addressed by the program, such as drug use and bullying.

INDIAN EDUCATION

Appropriations, 2016	\$143,939,000
Budget estimate, 2017	174,939,000
Committee recommendation	143,939,000

The Committee recommends \$143,939,000 for Indian education programs.

Grants to Local Educational Agencies

For grants to LEAs, the Committee recommends \$100,381,000. These funds provide financial support to elementary and secondary school programs that serve Indian students, including preschool children. Funds are awarded on a formula basis to LEAs, schools supported and operated by the Department of the Interior/Bureau of Indian Education, and in some cases directly to Indian tribes.

Special Programs for Indian Children

The Committee recommends \$37,993,000 for special programs for Indian children.

Funds are used for demonstration grants to improve Indian student achievement from early childhood education through college preparation programs, and for professional development grants for training Indians who are preparing to begin careers in teaching and school administration.

National Activities

The Committee recommends \$5,565,000 for national activities.

Funds are used to expand efforts to improve research, evaluation, and data collection on the status and effectiveness of Indian education programs, and to continue grants to tribal educational departments for education administration and planning.

The Committee notes 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. The Committee supports the dedication of resources for language maintenance and preservation activities. The Committee intends that funds available for carrying out section 6133 of the ESEA be allocated to all types of eligible entities in a way that supports the most extensive possible distribution across geography and language diversity and support 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.

INNOVATION AND IMPROVEMENT

Appropriations, 2016	\$894,226,000
Budget estimate, 2017	1,411,556,000
Committee recommendation	942,743,000

The Committee recommends \$942,743,000 for programs within the Innovation and Improvement account.

Education Innovation and Research

The Committee recommendation includes \$120,000,000 for the Education Innovation and Research [EIR] program. This program, newly authorized in ESSA, 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 recommendation does not include funding or bill language requested by the administration for a new Advanced Research Projects Agency—Education program.

School Leader Recruitment and Support

The Committee recommendation includes \$16,368,000 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.

Charter School Program

The Committee recommends \$343,172,000 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 \$204,000,000 for grants to State entities to support high-quality charter schools, including for grants directly to charter school developers in a State if no State entity receives a grant; \$100,000,000 for grants to charter management organizations for the replication and expansion of high-quality charter schools; \$26,000,000 for facilities financing assistance, of which not less than \$16,000,000 shall be for the per-pupil facilities aid 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.

Magnet Schools Assistance

The Committee recommends \$96,647,000 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.

Fund for the Improvement of Education

The Committee recommendation does not include funding for FIE, which was eliminated in ESSA. For comparability, funding for programs funded under FIE in fiscal year 2016 that were separately authorized in ESSA are shown as separate programs in both fiscal year 2016 and fiscal year 2017.

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 edu-

cation 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 Academies

The Committee recommendation includes \$1,815,000 for American History and Civics Academies. 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.

Teacher and School Leader Incentive Grants

The Committee recommendation includes \$213,000,000 for Teacher and School Leader Incentive Grants.

This program, newly authorized in ESSA and the successor to the Teacher Incentive Fund, 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 \$25,741,000 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.

Advanced Placement

The Committee recommendation does not include funding for Advanced Placement [AP] programs. ESSA eliminated the AP program and consolidated the funding into a new Student Support and

Academic Enrichment Grants program. The Committee recommendation is consistent with this consolidation.

Supporting Effective Educator Development

The Committee recommendation includes \$87,000,000 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.

This program was formerly funded as a set-aside of the title II Teacher Quality State Grants program. ESSA authorized SEED as a separate program and the Committee recommendation is consistent with that authorization.

The Committee notes that funding provided in fiscal year 2016 for this program, as a set-aside of the former title II Teacher Quality State Grants program, and funding provided in this bill for a separately authorized SEED program is all available through September 30, 2017. The Committee directs the Department to manage these appropriations efficiently, in a manner that is beneficial to all potential grantees and simplifies administration of the program. Further, the Committee directs the Department to ensure a smooth transition in program costs from fiscal year 2017 through fiscal year 2018.

Within the total for SEED, the Committee includes funding for a competitive award to establish a consortium of university-led centers operating in multiple States, to improve academic preparation and college readiness, including the college-and-career pipeline, of rural youth. Such a consortium would increase access to workshops and partnerships for new and experienced educators, and should support teachers in all grade levels and across disciplines, kindergarten through university, as well as students, families, and community members, in high-need rural areas. University-led centers would be able to focus on the specific needs of local rural communities, schools, teachers, and students in their State. Specific activities could include professional development and on-site programming for teachers and school administrators throughout the year, youth writing and literacy programs, and community-based workshops.

STEM Master Teacher Corps

The Committee recommendation does not include funding for the STEM Master Teacher Corps program, a new program authorized in ESSA.

Stronger Together

The Committee recommendation does not include funding for Stronger Together, a new, unauthorized program.

Next Generation High Schools

The Committee recommendation does not include funding for Next Generation High Schools, a new, unauthorized program.

Computer Science for All Development Grants

The Committee recommendation does not include funding for Computer Science for All Development Grants, a new, unauthorized program. However, the Committee notes the Student Support and Academic Enrichment Grants program authorizes a range of activities to support well-rounded educational opportunities including computer science.

Teach to Lead

The Committee recommendation does not include funding for Teach to Lead, a new, unauthorized program.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriations, 2016	\$254,815,000
Budget estimate, 2017	228,000,000
Committee recommendation	143,254,000

The Committee recommends a total of \$143,254,000 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 strongly believes that Promise Neighborhoods grantees may need more than 5 years to implement the transformational reforms and demonstrate the results in underserved communities envisioned by this program. ESSA, which authorizes Promise Neighborhoods as a stand-alone program, allows the Department to extend Promise Neighborhoods grants for a period of up to 2 years. This bill extends that authority to grants made under the previous authorization of the program. The Committee directs the Department to use that authority to extend funding for current high-quality Promise Neighborhoods programs operating in underserved areas that have demonstrated promising results through their initial implementation grant and propose to continue pursuing ambitious goals through continued innovative activities during such extension of their award. Further, the Committee directs the Department to ensure that in any new grant competition, the Department gives equal weight to new and current programs, including grantees proposing to continue programs operating in a particular neighborhood or community, provided they can demonstrate successful outcomes and justify the need for continued funding.

School Safety National Activities

The Committee recommendation includes \$70,000,000 for the national activities portion of the Safe and Drug-Free Schools and

Communities program, including up to \$5,000,000 for Project SERV. This funding will help schools address the consequences of their students witnessing or being the victim of violence and other root causes of unhealthy school climates. The Committee recommendation includes sufficient funding for Project SERV to help restore a stable and safe learning environment for schools, students and educators who have experienced violent or traumatic situations, including through the provision of extended services grants.

The Committee recommendation includes \$5,000,000 to continue an initiative started in fiscal year 2016 to improve school-based services for children in communities that have experienced significant episodes of civil unrest. This funding supports the establishment of school-based programs in such communities to address, including through counseling services, the comprehensive educational, behavioral, and mental health needs of youth who have experienced significant trauma related to recent events in their communities. This program is administered in coordination with SAMHSA.

Elementary and Secondary School Counseling

The Committee recommendation does not include funding for the Elementary and Secondary School Counseling program. ESSA eliminated this program and consolidated the funding into a new Student Support and Academic Enrichment Grants program. The Committee recommendation is consistent with this consolidation.

Carol M. White Physical Education for Progress Program

The Committee recommendation does not include funding for the physical education program. ESSA eliminated this program and consolidated the funding into a new Student Support and Academic Enrichment Grants program. The Committee recommendation is consistent with this consolidation.

Full Service Community Schools

The Committee recommendation does not include funding for Full Service Community Schools. This program provides grants to LEAs, in partnership with community-based organizations, non-profits, and other organizations, to provide comprehensive academic, social, and health services for students, student’s families, and community members that will result in improved education outcomes for children.

ENGLISH LANGUAGE ACQUISITION

Appropriations, 2016	\$737,400,000
Budget estimate, 2017	800,400,000
Committee recommendation	737,400,000

The Committee recommends an appropriation of \$737,400,000 for the English Language Acquisition program.

The Department makes formula grants to States based on each State’s share of the Nation’s limited-English-proficient and recent immigrant student population. The program is designed to increase the capacity of States and school districts to address the needs of these students. The authorizing statute requires that 6.5 percent of the appropriation be used to support national activities, which in-

clude 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.

SPECIAL EDUCATION

Appropriations, 2016	\$12,976,858,000
Budget estimate, 2017	13,066,858,000
Committee recommendation	13,019,358,000

The Committee recommends an appropriation of \$13,019,358,000 for special education programs.

Grants to States

The Committee recommendation includes \$11,952,848,000 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 2017–2018 academic year. Of the funds available for this program, \$2,669,465,000 will become available on July 1, 2017, and \$9,283,383,000 will become available on October 1, 2017. These funds will remain available for obligation through September 30, 2018.

The Committee recommendation includes 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 \$41,630,000 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 \$56,928,000 for Technical Assistance and Dissemination. This program supports awards for technical assistance, model demonstration projects, the dissemination of useful information, and other activities. Funding supports activities that are designed to improve the services provided under the IDEA.

Within the total, the Committee recommendation includes \$12,583,000, an increase of \$2,500,000 above the fiscal year 2016 funding level and the budget request, to support activities authorized by the Special Olympics Sport and Empowerment Act, including Project UNIFY. This funding supports efforts to expand Special Olympics programs and the design and implementation of Special Olympics education programs that can be integrated into classroom instruction and are consistent with academic content standards.

Personnel Preparation

The Committee recommends \$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 \$30,047,000 for Technology and Media Services. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of value to children with disabilities.

The Committee recognizes the ongoing progress made with the tools and services provided under the Educational Technology, Media and Materials program that have allowed more than

380,000 students with disabilities free access to more than 325,000 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, 2016	\$3,529,605,000
Budget estimate, 2017	3,541,389,000
Committee recommendation	3,536,389,000

Vocational Rehabilitation State Grants

The Committee recommends \$3,398,554,000 in mandatory funding for Vocational Rehabilitation [VR] State Grants.

State Grants assist States in providing a range of services to help persons with physical and mental disabilities prepare for and engage in meaningful employment.

The Rehabilitation Act requires that not less than 1 percent and not more than 1.5 percent of the appropriation for VR State Grants be set aside for Grants for American Indians.

The Committee recommendation continues bill language allowing the Department to use unobligated VR State grant funds that remain available subsequent to the reallotment process, to be used for innovative activities to improve outcomes for individuals with disabilities, including for the PROMISE initiative.

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 \$30,188,000 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 includes \$27,548,000 for the Supported Employment State Grants Program. This program supports collaborative programs between States and appropriate public and private nonprofit organizations to provide supported employment services for individuals with the most significant disabilities.

Independent Living Services for Older Individuals Who Are Blind

The Committee recommends \$33,317,000 for Independent Living State Grants.

This program supports assistance to individuals over age 55 to help them adjust to their blindness and continue to live independently, including daily living skills training, counseling, community integration information and referral, the provision of low-vision and communication devices, and low-vision screening.

Helen Keller National Center

The Committee recommends \$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, 2016	\$25,431,000
Budget estimate, 2017	25,431,000
Committee recommendation	25,431,000

The Committee recommends \$25,431,000 to help support APH.

APH provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides approximately 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 commends 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. These technological advances will provide educational materials to students more quickly than ever before, enhancing opportunities for academic achievement. The Committee continues to support implementation of the REAL plan, and includes no less than \$475,000 for such activities, the same as the fiscal year 2016 level.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 2016	\$70,016,000
Budget estimate, 2017	70,016,000
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 recommendation includes \$2,000,000 in continued funding to support NTID's operational costs and to continue support for at least one regional partnership via a subcontract with an external organization consistent with its mission and strategic plan. These partnerships enable NTID to expand the geographic reach of services and activities supported by the college for individuals who are deaf and hard of hearing. The partnership activities include a focus on: promoting training and postsecondary participation in STEM fields; working with NTID faculty to develop postsecondary preparation for students; providing professional development for teachers and developing partnerships with business and industry to promote employment opportunities for individuals who are deaf and hard of hearing.

GALLAUDET UNIVERSITY

Appropriations, 2016	\$121,275,000
Budget estimate, 2017	121,275,000
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, 2016	\$1,720,686,000
Budget estimate, 2017	1,808,686,000
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. The budget request included an increase of \$75,000,000 for this program for a new American Technical Training Fund, a new competitive grant program as part of a larger reauthorization proposal for the Carl D Perkins Career and Technical Education Act. The Committee recommendation does not include funding for this activity.

Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their CTE program and help ensure equal access to CTE for populations with special needs. Persons assisted range from secondary students in prevocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Funds are distributed according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian Natives programs, competitive grants are awarded to federally recognized Indian tribes or tribal organizations and to organizations primarily serving and representing Hawaiian Natives for services that are additional to what these groups receive under other provisions of the Perkins Act.

Of the funds available for this program, \$326,598,000 will become available July 1, 2017, and \$791,000,000 will become available on October 1, 2017. These funds will remain available for obligation until September 30, 2018.

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, 2016	\$24,198,210,000
Budget estimate, 2017	24,198,210,000
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 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 recommended funding level is more than sufficient to support an increase in the maximum Pell grant award, from \$5,815 for the 2016–17 school year to an estimated \$5,935 for the 2017–18 school year.

Over the last several years, the Labor-HHS-Education bill has appropriated significantly more discretionary funding than has been needed to fully fund the Pell grant program. That was in anticipation of future increased costs in the program, which have not materialized. Instead, projected costs have significantly, and consistently, decreased year-after-year relative to prior estimates. This has resulted in significant current and projected unobligated balances that are expected to persist through fiscal year 2024. CBO's estimate of the fiscal year 2015 Omnibus projected unobligated Pell "surplus" funding would be exhausted in fiscal year 2016, and there would be a \$206,000,000 shortfall in funding. In the most recent estimate, with no increase in funding or legislative changes to the program in the meantime, CBO now estimates, instead of a shortfall in funding, there will be surplus funding of \$7,754,000,000 in fiscal year 2016, that will grow to over \$9,000,000,000 by fiscal year 2018, and will not be fully exhausted until fiscal year 2025.

Given the significant unobligated balances in the program, the projected balances going forward, and the significant improvement in the overall discretionary funding outlook for the program, the Committee recommendation restores and modifies a provision previously implemented from the Higher Education Opportunity Act of 2008 allowing students to receive Pell grants year-round. This provision will allow a student who has exhausted their Pell grant award for the academic year, and wishes to enroll in additional coursework, to receive a Pell grant for an additional payment period during the academic year, traditionally the summer term. The total Pell grant a student may receive during an academic year, who is receiving an additional Pell grant under this provision, is capped at 150 percent of the maximum Pell grant award. Currently, full-time students and some part-time students exhaust their Pell grant award after two semesters or the equivalent. This expanded eligibility and flexibility for the Pell grant program will provide an incentive for students to take classes year-round and stay continuously enrolled. This will help students stay on track for graduation or accelerate completion of their program. This provision is expected to provide an estimated 1 million students an average additional Pell grant of \$1,650 for the 2017–2018 award year.

The Committee intends the expanded eligibility to be implemented in such a way to maximize flexibility for institutions of higher education and avoid unnecessary administrative burdens associated with the previous implementation of year-round Pell grants, while still ensuring the best interests of students. The Committee believes that this can be facilitated by issuing guidance on this expanded authority not later than 90 days after enactment of

this act. The Committee strongly encourages the Department to implement this provision as soon as possible. The Committee also expects the Department to provide reliable data on the implementation of this provision.

Finally, given the significant decrease in estimated costs compared to estimates used in formulating prior year appropriations, the Committee recommendation includes a one-time rescission of \$1,200,000,000 from unobligated prior-year discretionary balances appropriated in the Labor-HHS-Education bill. Based on CBO estimates, after restoring year-round Pell and assuming level funding going forward, the discretionary costs of the Pell grant program are estimated to be fully funded through fiscal year 2021. This one-time rescission prevents cuts to other programs in this bill serving students, children, families, and workers this coming fiscal year, while allowing for targeted increases and investments in other critical programs.

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 post-secondary 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 for the Work Colleges program authorized under section 448 of the HEA.

STUDENT AID ADMINISTRATION

Appropriations, 2016	\$1,551,854,000
Budget estimate, 2017	1,631,990,000
Committee recommendation	1,546,854,000

The Committee recommends \$1,546,854,000 for the Student Aid Administration account. These funds are available until September 30, 2018, and support the Department's student aid management expenses.

The Committee recommendation includes \$691,643,000 for administrative costs and \$855,211,000 for loan servicing activities.

The Committee directs the Department to continue to provide quarterly reports detailing its obligation plan by quarter for student aid administrative activities broken out by servicer and activity. 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.

Student Loan Servicing.—The Committee has serious concerns about the Department's management of the student loan servicing system, including how it has adhered to congressional directives, intent, and notice requirements in this area. The Department is currently in the process of re-competing contracts that will significantly change the current student loan servicing system. The Committee supports the Department's efforts to improve the student loan servicing process by moving to a more simple, consistent, and unified experience for all student borrowers and to take steps that will reduce student delinquencies and defaults. However, the Committee is concerned that other changes the Department is proposing in the current solicitation could ultimately jeopardize the quality of service to student borrowers. The Committee directs the Department to ensure that the new student loan servicing contract includes the participation of multiple student loan servicers, each responsible for all aspects of servicing loans, which would allow the Department to allocate loans to different servicers based on performance. The Committee strongly believes this will promote competition and increase incentives for such entities to provide high-quality service to student borrowers. The Department should brief the Committee 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 no less than 15 days prior to releasing a final request for proposals for a new student loan servicing contract.

Until a new student loan servicing contract is implemented, the Committee directs the Department to continue to allocate new student loan accounts to servicers based on performance compared against all servicers, utilizing common metrics established by the Department. The Committee appreciates recent efforts to work with servicers to develop these common metrics. However, the Committee remains concerned about the quality of servicing being provided to borrowers and servicers' compliance with the law, and expects the Department to adhere to congressional directive to produce a common policies and procedures manual that applies to all Direct Loan servicers and provides voluntary best practices intended to improve the consistency of servicing for student loan borrowers. Finally, the Committee directs the Department, no later than March 1, 2017, to allow Federal student loan borrowers who are consolidating their student loans to select from any of the existing student loan servicers to service their new consolidated student loans. Furthermore, borrowers who are consolidating their loans should have ready access to the aforementioned common performance metrics to help guide their decision for which servicer to select. Allowing the student borrower to select from any of the servicers will allow the borrower to remain with their existing servicer if they wish to, limit unnecessary disruption for borrowers, and provide another incentive for servicers to provide high-quality services to student borrowers.

Federal Student Aid Enforcement Office.—The Committee notes that in fiscal year 2016 the Department established an independent enforcement office within the Office of Federal Student

Aid. However, budget justification materials provide little information about the specific focus of the unit, how it will operate and be managed, and how its work will relate to and be coordinated with other work being done in FSA, elsewhere in the Department, and other enforcement agencies. The Committee appreciates the need to ensure students are protected and that there is proper oversight of the significant taxpayer investment in Federal student aid. However, the Committee directs the Secretary to ensure that the work of this unit is transparent, and not duplicative of other work being done at the Department. The Committee directs the Department to brief the Committees on Appropriations of the House of Representatives and the Senate, the Senate Health, Education, Labor, and Pensions Committee, and House Education and Workforce Committee within 30 days of enactment on the current and planned actions of this new office. Further, the Secretary shall ensure that the Chief Operating Officers reports on the operations of the enforcement unit as part of the required reports under section 141 of the HEA, including how information is shared internally within FSA and between relevant agencies.

Interagency Task Force on For Profit Colleges.—The Committee is concerned about the lack of available public information on a task force the Department of Education established on for-profit colleges and universities, including the frequency of meetings, contact information, and topics of discussion and the focus on one particular sector of higher education. The Committee directs the Department to brief the Committees on Appropriations of the House of Representatives and the Senate, the Senate Health, Education, Labor, and Pensions Committee, and House Education and Workforce Committee within 30 days of enactment on the current and planned actions of the taskforce, and how it works with and shares information with other Federal and State agencies.

National Student Loan Data System.— The Committee encourages the Department to determine the steps necessary to expand the National Student Loan Data System, develop a new system or adopt or improve upon an existing system to ensure that borrowers have access to all of their student loan information, both Federal and private, in one central online location.

HIGHER EDUCATION

Appropriations, 2016	\$1,982,185,000
Budget estimate, 2017	2,189,200,000
Committee recommendation	1,986,792,000

The Committee recommends an appropriation of \$1,986,792,000 for higher education programs.

Aid for Institutional Development

The Committee recommends \$579,514,000 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. Ap-

plicants 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, de-

velop, 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 \$9,500,000 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 \$67,271,000 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 \$2,168,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. Funding is provided for group, faculty, or doctoral dissertation research abroad as well as special bilateral projects. Grants focus on training American instructors and students to improve foreign language and area studies education in the United States.

Fund for the Improvement of Postsecondary Education

The Committee recommendation does not include funding for the Fund for the Improvement of Postsecondary Education.

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 improve science and engineering education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

Tribally Controlled Postsecondary Career and Technical Institutions

The Committee recommends \$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 \$900,000,000 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 does not include funding for a new demonstration program proposed by the administration. The Committee also directs the Department, when additional funding is provided to non-competing programs based on increased appropriations, to provide the maximum amount of flexibility to such programs in how to best allocate those additional resources under existing authorities. Finally, the Committee directs the Department to ensure that fiscal year 2017 grant competitions are announced and awarded in a timely manner, to allow grantees sufficient lead-time prior to the beginning of their program-year.

Gaining Early Awareness and Readiness for Undergraduate Programs

The Committee recommends \$322,754,000 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 continues bill language allowing the Department to set aside up to 1.5 percent of the total provided for evaluation purposes.

Graduate Assistance in Areas of National Need and Javits Fellowships

The Committee recommends \$29,293,000 to support the Graduate Assistance in Areas of National Need [GAANN] program.

GAANN supports fellowships through 3-year competitive grants to graduate academic departments and programs in scientific and technical fields and other areas of national need as determined by the Secretary. Fellowship recipients must have excellent academic records and high financial need and must be pursuing doctoral degrees or the highest graduate degrees in their academic field. Each fellowship consists of a student stipend to cover living costs and an institutional payment to cover each fellow's tuition and other expenses. Institutions of higher education must match 25 percent of the grant amount.

Teacher Quality Partnership Program

The Committee recommends \$43,092,000 for the Teacher Quality Partnership [TQP] program. The budget request consolidates activities supported by this program into a proposed new Teacher and Principals Pathways 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.

Within the TQP program, the Committee encourages the Department to consider funding for programs, including those operating in HBCUs, focused on increasing the number of high-quality teachers from diverse and underrepresented backgrounds. The Committee further directs the Department to ensure that grants are distributed among eligible entities that will serve geographically diverse areas, including rural areas.

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.

Teacher and Principal Pathways

The Committee recommendation does not include funding Teacher and Principal Pathways, a new, unauthorized program.

HOWARD UNIVERSITY

Appropriations, 2016	\$221,821,000
Budget estimate, 2017	221,821,000
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, 2016	\$435,000
Budget estimate, 2017	457,000
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, 2016	\$20,484,000
Budget estimate, 2017	20,499,000
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 \$282,212,855 in new loan volume in fiscal year 2017. 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, 2016	\$618,015,000
Budget estimate, 2017	693,818,000
Committee recommendation	612,525,000

The Committee recommends \$612,525,000 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 is aware of serious concerns about the privacy of student data, particularly personally identifiable information [PII]. The Committee directs 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 PII. The Committee further directs the Department to report to the Committee, as well as to the Senate Health, Education, Labor, and Pensions Committee and the House Education and the Workforce Committee, no later than one year from the date of enactment of this act, on the actions it has taken to comply with this directive.

RESEARCH, DEVELOPMENT, AND DISSEMINATION

The Committee recommends \$190,000,000 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.

The Committee recognizes the importance of research in guiding the implementation of evidence-based practices throughout our education system. The Committee is particularly interested in research that addresses the specific needs of diverse rural schools. The Committee directs the Department to brief the Committees on Appropriations of the Senate and House of Representatives within 120 days of enactment on how IES is contributing to research in this area.

STATISTICS

The Committee recommends \$112,000,000 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 \$34,539,000 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 is pleased that the NAGB reinstated assessments for 8th and 12th grade students in United States History, Civics, and Geography. Previous assessments conducted by NAGB indicate that fewer than one in four 4th, 8th, and 12th grade students at all grade levels are proficient in United States History. The Committee directs the NAGB to continue administering the 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.

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 2016	\$432,000,000
Budget estimate, 2017	474,827,000
Committee recommendation	432,000,000

The Committee recommends \$432,000,000 for program administration.

Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services required to award, administer, and monitor Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this account.

The Committee notes that some have raised concerns about the Department's use of guidance documents, including Dear Colleague letters, because such documents are not legally binding, but regulated entities may interpret them as such. Accordingly, the Committee recommendation includes new directives in the overview section of the Committee Report for each of the Departments and

agencies included in this bill relating to the use of guidance documents.

The Committee urges the Secretary to provide clear and coordinated technical assistance and guidance for ESEA student data collection and reporting early in fiscal year 2017, to help States and LEAs prepare for the 2017–18 school year, the first full year of implementation of the recent reauthorization of ESEA. This could include highlighting existing best practices in the field, convening working groups, hosting webinars, and other methods that will best support effective and efficient data collection and reporting.

Competitive Grant Priorities for Rural Areas.—The Committee urges 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.

Open Textbooks.—The Committee directs the Department to provide a report to the Committee no later than 180 days after enactment of this act on steps it has taken or plans to take to help achieve the highest level of savings possible for students through the sustainable, expanded use of open textbooks at institutions of higher education and production of the highest quality open textbooks.

Performance Partnerships.—Performance Partnerships allow States and localities to demonstrate better ways of improving outcomes for disconnected youth (low-income people, ages 14–24, who are homeless, in foster care, involved in the justice system, or are not working or enrolled in an educational institution) by giving them additional flexibility in using discretionary funds across multiple Federal programs. States and localities that elect to participate in these pilots will commit to achieving significant improvements in educational, employment and other key outcomes in exchange for this new flexibility. This eases the strain on communities trying to meet the needs of disconnected youth, while advancing the goals of individual Federal programs. In making awards under this program the administration shall continue to give priority to those communities that have experienced civil unrest. Such events in communities across the Nation have illustrated, in part, the important need to improve opportunities and services for disconnected populations, and Performance Partnerships focused in these communities will allow localities to pilot better ways of improving outcomes. The Committee also notes that thus far a number of factors have led to a more modest start to utilizing flexibility available to pilot sites. The Committee urges the administration to enhance its efforts working with existing and new sites on the full range of flexibility that could be employed to improve outcomes for youth served through pilot sites. Further, the Committee bill also includes language extending the flexibility for current and future pilot sites by up to an additional 5 years in recognition of the challenges associated with implementing sustainable, positive change in systems serving this population. Finally, the Committee directs the administration to continue to provide annual reports providing the following information: detailed summary of all involved pilot programs, overview of how pilots were selected, summary of findings from the various pilots, and rec-

ommendations for Congress on how to apply any best practices learned more broadly.

Pooled Evaluation Authority.—The Committee requests that the Department provide a report to the Committees on Appropriations 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.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2016	\$107,000,000
Budget estimate, 2017	137,708,000
Committee recommendation	110,000,000

The Committee recommends \$110,000,000 for the Office of Civil Rights [OCR].

OCR is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions that receive financial assistance from the Department. To carry out this responsibility, OCR investigates and resolves discrimination complaints, monitors desegregation and equal educational opportunity plans, reviews possible discriminatory practices by recipients of Federal education funds, and provides technical assistance to recipients of funds to help them meet these civil rights requirements.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2016	\$59,256,000
Budget estimate, 2017	61,941,000
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 includes a new provision making evaluation funds pooled under section 8601 of the ESEA available for obligation from July 1, 2017 through September 30, 2018.

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 includes a new general provision expanding eligibility and flexibility in the Pell grant program relating to year-round Pell grants.

Section 311. The bill includes a new general provision rescinding discretionary unobligated balances from the Pell grant program.

TITLE IV
RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR
SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriations, 2016	\$6,191,000
Budget estimate, 2017	10,612,000
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 \$1,000,000 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 \$3,000,000,000 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 \$1,030,358,000.

OPERATING EXPENSES

Appropriations, 2016	\$787,929,000
Budget estimate, 2017	794,608,000
Committee recommendation	736,529,000

The Committee recommends \$736,529,000 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 fiscal year 2016 appropriations act modified a bill language provision to allow CNCS to use an authorized set-aside to reserve up to 2.5 percent of program funds for evaluation, training, and technical assistance. This provision had previously been overridden by appropriations language. The Committee directs CNCS to use this authority to provide no less than \$7,500,000 for training and technical assistance activities for State commissions, to expand the capacity of current and potential AmeriCorps programs, particularly in underserved areas.

The Committee continues to strongly encourage CNCS to provide AmeriCorps grants to organizations to support activities in communities that have experienced civil unrest. AmeriCorps programs are uniquely situated to respond to such sudden crises that have impacted communities across the country but also the challenges underlying them. The Committee strongly supports activities focused in this area.

The Committee notes that over the last several years CNCS has begun limiting operating funds for professional corps programs. The Committee is concerned that significantly limiting these resources may have an impact on professional corps programs being able to provide high-quality services, particularly those operating in underserved communities without ready access to other funding sources. The Committee directs CNCS to issue clear, extensive guidance as part of their fiscal year 2017 request for proposals for AmeriCorps grants outlining specifically how grantees can dem-

onstrate and justify the need for operating funds as part of their professional corps grant. Further, the Committee directs CNCS to provide potential grantees flexibility in justifying this need to ensure these programs are able to provide high-quality services in all communities, regardless of the availability of other funding sources. Finally, the Committee directs CNCS to provide a report to the Committees on Appropriations on how they have awarded operating funds as part of professional corps grants from fiscal year 2010 through fiscal year 2016, including a breakdown of operating funds provided by programs operating in different geographic areas.

The Committee has serious concerns about CNCS management and oversight of its AmeriCorps programs, including grantee compliance with Federal laws and CNCS regulations. The Committee directs CNCS to submit a report to the Committee on what specific steps it has taken, and plans to take, to improve oversight of AmeriCorps programs, and to ensure compliance with Federal laws and regulations.

The Committee encourages CNCS to work with State service commissions, current grantees engaged in service-learning activities, and other relevant stakeholders, to create a plan to support activities and programs previously sustained by Learn and Serve America.

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 \$5,000,000 for innovation, demonstration, and assistance activities.

Social Innovation Fund [SIF].—The Committee recommendation does not include funding for SIF and instead focuses resources on the core national and community service activities at CNCS.

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 2016 funding level.

Evaluation

The Committee recommendation includes \$4,000,000 for CNCS evaluation activities.

State Commission Grants

The Committee recommendation includes \$17,038,000 for State Commission Grants.

The Committee strongly encourages CNCS to improve coordination with State commissions as part of CNCS' grant making process, including in announcing the availability and awarding of funds under AmeriCorps. State Commissions are a vital local resource and primary point of entry for national and community service at the local level. Improving coordination between CNCS and local

State commissions would improve the administration of service programs at the local level and promote innovation by supporting the organizations that know their communities best.

PAYMENT TO THE NATIONAL SERVICE TRUST

Appropriations, 2016	\$220,000,000
Budget estimate, 2017	206,842,000
Committee recommendation	206,842,000

The Committee recommends an appropriation of \$206,842,000 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.

SALARIES AND EXPENSES

Appropriations, 2016	\$81,737,000
Budget estimate, 2017	89,330,000
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, 2016	\$5,250,000
Budget estimate, 2017	6,100,000
Committee recommendation	5,250,000

The Committee recommends an appropriation of \$5,250,000 for the CNCS OIG. The OIG’s goals are to increase organizational efficiency and effectiveness within the Corporation and to prevent fraud, waste, and abuse.

ADMINISTRATIVE PROVISIONS

The Committee retains language from the fiscal year 2016 appropriations act concerning five administrative provisions: requiring the Corporation to make any significant changes to program requirements or policy through rule making (section 401); stipulating minimum share requirements (section 402); requiring that donations supplement and not supplant operations (section 403); aligning requirements regarding the use of Education Awards at GI bill-eligible institutions (section 404); and allowing the required background check of certain applicants to be processed by States under terms of the National Child Protection Act (section 405).

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 2018	\$445,000,000
Budget estimate, 2019	445,000,000
Committee recommendation, 2019	445,000,000

The Committee recommends \$445,000,000 for the Corporation for Public Broadcasting [CPB] as an advance appropriation for fiscal year 2019.

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 the additional \$50,000,000 in fiscal year 2017 requested for the replacement of the public broadcasting interconnection system. Technology and distribution systems have greatly evolved since Congress established the practice of funding the public television and radio interconnection systems. The Committee is aware that improved technology may enable the public television and radio stations to share certain elements of the planned interconnection system, leading to greater efficiencies.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriations, 2016	\$48,748,000
Budget estimate, 2017	50,738,000
Committee recommendation	48,638,000

The Committee recommends \$48,638,000 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 \$2,500,000 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, 2016	\$17,085,000
Budget estimate, 2017	17,184,000
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. In allocating resources and staff, the Committee directs the Commission to make reducing the excessive time substantive cases on appeal are awaiting a decision a top priority.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM AND LIBRARIES: GRANTS AND ADMINISTRATION

Appropriations, 2016	\$230,000,000
Budget estimate, 2017	230,000,000
Committee recommendation	231,000,000

The Committee recommends \$231,000,000 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 2016 appropriation	Fiscal year 2017 request	Committee recommendation
Library Services Technology Act (LSTA):			
Grants to States	155,789	154,848	156,103
Native American Library Services	4,063	3,861	3,861
National Leadership: Libraries	13,092	13,720	13,406
Laura Bush 21st Century Librarian	10,000	10,000	10,000
Subtotal LSTA	182,944	182,429	183,370
Museum Services Act:			
Museums for America	21,149	20,200	20,392
Native American/Hawaiian Museum Services	972	924	924
National Leadership: Museums	7,741	9,120	9,120
Subtotal, MSA	29,862	30,244	30,436
African American History and Culture Act	1,481	1,407	1,481
Administration	1,713	1,920	1,713
Research, Analysis and Data Collection	14,000	14,000	14,000
IMLS Total	230,000	230,000	231,000

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriations, 2016	\$7,765,000
Budget estimate, 2017	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, 2016	\$11,925,000
Budget estimate, 2017	12,234,000
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, 2016	\$3,250,000
Budget estimate, 2017	3,468,000
Committee recommendation	3,439,000

The Committee recommends \$3,439,000 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, 2016	\$274,224,000
Budget estimate, 2017	274,695,000
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.

The Committee is aware of concerns expressed by some employers that employee professional development and mobility may be hindered by having collective bargaining units that are limited to distinct departments within a workplace. The Committee requests the NLRB to report back to the Committee regarding these concerns, and any suggestions to ensure that cross-training and career advancement may continue between employees in departments who are represented by a union, and employees in departments who are not represented by a union.

In the fiscal year 2016 report, the Committee noted that the Board had submitted a diminished, superficial CJ for its appropriations request. In previous years, the NLRB justification had provided far more complete information about workload, performance, administrative plans and priorities, and other supporting detail relevant to its annual budget requirements. The Committee requires more substantial information about the agencies' activities and

needs to appropriate resources among many competing priorities. Unfortunately, the Board ignored the Committee's direction and again submitted an incomplete CJ with little justification. The Board is once again directed to provide justification for its fiscal year 2018 request, including at least as much detail as it has traditionally provided prior to fiscal year 2016.

ADMINISTRATIVE PROVISIONS

The Committee maintains language from the fiscal year 2016 appropriations act restricting the use of electronic voting (section 406).

NATIONAL MEDIATION BOARD

SALARIES AND EXPENSES

Appropriations, 2016	\$13,230,000
Budget estimate, 2017	13,300,000
Committee recommendation	14,000,000

The Committee recommends \$14,000,000 for the National Mediation Board [NMB], which mediates labor-management relations in the railroad and airline industries under the Railway Labor Act. The NMB mediates collective bargaining disputes, conducts elections to determine the choice of employee bargaining representatives, and administers arbitration of employee grievances.

The bill provides an additional \$700,000 above the administration's request for NMB and directs the additional funds to be used for arbitrator salaries and expenses. The Committee is concerned about the length of time it takes the NMB to resolve arbitration cases, and the impact that the delay has on the individuals served by the NMB. The Committee directs the NMB to provide detailed information as to how these funds are used and their impact on the backlog in the fiscal year 2018 CJ.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2016	\$12,639,000
Budget estimate, 2017	13,411,000
Committee recommendation	13,411,000

The Committee recommends \$13,411,000 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, 2016	\$29,000,000
Budget estimate, 2017	25,000,000
Committee recommendation	25,000,000

The Committee recommends \$25,000,000 for the Dual Benefits Payments Account. This amount includes an estimated \$2,000,000 derived from income taxes on vested dual benefits. This appropriation provides for vested dual benefit payments to beneficiaries covered under both the railroad retirement and Social Security systems.

FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNTS

Appropriations, 2016	\$150,000
Budget estimate, 2017	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, 2016	\$111,225,000
Budget estimate, 2017	122,499,000
Committee recommendation	113,500,000

The Committee recommends \$113,500,000 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, 2016	\$8,437,000
Budget estimate, 2017	10,499,000
Committee recommendation	10,000,000

The Committee recommends \$10,000,000 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, 2016	\$11,400,000
Budget estimate, 2017	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, 2016	\$46,305,733,000
Budget estimate, 2017	43,824,868,000
Committee recommendation	43,618,163,000

The Committee recommends \$43,618,163,000 in fiscal year 2017 mandatory funds for the SSI program. This is in addition to the \$14,500,000,000 provided in the fiscal year 2016 appropriations act for the first quarter of fiscal year 2017. In addition, the Committee recommends \$15,000,000,000 in advance funding for the first quarter of fiscal year 2018. 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 2017 program level of \$52,941,736,000 for Federal benefit payments. This will support an average monthly benefit of approximately \$561 for 8,200,000 recipients.

Beneficiary Services

The Committee recommendation includes \$89,000,000 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 services. Instead of reimbursing ENs for specific services, the Ticket to Work program pays ENs based on recipients achieving certain milestones and outcomes.

Research and Demonstration

The Committee recommendation includes \$58,000,000 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.

The Committee commends the SSA for developing a pilot to test innovative and evidence-based approaches to improving outcomes for individuals with disabilities who are eligible for Social Security disability benefits as well as youth through the multi-agency PROMISE initiative. The Committee strongly encourages SSA to consider what is being learned from the PROMISE evaluation in order to undertake further demonstration project work for young adults with disabilities who are eligible for SSI. In developing this initiative, the Committee directs the SSA to work in close consultation with the Departments of Labor, Education and Health and Human Services, and nationwide disability and peer advocacy orga-

nizations. The Committee also directs the SSA to submit a report to the House and Senate Appropriations Committees no later than 180 days after the enactment of this act regarding the agency’s progress in developing this proposal.

Administrative Expenses

The Committee recommendation includes \$5,029,427,000 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, 2016	\$12,161,945,000
Budget estimate, 2017	13,064,000,000
Committee recommendation	12,481,945,000

The Committee recommends \$12,481,945,000 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 \$1,819,000,000 for program integrity activities, including CDRs and SSI redeterminations of non-medical eligibility. This includes \$273,000,000 in base funding and \$1,546,000,000 in cap adjustment funding allowed under the Budget Control Act [BCA]. The Committee recommendation is a \$393,000,000 increase over the fiscal year 2016 funding level, as specified in the BCA. Combined, these activities are estimated to save approximately \$10,897,000,000 for the Social Security, Medicare, and Medicaid programs by preventing waste, fraud, abuse, and improper payments.

The Committee bill adopts language included in the President’s budget allowing these funds to be used for a broader range of program integrity activities identified in the BCA. The bill also removes bill language allowing SSA to use additional non-cap adjustment program integrity funding for the full costs of CDRs and redeterminations given SSA’s budgeting of the full cost for such activities without this additional authority.

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 prevent 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 2018 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 Hearing Pilot Program Expansion.—The Committee supports SSA’s efforts to reduce the backlog of disability claims hearings. Given the successful implementation of the Disability Hearing Pilot Program in Region 1, the Committee encourages SSA to implement the changes on a nationwide level. The changes should include providing advance notice of a hearing date, and requiring claimants to inform SSA or submit written evidence within a certain period in advance of the hearing, subject to the good cause exception. Furthermore, as recommended in the pilot, SSA should consider removing “new and material evidence” as a basis for reopening any decision made at the hearing of Appeals Council levels for benefits based on disability. The Committee requests a report on plans for implementation no later than 60 days after the enactment of this act.

Duplication.—As part of its annual duplication report GAO identified areas within the SSA where there are opportunities to improve efficiency and effectiveness and reduce costs. GAO report 15-531 recommends that the SSA evaluate the costs and benefits of alternatives for reducing the potential overpayments to individuals receiving concurrent Federal Employees’ Compensation Act payments to determine how best to strengthen internal controls. The Committee is encouraged by the Administration’s willingness to implement these recommendations, and requests a report on the progress of the implementation in the fiscal year 2018 CJ.

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 by the Committee as we continue to work with the Administration to modernize the outdated vocational guidelines into a structure that reflects the 21st century labor market. 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. In addition, the report shall include a study assessing the feasibility of maintaining a continuous update of the medical vocational guidelines every 10 years.

Muscular Dystrophy.—The Committee is aware that the Social Security Administration is included in the Muscular Dystrophy Co-

ordinating Committee under the Muscular Dystrophy CARE Act Amendments enacted in September 2014. The Committee expects the agency to make data available on the rate at which persons with Duchenne and Becker Muscular Dystrophy utilize SSA programs, particularly those focused on promoting employment and community independence such as the Ticket to Work Program.

Prioritizing Continuing Disability Reviews To Maximize Cost Savings.—While the Committee commends SSA on its continued Program Integrity efforts towards becoming current with regards to the Continuing Disability Review [CDR] backlog, a recent GAO report found that SSA's CDR prioritization models fail to maximize potential cost savings to the trust funds and the Treasury. Within 1 year, and every 3 years thereafter, the Committee directs SSA to review and update the models for prioritization of CDRs with the primary intent of efficiently and effectively maximizing lifetime cost savings to the Federal Government, both for the DI trust fund and Treasury. A detailed, cost-based explanation for the model's prioritization of different CDR types and justification for any updates made should be included in the annual CDR Report to Congress.

Reducing the Hearing Backlog.—The Committee is aware of the discord between SSA and the ALJ community regarding the implementation 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 1.1 million 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.

The Medical Improvement Standard.—The Committee commends SSA for its work to improve program integrity. However, the Committee is concerned, per previous GAO testimony and report findings from the SSA Office of the Inspector General, that confusion still exists about the Medical Improvement Standard (MIRS) and its exceptions. The Committee directs SSA to submit a report no later than 60 days after the enactment of this act on its progress in educating Disability Determinations Services in the proper application of the MIRS and its exceptions.

The Treating Physician Rule.—The Committee expects that in resolving claims for disability insurance, SSA's consideration of medical evidence should reflect the degree of relevance and familiarity each medical source has with the effect of an individual's medically determinable impairment(s) on his or her ability to perform Substantial Gainful Activity [SGA]. Since the Treating Physician rule was first published in the Federal Register in 1991, healthcare delivery in the United States has changed significantly and the

Treating Physician rule no longer reflects the present reality of the medical personnel with greatest knowledge of an individual's physical and/or mental condition. The Committee encourages SSA to consider revising the controlling weight doctrine in the Treating Physician rule and revising its Acceptable Medical Sources to reflect the new degree of familiarity with their patients, and rigorous training of, nurse practitioners, physician assistants, licensed clinical social workers, audiologists, and speech and language pathologists for the particular impairments that they are well-equipped to treat.

User Fees.—Within the total for LAE, the Committee recommendation includes up to \$124,000,000 for administrative activities funded from user fees. This includes \$123,000,000 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.

Vocational Experts [VE].—The Committee notes that the SSA's OIG has recommended that SSA periodically determine whether VE fees are appropriate to obtain the required level of VE service. The Committee understands that SSA plans to conduct such a review, including benchmark studies of VE fees paid in the national economy and those paid by other governmental and non-governmental organizations, during SSA's acquisition planning process for the contracts to be awarded in fiscal year 2018. The Committee looks forward to an update in the fiscal year 2018 CJ regarding these studies.

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 2016 levels, respectively. These programs provide valuable services to help Social Security disability beneficiaries return to work.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2016	\$105,500,000
Budget estimate, 2017	112,000,000
Committee recommendation	105,500,000

The Committee recommends \$105,500,000 for SSA's OIG. This includes \$75,713,000 funded from the OASI and DI trust funds for those programs' share of OIG's expenses and \$29,787,000 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 modified provision on Performance Partnerships.

Section 526. The bill continues a provision regarding reporting status of balances of appropriations.

Section 527. The bill includes a new provision reauthorizing the Special Olympics Sport and Empowerment Act of 2004.

Section 528. The bill continues a provision rescinding funds from the Independent Payment Advisory Board.

Section 529. The bill modifies a provision rescinding funds from the Children's Health Insurance Program child enrollment contingency fund.

Section 530. The bill modifies a provision rescinding funds from the Children's Health Insurance Program regarding State allotments.

Section 531. The bill includes a new provision rescinding funds from the Children's Health Insurance Program Performance Bonus Fund.

Section 532. The bill includes a new provision regarding the use of funds in this act for background checks of school personnel.

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; Special Olympics Sport and Empowerment Act of 2004; Nurse Education Loan Repayment; Education and Training Related to Geriatrics; Mental and Behavioral Health Training; Children’s Hospital Graduate Medical Education; Title XVII of the PHS Act; Ryan White CARE Act; Universal Newborn Hearing Screening; Organ Transplantation; Family Planning; Rural Health programs; Traumatic Brain Injury programs; Combating Autism Act; Public Health Improvement Act; Healthy Start; Telehealth; Health Professions Education Partnership Act; Children’s Health Act; Women’s Health Research and Prevention Amendments of 1998; Birth Defects Prevention, Preventive Health Amendments of 1993; Substance Abuse and Mental Health Services programs; Low Income Home Energy Assistance Program; Refugee and Entrant Assistance programs (except for Victims of Trafficking); Head Start; Runaway and Homeless Youth programs; Adoption Incentives; Developmental Disabilities programs; Voting Access for Individuals with Disabilities; Native American Programs; Community Services Block Grant Act programs; National Institutes of Health; Assets for Independence; Alzheimer’s Disease Demonstration Grants; Office of Disease Prevention and Health Promotion; YouthBuild Transfer Act; Assistive Technology Act; Carl D. Perkins Career and Technical Education Improvement Act; Corporation for Public Broadcasting; National Council on Disability; Older Americans Act; Second Chance Act; Work Incentive Planning and Assistance; and Protection and Advocacy for Beneficiaries of Social Security.

COMPLIANCE WITH PARAGRAPH 7(c), RULE XXVI OF THE
STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, on June 9, 2016, the Committee ordered favorably reported an original bill (S. 3040) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2017, and for other purposes, provided,

that the bill be subject to amendment and that the bill be consistent with its budget allocation, 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 29–1, a quorum being present. The vote was as follows:

Yeas	Nays
Chairman Cochran	Mr. Lankford
Mr. McConnell	
Mr. Shelby	
Mr. Alexander	
Ms. Collins	
Ms. Murkowski	
Mr. Graham	
Mr. Kirk	
Mr. Blunt	
Mr. Moran	
Mr. Hoeven	
Mr. Boozman	
Mrs. Capito	
Mr. Cassidy	
Ms. Mikulski	
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	

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, [2016] 2017.

* * * * *

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) * * *

* * * * *

(vi) to carry out this section—

(I) * * *

* * * * *

(VII) **[\$1,574,000,000]** \$1,320,000,000 for fiscal year 2017;

* * * * *

(XI) \$1,145,000,000 for fiscal year 2021 and each succeeding fiscal year.

(8)(A) *Effective in the 2017–2018 award year and thereafter, the Secretary shall award an eligible student not more than one and one-half Federal Pell Grants during a single award year to permit such student to work toward completion of an eligible program if, during that single award year, the student—*

(i) has received a Federal Pell Grant for an award year and is enrolled in an eligible program for one or more additional payment periods during the same award year that are not otherwise fully covered by the student’s Federal Pell Grant; and

(ii) is enrolled on at least a half-time basis while receiving any funds under this section.

(B) In the case of a student receiving more than one Federal Pell Grant in a single award year under subparagraph (A), the total amount of Federal Pell Grants awarded to such student for the award year may exceed the maximum basic grant level specified in the appropriate appropriations Act for such award year.

(C) Any period of study covered by a Federal Pell Grant awarded under subparagraph (A) shall be included in determining a student's duration limit under subsection (c)(5).

(D) In any case where an eligible student is receiving a Federal Pell Grant for a payment period that spans two award years, the Secretary shall allow the eligible institution in which the student is enrolled to determine the award year to which the additional period shall be assigned, as it determines is most beneficial to students.

* * * * *

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 [2016] 2017, there shall be available to the Secretary, from funds not otherwise appropriated, funds to be obligated for account maintenance fees payable to guaranty agencies under part B and calculated in accordance with subsection (b).

TITLE 42—THE PUBLIC HEALTH AND WELFARE

CHAPTER 7—SOCIAL SECURITY

SUBCHAPTER XVIII—HEALTH INSURANCE FOR AGED AND DISABLED

PART B—SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR AGED AND DISABLED

§ 1395w-4. Payment for physicians' services

(a) Payment based on fee schedule

* * * * *

(b) Establishment of fee schedules

(1) In general

* * * * *

(11) Special rule for certain radiation therapy services

The code definitions, the work relative value units under subsection (c)(2)(C)(i), and the direct inputs for the practice expense relative value units under subsection (c)(2)(C)(ii) for radiation

treatment delivery and related imaging services (identified in 2016 by HCPCS G-codes G6001 through G6015) for the fee schedule established under this subsection for services furnished in 2017 and 2018 shall be the same as such definitions, units, and inputs for such services for the fee schedule established for services furnished in 2016.

(12) ENCOURAGING CARE MANAGEMENT FOR INDIVIDUALS WITH ALZHEIMER'S DISEASE OR RELATED DEMENTIAS.—

(A) IN GENERAL.—In order to care for individuals with Alzheimer's disease or related dementias the Secretary shall, subject to subparagraphs (B) and (C), make payment (as the Secretary determines to be appropriate) under this section for a care planning session furnished on or after January 1, 2018, by a physician (as defined in section 1861(r)(1)), physician assistant or nurse practitioner (as defined in section 1861(aa)(5)(A)), clinical nurse specialist (as defined in section 1861(aa)(5)(B)), or other practitioners deemed appropriate by the Secretary.

(B) POLICIES RELATING TO PAYMENT.—In carrying out this paragraph, the Secretary shall—

(i) make payment to only one applicable provider for a care planning session furnished to a beneficiary diagnosed with Alzheimer's or related dementia;

(ii) not make payment under subparagraph (A) if such payment would be duplicative of payment that is otherwise made under this title; and

(iii) not require that an annual wellness visit (as defined in section 1861(hhh)) or an initial preventive physical examination (as defined in section 1861(w)) be furnished as a condition of payment for such care planning session.

(C) REQUIREMENTS.—A care planning session provided under this paragraph shall include the following:

(i) An explanation of Alzheimer's disease or related dementias, as well as the expected progression of the disease and related dementias as appropriate.

(ii) Creation of a patient-centered comprehensive care plan, as determined appropriate by the Secretary.

(iii) Information regarding treatment options.

(iv) A discussion of resources and services available in the individual's community that may reduce the individual's health risks and promote self-management of Alzheimer's disease or related dementias.

(v) Other information, as determined appropriate by the Secretary.

(D) STAKEHOLDER INPUT.—The Secretary shall seek input from physicians, practitioners, and other stakeholders regarding the structure of care planning sessions provided under this paragraph.

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 **[2016] 2017**, to the extent the government, institutions, and people of Palau were so eligible under such provisions in fiscal year 2003.

SPECIAL OLYMPICS SPORT AND EMPOWERMENT ACT
OF 2004, PUBLIC LAW 108-406

SEC. 5. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated—

(1) for grants, contracts, or cooperative agreements under section 3(a), **[\$5,500,000 for fiscal year 2005, and such sums as may be necessary for each of the 4 succeeding fiscal years;]** *such sums as may be necessary for fiscal year 2017 and each of the 4 succeeding fiscal years;*

(2) for grants, contracts, or cooperative agreements under section 3(b), **[\$3,500,000 for fiscal year 2005, and such sums as may be necessary for each of the 4 succeeding fiscal years; and]** *such sums as may be necessary for fiscal year 2017 and each of the 4 succeeding fiscal years; and*

(3) for grants, contracts, or cooperative agreements under section 3(c), **[\$6,000,000 for each of fiscal years 2005 through 2009.]** *such sums as may be necessary for fiscal year 2017 and each of the 4 succeeding fiscal years.*

CONSOLIDATED APPROPRIATIONS ACT, 2014,
PUBLIC LAW 113-76

DIVISION H—DEPARTMENTS OF LABOR, HEALTH AND
HUMAN SERVICES, AND EDUCATION, AND RELATED
AGENCIES APPROPRIATIONS ACT, 2014

TITLE V

GENERAL PROVISIONS

SEC. 526. (a) DEFINITIONS.—* * *

* * * * *

(b) USE OF DISCRETIONARY FUNDS IN [FISCAL YEAR 2014] *FISCAL YEAR 2017*.—* * *

* * * * *

(c) PERFORMANCE PARTNERSHIP AGREEMENTS.* * *

(1) is entered into between—

* * * * *

(2) specifies, at a minimum, the following information:

(A) the length of the Agreement (which shall not extend beyond [September 30, 2018] *September 30, 2021*);

* * * * *

(e) TRANSFER AUTHORITY.—For the purpose of carrying out the Pilot in accordance with the Performance Partnership Agreement, and subject to the written approval of the Director of the Office of Management and Budget, the head of each participating Federal agency may transfer Federal discretionary funds that are being used in the Pilot to an account of the lead Federal administering agency that includes Federal discretionary funds that are being used in the Pilot. Subject to the waiver authority under subsection (f), such transferred funds shall remain available for the same purposes for which such funds were originally appropriated: *Provided*, That such transferred funds shall remain available for obligation by the Federal Government until the expiration of the period of availability for those Federal discretionary funds (which are being used in the Pilot) that have the longest period of availability, except that any such transferred funds shall not remain available beyond [September 30, 2018] *September 30, 2021*.

BUDGETARY IMPACT OF BILL

PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC.
308(A), PUBLIC LAW 93-344, AS AMENDED

[In millions of dollars]

	Budget authority		Outlays	
	Committee allocation	Amount in bill	Committee allocation	Amount in bill
Comparison of amounts in the bill with the subcommittee allocation for 2017: Subcommittee on Labor, HHS, Education, and Related Agencies:				
Mandatory	775,898	775,898	775,274	¹ 775,274
Discretionary	161,857	163,817	168,923	¹ 170,554
Security			NA	NA
Nonsecurity	161,857	163,817	NA	NA
Projections of outlays associated with the recommendation:				
2017				² 846,261
2018				74,484
2019				21,263
2020				3,575
2021 and future years				3,260
Financial assistance to State and local governments for 2017	NA	422,105	NA	² 423,379

¹ Includes outlays from prior-year budget authority.

² Excludes outlays from prior-year budget authority.

NA: Not applicable.

NOTE.—Consistent with the funding recommended in the bill for continuing disability reviews and redeterminations and for healthcare fraud and abuse control and in accordance with subparagraphs (B) and (C) of section 251(b)(2) of the BBEDCA of 1985, the Committee anticipates that the Budget Committee will provide a revised 302(a) allocation for the Committee on Appropriations reflecting an upward adjustment of \$1,960,000,000 in budget authority plus associated outlays.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2016 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2017
 [In thousands of dollars]

Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 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	130,376	70,000	-33,556	-60,376
Advance from prior year	(712,000)	(712,000)	(712,000)		
Fiscal year 2018	712,000	712,000	712,000		
Subtotal	815,556	842,376	782,000	-33,556	-60,376
Youth Training	873,416	902,139	838,000	-35,416	-64,139
Dislocated Worker Assistance, current year	160,860	243,346	156,000	-4,860	-87,346
Advance from prior year	(860,000)	(860,000)	(860,000)		
Fiscal year 2018	860,000	860,000	860,000		
Subtotal	1,020,860	1,103,346	1,016,000	-4,860	-87,346
Subtotal, Grants to States	2,709,832	2,847,861	2,636,000	-73,832	-211,861
Current Year	(1,137,832)	(1,275,861)	(1,064,000)	(-73,832)	(-211,861)
Fiscal year 2018	(1,572,000)	(1,572,000)	(1,572,000)		
National Programs:					
Dislocated Worker Assistance National Reserve:					
Current year	20,859	30,859	20,859		-10,000
Advance from prior year	(200,000)	(200,000)	(200,000)		
Fiscal year 2018	200,000	200,000	200,000		
Subtotal	220,859	230,859	220,859		-10,000
Subtotal, Dislocated Worker Assistance	1,241,719	1,334,205	1,236,859	-4,860	-97,346

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2016 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2017—Continued

[In thousands of dollars]

Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 appropriation	Budget estimate
Native American Programs	50,000	52,000	48,500	-1,500	-3,500
Migrant and Seasonal Farmworker programs	81,896	81,896	81,896		
Women in Apprenticeship	94			-94	
YouthBuild activities	84,534	84,534	84,534		
Technical assistance	3,232	2,500	2,500	-732	-732
Reintegration of Ex-Offenders	88,078	95,078	88,078		-7,000
Workforce Data Quality Initiative	6,000	40,000	6,000		-34,000
Apprenticeship programs	90,000	90,000	100,000	+10,000	+10,000
Total, National Programs	625,593	677,599	632,367	+6,774	-45,232
Current Year	(425,593)	(477,599)	(432,367)	(+6,774)	(-45,232)
Fiscal year 2018	(200,000)	(200,000)	(200,000)		
Total, Training and Employment Services (TES)	3,335,425	3,525,460	3,268,367	-67,058	-257,093
Current Year	(1,563,425)	(1,753,460)	(1,496,367)	(-67,058)	(-257,093)
Fiscal year 2018	(1,772,000)	(1,772,000)	(1,772,000)		
Job Corps					
Operations	1,581,825	1,608,535	1,591,625	+9,800	-16,910
Construction, Rehabilitation and Acquisition	75,000	105,000	86,000	+11,000	-19,000
Administration	32,330	41,055	32,330		-8,725
Total, Job Corps	1,689,155	1,754,590	1,709,955	+20,800	-44,635
Current Year	(1,689,155)	(1,754,590)	(1,709,955)	(+20,800)	(-44,635)
Community Service Employment For Older Americans	434,371	434,371	400,000	-34,371	-34,371
Federal Unemployment Benefits and Allowances (indefinite)	861,000	849,000	849,000	-12,000	
State Unemployment Insurance and Employment Service Operations					
Unemployment Compensation (UI)					
State Operations	2,745,550	2,777,919	2,697,019	-48,531	-80,900

National Activities	14,547	15,247	15,247	+700	.....
Subtotal, Unemployment Compensation	2,760,097	2,793,166	2,712,266	-47,831	-80,900
Employment Service (ES):					
Allotments to States:					
Federal Funds	21,413	21,413	21,413		
Trust Funds	658,587	658,587	650,000	-8,587	-8,587
Subtotal, Trust Funds	658,587	658,587	650,000	-8,587	-8,587
Subtotal, Allotments to States	680,000	680,000	671,413	-8,587	-8,587
ES National Activities	19,818	19,818	19,818		
Subtotal, Employment Service	699,818	699,818	691,231	-8,587	-8,587
Federal Funds	(21,413)	(21,413)	(21,413)		
Trust Funds	(678,405)	(678,405)	(669,818)		(-8,587)
Foreign Labor Certification:					
Federal Administration	48,028	48,666	48,028		-638
Grants to States	14,282	14,282	14,282		
Subtotal, Foreign Labor Certification	62,310	62,948	62,310		-638
One-Stop Career Centers/Labor Market Information	67,653	75,153	70,153	+2,500	-5,000
Total, State UI and ES	3,589,878	3,631,085	3,535,960	-53,918	-95,125
Federal Funds	(89,066)	(96,966)	(91,966)	(+2,500)	(-5,000)
Trust Funds	(3,500,812)	(3,534,519)	(3,444,394)	(-56,418)	(-90,125)
State Paid Leave Fund					
Program Administration					
Training and Employment	60,074	76,331	63,274	+3,200	-13,057
Trust Funds	8,639	10,615	8,639		-1,976
Employment Security	3,469	3,640	3,469		-171
Trust Funds	39,264	39,821	39,264		-557
Apprenticeship Services	34,000	40,089	36,160	+2,160	-3,929
Executive Direction	7,034	8,251	7,271	+237	-980
Trust Funds	2,079	2,079	2,079		
Total, Program Administration	154,559	180,826	160,156	+5,597	-20,670

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2016 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2017—Continued
(In thousands of dollars)

Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 appropriation	Budget estimate
Federal Funds	(104,577)	(128,311)	(110,174)	(+ 5,597)	(- 18,137)
Trust Funds	(49,982)	(52,515)	(49,982)		(- 2,533)
Total, Employment and Training Administration	10,064,388	10,375,332	9,923,438	- 140,950	- 451,894
Federal Funds	6,513,594	6,788,298	6,429,062	- 84,532	- 359,236
Current Year	(4,741,594)	(5,016,298)	(4,657,062)	(- 84,532)	(- 359,236)
Fiscal year 2018	(1,772,000)	(1,772,000)	(1,772,000)		
Trust Funds	3,550,794	3,587,034	3,494,376	- 56,418	- 92,658
EMPLOYEE BENEFITS SECURITY ADMINISTRATION (EBSA)					
Salaries and Expenses					
Enforcement and Participant Assistance	147,400		147,400		+ 147,400
Policy and Compliance Assistance	26,901		26,901		+ 26,901
Executive Leadership, Program Oversight and Administration	6,699		6,699		+ 6,699
Employee benefits security programs		205,761			- 205,761
Total, EBSA	181,000	205,761	181,000		- 24,761
PENSION BENEFIT GUARANTY CORPORATION (PBGC)					
Pension Benefit Guaranty Corporation Fund					
Consolidated Administrative budget	(431,799)	(421,006)	(421,006)	(- 10,793)	
Operational Support					
Headquarters space costs			(98,500)	(+ 98,500)	
WAGE AND HOUR DIVISION, Salaries and Expenses	227,500	276,599	227,500		- 49,099
OFFICE OF LABOR-MANAGEMENT STANDARDS, Salaries and Expenses	40,593	45,691	35,529	- 5,064	- 10,162
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS, Salaries and Expenses	105,476	114,169	104,476	- 1,000	- 9,693
OFFICE OF WORKERS' COMPENSATION PROGRAMS					
Salaries and Expenses	113,324	123,982	115,424	+ 2,100	- 8,558

Trust Funds	2,177	2,177	2,177	.....
Total, Salaries and Expenses	115,501	126,159	117,601	+2,100
Federal Funds	(113,324)	(123,982)	(115,424)	(+2,100)
Trust Funds	(2,177)	(2,177)	(2,177)	.....
Special Benefits				
Federal Employees' Compensation Benefits	207,000	217,000	217,000	+10,000
Longshore and Harbor Workers' Benefits	3,000	3,000	3,000	.....
Total, Special Benefits	210,000	220,000	220,000	+10,000
Special Benefits for Disabled Coal Miners				
Benefit Payments	85,000	75,000	75,000	-10,000
Administration	5,302	5,319	5,319	+17
Subtotal, Fiscal year 2017 program level	90,302	80,319	80,319	-9,983
Less funds advanced in prior year	-21,000	-19,000	-19,000	+2,000
Total, Current Year	69,302	61,319	61,319	-7,983
New advances, 1st quarter, fiscal year 2018	19,000	16,000	16,000	-3,000
Total, Special Benefits for Disabled Coal Miners	88,302	77,319	77,319	-10,983
Energy Employees Occupational Illness Compensation Fund				
Administrative Expenses	58,552	59,846	59,846	+1,294
Black Lung Disability Trust Fund				
Benefit Payments and Interest on Advances	275,261	302,115	302,115	+26,854
Workers' Compensation Programs, Salaries and Expenses	35,244	38,246	38,246	+3,002
Departmental Management, Salaries and Expenses	30,279	30,594	30,594	+315
Departmental Management, Inspector General	327	330	330	+3
Subtotal, Black Lung Disability	341,111	371,285	371,285	+30,174
Treasury Department Administrative Costs	356	356	356	.....
Total, Black Lung Disability Trust Fund	341,467	371,641	371,641	+30,174
Total, Workers' Compensation Programs	813,822	854,965	846,407	+32,585
				-8,558

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2016 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2017—Continued
 [In thousands of dollars]

Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 appropriation	Budget estimate
Federal Funds	811,645	852,788	844,230	+ 32,585	- 8,558
Current year	(792,645)	(836,788)	(828,230)	(+ 35,585)	(- 8,558)
Fiscal year 2018	(19,000)	(16,000)	(16,000)	(- 3,000)	.....
Trust Funds	2,177	2,177	2,177	.....	.....
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)					
Salaries and Expenses					
Safety and Health Standards	20,000	23,173	18,000	- 2,000	- 5,173
Federal Enforcement	208,000	225,972	208,000	.....	- 17,972
Whistleblower enforcement	17,500	21,604	17,500	.....	- 4,104
State Programs	100,850	104,337	100,850	.....	- 3,487
Technical Support	24,469	25,403	24,469	.....	- 934
Compliance Assistance:					
Federal Assistance	68,433	72,784	70,981	+ 2,548	- 1,803
State Consultation Grants	57,775	59,775	59,500	+ 1,725	- 275
Training Grants	10,537	10,537	10,537	.....	.....
Subtotal, Compliance Assistance	136,745	143,096	141,018	+ 4,273	- 2,078
Safety and Health Statistics	34,250	40,095	32,900	- 1,350	- 7,195
Executive Direction and Administration	10,973	11,343	10,050	- 923	- 1,293
Total, OSHA	552,787	595,023	552,787	.....	- 42,236
MINE SAFETY AND HEALTH ADMINISTRATION					
Salaries and Expenses					
Coal Enforcement	167,859	171,768	162,071	- 5,788	- 9,697
Metal/Non-Metal Enforcement	91,697	97,563	94,500	+ 2,803	- 3,063
Standards Development	5,416	6,197	4,500	- 916	- 1,697
Assessments	6,976	8,277	6,627	- 349	- 1,650
Educational Policy and Development	36,320	40,419	39,320	+ 3,000	- 1,099

Technical Support	33,791	35,041	35,041	35,041	+ 1,250	.....
Program Evaluation and Information Resources [PEIR]	17,990	21,815	17,990	17,990	.....	- 3,825
Program Administration	15,838	16,292	15,838	15,838	.....	- 454
Total, Mine Safety and Health Administration	375,887	397,372	375,887	375,887	.....	- 21,485
Total, Worker Protection Agencies	1,598,744	1,760,774	1,594,780	1,594,780	- 3,964	- 165,994	
Federal Funds	(1,596,567)	(1,758,597)	(1,592,603)	(1,592,603)	(- 3,964)	(- 165,994)	
Trust Funds	(2,177)	(2,177)	(2,177)	(2,177)	.....	.....
BUREAU OF LABOR STATISTICS							
Salaries and Expenses							
Employment and Unemployment Statistics	208,000	219,258	208,000	208,000	.....	- 11,258
Labor Market Information	65,000	67,016	65,000	65,000	.....	- 2,016
Prices and Cost of Living	207,000	219,672	207,000	207,000	.....	- 12,672
Compensation and Working Conditions	83,500	87,517	83,500	83,500	.....	- 4,017
Productivity and Technology	10,500	10,993	10,500	10,500	.....	- 493
Executive Direction and Staff Services	35,000	36,487	35,000	35,000	.....	- 1,487
Total, Bureau of Labor Statistics	609,000	640,943	609,000	609,000	.....	- 31,943
Federal Funds	544,000	573,927	544,000	544,000	.....	- 29,927
Trust Funds	65,000	67,016	65,000	65,000	.....	- 2,016
OFFICE OF DISABILITY EMPLOYMENT POLICY							
Salaries and Expenses	38,203	38,544	38,203	38,203	.....	- 341
DEPARTMENTAL MANAGEMENT							
Salaries and Expenses							
Executive Direction	31,010	37,406	30,250	30,250	- 760	- 7,156	
Departmental Program Evaluation	8,040	9,500	8,040	8,040	.....	- 1,460
Legal Services	125,000	140,374	121,745	121,745	- 3,255	- 18,629	
Trust Funds	308	310	308	308	.....	- 2
International Labor Affairs	86,125	101,230	91,125	91,125	+ 5,000	- 10,105	
Administration and Management	28,413	36,604	28,834	28,834	+ 421	- 7,770	
Adjudication	32,000	36,325	35,336	35,336	+ 3,336	- 989	
Women's Bureau	11,536	12,902	11,536	11,536	.....	- 1,366
Civil Rights Activities	6,880	8,041	6,880	6,880	.....	- 1,161
Chief Financial Officer	5,061	5,233	5,132	5,132	+ 71	- 101	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2016 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2017—Continued
[In thousands of dollars]

Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 appropriation	Budget estimate
Total, Departmental Management	334,373	387,925	339,186	+ 4,813	- 48,739
Federal Funds	(334,065)	(387,615)	(338,878)	(+ 4,813)	(- 48,737)
Trust Funds	(308)	(310)	(308)		(- 2)
Veterans Employment and Training					
State Administration, Grants	175,000	175,000	175,000		
Transition Assistance Program	14,100	14,600	14,600	+ 500	
Federal Administration	40,487	42,506	41,027	+ 540	- 1,479
National Veterans' Employment and Training Services Institute	3,414	3,414	3,414		
Homeless Veterans Program	38,109	50,000	40,500	+ 2,391	- 9,500
Total, Veterans Employment and Training	271,110	285,520	274,541	+ 3,431	- 10,979
Federal Funds	38,109	50,000	40,500	+ 2,391	- 9,500
Trust Funds	233,001	235,520	234,041	+ 1,040	- 1,479
IT Modernization					
Departmental support systems	4,898	4,898	4,898		
Infrastructure technology modernization	24,880	58,264	13,880		- 44,384
Total, IT Modernization	29,778	63,162	18,778	- 11,000	- 44,384
Office of Inspector General					
Program Activities	80,640	88,881	82,061	+ 1,421	- 6,820
Trust Funds	5,660	5,660	5,660		
Total, Office of Inspector General	86,300	94,541	87,721	+ 1,421	- 6,820
Total, Departmental Management					
Federal Funds	721,561	831,148	720,226	- 1,335	- 110,922
Current Year	482,592	589,658	480,217	- 2,375	- 109,441
	(482,592)	(589,658)	(480,217)	(- 2,375)	(- 109,441)

	238,969	241,490	240,009	+ 1,040	- 1,481
Trust Funds					
Total, Workforce Investment Act Programs					
Current Year	5,023,586	5,280,050	4,978,322	- 45,264	- 301,728
Fiscal year 2018	(3,251,586)	(3,508,050)	(3,206,322)	(- 45,264)	(- 301,728)
Fiscal year 2018	(1,772,000)	(1,772,000)	(1,772,000)		
Total, Title I, Department of Labor	13,730,217	14,375,547	13,614,453	- 115,764	- 761,094
Federal Funds	9,873,277	10,477,830	9,812,891	- 60,386	- 664,939
Current Year	(8,082,277)	(8,689,830)	(8,024,891)	(- 57,386)	(- 664,939)
Fiscal year 2018	(1,791,000)	(1,788,000)	(1,788,000)	(- 3,000)	
Trust Funds	3,856,940	3,897,717	3,801,562	- 55,378	- 96,155
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
Primary Health Care					
Community Health Centers	1,491,422	1,341,422	1,490,522	- 900	+ 149,100
Free Clinics Medical Malpractice	100	1,000	1,000	+ 900	
Total, Primary Health Care	1,491,522	1,342,422	1,491,522		+ 149,100
Health Workforce					
National Health Service Corps		20,000			- 20,000
Training for Diversity:					
Centers of Excellence	21,711	21,711	21,711		
Health Careers Opportunity Program	14,189	14,189		- 14,189	- 14,189
Faculty Loan Repayment	1,190	1,190	1,190		
Scholarships for Disadvantaged Students	45,970	49,070	49,070	+ 3,100	
Total, Training for Diversity	83,060	86,160	71,971	- 11,089	- 14,189
Training in Primary Care Medicine	38,924	38,924	38,924		
Oral Health Training	35,873	35,873	35,873		
Interdisciplinary Community-Based Linkages:					
Area Health Education Centers	30,250		30,250		+ 30,250
Geriatric Programs	38,737		38,737		
Behavioral Health Workforce Education and Training	50,000	56,000	50,000		- 6,000
Mental and Behavioral Health	9,916	9,916	9,916		
Total, Interdisciplinary Community Linkages	128,903	104,653	128,903		+ 24,250

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 FOR FISCAL YEAR 2017—Continued
 (In thousands of dollars)

Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 appropriation	Budget estimate
Workforce Information and Analysis	4,663	4,663	4,663	.....	.....
Public Health and Preventive Medicine programs	21,000	17,000	17,000	-4,000	.....
Nursing Programs:					
Advanced Education Nursing	64,581	64,581	64,581	.....	.....
Nurse Education, Practice, and Retention	39,913	39,913	39,913	.....	.....
Nursing Workforce Diversity	15,343	15,343	15,343	.....	.....
Loan Repayment and Scholarship Program	83,135	83,135	83,135	.....	.....
Nursing Faculty Loan Program	26,500	26,500	26,500	.....	.....
Total, Nursing programs	229,472	229,472	229,472	.....	.....
Children's Hospitals Graduate Medical Education	295,000	.....	300,000	+5,000	+300,000
National Practitioner Data Bank	18,814	21,037	18,814	.....	-2,223
User Fees	-18,814	-21,037	-18,814	.....	+2,223
Total, Health Workforce	836,895	536,745	826,806	-10,089	+290,061
Maternal and Child Health					
Maternal and Child Health Block Grant	638,200	638,200	641,700	+3,500	+3,500
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	11,883	-2,000	-2,000
Healthy Start	103,500	103,500	103,500	.....	.....
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	845,117	845,117	846,617	+1,500	+1,500
Ryan White HIV/AIDS Program					
Emergency Assistance	655,876	655,876	655,876	.....	.....
Comprehensive Care Programs	1,315,005	1,315,005	1,315,005	.....	.....

	(900,313)	(900,313)	(900,313)	(900,313)	(900,313)
AIDS Drug Assistance Program [ADAP] (NA)	205,079	280,167	201,079	-79,088	-4,000
Early Intervention Program	75,088		75,088	+75,088	
Children, Youth, Women, and Families	13,122		13,122		
AIDS Dental Services	33,611		33,611		
Education and Training Centers	25,000				-25,000
Special Projects of National Significance					
Total, Ryan White HIV/AIDS program	2,322,781	2,297,781	2,293,781	-4,000	(-34,000)
(Evaluation Tap Funding)		(34,000)			
Health Care Systems					
Organ Transplantation	23,549	23,549	23,549		
National Cord Blood Inventory	11,266	11,266	11,266		
CW Bill Young Cell Transplantation program	22,109	22,109	22,109		
340B Drug Pricing program/Office of Pharmacy Affairs	10,238	26,238	19,238	-7,000	
User Fees		-9,000	-9,000		
Poison Control	18,846	18,846	18,846		
National Hansen's Disease Program	15,206	15,206	15,206		
Hansen's Disease Program Buildings and Facilities	122	122	122		
Payment to Hawaii, Treatment of Hansen's	1,857	1,857	1,857		
Total, Health Care Systems	103,193	110,193	103,193	-7,000	
Rural Health					
Rural Outreach Grants	63,500	63,500	65,500	+2,000	
Rural Health Research/Policy Development	9,351	9,351	9,351		
Rural Hospital Flexibility Grants	41,609	26,200	41,609	+15,409	
State Offices of Rural Health	9,511	9,511	9,511		
Black Lung Clinics	6,766	6,766	6,766		
Radiation Exposure Screening and Education Program	1,834	1,834	1,834		
Telehealth	17,000	17,000	18,000	+1,000	
Rural Opioid Overdose Reversal grant program		10,000			-10,000
Total, Rural Health	149,571	144,162	152,571	+8,409	
Family Planning	286,479	300,000	286,479	-13,521	
Program Management	154,000	157,061	154,000	-3,061	
Vaccine Injury Compensation Program Trust Fund					
Post-fiscal year 1988 Claims	237,000	240,000	240,000		+3,000

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 FOR FISCAL YEAR 2017—Continued
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Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 appropriation	Budget estimate
HRSA Administration	7,500	9,200	7,500	.....	-1,700
Total, Vaccine Injury Compensation Trust Fund	244,500	249,200	247,500	+ 3,000	-1,700
Total, Health Resources and Services Administration	6,434,058	5,982,681	6,402,469	- 31,589	+ 419,788
CENTERS FOR DISEASE CONTROL AND PREVENTION					
Immunization and Respiratory Diseases	459,055	411,716	459,055	.....	+ 47,339
Pandemic Flu balances (Public Law 111-32)	(15,000)	.....	(15,000)	.....	(+ 15,000)
Prevention and Public Health Fund 1	(324,350)	(336,350)	(324,350)	.....	(- 12,000)
Subtotal	(798,405)	(748,066)	(798,405)	.....	(+ 50,339)
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention	1,122,278	1,127,278	1,112,278	- 10,000	- 15,000
Emerging and Zoonotic Infectious Diseases	527,885	577,485	526,885	- 1,000	- 50,600
Prevention and Public Health Fund 1	(52,000)	(52,000)	(52,000)	.....	.....
Subtotal	579,885	629,485	578,885	- 1,000	- 50,600
Chronic Disease Prevention and Health Promotion	838,146	679,745	726,696	- 111,450	+ 46,951
Prevention and Public Health Fund 1	(338,950)	(437,400)	(337,950)	(- 1,000)	(- 99,450)
Subtotal	1,177,096	1,117,145	1,064,646	- 112,450	- 52,499
Birth Defects, Developmental Disabilities, Disabilities and Health	135,610	67,644	137,560	+ 1,950	+ 69,916
Prevention and Public Health Fund 1 .....	.....	(67,966)	.....	.....	(- 67,966)
Subtotal	135,610	135,610	137,560	+ 1,950	+ 1,950
Public Health Scientific Services	491,597	464,355	485,000	- 6,597	+ 20,645
Prevention and Public Health Fund 1 .....	.....	(36,276)	.....	.....	(- 36,276)
Subtotal	(491,597)	(500,631)	(485,000)	(- 6,597)	(- 15,631)

Environmental Health	165,303	167,825	165,303		-2,522
Prevention and Public Health Fund ¹	(17,000)	(14,478)	(17,000)		(+2,522)
Subtotal	182,303	182,303	182,303		
Injury Prevention and Control	236,059	288,629	264,059	+28,000	-4,570
National Institute for Occupational Safety and Health	339,121	213,621	334,121	-5,000	+120,500
Evaluation Tap Funding		(72,000)			(-72,000)
Subtotal	(339,121)	(285,621)	(334,121)	(-5,000)	(+48,500)
Energy Employees Occupational Illness Compensation Program	55,358	55,358	55,358		
Global Health	427,121	442,121	432,121	+5,000	-10,000
Subtotal	(427,121)	(442,121)	(432,121)	(+5,000)	(-10,000)
Public Health Preparedness and Response	1,405,000	1,402,166	1,396,800	-8,200	-5,366
Buildings and Facilities	10,000	31,221		-10,000	-31,221
Subtotal	(160,000)		(160,000)		(+160,000)
Office of the Director	113,570	113,570	113,570		
Subtotal, CDC-Wide Activities	(273,570)	(113,570)	(273,570)		(+160,000)
Total, Centers for Disease Control	6,326,103	6,022,734	6,208,806	-117,297	+186,072
Pandemic Flu balances (Public Law 111-32)	(15,000)		(15,000)		(+15,000)
Prevention and Public Health Fund ¹	(892,300)	(944,470)	(891,300)	(-1,000)	(-53,170)
Total, Centers for Disease Control Program Level	(7,233,403)	(7,039,204)	(7,115,106)	(-118,297)	(+75,902)
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute	5,213,509	5,097,287	5,429,769	+216,260	+332,482
National Heart, Lung, and Blood Institute	3,113,533	3,069,901	3,242,685	+129,152	+172,784
National Institute of Dental and Craniofacial Research	413,396	404,560	430,544	+17,148	+25,984
National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK]	1,816,310	1,786,086	1,891,652	+75,342	+105,566
Juvenile Diabetes (mandatory)	(150,000)	(150,000)	(150,000)		
Subtotal, NIDDK program level	1,966,310	1,936,086	2,041,652	+75,342	+105,566
National Institute of Neurological Disorders and Stroke	1,695,180	1,659,416	1,803,306	+108,126	+143,890
National Institute of Allergy and Infectious Diseases	4,715,697	4,700,548	4,961,305	+245,608	+260,757
National Institute of General Medical Sciences	1,732,437	1,586,655	1,776,755	+44,318	+190,100

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2016 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2017—Continued
(In thousands of dollars)

Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 appropriation	Budget estimate
Evaluation Tap Funding	(780,000)	(847,489)	(857,000)	(+ 77,000)	(+ 9,511)
Subtotal, MGMS program level	2,512,437	2,434,144	2,633,755	+ 121,318	+ 199,611
Eunice Kennedy Shriver National Institute of Child Health and Human Development	1,338,348	1,316,607	1,395,811	+ 57,463	+ 79,204
National Eye Institute	707,998	687,249	740,826	+ 32,828	+ 53,577
National Institute of Environmental Health Sciences	693,533	681,613	722,301	+ 28,768	+ 40,688
National Institute on Aging	1,598,246	1,265,133	2,067,138	+ 468,892	+ 802,005
National Institute of Arthritis and Musculoskeletal and Skin Diseases	541,662	532,753	564,131	+ 22,469	+ 31,378
National Institute on Deafness and Other Communication Disorders	422,936	416,146	441,778	+ 18,842	+ 25,632
National Institute of Nursing Research	145,912	143,942	151,965	+ 6,053	+ 8,023
National Institute on Alcohol Abuse and Alcoholism	467,445	459,578	488,782	+ 21,337	+ 29,204
National Institute on Drug Abuse	1,050,550	1,020,459	1,103,032	+ 82,482	+ 29,204
National Institute of Mental Health	1,518,673	1,459,700	1,619,537	+ 100,864	+ 82,573
National Human Genome Research Institute	513,227	509,762	534,516	+ 21,289	+ 24,754
National Institute of Biomedical Imaging and Bioengineering	343,506	334,025	361,062	+ 17,556	+ 27,037
National Center for Complementary and Integrative Health	129,941	126,673	136,195	+ 6,254	+ 9,522
National Institute on Minority Health and Health Disparities	280,680	279,680	292,323	+ 11,643	+ 12,643
John E. Fogarty International Center	70,117	69,175	73,026	+ 2,909	+ 3,851
National Library of Medicine (NLM)	395,684	395,110	412,097	+ 16,413	+ 16,987
National Center for Advancing Translational Sciences	685,417	660,131	713,849	+ 28,432	+ 53,718
Office of the Director	1,571,200	1,445,459	1,443,752	- 127,448	- 1,707
Common Fund (non-add)	(675,639)	(565,639)	(790,542)	(+ 114,903)	(+ 224,903)
Gabiella Miller Kids First Research Act (Common Fund) (non-add)	(12,600)	(12,600)	(12,600)	.....	.....
Transfers from Non-Recurring Expense Fund (non-add) .....	.....	.....	(300,000)	(+ 300,000)	(+ 300,000)
Subtotal	1,571,200	1,445,459	1,743,752	+ 172,552	+ 298,293
Buildings and Facilities	128,863	128,863	128,863	.....	.....
NH undistributed .....	.....	.....	.....	.....	.....
Total, National Institutes of Health (NIH)	31,304,000	30,236,511	32,927,000	+ 1,623,000	+ 2,690,489

(Evaluation Tap Funding)	(780,000)	(847,489)	(857,000)	(+ 77,000)	(+ 9,511)
(Transfers from Non-Recurring Expense Fund)			(300,000)	(+ 300,000)	(+ 300,000)
Total, NIH Program Level	(32,084,000)	(31,084,000)	(34,084,000)	(+ 2,000,000)	(+ 3,000,000)
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)					
Mental Health					
Programs of Regional and National Significance	402,609	386,388	375,659	- 26,950	- 10,729
Evaluation Tap Funding		(10,000)			(- 10,000)
Prevention and Public Health Fund ¹	(12,000)	(10,000)	(12,000)		(+ 2,000)
Subtotal	414,609	406,388	387,659	- 26,950	- 18,729
Mental Health block grant	511,532	511,532	541,532	+ 30,000	+ 30,000
Evaluation Tap Funding	(21,039)	(21,039)	(21,039)		
Subtotal	(532,571)	(532,571)	(562,571)	(+ 30,000)	(+ 30,000)
Children's Mental Health	119,026	119,026	119,026		
Grants to States for the Homeless (PATH)	64,635	64,635	64,635		
Protection and Advocacy	36,146	36,146	36,146		
Subtotal, Mental Health	1,133,948	1,117,727	1,136,998	+ 3,050	+ 19,271
(Evaluation Tap Funding)	(21,039)	(31,039)	(21,039)		(- 10,000)
Subtotal, Mental Health program level	(1,166,987)	(1,158,766)	(1,170,037)	(+ 3,050)	(+ 11,271)
Substance Abuse Treatment					
Programs of Regional and National Significance	335,345	298,269	334,484	- 861	+ 36,215
Evaluation Tap Funding	(2,000)	(30,000)	(2,000)		(- 28,000)
Subtotal	(337,345)	(328,269)	(336,484)	(- 861)	(+ 8,215)
Substance Abuse block grant	1,778,879	1,778,879	1,778,879		
Evaluation Tap Funding	(79,200)	(79,200)	(79,200)		
Subtotal, block grant	(1,858,079)	(1,858,079)	(1,858,079)		
Subtotal, Substance Abuse Treatment	2,114,224	2,077,148	2,113,363	- 861	+ 36,215
(Evaluation Tap Funding)	(81,200)	(109,200)	(81,200)		(- 28,000)
Subtotal, Program level	(2,195,424)	(2,186,348)	(2,194,563)	(- 861)	(+ 8,215)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2016 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2017—Continued
 (In thousands of dollars)

Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 appropriation	Budget estimate
Substance Abuse Prevention					
Programs of Regional and National Significance	211,219	194,680	225,219	+ 14,000	+ 30,539
Evaluation Tap Funding		(16,468)			(- 16,468)
Subtotal	211,219	194,680	225,219	+ 14,000	+ 30,539
Health Surveillance and Program Support					
Evaluation Tap Funding (NA)	124,878	99,228	115,830	- 9,048	+ 16,602
Prevention and Public Health Fund 1	(31,428)	(56,828)	(32,428)	(+ 1,000)	(- 24,400)
Subtotal	156,306	173,886	148,258	- 8,048	- 25,628
Total, SAMHSA					
(Evaluation Tap Funding)	3,584,269	3,488,783	3,591,410	+ 7,141	+ 102,627
(Prevention and Public Health Fund) 1	(133,667)	(213,535)	(134,667)	(+ 1,000)	(- 78,868)
Total, SAMHSA Program Level	(12,000)	(27,830)	(12,000)		(- 15,830)
	(3,729,936)	(3,730,148)	(3,738,077)	(+ 8,141)	(+ 7,929)
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)					
Healthcare Research and Quality					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds	196,800	140,519	184,279	- 12,521	+ 43,760
Evaluation Tap funding		(83,458)			(- 83,458)
Patient-Centered Outcomes Research transfer					
Subtotal, Health Costs, Quality, and Outcomes	(196,800)	(223,977)	(184,279)	(- 12,521)	(- 39,698)
(Evaluation Tap Funding)		(83,458)			(- 83,458)
Medical Expenditures Panel Surveys:					
Federal Funds	66,000	68,877	68,877	+ 2,877	

Program Support:	71,200	70,844	70,844	-356	
Federal Funds	(334,000)	(363,698)	(324,000)	(-10,000)	(-39,698)
Total, AHRQ Program Level	(334,000)	(280,240)	(324,000)	(-10,000)	(+43,760)
Federal funds		(83,458)			(-83,458)
(Evaluation Tap Funding)					
Total, Public Health Service [PHS] appropriation	47,982,430	46,010,949	49,453,685	+1,471,255	+3,442,736
(Evaluation Tap Funding)					
Total, Public Health Service Program Level	(49,815,397)	(48,233,731)	(51,363,652)	(+1,548,255)	(+3,129,921)
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits	334,936,328	354,223,901	354,223,901	+19,287,573	
State and Local Administration	17,771,915	18,975,984	18,975,984	+1,204,069	
Vaccines for Children	4,109,307	4,386,584	4,386,584	+277,277	
Subtotal, Medicaid Program Level	356,817,550	377,586,469	377,586,469	+20,768,919	
Less funds advanced in prior year	-113,272,140	-115,582,502	-115,582,502	-2,310,362	
Total, Grants to States for Medicaid	243,545,410	262,003,967	262,003,967	+18,458,557	
New advance, 1st quarter, fiscal year 2018	115,582,502	125,219,452	125,219,452	+9,636,950	
Payments to Health Care Trust Funds					
Supplemental Medical Insurance	198,530,000	214,944,000	214,944,000	+16,414,000	
Federal Uninsured Payment	158,000	147,000	147,000	-11,000	
Program Management	1,044,000	877,500	877,500	-166,500	
General Revenue for Part D Benefit	82,453,000	82,512,000	82,512,000	+59,000	
General Revenue for Part D Administration	691,000	405,000	405,000	-286,000	
HCFAC Reimbursement	291,000	299,000	299,000	+8,000	
State Low-Income Determination for Part D	4,800	3,200	3,200	-1,600	
Total, Payments to Trust Funds, Program Level	283,171,800	299,187,700	299,187,700	+16,015,900	
Program Management					
Research, Demonstration, Evaluation	20,054		20,054		+20,054
Program Operations	2,519,823	2,936,499	2,519,823		-416,676
State Survey and Certification	397,334	437,200	397,334		-39,866
Federal Administration	732,533	735,850	732,533		-3,317

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FOR FISCAL YEAR 2017—Continued
(In thousands of dollars)

Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 appropriation	Budget estimate
Total, Program management	3,669,744	4,109,549	3,669,744	.....	- 439,805
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services	486,120	486,936	486,935	+ 815	- 1
HHS Office of Inspector General	67,200	121,824	79,355	+ 12,155	- 42,469
Medicaid/CHIP	67,200	.....	79,355	+ 12,155	+ 79,355
Department of Justice	60,480	116,240	79,355	+ 18,875	- 36,885
Total, Health Care Fraud and Abuse Control	681,000	725,000	725,000	+ 44,000	.....
Total, Centers for Medicare and Medicaid Services	646,650,456	691,245,668	690,805,863	+ 44,155,407	- 439,805
Federal funds	642,299,712	686,411,119	686,411,119	+ 44,111,407	.....
Current year	(526,717,210)	(561,191,667)	(561,191,667)	(+ 34,474,457)	.....
New advance, fiscal year 2018	(115,582,502)	(125,219,452)	(125,219,452)	(+ 9,636,950)	.....
Trust Funds	4,350,744	4,834,549	4,394,744	+ 44,000	- 439,805
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)					
Payments to States for Child Support Enforcement and Family Support Programs					
Payments to Territories	33,000	33,000	33,000	.....	.....
Repatriation	1,000	1,000	1,000	.....	.....
Subtotal	34,000	34,000	34,000	.....	.....
Child Support Enforcement:					
State and Local Administration	3,541,359	3,680,840	3,680,840	+ 139,481	.....
Federal Incentive Payments	519,547	585,791	585,791	+ 66,244	.....
Access and Visitation	10,000	10,000	10,000	.....	.....
Subtotal, Child Support Enforcement	4,070,906	4,276,631	4,276,631	+ 205,725	.....
Total, Family Support Payments Program Level	4,104,906	4,310,631	4,310,631	+ 205,725	.....

Less funds advanced in previous years	- 1,160,000	- 1,300,000	- 1,300,000	- 140,000	.....
Total, Family Support Payments, current year	2,944,906	3,010,631	3,010,631	+ 65,725	.....
New advance, 1st quarter, fiscal year 2018	1,300,000	1,400,000	1,400,000	+ 100,000	.....
Low Income Home Energy Assistance [LIHEAP]					
Formula Grants	3,390,304	3,000,304	3,390,304		+ 390,000
Utility Innovation Fund					
Total, LIHEAP, Program Level	3,390,304	3,000,304	3,390,304		+ 390,000
Refugee and Entrant Assistance					
Transitional and Medical Services	490,000	581,357	490,000		- 91,357
Victims of Trafficking	18,755	22,000	18,755		- 3,245
Social Services	155,000	176,927	155,000		- 21,927
Preventive Health	4,600	4,600	4,600		
Targeted Assistance	47,601	55,601	47,601		- 8,000
Unaccompanied Minors	948,000	1,226,000	948,000		- 278,000
Unaccompanied Minors Contingency Fund		95,000			- 95,000
CBO adjustment		65,000			- 65,000
Subtotal	10,735	160,000			- 160,000
Victims of Torture		23,375	10,735		- 12,640
Total, Refugee and Entrant Assistance	1,674,691	2,249,860	1,674,691		- 575,169
Payments to States for the Child Care and Development Block Grant	2,761,000	2,961,672	2,786,000	+ 25,000	- 175,672
Social Services Block Grant (Title XX)	1,700,000	1,681,500	1,700,000		+ 18,500
Social Services Block Grant Research/Evaluation		18,500			- 18,500
Total, Social Services Block Grant	1,700,000	1,700,000	1,700,000		
Children and Families Services Programs					
Programs for Children, Youth and Families:					
Head Start, current funded	9,168,095	9,601,724	9,203,095	+ 35,000	- 398,629
Preschool Development Grants ³	250,000	350,000	250,000		- 100,000
Consolidated Runaway, Homeless Youth Program	101,980	108,330	101,980		- 6,350
Prevention Grants to Reduce Abuse of Runaway Youth	17,141	17,491	17,141		- 350
Child Abuse State Grants	25,310	25,310	25,310		
Child Abuse Discretionary Activities	33,000	43,744	33,000		- 10,744

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 FOR FISCAL YEAR 2017—Continued
 [In thousands of dollars]

Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 appropriation	Budget estimate
Community Based Child Abuse Prevention	39,764	39,764	39,764		
Child Welfare Services	268,735	268,735	268,735		
Child Welfare Training, Research, or Demonstration projects	17,984	21,984	17,984		-4,000
Adoption Opportunities	39,100	39,100	39,100		
Adoption Incentive	37,943	37,943	37,943		
Social Services and Income Maintenance Research	6,512	10,762	6,512		-4,250
Native American Programs	50,000	53,100	50,000		-3,100
Community Services:					
Community Services Block Grant Act programs:					
Grants to States for Community Services	715,000	674,000	715,000		+41,000
Economic Development	29,883			-29,883	
Rural Community Facilities	6,500			-6,500	
Subtotal	751,383	674,000	715,000	-36,383	+41,000
Individual Development Account Initiative	18,950	18,950		-18,950	-18,950
Subtotal, Community Services	770,333	692,950	715,000	-55,333	+22,050
Domestic Violence Hotline	8,250	12,300	8,250		-4,050
Family Violence/Battered Women's Shelters	150,000	151,000	151,000		
Chafee Education and Training Vouchers	43,257	43,257	43,257	+1,000	
Faith-Based Center					
Disaster Human Services Case Management	1,864	1,864	1,864		
Program Direction	205,000	205,699	205,000		-699
Total, Children and Families Services Programs	11,234,268	11,725,057	11,214,935	-19,333	-510,122
Children's Research and Technical Assistance					
Systems Innovation Center and other expenses		10,000			-10,000
(By transfer)		(15,000)			(-15,000)

Total, Children's research and technical assistance	25,000					-25,000
Promoting Safe and Stable Families	345,000					-20,000
Discretionary Funds	59,765			325,000		-20,000
				59,765		
Total, Promoting Safe and Stable Families	404,765			384,765		-40,000
Payments for Foster Care and Permanency						
Foster Care	4,772,100	4,992,000		4,992,000	+219,900	
Adoption Assistance	2,562,900	2,780,000		2,780,000	+217,100	
Guardianship	123,000	152,000		152,000	+29,000	
Independent Living	140,000	140,000		140,000		
Total, Payments to States	7,598,000	8,064,000		8,064,000	+466,000	
Less Advances from Prior Year	-2,300,000	-2,300,000		-2,300,000		
Total, payments, current year	5,298,000	5,764,000		5,764,000	+466,000	
New Advance, 1st quarter, fiscal year 2018	2,300,000	2,500,000		2,500,000	+200,000	
Total, ACF	33,007,934	34,746,289		33,825,326	+817,392	-920,963
Current year	(29,407,934)	(30,846,289)		(29,925,326)	(+517,392)	(-920,963)
Fiscal year 2018	(3,600,000)	(3,900,000)		(3,900,000)	(+300,000)	
Total, ACF Program Level	33,007,934	34,761,289		33,825,326	+817,392	-935,963
ADMINISTRATION FOR COMMUNITY LIVING						
Aging and Disability Services Programs						
Grants to States:						
Home and Community-based Supportive Services	347,724	357,724		347,724		-10,000
Preventive Health	19,848	19,848		19,848		
Protection of Vulnerable Older Americans—Title VII	20,658	20,658		20,658		
Subtotal	388,230	398,230		388,230		-10,000
Family Caregivers	150,586	150,586		150,586		
Native American Caregivers Support	7,531	7,531		7,531		
Subtotal, Caregivers	158,117	158,117		158,117		
Nutrition:						
Congregate Meals	448,342	454,091		448,342		-5,749
Home Delivered Meals	226,342	234,397		226,342		-8,055

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FOR FISCAL YEAR 2017—Continued
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Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 appropriation	Budget estimate
Nutrition Services Incentive Program	160,069	160,069	160,069		
Nutrition Initiative					
Subtotal	834,753	848,557	834,753		-13,804
Subtotal, Grants to States	1,381,100	1,404,904	1,381,100		-23,804
Grants for Native Americans	31,158	31,158	26,158	-5,000	-5,000
Aging Network Support Activities	9,961	9,961	9,961		
Alzheimer's Disease Demonstrations	4,800	4,800	4,800		
Prevention and Public Health Fund ¹	(14,700)	(14,700)	(14,700)		
Lifespan Respite Care	3,360	5,000	3,360		-1,640
Chronic Disease Self-Management Program					
Prevention and Public Health Fund ¹	(8,000)	(8,000)	(8,000)		
Elder Falls Prevention					
Prevention and Public Health Fund ¹	(5,000)	(5,000)	(5,000)		
Senior Medicare Patrol Program					
Elder Rights Support Activities	11,874	13,874	13,874	+2,000	
Aging and Disability Resources	6,119	8,119	6,119		-2,000
State Health Insurance Program	52,115	52,115		-52,115	-52,115
National Clearinghouse for Long-Term Care Information					
Paralysis Resource Center	7,700	7,700	7,700		
Limb loss	2,810	2,810	2,810		
Traumatic Brain Injury	9,321	9,321	9,321		
Developmental Disabilities Programs:					
State Councils	73,000	73,000	73,000		
Protection and Advocacy	38,734	38,734	38,734		
Voting Access for Individuals with Disabilities	4,963	4,963	4,963		
Developmental Disabilities Projects of National Significance	10,000	10,000	10,000		
University Centers for Excellence in Developmental Disabilities	38,619	38,619	38,619		
Subtotal, Developmental Disabilities Programs	165,316	165,316	165,316		

Workforce Innovation and Opportunity Act Independent Living	101,183	101,183	101,183	.....
National Institute on Disability, Independent Living, and Rehabilitation Research	103,970	103,970	103,970	.....
Assistive Technology	34,000	32,000	32,000	-2,000
Subtotal, Workforce Innovation and Opportunity Act	239,153	237,153	237,153	-2,000
Program Administration	40,063	41,063	40,063	-1,000
Total, Administration for Community Living [ACL]	1,964,850	1,993,294	1,907,735	-85,559
Federal funds	1,912,735	1,941,179	1,907,735	-33,444
Trust Funds	(52,115)	(52,115)	.....	-5,000
(Prevention and Public Health Fund) 1	(27,700)	(27,700)	(27,700)	(-52,115)
Total, ACL program level	1,992,550	2,020,994	1,935,435	-85,559
OFFICE OF THE SECRETARY				
General Departmental Management				
General Departmental Management, Federal Funds	200,000	214,610	199,620	-14,990
Teen Pregnancy Prevention Community Grants	101,000	104,790	101,000	-3,790
Evaluation Tap Funding	(6,800)	(6,800)	(6,800)	.....
Subtotal, Grants	(107,800)	(111,590)	(107,800)	(-3,790)
Faith-Based Center	1,299	1,382	1,299	-83
Sexual Risk Avoidance	10,000	.....	15,000	+15,000
Minority Health	56,670	56,670	50,000	-6,670
Office of Women's Health	32,140	32,140	29,000	-3,140
Minority HIV/AIDS prevention and treatment	53,900	53,900	48,000	-5,900
Embryo Adoption Awareness Campaign	1,000	.....	1,000	.....
Planning and Evaluation, Evaluation Tap Funding	(58,028)	(59,278)	(58,028)	+1,250
Subtotal, General Departmental Management	456,009	463,492	444,919	-18,573
DATA Act activities .....	.....	10,320	.....	-10,320
HHS Digital Service Team .....	.....	5,000	.....	-5,000
Total, General Departmental Management	456,009	478,812	444,919	-33,893
Federal Funds	(456,009)	(478,812)	(444,919)	(-33,893)
(Evaluation Tap Funding)	(64,828)	(66,078)	(64,828)	(-1,250)
Total, General Departmental Management Program	520,837	544,890	509,747	-35,143
Office of Medicare Hearings and Appeals	107,381	120,000	112,381	-7,619
Office of the National Coordinator for Health Information Technology	60,367	.....	60,367	+60,367

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2016 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2017—Continued
[In thousands of dollars]

Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 appropriation	Budget estimate
Evaluation Tap Funding		(82,000)			(- 82,000)
Total, Program Level	(60,367)	(82,000)	(60,367)		(- 21,633)
Office of Inspector General					
Inspector General Federal Funds	75,000	85,000	75,000		- 10,000
HCFAC funding (INA)	(333,893)		(334,097)	(+ 204)	(+ 334,097)
Total, Inspector General Program Level	(408,893)	(85,000)	(409,097)	(+ 204)	(+ 324,097)
Office for Civil Rights					
Federal Funds	38,798	42,705	38,798		- 3,907
Retirement Pay and Medical Benefits for Commissioned Officers					
Retirement Payments	441,977	457,459	457,459	+ 15,482	
Survivors Benefits	28,603	31,559	31,559	+ 2,956	
Dependents' Medical Care	115,608	141,390	141,390	+ 25,782	
Total, Medical Benefits for Commissioned Officers	586,188	630,408	630,408	+ 44,220	
Public Health and Social Services Emergency Fund [PHSSEF]					
Assistant Secretary for Preparedness and Response					
Operations	30,938	30,938	30,938		
Preparedness and Emergency Operations	24,654	24,654	24,654		
National Disaster Medical System	49,904	55,054	49,904		- 5,150
Hospital Preparedness Cooperative Agreement Grants:					
Formula Grants	254,555	254,555	254,555		
Biomedical Advanced Research and Development Authority (BARDA)	511,700	511,700	511,700		
Policy and Planning	14,877	14,877	14,877		

	510,000	350,000	510,000	.....	+ 160,000
Project BioShield					
Subtotal, Preparedness and Response	1,396,628	1,241,778	1,396,628	.....	+ 154,850
Assistant Secretary for Administration					
Assistant Secretary for Administration, Cybersecurity	50,860	50,860	50,860	.....
Office of Security and Strategic Information	7,470	7,470	7,470	.....
Public Health and Science					
Medical Reserve Corps	6,000	6,000	6,000	.....
Pandemic Influenza Preparedness	72,000	125,009	57,000	.....	- 68,009
Pandemic Flu balances (Public Law 111-32)			(15,000)	.....	( + 15,000)
Subtotal, Non-pandemic flu/BioShield/Parlawm/Other construction	950,958	956,108	950,958	.....	- 5,150
Total, PHSSEF	1,532,958	1,431,117	1,517,958	.....	+ 86,841
Total, PHSSEF, program level	1,532,958	1,431,117	1,532,958	.....	+ 101,841
Total, Office of the Secretary	2,856,701	2,788,042	2,879,831	.....	+ 91,789
Federal Funds	2,749,320	2,668,042	2,767,450	.....	+ 99,408
Trust Funds	107,381	120,000	112,381	.....	- 7,619
(Evaluation Tap Funding)	(64,828)	(148,078)	(64,828)	.....	( - 83,250)
Total, Office of the Secretary Program Level	2,921,529	2,936,120	2,959,659	.....	+ 23,539
Total, Title II, Health and Human Services	732,462,371	776,784,242	778,872,440	.....	+ 2,088,198
Federal Funds	727,944,631	771,768,378	774,357,815	.....	+ 2,589,437
Current year	(608,762,129)	(642,648,926)	(645,238,363)	.....	( + 2,589,437)
Fiscal year 2018	(119,182,502)	(129,119,452)	(129,119,452)	.....
Trust Funds	4,517,740	5,015,864	4,514,625	.....	- 501,239
Pandemic Flu balances (Public Law 111-32)	(15,000)		(30,000)	.....	( + 30,000)
Total, Prevention and Public Health Fund 1	(932,000)	(1,000,000)	(931,000)	.....	( - 69,000)
TITLE III—DEPARTMENT OF EDUCATION					
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies [LEAs] Basic Grants:					
Advance from prior year	(2,890,776)	(2,390,776)	(2,390,776)	.....
Forward funded	4,064,641	4,513,625	4,564,641	.....	+ 51,016
Current funded	3,984	5,000	3,984	.....	- 1,016

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2016 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2017—Continued
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Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 appropriation	Budget estimate
Subtotal, Basic grants current year approp	4,068,625	4,518,625	4,568,625	+500,000	+50,000
Subtotal, Basic grants total funds available	(6,959,401)	(6,909,401)	(6,959,401)	.....	(+ 50,000)
Basic Grants fiscal year 2018 Advance	2,390,776	1,940,776	1,890,776	-500,000	-50,000
Subtotal, Basic grants, program level	6,459,401	6,459,401	6,459,401	.....	.....
Concentration Grants:					
Advance from prior year	(1,362,301)	(1,362,301)	(1,362,301)	.....	.....
Fiscal year 2018 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	(3,294,050)	(3,544,050)	(3,544,050)	(+ 250,000)	.....
Fiscal year 2018 Advance	3,544,050	3,769,050	3,794,050	+250,000	+ 25,000
Subtotal	3,544,050	3,769,050	3,794,050	+250,000	+ 25,000
Education Finance Incentive Grants:					
Advance from prior year	(3,294,050)	(3,544,050)	(3,544,050)	(+ 250,000)	.....
Fiscal year 2018 Advance	3,544,050	3,769,050	3,794,050	+250,000	+ 25,000
Subtotal	3,544,050	3,769,050	3,794,050	+250,000	+ 25,000
Subtotal, Grants to LEAs, program level	14,909,802	15,359,802	15,409,802	+500,000	+ 50,000
School Improvement Grants	450,000	.....	.....	-450,000	.....
Innovative Approaches to Literacy	27,000	27,000	27,000	.....	.....
Comprehensive literacy development grants (formerly Striving Readers)	190,000	190,000	190,000	.....	.....
State Agency Programs:					
Migrant	374,751	374,751	374,751	.....	.....
Neglected and Delinquent/High Risk Youth	47,614	47,614	47,614	.....	.....

Subtotal, State Agency programs	422,365	422,365	422,365	.....
Migrant Education:				
High School Equivalency Program	44,623	44,623	44,623	.....
Total, Education for the disadvantaged	16,043,790	16,043,790	16,093,790	+ 50,000
Current Year	(5,202,613)	(5,202,613)	(5,252,613)	(+ 50,000)
Fiscal year 2018	(10,841,177)	(10,841,177)	(10,841,177)	.....
Subtotal, Forward Funded	(5,127,006)	(5,125,990)	(5,177,006)	(+ 51,016)
IMPACT AID				
Basic Support Payments	1,168,233	1,168,233	1,176,233	+ 8,000
Payments for Children with Disabilities	48,316	48,316	48,316	.....
Facilities Maintenance (Sec. 8008)	4,835	71,648	4,835	- 66,813
Construction (Sec. 8007)	17,406	17,406	17,406	.....
Payments for Federal Property (Sec. 8002)	66,813	.....	68,813	+ 2,000
Total, Impact aid	1,305,603	1,305,603	1,315,603	+ 10,000
SCHOOL IMPROVEMENT PROGRAMS				
State Grants for Supporting Effective Instruction	668,389	568,559	374,389	- 294,000
Advance from prior year	(1,681,441)	(1,681,441)	(1,681,441)	.....
Fiscal year 2018	1,681,441	1,681,441	1,681,441	.....
Subtotal, State Grants for Improving Teacher Quality, program level	2,349,830	2,250,000	2,055,830	- 294,000
Mathematics and Science Partnerships	152,717	.....	.....	- 152,717
Supplemental Education Grants	16,699	16,699	16,699	.....
21st Century Community Learning Centers	1,166,673	1,000,000	1,050,000	+ 50,000
State Assessments/Enhanced Assessment Instruments	378,000	403,000	378,000	- 25,000
Education for Homeless Children and Youth	70,000	85,000	77,000	- 8,000
Training and Advisory Services (Civil Rights)	6,575	6,575	6,575	.....
Education for Native Hawaiians	33,397	33,397	33,397	.....
Alaska Native Education Equity	32,453	32,453	32,453	.....
Rural Education	175,840	175,840	175,840	.....
Comprehensive Centers	51,445	55,445	51,445	- 4,000
Student Support and Academic Enrichment grants .....	.....	500,000	300,000	+ 300,000
Total, School Improvement Programs	4,433,629	4,558,409	4,177,239	- 256,390
Current Year	(2,752,188)	(2,876,968)	(2,495,798)	(- 256,390)
Fiscal year 2018	(1,681,441)	(1,681,441)	(1,681,441)	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2016 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2017—Continued
[In thousands of dollars]

Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 appropriation	Budget estimate
Subtotal, Forward Funded	(2,611,619)	(2,232,399)	(2,055,229)	(-556,390)	(-177,170)
INDIAN EDUCATION					
Grants to Local Educational Agencies	100,381	100,381	100,381		
Federal Programs:					
Special Programs for Indian Children	37,993	67,993	37,993		-30,000
National Activities	5,565	6,565	5,565		-1,000
Subtotal, Federal Programs	43,558	74,558	43,558		-31,000
Total, Indian Education	143,939	174,939	143,939		-31,000
INNOVATION AND IMPROVEMENT					
Education Innovation and Research	120,000	180,000	120,000		-60,000
STEM Master Teacher Corps		10,000			-10,000
American History and Civics Academies	1,815	1,815	1,815		
School Leader Recruitment and Support	16,368	30,000	16,368		-13,632
Charter Schools Grants	333,172	350,000	343,172	+10,000	-6,828
Magnet Schools Assistance	96,647	115,000	96,647		-18,353
Fund for the Improvement of Education (FIE)	3,000			-3,000	
Teacher and School Leader Incentive Grants	230,000	250,000	213,000	-17,000	-37,000
Ready-to-Learn television	25,741	25,741	25,741		
Advanced Placement	28,483			-28,483	
Supporting Effective Educator Development (SEED)		100,000	87,000	+87,000	-13,000
Art in Education	27,000	27,000	27,000		
Javits Gifted and Talented Students	12,000	12,000	12,000		
Teach to Lead (proposed legislation)		10,000			-10,000
Stronger Together (proposed legislation)		120,000			-120,000
Next Generation High Schools (proposed legislation)		80,000			-80,000
Computer Science for All Development Grants (proposed legislation)		100,000			-100,000

Total, Innovation and Improvement	894,226	1,411,556	942,743	+ 48,517	- 468,813
Current Year	(894,226)	(1,411,556)	(942,743)	(+ 48,517)	(- 468,813)
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Promise Neighborhoods	73,254	128,000	73,254		- 54,746
School Safety National Activities	75,000	90,000	70,000	- 5,000	- 20,000
Elementary and Secondary School Counseling	49,561			- 49,561	
Carol M. White Physical Education Program	47,000			- 47,000	
Full-Service Community Schools	10,000	10,000		- 10,000	
Total, Safe Schools and Citizenship Education	254,815	228,000	143,254	- 111,561	- 84,746
ENGLISH LANGUAGE ACQUISITION					
Current funded	47,931	52,026	47,931		- 4,095
Forward funded	689,469	748,374	689,469		- 58,905
Total, English Language Acquisition	737,400	800,400	737,400		- 63,000
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B current year	2,629,465	2,629,465	2,669,465	+ 40,000	+ 40,000
Part B advance from prior year	(9,283,383)	(9,283,383)	(9,283,383)		
Grants to States Part B (fiscal year 2018)	9,283,383	9,283,383	9,283,383		
Subtotal, program level	11,912,848	11,912,848	11,952,848	+ 40,000	+ 40,000
Preschool Grants	368,238	403,238	368,238		- 35,000
Grants for Infants and Families	458,556	503,556	458,556		- 45,000
Subtotal, program level	12,739,642	12,819,642	12,779,642	+ 40,000	- 40,000
IDEA National Activities (current funded):					
State Personnel Development	41,630	41,630	41,630		
Technical Assistance and Dissemination (including Special Olympics Education)	54,428	64,428	56,928	+ 2,500	- 7,500
Personnel Preparation	83,700	83,700	83,700		
Parent Information Centers	27,411	27,411	27,411		
Technology and Media Services	30,047	30,047	30,047		
Subtotal, IDEA special programs	237,216	247,216	239,716	+ 2,500	- 7,500
Total, Special education	12,976,858	13,066,858	13,019,358	+ 42,500	- 47,500

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FOR FISCAL YEAR 2017—Continued
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Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 appropriation	Budget estimate
Current Year	(3,693,475)	(3,783,475)	(3,735,975)	(+ 42,500)	(- 47,500)
Fiscal year 2018	(9,283,383)	(9,283,383)	(9,283,383)		
Subtotal, Forward Funded	(3,456,259)	(3,536,259)	(3,496,259)	(+ 40,000)	(- 40,000)
REHABILITATION SERVICES AND DISABILITY RESEARCH					
Vocational Rehabilitation State Grants	3,391,770	3,398,554	3,398,554	+ 6,784	
Client Assistance State grants	13,000	13,000	13,000		
Training	30,188	30,188	30,188		
Demonstration and Training programs	5,796	5,796	5,796		
Protection and Advocacy of Individual Rights (PAIR)	17,650	17,650	17,650		
Supported Employment State grants	27,548	30,548	27,548		- 3,000
Independent Living					
Services for Older Blind Individuals	33,317	35,317	33,317		- 2,000
Subtotal	33,317	35,317	33,317		- 2,000
Helen Keller National Center for Deaf/Blind Youth and Adults	10,336	10,336	10,336		
Assistive Technology					
Total, Rehabilitation services	3,529,605	3,541,389	3,536,389	+ 6,784	- 5,000
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
American Printing House for the Blind	25,431	25,431	25,431		
National Technical Institute for the Deaf (NTID):					
Operations	70,016	70,016	70,016		
Gallaudet University:					
Operations	121,275	121,275	121,275		
Total, Gallaudet University	121,275	121,275	121,275		
Total, Special Institutions for Persons with Disabilities	216,722	216,722	216,722		

CAREER, TECHNICAL, AND ADULT EDUCATION					
Career Education:					
Basic State Grants/Secondary & Technical Education State Grants, current funded	326,598	401,598	326,598		-75,000
Advance from prior year	(791,000)	(791,000)	(791,000)		
Fiscal year 2018	791,000	791,000	791,000		
Subtotal, Basic State Grants, program level	1,117,598	1,192,598	1,117,598		-75,000
National Programs	7,421	9,421	7,421		-2,000
Subtotal, Career Education	1,125,019	1,202,019	1,125,019		-77,000
Adult Education:					
State Grants/Adult Basic and Literacy Education:					
State Grants, current funded	581,955	581,955	581,955		
National Leadership Activities	13,712	24,712	13,712		-11,000
Subtotal, Adult education	595,667	606,667	595,667		-11,000
Total, Career, Technical, and Adult Education	1,720,686	1,808,686	1,720,686		-88,000
Current Year	(929,686)	(1,017,686)	(929,686)		(-88,000)
Fiscal year 2018	(791,000)	(791,000)	(791,000)		
Subtotal, Forward Funded	(929,686)	(1,017,686)	(929,686)		(-88,000)
STUDENT FINANCIAL ASSISTANCE					
Pell Grants—maximum grant (NA)	(4,860)	(4,860)	(4,860)		
Pell Grants	22,475,352	22,475,352	22,475,352		
Federal Supplemental Educational Opportunity Grants	733,130	733,130	733,130		
Federal Work Study	989,728	989,728	989,728		
Total, Student Financial Assistance (SFA)	24,198,210	24,198,210	24,198,210		
STUDENT AID ADMINISTRATION					
Salaries and Expenses	696,643	732,352	691,643	-5,000	-40,709
Servicing Activities	855,211	899,638	855,211		-44,427
Total, Student Aid Administration	1,551,854	1,631,990	1,546,854	-5,000	-85,136

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Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 appropriation	Budget estimate
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions	86,534	86,534	86,534		
Hispanic Serving Institutions	107,795	107,795	107,795		
Promoting Post-Baccalaureate Opportunities for Hispanic Americans	9,671	9,671	9,671		
Strengthening Historically Black Colleges [HBCUs]	244,694	244,694	244,694		
Strengthening Historically Black Graduate Institutions	63,281	63,281	63,281		
Strengthening Predominantly Black Institutions	9,942	9,942	9,942		
Asian American Pacific Islander	3,348	3,348	3,348		
Strengthening Alaska Native and Native Hawaiian-Serving Institutions	13,802	13,802	13,802		
Strengthening Native American-Serving Nontribal Institutions	3,348	3,348	3,348		
Strengthening Tribal Colleges	27,599	27,599	27,599		
Strengthening HBCU Masters programs			9,500	+ 9,500	+ 9,500
Subtotal, Aid for Institutional development	570,014	570,014	579,514	+ 9,500	+ 9,500
International Education and Foreign Language:					
Domestic Programs	65,103	65,103	65,103		
Overseas Programs	7,061	2,168	2,168	- 4,893	- 4,893
Subtotal, International Education & Foreign Lang	72,164	67,271	67,271	- 4,893	- 4,893
Fund for the Improvement of Postsec. Ed. [FPSE]—First in the World		100,000			- 100,000
Postsecondary Program for Students with Intellectual Disabilities	11,800	11,800	11,800		
Minority Science and Engineering Improvement	9,648	9,648	9,648		
Tribally Controlled Postsec Voc/Tech Institutions	8,286	8,286	8,286		
Federal TRIO Programs	900,000	900,000	900,000		
GEAR UP	322,754	322,754	322,754		
Graduate Assistance in Areas of National Need	29,293	29,293	29,293		
Teacher Quality Partnerships	43,092		43,092		+ 43,092
Child Care Access Means Parents in School	15,134	15,134	15,134		
HCBU and Minority-Serving Institutions Innovation for Completion Fund (proposed legislation)		30,000			- 30,000

Teacher and Principal Pathways (proposed legislation)	1,982,185	125,000				-125,000
Total, Higher Education		2,189,200		1,986,792	+4,607	-202,408
HOWARD UNIVERSITY						
Academic Program	191,091	191,091		191,091		
Endowment Program	3,405	3,405		3,405		
Howard University Hospital	27,325	27,325		27,325		
Total, Howard University	221,821	221,821		221,821		
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM	435	457		435		-22
HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU) CAPITAL FINANCING PROGRAM ACCOUNT						
HBCU Federal Administration	334	349		334		-15
HBCU Loan Subsidies	20,150	20,150		20,150		
Total, HBCU Capital Financing Program	20,484	20,499		20,484		-15
INSTITUTE OF EDUCATION SCIENCES (IES)						
Research, Development and Dissemination	195,000	209,273		190,000	-5,000	-19,273
Statistics	112,000	125,360		112,000		-13,360
Regional Educational Laboratories	54,423	54,423		54,423		
Research in Special Education	54,000	54,000		54,000		
Special Education Studies and Evaluations	10,818	13,000		10,818		-2,182
Statewide Data Systems	34,539	81,017		34,539		-46,478
Assessment:						
National Assessment	149,000	149,000		149,000		
National Assessment Governing Board	8,235	7,745		7,745	-490	
Subtotal, Assessment	157,235	156,745		156,745	-490	
Total, IES	618,015	693,818		612,525	-5,490	-81,293
DEPARTMENTAL MANAGEMENT						
Program Administration:						
Salaries and Expenses	431,000	450,342		431,000		-19,342
Building Modernization	1,000	24,485		1,000		-23,485

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Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 appropriation	Budget estimate
Total, Program administration	432,000	474,827	432,000	.....	-42,827
Office for Civil Rights	107,000	137,708	110,000	+3,000	-27,708
Office of Inspector General	59,256	61,941	59,256	.....	-2,685
Total, Departmental management	598,256	674,476	601,256	+3,000	-73,220
Total, Title III, Department of Education	71,448,533	72,786,823	71,235,500	-213,033	-1,551,323
Current Year	(48,851,532)	(50,189,822)	(48,638,499)	(-213,033)	(-1,551,323)
Fiscal year 2018	(22,597,001)	(22,597,001)	(22,597,001)	.....	.....
TITLE IV—RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED					
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America [VISTA]	92,364	95,880	92,364	.....	-3,516
National Senior Volunteer Corps:					
Foster Grandparents Program	107,702	107,702	107,702	.....	.....
Senior Companion Program	45,512	45,512	45,512	.....	.....
Retired Senior Volunteer Program	48,903	48,903	48,903	.....	.....
Subtotal, Senior Volunteers	202,117	202,117	202,117	.....	.....
Subtotal, Domestic Volunteer Service	294,481	297,997	294,481	.....	-3,516
National and Community Service Programs:					
AmeriCorps State and National Grants	386,010	386,010	386,010	.....	.....
Innovation, Assistance, and Other Activities	57,400	57,601	5,000	-52,400	-52,601
Evaluation	4,000	6,000	4,000	.....	-2,000
National Civilian Community Corps [NCCC]	30,000	30,000	30,000	.....	.....

State Commission Support Grants	16,038	17,000	17,038	+ 1,000	+ 38
Subtotal, National and Community Service	493,448	496,611	442,048	- 51,400	- 54,563
Total, Operating expenses	787,929	794,608	736,529	- 51,400	- 58,079
National Service Trust	220,000	206,842	206,842	- 13,158	
Salaries and Expenses	81,737	89,330	81,737		- 7,593
Office of Inspector General	5,250	6,100	5,250		- 850
Total, Corp. for National and Community Service	1,094,916	1,096,880	1,030,358	- 64,558	- 66,522
CORPORATION FOR PUBLIC BROADCASTING:					
Fiscal year 2019 (current) with fiscal year 2017 comparable	445,000	445,000	445,000		
Fiscal year 2018 advance with fiscal year 2016 comparable (NA)	(445,000)	(445,000)	(445,000)		
Fiscal year 2017 advance with fiscal year 2015 comparable (NA)	(445,000)	(445,000)	(445,000)		
Public television interconnection system (current)	40,000	50,000	50,000	+ 10,000	
FEDERAL MEDIATION AND CONCILIATION SERVICE	48,748	50,738	48,638	- 110	- 2,100
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION	17,085	17,184	17,184	+ 99	
INSTITUTE OF MUSEUM AND LIBRARY SERVICES	230,000	230,000	231,000	+ 1,000	+ 1,000
MEDICARE AND CHIP PAYMENT AND ACCESS COMMISSION	7,765	8,700	7,765		- 935
MEDICARE PAYMENT ADVISORY COMMISSION	11,925	12,234	11,925		- 309
NATIONAL COUNCIL ON DISABILITY	3,250	3,468	3,439	+ 189	- 29
NATIONAL LABOR RELATIONS BOARD	274,224	274,695	274,224		- 471
NATIONAL MEDIATION BOARD	13,230	13,300	14,000	+ 770	+ 700
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION	12,639	13,411	13,411	+ 772	
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account	29,000	25,000	25,000	- 4,000	
Less Income Tax Receipts on Dual Benefits	- 2,000	- 2,000	- 2,000		
Subtotal, Dual Benefits	27,000	23,000	23,000	- 4,000	
Federal Payments to the Railroad Retirement Accounts	150	150	150		
Limitation on Administration	111,225	122,499	113,500	+ 2,275	- 8,999
Limitation on the Office of Inspector General	8,437	10,499	10,000	+ 1,563	- 499
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds	11,400	11,400	11,400		
Supplemental Security Income Program					
Federal Benefit Payments	60,686,000	52,941,736	52,941,736	- 7,744,264	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2016 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
 FOR FISCAL YEAR 2017—Continued
 [In thousands of dollars]

Item	2016 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2016 appropriation	Budget estimate
Beneficiary Services	70,000	89,000	89,000	+ 19,000	.....
Research and Demonstration	101,000	58,000	58,000	- 43,000	.....
Afghanistan Special Immigrant Visa .....	.....	2,000	.....	.....	- 2,000
Administration	4,648,733	5,234,132	5,029,427	+ 380,694	- 204,705
Subtotal, SSI program level	65,505,733	58,324,868	58,118,163	- 7,387,570	- 206,705
Less funds advanced in prior year	- 19,200,000	- 14,500,000	- 14,500,000	+ 4,700,000	.....
Subtotal, regular SSI current year	46,305,733	43,824,868	43,618,163	- 2,687,570	- 206,705
New advance, 1st quarter, fiscal year 2018	14,500,000	15,000,000	15,000,000	+ 500,000	.....
Total, SSI program	60,805,733	58,824,868	58,618,163	- 2,187,570	- 206,705
Limitation on Administrative Expenses					
OAS/ODI Trust Funds	5,100,054	5,702,038	5,145,407	+ 45,353	- 556,631
HI/SMI Trust Funds	1,777,800	2,001,330	1,684,753	- 93,047	- 316,577
Social Security Advisory Board	2,300	2,500	2,300	.....	- 200
SSI	3,718,791	3,415,132	3,706,485	- 12,306	+ 291,353
Subtotal, regular LAE	10,598,945	11,121,000	10,538,945	- 60,000	- 582,055
User Fees:					
SSI User Fee activities	136,000	126,000	126,000	- 10,000	.....
CBO adjustment .....	.....	- 3,000	- 3,000	- 3,000	.....
SSPA User Fee Activities	1,000	1,000	1,000	.....	.....
Subtotal, User fees	137,000	124,000	124,000	- 13,000	.....
Subtotal, Limitation on administrative expenses	10,735,945	11,245,000	10,662,945	- 73,000	- 582,055
Program Integrity:					
OASDI Trust Funds	496,058	1,819,000	496,058	.....	- 1,322,942

SSI	929,942	.....	1,322,942	+ 393,000	+ 1,322,942
Subtotal, Program integrity funding	1,426,000	1,819,000	1,819,000	+ 393,000	.....
Total, Limitation on Administrative Expenses	12,161,945	13,064,000	12,481,945	+ 320,000	- 582,055
Office of Inspector General					
Federal Funds	29,787	31,000	29,787	.....	- 1,213
Trust Funds	75,713	81,000	75,713	.....	- 5,287
Total, Office of Inspector General	105,500	112,000	105,500	.....	- 6,500
Adjustment: Trust fund transfers from general revenues	- 4,648,733	- 5,234,132	- 5,029,427	- 380,694	+ 204,705
Total, Social Security Administration	68,435,845	66,778,136	66,187,581	- 2,248,264	- 590,555
Federal funds	60,983,920	58,991,268	58,783,350	- 2,200,570	- 207,918
Current year	(46,483,920)	(43,991,268)	(43,783,350)	(- 2,700,570)	(- 207,918)
New advances, 1st quarter, fiscal year 2018	(14,500,000)	(15,000,000)	(15,000,000)	(+ 500,000)	.....
Trust funds	7,451,925	7,786,868	7,404,231	- 47,694	- 382,637
Total, Title IV, Related Agencies	70,787,630	69,160,506	68,489,175	- 2,298,455	- 671,331
Federal Funds	63,204,118	61,228,406	60,949,519	- 2,254,599	- 278,887
Current Year	(48,259,118)	(45,783,406)	(45,504,519)	(- 2,754,599)	(- 278,887)
Current Year (emergency) .....	.....	.....	.....	.....	.....
Fiscal year 2018 Advance	(14,500,000)	(15,000,000)	(15,000,000)	(+ 500,000)	.....
Fiscal year 2018 Advance	(445,000)	(445,000)	(445,000)	.....	.....
Trust Funds	7,583,512	7,932,100	7,539,656	- 43,856	- 392,444
Grand Total, current year	888,428,751	933,107,118	932,211,568	+ 43,782,817	- 895,550

¹ Section 4002 of Public Law 111-148.
² Fiscal year 2016 funds of \$50 million provided under Substance Abuse and Mental Health Services Administration. Fiscal year 2017 funds proposed under Health Resources and Services Administration.