

[COMMITTEE PRINT]

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Calendar No. 000

116TH CONGRESS } <i>1st Session</i>	SENATE	{ REPORT 116-000
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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2020

SEPTEMBER 00, 2019.—Ordered to be printed

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

REPORT

[To accompany S. 0000]

The Committee on Appropriations reports the bill (S. 0000) making appropriations for Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2020, 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.....	\$0,000,000,000,000
Amount of 2018 appropriations.....	
Amount of 2019 budget estimate .....	
Bill as recommended to Senate compared to:	
2019 appropriations .....	+
2020 budget estimate .....	+

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LIST OF ABBREVIATIONS

ACA—Patient Protection and Affordable Care Act  
ACL—Administration for Community Living  
AHRQ—Agency for Healthcare Research and Quality  
ASH—Assistant Secretary for Health  
ASPR—Assistant Secretary for Preparedness and Response  
BARDA—Biomedical Advanced Research and Development Authority  
BCA—Budget Control Act of 2011  
CDC—Centers for Disease Control and Prevention  
CJ—Congressional Justification of Estimates for Appropriations Committees  
CMS—Centers for Medicare and Medicaid Services  
CNCS—Corporation for National and Community Service  
CPB—Corporation for Public Broadcasting  
DOD—Department of Defense  
DOL—Department of Labor  
EBSA—Employee Benefits Security Administration  
ESEA—Elementary and Secondary Education Act  
ETA—Employment and Training Administration  
FDA—Food and Drug Administration  
FIC—Fogarty International Center  
FMCS—Federal Mediation and Coalition Service  
FMSHRC—Federal Mine Safety and Health Review Commission  
FTE—full-time equivalent  
GAO—Government Accountability Office  
HBCUs—Historically Black Colleges and Universities  
HCFAC—Health Care Fraud and Abuse Control  
HELP—Health, Education, Labor, and Pensions  
HHS—Health and Human Services  
HRSA—Health Resources and Services Administration  
IC—Institute and Center  
IDEA—Individuals with Disabilities Education Act  
IMLS—Institute of Museum and Library Services  
LEA—local educational agency  
MACPAC—Medicaid and CHIP Payment and Access Commission  
MedPAC—Medicare Payment Advisory Commission  
MSHA—Mine Safety and Health Administration  
NCATS—National Center for Advancing Translational Sciences  
NCI—National Cancer Institute  
NEI—National Eye Institute  
NHGRI—National Human Genome Research Institute  
NHLBI—National Heart, Lung, and Blood Institute  
NIA—National Institute on Aging  
NIAAA—National Institute on Alcohol Abuse and Alcoholism  
NIAID—National Institute of Allergy and Infectious Disease  
NIAMS—National Institute of Arthritis and Musculoskeletal and Skin Diseases  
NIBIB—National Institute of Biomedical Imaging and Bioengineering  
NICHD—Eunice Kennedy Shriver National Institute of Child Health and Human Development

NIDA—National Institute on Drug Abuse  
NIDCD—National Institute on Deafness and Other Communication Disorders  
NIDCR—National Institute of Dental and Craniofacial Research  
NIDDK—National Institute of Diabetes and Digestive and Kidney Disease  
NIDRR—National Institute on Disability and Rehabilitation Research  
NIEHS—National Institute of Environmental Health Sciences  
NIGMS—National Institute of General Medical Sciences  
NIH—National Institutes of Health  
NIMH—National Institute of Mental Health  
NIMHD—National Institute on Minority Health and Health Disparities  
NINDS—National Institute of Neurological Disorders and Stroke  
NINR—National Institute of Nursing Research  
NLM—National Library of Medicine  
NLRB—National Labor Relations Board  
NSF—National Science Foundation  
NTID—National Technical Institute for the Deaf  
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  
ORWH—Office of Research on Women’s Health  
OSHA—Occupational Safety and Health Administration  
OWCP—Office of Workers’ Compensation Programs  
OWH—Office of Women’s Health  
PBGC—Pension Benefit Guaranty Corporation  
PHS—Public Health Service  
PPH Fund—Prevention and Public Health Fund  
PRNS—Programs of Regional and National Significance  
RSA—Rehabilitation Services Administration  
SAMHSA—Substance Abuse and Mental Health Services Administration  
SEA—State educational agency  
SIG—School Improvement Grants  
SPRANS—Special Projects of Regional and National Significance  
SSA—Social Security Administration  
SSI—Supplemental Security Income  
STEM—science, technology, engineering, and mathematics  
UI—unemployment insurance  
USAID—U.S. Agency for International Development  
VETS—Veterans’ Employment and Training Services  
VISTA—Volunteers in Service to America  
WANTO—Women in Apprenticeship and Non-Traditional Occupations

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WHD—Wage and Hour Division  
WIA—Workforce Investment Act  
WIOA—Workforce Innovation and Opportunity Act

September 17, 2019 (6:03 p.m.)

## SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 2020, the Committee recommends total budget authority of \$1,094,433,048,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. This amount includes \$178,299,000,000 in current year discretionary funding subject to discretionary spending caps and \$1,842,000,000 in cap adjustments for healthcare fraud and abuse control, Unemployment Insurance Trust Fund program integrity, and for program integrity at the Social Security Administration, in accordance with the allocation for this bill.

Fiscal year 2019 levels cited in this report reflect the enacted amounts in Public Law 115–245, the Consolidated Appropriations Act, 2019, adjusted for comparability where noted.

### OVERVIEW

The Labor, Health and Human Services, and Education, and Related Agencies [Labor-HHS-Education] appropriations bill constitutes the largest share of non-defense discretionary spending, 29 percent of the total in fiscal year 2020. Total spending in this bill subject to discretionary spending caps is \$223,000,000 above the comparable fiscal year 2019 level. In addition, the bill includes \$9,427,000,000 in spending offset by savings from changes in mandatory programs, \$1,712,000,000 more than the fiscal year 2019 level. The funding level for this bill has required the Committee to make difficult funding decisions and consider the appropriate role and jurisdiction of Federal programs.

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

### NATIONAL INSTITUTES OF HEALTH

This is the fifth straight year the Committee has provided a substantial increase toward National Institutes of Health [NIH] research, starting this pattern in the fiscal year 2016 Senate bill. The Committee recommendation includes \$42,084,000,000 for NIH, an increase of \$3,000,000,000 or 7.7 percent.

Over the past year, NIH-funded research has led to significant progress on vaccines for Ebola and the Zika virus, developed blood tests to detect cancer, led to the first-ever drug specifically for postpartum depression, and potentially cured sickle cell disease. This is a time of promise in biomedical research and the United States should remain the leader of this era. To do so, the Committee continues to commit the funding necessary to accomplish this goal. Therefore, the Committee ensures a net increase of \$3,000,000,000 over the previous year for NIH, despite the loss of \$219,000,000 due to reductions in funding made available through the 21st Century Cures Act.

Since fiscal year 2016, the Committee has provided NIH with an increase of \$12,000,000,000 or 40 percent. This year's resources have been targeted toward several specific research programs, including:

*All of Us.*—The Committee includes \$500,000,000, an increase of \$161,000,000, for the All of Us precision medicine program in fiscal year 2020. This funding includes additional funds to make-up for the decrease in 21st Century Cures Act funding and an additional amount to ensure that enrollment in the program continues on schedule.

*Alzheimer's Research.*—The Committee prioritizes finding a treatment and ultimately a cure for Alzheimer's disease and provides an additional \$350,000,000, more than quadrupling the research investment in the last 5 years. With this increase, NIH is expected to spend \$2,818,000,000 in fiscal year 2020.

*BRAIN Initiative.*—The Committee continues to strongly support this program, which has the potential to unlock some of the most fundamental questions about how the brain functions. The bill provides \$500,000,000 in fiscal year 2020, an increase of \$71,000,000.

*Childhood Cancer Data Initiative.*—\$50,000,000 is provided for the first time in fiscal year 2020. This initiative will provide \$500,000,000 specifically toward childhood cancer research over the next 10 years as requested in the President's budget.

*Next Generation Research Initiative.*—In addition to supporting targeted areas of science, the Committee continues its focus toward programs and activities that support and sustain young and mid-career researchers in the NIH research pipeline. The bill provides \$100,000,000 in fiscal year 2020 specifically for the Next Generation Research Initiative. In fiscal year 2018, NIH met and surpassed its goal to fund 1,100 early-stage investigators by funding 1,287 through numerous Institutes and Centers' focused programs. In fiscal year 2018, \$648,755,798 was provided to support these programs. However, the Committee understands the importance of ensuring there is a focus on and commitment toward these researchers and, therefore, provides a dedicated funding source to ensure young and mid-career scientists remain in the research community.

Finally, the Committee continues to place a high value on support for all Institutes and Centers and allowing NIH to maintain flexibility to pursue unplanned scientific opportunities and address unforeseen public health needs. The Committee recommendation provides increases to every Institute and Center and is estimated to support over 12,900 new and competing grants in fiscal year 2020.

#### ENDING THE HIV EPIDEMIC

An estimated 40,000 Americans are newly diagnosed with HIV every year and, since 1981, more than 700,000 Americans have lost their lives to the disease. Further, the United States government spends up to \$20,000,000,000 in annual direct health expenditures for HIV prevention and care.

The Committee supports the new budget request to use readily available tools and strategies to reduce the number of new HIV infections in the United States by 75 percent in 5 years and by 90 percent in 10 years.

According to the Department of Health and Human Services, of the 3,007 counties in the United States, more than 50 percent of new HIV diagnoses occur in just 48 counties, Washington, D.C.,



and San Juan, Puerto Rico. Further, seven States—Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, South Carolina—have a disproportionate share of new diagnoses in rural areas. The bill includes \$266,000,000, an increase of \$210,000,000, to focus on these high-risk areas by expanding HIV outreach, diagnoses, treatment, prevention, research, and response activities.

The bill includes an increase of \$140,000,000 for CDC activities to leverage HIV prevention infrastructure to conduct strategic testing linked to immediate treatment and engagement with the clinical care system. This effort will expand the use of pre-exposure prophylaxis [PrEP] and develop approaches to better detect and respond to clusters of HIV cases. In addition, CDC will use resources to invest in core HIV prevention programs at State and local health departments to provide the foundational infrastructure in America.

The Committee provides \$50,000,000 in base funds for Community Health Centers to increase outreach, testing, care coordination, and HIV prevention services, including the use of PrEP. Many health centers are co-located with Ryan White-funded organizations, roughly 150 of which are located in the high-burden geographic areas identified by HHS. Every year health centers serve tens of thousands of patients with HIV/AIDS in otherwise underserved areas with comprehensive, integrated, and patient-centered healthcare. Annually, health centers conduct nearly 2,000,000 HIV tests and more than 600 health centers provide access to PrEP.

The Committee provides an increase of \$70,000,000 for the Ryan White HIV/AIDS program that provides a wide-range of community-based services, including primary healthcare, medications, and support services for individuals living with HIV/AIDS. Compared to the national average, Ryan White clients were 40 percent more likely to be virally suppressed, reducing the likelihood of HIV transmission. The funding will increase treatment for individuals living with HIV and the use of antiretroviral therapy.

The Committee provides \$6,000,000 for NIH to continue research efforts focused on ending the HIV/AIDS epidemic. The Centers for AIDS Research, along with the AIDS Research Centers, will inform HHS partners on best practices based on state-of-the-art biomedical research findings, and by collecting and disseminating data on the effectiveness of approaches used in Ending the HIV Epidemic.

The Committee requests that the Department provide a spend plan, broken out by State and county, 15 days in advance of notification of funds for any component of this initiative. Further, the Committee recognizes Ending the HIV Epidemic initiative is a multi-year program and instructs HHS to brief the Committee within 60 days of enactment describing the 5-year and 10-year Federal cost projections, broken out by year, for each operating division involved. This cost breakdown should be updated annually in the CJs.

#### COMBATING OPIOID ABUSE

In 2017, nearly 48,000 lives were lost due to the opioid epidemic. Deaths continue to be associated with prescription opioid abuse, but the rise of synthetic opioids (primarily illegal fentanyl) accounts for an increasing amount of overdose deaths. The CDC has reported that fatal drug overdoses rose every year from 1999 to

2017 and that rural areas saw the fastest growth in overdose death rates from 1999 to 2016.

The Committee is pleased that CDC recently reported that drug overdose deaths have declined for the first time since the 1990s. However, the Committee is aware and concerned with the increase in deaths associated with stimulant use, specifically the overlap with opioid overdoses in what is a growing trend of polysubstance abuse. According to a recent report from CDC, from 2015 to 2016, stimulant-involved death rates increased 52 percent and 33 percent, respectively. Therefore, the Committee expands the use of funds to include stimulants and the bill provide \$3,900,000,000 in funding to fight prescription opioid abuse and heroin and stimulant use, an increase of \$70,000,000 over fiscal year 2019 and an increase of \$3,600,000,000 in the past 5 years.

*State Opioid Response Grants.*—The Committee provides \$1,500,000,000 for flexible grants dedicated to State responses to opioid abuse, for a total of \$6,500,000,000 over the past 4 fiscal years. The bill continues the 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid use disorders as well as the \$50,000,000 for grants to Indian tribes or tribal organizations. The bill makes no changes to the funding formula, but does provide States flexibility to use funds to address the growing trend of stimulant abuse.

*Centers for Disease Control and Prevention.*—The Committee includes \$475,579,000 for improved prevention and surveillance efforts in all 50 States. In addition, the Committee includes \$10,000,000, a \$5,000,000 increase, to address the alarming trend of increased infectious diseases associated with the opioid epidemic.

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

*Community Health Centers.*—The Committee provides \$200,000,000 for grants to expand services for the treatment, prevention, and awareness of opioid abuse. This funding will help health centers support 350,000 patients with accessing substance abuse services.

*Certified Community Behavioral Health Clinics.*—The bill includes \$200,000,000, an increase of \$50,000,000, to provide grants to clinics certified by their State to provide treatment for those with mental health illness. The Committee expects SAMHSA will continue to provide competitive grants to those areas also impacted by the opioid crisis.

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

*Preventive Services for Children At-Risk of Entering Foster Care.*—The Committee provides \$20,000,000 in continued funding for Kinship Navigator Programs. This program improves services available to grandparents and other relatives taking primary responsibility for children because the child's parent is struggling with opioid addiction or substance use disorder. In addition, the bill also includes \$20,000,000 for Regional Partnership Grants and

family-focused residential treatment programs, to improve the coordination of services for children and families affected by opioid and other substance use disorders and help families remain together during treatment.

*SUPPORT Act.*—The Committee provides \$9,000,000 for three new SUPPORT Act programs, including: alternatives to opioids for pain management in emergency department settings; recovery and workforce assistance; and data collection to inform the potential for future substance abuse.

In addition to the funding outlined above, States have access to the Substance Abuse Prevention and Treatment Block Grant, funded at \$1,858,079,000 in fiscal year 2020.

#### WORKFORCE TRAINING AND PROMOTING COLLEGE AFFORDABILITY AND COMPLETION

The Committee continues to build on the significant investments in recent years to help students of all backgrounds enter and complete college, further their post-secondary education, develop the skills needed for the in-demand jobs of today and the future, and graduate with less debt. While student loan debt is a growing challenge for many, it is often crippling for students who do not complete their degree or program. Helping students beginning in high school identify paths to college and careers, and ultimately complete their program or degree, is central to solving our student debt problem. The Committee recommendation includes investments throughout the bill to support such efforts. In addition, the bill provides funding for programs that expand workforce training to skill and up-skill American workers, provide career pathways for youth and adults, connect justice-involved individuals with employment opportunities, and open new doors for disconnected and out-of-school youth to obtain and retain jobs.

*Pell Grants.*—The Committee increases the maximum Pell grant award to \$6,330 for the 2020–21 school year to keep up with inflation, an increase of \$135 or 2.2 percent. This is the third consecutive increase in the discretionary maximum award. The Committee recommendation also includes more than sufficient funding to continue Year Round Pell, which helps students stay continuously enrolled, complete their program faster, graduate with less debt, and enter or re-enter the workforce sooner.

*Career Pathways for Youth.*—The Committee recognizes that multiple career pathways should be available to young people, and that early employment and training opportunities help youth develop soft skills, such as workplace safety and responsibility, organization, and time management. Four-year-college is not for everyone, and early exposure to multiple career pathways and jobs can provide valuable experience, expand career opportunities, and place youth on a path to achieve life-long financial stability. The Committee provides \$10,000,000 for a new DOL demonstration program targeted to youth job training to expand early career opportunities.

*Career and Technical Education [CTE] Career Pathways Innovation Grants.*—The Committee recommendation includes \$10,000,000 for new grants to develop and expand career pathways programs beginning in high school based on innovative and evidence-based practices. This will help LEAs, institutions of higher

education and area CTE schools implement a wide-range of activities including systemic reforms such as aligning curriculums with academic standards and occupational licensing and credentialing, and provide direct services to students such as counseling, with the goal of improving pathways beginning in high school that can lead to the full-range of post-secondary options.

*CTE State Grants.*—The Committee recommendation includes \$1,262,598,000 for CTE State grants. This funding helps States develop, expand, and improve their career and technical education programs in high school and post-secondary settings, and create pathways beginning in high-school to in-demand jobs and careers.

*Apprenticeship Grants.*—The Committee recommendation includes \$170,000,000 for the apprenticeship program, an increase of \$10,000,000. The Committee continues to support the funding and development of industry or sector partnerships as a means of closing the skills gap and expanding apprenticeships in in-demand industries.

*Campus-Based Student Aid Programs.*—The Committee recommendation includes \$1,130,000,000 for Federal Work Study and \$840,000,000 for Supplemental Educational Opportunity Grants. These programs allow individual colleges and universities to allocate need-based financial aid to students and design financial aid packages that work best for them.

*Federal TRIO Program.*—The Committee includes \$1,060,000,000 for TRIO, which helps low-income and first-generation students prepare for and complete college. This maintains the significant investments in TRIO in recent years, which has been increased by more than 26 percent since fiscal year 2015.

*Child Care Access Means Parents in School.*—The Committee recommendation includes \$50,000,000 to help colleges and universities meet the child care needs of students. Funding for this program has almost tripled since fiscal year 2017.

*Public Service Loan Forgiveness [PSLF].*—The Committee recommendation includes an additional \$100,000,000 to forgive Federal student loans for borrowers who would otherwise be eligible for traditional PSLF except they made payments under an ineligible repayment plan. This funding, combined with prior year unobligated balances, will provide approximately \$760,000,000 in funding available for fiscal year 2020 to forgive such loans and reduces concerns that funding availability would limit eligibility in the immediate future.

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

*Veterans Employment and Training Service.*—The Committee recommendation includes \$306,041,000, for programs targeted towards employment needs of separating service members and veterans. Within this amount, the Committee recommends \$29,379,000 for the Transition Assistance Program, an increase of \$6,000,000, for the Department to begin implementation of TAP reforms required by the 2019 National Defense Authorization Act

and assist military spouses address occupational and credentialing barriers. The bill also includes \$50,000,000 to support the Homeless Veteran's Reintegration Program for a variety of services such as job training, social services, and transportation.

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

*Targeted Youth Training.*—The Committee maintains funding from fiscal year 2019 for both the Job Corps and YouthBuild programs to provide at-risk youth with the opportunity to gain educational and occupational skills.

*STEM Education.*—The Committee recommendation includes \$60,000,000 in dedicated funding for STEM education, including computer science education, through the Education Innovation and Research program. This funding will expand access to high-quality STEM education for students, including students in rural schools. In addition to this dedicated funding, several other programs, including formula grants to school districts through the Student Support and Academic Enrichment program, can also be used for STEM education activities.

#### MENTAL HEALTH

The Committee includes \$3,700,000,000, an increase of \$249,000,000, for mental health activities to close the care gap between mental health and physical health. Approximately 1 in 5 adults in the U.S. experience mental illness in a given year and 1 in 5 youth aged 13–18 experiences a severe mental disorder.

*Certified Community Behavioral Health Clinics.*—The Committee includes \$200,000,000, an increase of \$50,000,000, to support comprehensive mental health services for youth and adults.

*Safe Schools.*—The Committee includes investments in both HHS and Education to improve mental healthcare and safety in schools. The recommendation includes \$153,000,000, an increase of \$35,000,000, for HHS programs such as Project Aware to expand the capacity for mental health agencies to support mental health resources in schools and connect school-aged youth and their families to needed services. The recommendation also includes \$105,000,000, an increase of \$10,000,000, for competitive grants to States and school districts for evidence-based activities to improve school safety and promote safe and positive learning environments for students. In addition, the Committee recommendation includes \$1,220,000,000, an increase of \$50,000,000, for Student Support and Academic Enrichment grants, formula funding directly to school districts that they can use for the same activities.

*Suicide.*—The Committee provides \$98,000,000, an increase of \$24,000,000, to address the alarming 33 percent increase in the suicide rate since 1999. Nearly every State has seen increasing suicide rates over this period. The Committee includes investments in a variety of suicide prevention programs, including the suicide life-line, the Zero Suicide initiative, and a new \$10,000,000 CDC investment in suicide prevention.

*Mental Health Research.*—The National Institute of Mental Health receives \$2,076,244,000, an increase of \$199,558,000 above fiscal year 2019, for continued NIH research on mental health disorders.

*Mental and Substance Use Disorder [SUD] Workforce Training.*—The Committee provides \$5,000,000 for HRSA to establish a new mental and SUD workforce training demonstration program.

INCREASING ACCESS TO HIGH-QUALITY EARLY CHILDHOOD CARE AND EDUCATION

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

*Child Care and Development Block Grant [CCDBG].*—The Committee recommendation includes \$5,301,000,000 for CCDBG, an increase of \$25,000,000, to help States meet the requirements and goals of the recent reauthorization of the CCDBG program to improve the safety and quality of child care programs, including increasing provider reimbursement rates, and expand working families' access to child care. This builds on the more than doubling of funding for CCDBG since fiscal year 2015.

*Head Start.*—The Committee recommendation includes \$10,113,095,000 for Head Start, an increase of \$50,000,000 to help all Head Start programs keep up with rising costs, recruit and retain high-qualified staff, and otherwise provide high-quality services to children and families.

*Preschool Development Grants.*—The Committee recommendation includes \$250,000,000, for grants to States to improve the coordination of existing funding streams and delivery models for providing early childhood care and education for children from birth through age five.

RURAL AMERICA

The Committee continues to focus on programs that help support and sustain rural America. One in five Americans, or approximately 60,000,000 people, live in rural communities. Rural communities face obstacles, including access to healthcare and job opportunities, unique and often significantly different than those faced by urban and suburban communities. The Committee continues its investments in programs throughout the bill that target funding toward rural America and their specific needs.

*Rural Health.*—The Committee recommendation continues its commitment to funding HRSA's rural health programs and includes \$311,794,000 for Rural Health programs. Included in that amount is \$22,000,000 to support underserved rural communities in the Delta region identify and better address their healthcare needs and to help small rural hospitals improve their financial and operational performance.

*Rural Communities Opioid Response.*—Rural communities continue to experience significant challenges confronting the opioid epidemic. Access to healthcare in general can be difficult in rural areas, and substance abuse treatment services can be scarce. The Committee provides \$110,000,000 to address substance abuse, in-

cluding opioid abuse, and the overdose crisis in rural communities. This funding, in addition to the \$120,000,000 provided last year, will continue efforts to allow communities to develop plans to address local needs.

*Community Health Centers.*—One in five people living in rural communities rely on healthcare from a community health center. Also known as Federally Qualified Health Centers [FQHCs], these facilities are often located in areas where care is needed but scarce. The Committee continues to provide robust funding to support FQHCs, including \$1,626,522,000. Of this amount, \$200,000,000 shall be used for expanding behavioral health and substance use disorder prevention and treatment services.

*Telehealth.*—The Committee continues to prioritize funding for telehealth and the impact it has on access to care for medically underserved and rural populations. The Committee provides \$26,500,000, an increase of \$2,000,000, for the Office for the Advancement of Telehealth. The Committee includes funds to continue the Telehealth Centers of Excellence [COEs] and encourages the Department to partner with the COEs to advance the Ending the HIV Epidemic initiative.

*Training Assistance to Appalachian Regional Commission [ARC] and Delta Regional Authority [DRA] Regions.*—The Committee continues support for the DOL Workforce Opportunity for Rural Communities grant program, an initiative for reemployment and training assistance to workers dislocated in rural areas of the country hardest hit by the recession. The bill provides \$30,000,000 for grants in the ARC and DRA regions for this purpose.

*Rural Community Development Technical Assistance.*—The Committee recommendation includes \$9,000,000, level with fiscal year 2019, for training and technical assistance in developing and maintaining safe drinking and waste water facilities to very small rural communities that otherwise would not have access to such assistance.

#### ALZHEIMER'S DISEASE

Alzheimer's disease costs the U.S. taxpayer \$22,000,000 every hour, with someone new in the United States developing the disease every 65 seconds. Currently, Medicare and Medicaid spend an estimated \$195,000,000,000 caring for those with Alzheimer's and other dementias, 67 percent of total costs. It is the most expensive disease in America. Without a medical breakthrough to prevent, slow, or stop the disease, by 2050 the combined Medicare and Medicaid spending on people with Alzheimer's disease will be more than \$1,100,000,000,000.

*Alzheimer's Research.*—The Committee recommendation includes an increase of \$350,000,000 for Alzheimer's disease research at NIH, bringing the total available in fiscal year 2020 to approximately \$2,818,000,000, a 14.2 percent increase above fiscal year 2019. Over the last 5 years, research funding for Alzheimer's disease has increased \$2,187,000,000, a 346.6 percent increase.

*BOLD Infrastructure for Alzheimer's Act.*—The Committee includes \$10,000,000 in new funding to create an Alzheimer's public health infrastructure across the country to increase early detection, reduce risk, and prevent avoidable hospitalizations.

*Brain Research through Advancing Innovative Neurotechnologies [BRAIN].*—The Committee continues to strongly support the BRAIN Initiative and provides \$500,000,000 in fiscal year 2020. This is an increase of \$71,000,000 above fiscal year 2019. The BRAIN Initiative is developing a more complete understanding of brain function and has the possibility of helping millions of people who suffer from a wide variety of neurological and psychiatric disorders such as Parkinson’s disease, schizophrenia, Alzheimer’s disease and dementia, depression, and traumatic brain injury.

*Alzheimer’s Disease Program.*—The Committee continues to provide \$23,500,000, including \$2,000,000 for the National Alzheimer’s Call Center in the Administration for Community Living, for the Alzheimer’s Disease Program. The Committee maintains a streamlined, flexible program that will allow States, communities, nonprofits, and Indian tribes greater access to funding opportunities authorized under Title IV of the Older Americans Act.

*Alzheimer’s and Healthy Aging.*—The Committee continues to provide \$5,500,000 to support CDC activities through the Healthy Brain road map for State and national partnerships to monitor, evaluate, educate, and empower those fighting Alzheimer’s.

*Caregivers.*—The effects of Alzheimer’s reach beyond the patient to the thousands of Americans providing informal care to a relative with dementia. Family caregivers can experience considerable stress and depression; impaired subjective well-being, self-efficacy, and physical health, and perhaps even increased mortality. Studies have shown that coordinated support services can reduce caregiver depression, anxiety, and stress, and enable them to provide care longer, avoiding or delaying the need for costly institutional care. This bill provides funding to a variety of programs to support caregivers, including research at the National Institute on Aging, the Lifespan Respite Care program, and the National Family Caregiver Support program at the Administration for Community Living.

#### GLOBAL HEALTH SECURITY

The Committee recognizes that maintaining an adequate investment and focus on global health security is critical to the health and security of the United States. Disease knows no boundaries. With the second largest Ebola outbreak currently occurring in the Democratic Republic of the Congo, antibiotic resistance and influenza global threats, and the recent Zika virus, we need to remain focused on combating these diseases where they occur before they reach the United States. Outbreaks of infectious diseases are constant reminders that it is in the interest of the U.S. Government to work with countries around the world to be prepared for disease outbreaks wherever they occur. Infectious diseases not only spread from country-to-country and impact Americans’ health, but also affect trade and travel. It is clear that our investments to improve global health have a direct impact on the wellbeing of every American.

The U.S. Government committed over \$1,000,000,000 over the last 5 years for global health security, which was designed to address global vulnerability to public health threats, strengthen systems, and train a workforce to prevent, detect, and respond to infectious disease outbreaks before they reach the United States. The



majority of these funds were provided in the fiscal year 2015 Ebola supplemental and expire at the end of fiscal year 2019.

The Committee looks forward to working with the Administration on the next phase of this strategy and includes \$198,000,000, an increase of \$100,000,000 above the fiscal year 2019 level, to ensure our commitment continues. These funds will support public health surveillance, laboratory capacity, workforce development, antimicrobial stewardship, and emergency-management capacity development.

In addition, the Committee continues to invest in HHS programs that help America's communities prepare for, respond to, and recover from public health and medical disasters and emergencies.

#### 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.

*Public Health Services Act [PHS] Evaluation Transfer.*—The Committee recommendation continues to ensure that in fiscal year 2020, no funds will leave NIH via the transfer required by section 241 of the PHS Act.

*Stevens Amendment.*—Since 1989, the “Stevens Amendment” has reflected Congress’ longstanding effort to ensure transparency and accountability in Federal grant spending. The Departments of Labor, Health and Human Services, and Education are reminded that they must ensure grantee compliance with this provision when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money. All grantees receiving Federal funds included in this Act, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state: (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

*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 2021 CJ information detailing how much funding was spent on advertising in fiscal year 2020.

INCREASING THE EFFICIENCY AND COST EFFECTIVENESS OF  
GOVERNMENT

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

*Fighting Healthcare Fraud and Abuse.*—The Committee includes \$786,000,000 for the Health Care Fraud and Abuse Control program at CMS. The Committee notes that the latest data demonstrates for every new \$1.00 spent on fraud and abuse, \$2.00 is recovered by the U.S. Treasury.

*Inspectors General.*—The Committee recommendation provides \$448,500,000 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 \$1,582,000,000 for the Social Security Administration to conduct continuing disability reviews and SSI program redeterminations of non-medical eligibility, and other program integrity efforts. Combined, these activities are estimated to save over \$9,600,000,000 over 10 years in taxpayer dollars by reducing waste, fraud, abuse, and improper payments in the Social Security, Medicare, and Medicaid programs.

*Taxpayer Accountability.*—Given the current fiscal environment, it is imperative for Government agencies to increase efficiencies, while fulfilling statutory requirements, to maximize the effectiveness of agency programs. Since 2011, GAO has published reports showing as many as 300 areas of potential duplication and overlap. GAO has identified 800 actions to reduce, eliminate, or better manage fragmentation, overlap, or duplication; achieve costs savings; or enhance revenue. While GAO has noted that the Nation has achieved \$262,000,000,000 in savings based on these reports, many more efficiencies may be realized. The Committee directs each agency funded in the fiscal year 2020 bill to report to the Committee, within 1 year of enactment, on all efforts made to address

the duplication identified by the annual GAO reports along with identifying substantive challenges and legal barriers to implementing GAO's recommendations, as well as suggested legislative recommendations that could help the agency to further reduce duplication. The Committee looks forward to receiving the reports.

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

*Unemployment Insurance Trust Fund Integrity.*—The Committee provides \$175,000,000 for Reemployment Services and Eligibility Assessments [RESEA] for fiscal year 2020. The RESEA program provides for intensive, in-person attention from specialists in the One-Stop career center system for individuals most likely to exhaust unemployment compensation benefits, those with particular barriers to reemployment, and others who have been difficult to place. RESEA has significantly reduced the time participating individuals must rely on unemployment compensation payments and reduced the total amount of benefits paid from the Unemployment Insurance Trust Fund. The program has also shown the benefit of reducing improper payments to ineligible claimants, thus helping protect the fiscal solvency of the trust fund. The RESEA program is based on a service-delivery model that has demonstrated a return of \$2.60 in savings for every \$1.00 spent on the program.

*Evidence-Building Capacity.*—The Committee applauds the recent enactment of the Foundations for Evidence-based Policy-making Act. Faithful execution of the law will enhance the evidence-building capacity of Federal agencies, strengthen privacy protections, improve secure access to data, and ultimately provide more and higher quality evidence to policymakers. The Committee requests that the Departments funded in this bill provide an update on its implementation of the law and plans for the coming year in next and subsequent year annual congressional budget justifications.

#### BILL-WIDE DIRECTIVES

*Trauma-informed Practices.*—The Committee notes that exposure to trauma, such as witnessing violence or substance abuse, can result in negative health, education, and employment outcomes, for which agencies funded in this bill seek to address. The Committee encourages the Departments and agencies funded in this bill to enhance coordination on activities that address trauma, particularly in childhood, and to disseminate and promote through grant awards best practices for identifying, referring, and supporting children exposed to trauma. The Committee includes a new investment of \$5,000,000 in CDC to implement section 7131 of the SUPPORT Act to improve CDC's ability to collect data on adverse childhood experiences to better understand prevalence. Other specific initiatives are outlined in each Department's section.

*Congressional Budget Justifications.*—Congressional justifications are the primary tool used for the Committee to evaluate budget requests, agency performance, and resource requirements. The Committee expects the fiscal year 2021 congressional justifica-

tions to include sufficient detail to justify all programs, projects, and activities contained in each department, agency, board, corporation, or commission's budget request. The justifications shall include a sufficient level of detailed data, exhibits, and explanatory statements to support the appropriations requests, including tables that outline each agency's programs, projects, and activities for fiscal years 2020 and 2021. Specifically, every bill and report number included in either the House of Representatives or Senate Appropriations bill or report or the final appropriations bill or explanatory statement of the fiscal year should be reflected within these justifications. If a program is recommended for elimination, the justification should include information about fiscal year 2020 activities.

The Committee directs the chief financial officer of each department, agency, board, corporation, or commission funded in this Act's jurisdiction to ensure that adequate justification is given to support each increase, decrease, and staffing change proposed in the fiscal year 2021 budget. When requesting additional resources, reduced funding, or eliminations of programs, changes should be outlined with an adequate justification. Should the final fiscal year 2020 appropriations bill be enacted within a timeframe that does not allow it to be reflected within the congressional justifications for fiscal year 2021, the Committee directs each department, agency, board, corporation, or commission funded in this act to submit within 30 days of enactment updated information to the Committee on funding comparisons to fiscal year 2020.

*Congressional Reports.*—Each Department and agency is directed to provide the Committee on Appropriations of the House of Representatives and the Senate, within 30 days of the date of enactment of this Act and quarterly thereafter, a summary describing each requested report to the Committees on Appropriations along with a detailed status update that shall include, but is not limited to: the date the Department began drafting the report, the status of the draft, stage of clearance if applicable, and an estimated timeline for when the report will be submitted to the Committees.

#### OTHER HIGHLIGHTS OF THE BILL

*Children's Hospitals Graduate Medical Education [CHGME].*—The Committee recommendation includes \$340,000,000 for CHGME, an increase of \$15,000,000 above fiscal year 2019. This funding supports 58 freestanding children's teaching hospitals to provide Graduate Medical Education for physicians.

*Corporation for National and Community Service.*—The Committee recommendation includes \$425,010,000 for AmeriCorps State and National Grants, \$32,000,000 for NCCC, \$92,364,000 for VISTA, and \$208,117,000 for Senior Corps, all the same as the fiscal year 2019 funding levels.

*Corporation for Public Broadcasting.*—The bill continues advance funding in the amount of \$445,000,000 for the Corporation for Public Broadcasting for fiscal year 2022 and an additional \$20,000,000 for fiscal year 2020 to continue investments in the public broadcasting interconnection system.

*Domestic Violence Programs.*—The Committee recommendation includes \$166,500,000, an increase of \$2,000,000 for Family Vio-

lence Prevention and Services programs, and \$10,250,000 for the National Domestic Violence Hotline.

*Institute for Museum and Library Services [IMLS].*—The Committee recommendation includes \$244,000,000 for IMLS, an increase of \$2,000,000 above fiscal year 2019. This funding supports approximately 9,000 public library systems and more than 33,000 museums, ensuring that all Americans have access to essential museum, library, and information services.

*Low Income Home Energy Assistance Program [LIHEAP].*—The Committee recommendation includes \$3,690,304,000, the same as the fiscal year 2019 level.

*Sexual Risk Avoidance.*—The Committee recommendation includes \$45,000,000, an increase of \$10,000,000.

*Social Security Administration.*—The Committee recommendation includes \$11,463,000,000 for SSA's base administrative expenses, excluding cap adjustments, an increase of \$2,0550,000.

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

- \$15,859,802,000, the same as the fiscal year 2019 level, for title I grants to LEAs
- \$1,220,000,000, an increase of \$50,000,000 for title IV Student Support and Academic Enrichment Grants
- \$12,364,392,000, the same as the fiscal year 2019 level, for IDEA Grants to States (Part B, Section 611)
- \$1,471,112,000, an increase of \$25,000,000 for Impact Aid
- \$460,000,000, an increase of \$20,000,000 for the Charter Schools Program

TITLE I

DEPARTMENT OF LABOR

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

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

Appropriations, 2019 .....	\$3,502,700,000
Budget estimate, 2020 .....	3,247,407,000
Committee recommendation .....	3,516,700,000

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 2020 will support the program from July 1, 2020, through June 30, 2021. A portion of this account’s funding, \$1,772,000,000, is available on October 1, 2020, for the 2020 program year.

Advances in automation and artificial intelligence have the potential to alter the workplace. These changes in the nature of work will require new approaches to job training. The Committee encourages the Department of Labor [DOL] to support demonstration projects on workforce development activities that will assist workers in sectors, particularly transportation, most at risk of job dislocation due to automation and artificial intelligence. The Committee directs the Department to report to the Committees on Appropriations within 90 days of enactment on the status of implementation of the recommendations in GAO Reports 19–257 (Workforce Automation: Better Data Needed to Assess and Plan for Effects of Advanced Technologies on Jobs) and 19–161 (Automated Trucking: Federal Agencies Should Take Additional Steps to Prepare for Potential Workforce Effects).

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.

*Grants to States*

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

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

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

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

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

Funds are made available in this bill for adult employment and training activities in program year 2020, which occurs from July 1, 2020, through June 30, 2021. The bill provides that \$133,556,000 is available for obligation on July 1, 2020, and that \$712,000,000 is available on October 1, 2020. Both categories of funding are available for obligation through June 30, 2021.

The Committee recognizes that the historically low national unemployment rate is not reflective of all States and regions, some areas of which are experiencing unemployment rates above 6 percent. WIOA State grant funding continues to serve critical functions, including to assist States that continue to experience high unemployment and to address the disparity between the skills job seekers have and the skills employers need to fill available positions.

*Youth Training.*—For youth training activities, the Committee recommends \$903,416,000. The purpose of this program is to provide low-income youth facing barriers to employment with services that prepare them to succeed in the knowledge-based economy. Funds are made available for youth training activities in program year 2020, which occurs from April 1, 2020, through June 30, 2021.

Childhood trauma can lead to poor school and work performance as adverse childhood experience studies have found. The Committee directs the Department to evaluate incorporating resilience training and trauma-informed practices into WIOA youth job training programs to improve youth job placement and retention rates. The Department is encouraged to consult with organizations with a national reach on best practices for resilience training and trauma-informed practices. The Department is directed to provide a report to the Committees on Appropriations of the House of Representatives and Senate within 6 months of enactment describing the findings of the evaluation and an assessment of how WIOA youth job training programs could adopt such practices and measure outcomes.

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

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

Funds made available in this bill support activities in program year 2020, which occurs from July 1, 2020, through June 30, 2021. The bill provides that \$180,860,000 is available for obligation on July 1, 2020, and that \$860,000,000 is available on October 1, 2020. Both categories of funding are available for obligation through June 30, 2021.

#### *Federally Administered Programs*

*Dislocated Worker Assistance National Reserve.*—The Committee recommends \$230,859,000 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 2020. The bill provides that \$30,859,000 is available for obligation on July 1, 2020, and that \$200,000,000 is available on October 1, 2020. Both categories of funding are available for obligation through September 30, 2021.

The Committee makes \$30,000,000 available for obligation on October 1, 2020, through September 30, 2021, to provide enhanced dislocated worker training to promote economic recovery in the Appalachian and Delta regions. These funds will continue the Workforce Opportunity for Rural Communities Grant initiative. These regions have been particularly hard hit by industrial downsizing and closures, and funding is provided to target these underserved areas.

The Committee recognizes that multiple career pathways should be available to young people and the need for early workforce readiness, employment and training opportunities that help youth develop soft skills, such as responsibility, organization, and time management, and to learn workplace safety. Early exposure to multiple career pathways can also provide valuable experience, expand career opportunities, and place youth on a path to achieve life long financial stability. The Committee provides \$10,000,000 for the Department to continue to utilize its demonstration grant authority to fund Career Pathways for Youth grants for national out-of-school time organizations that place an emphasis on age-appropriate workforce readiness programming for youth to expand job training and workforce pathways for youth and disconnected youth, including soft skill development, career exploration, job readiness and certification, summer jobs, year-round job opportunities, and apprenticeships. The Committee encourages the Department to support organizations, including out-of-school time programs with a national reach that serve both youth and teens, and support partnerships between workforce investment boards and youth-serving organizations.

The Committee encourages the Department to use funds provided to carry out sections 168(b) and 169(c) of WIOA, which may



be used for technical assistance and demonstration projects, to support demonstration programs that allow at-risk youth who are out-of-school and have limited work experience to participate in the workforce.

*Indian and Native American Programs.*—The Committee recommends \$54,500,000 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.

*Migrant and Seasonal Farmworker Programs.*—The Committee recommends \$88,896,000 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 \$82,447,000 be used for State service area grants. The Committee recommendation also includes bill language directing that \$5,922,000 be used for migrant and seasonal farmworker housing grants, of which not less than 70 percent shall be for permanent housing. The principal purpose of these funds is to continue the network of local farmworker housing organizations working on permanent housing solutions for migrant and seasonal farmworkers. The Committee recommendation also includes \$527,000 to be used for section 167 training, technical assistance, and related activities, including funds for migrant rest center activities.

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

#### *National Activities*

*Reentry Employment Opportunities [REO].*—The Committee recommends \$93,079,000 for the REO program, including \$25,000,000 for national and regional intermediaries. The REO 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, 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 encourages the Department to use funding to support efforts in high-crime, high-poverty areas and in particular

communities that are seeking to address relevant impacts and root causes of civil unrest and high levels of community violence. The Department is also encouraged to consider the needs of communities that have recently experienced significant unrest as a result of the opioid crisis. The Committee also encourages the Department to require grantees to offer training in industry recognized credentials and establish formal partnerships with employers.

*Workforce Data Quality Initiative.*—The Committee accepts the administration’s request to eliminate the Workforce Data Quality Initiative.

*Apprenticeship Grants.*—The recommendation includes \$170,000,000 for continued support for the apprenticeship program created in fiscal year 2016. This funding shall be for making competitive contracts and to continue funding grants to States and industry partnerships. The Committee established this program to expand work-based learning programs in in-demand industries through registered apprenticeships. Registered apprenticeships are a proven strategy for meeting the needs of our Nation’s workforce and industry simultaneously. The Committee reminds the Department that the discretionary appropriation for registered apprenticeship programs may not be diverted to other activities. The Committee is concerned that the funding under this program is not being used effectively to support State, regional, and local apprenticeship efforts, as well as efforts by intermediaries, to expand registered apprenticeships into new industries and to expand opportunities for underserved or underrepresented populations.

The Committee directs the Department to submit a report providing detail on entities awarded funding, selection criteria used, and the funding amount for each grant or contract awarded at the time such awards are made. No later than September 30, 2020, the Department shall provide the Committees on Appropriations of the House of Representatives and the Senate a detailed spend plan of anticipated uses of funds made available, including estimated administrative costs.

The Committee recognizes the role sector partnerships play in organizing key stakeholders in an industry and supports the funding and development of industry or sector partnerships as a means of closing the skills gap and expanding registered apprenticeships in in-demand industries. The Committee also encourages DOL to collaborate with the Department of Defense to develop a targeted apprenticeship and job training program to meet the critical national defense need for new submarine construction. The Committee is aware that State expansion grants have been used to positive effect in States with high unemployment. The Department is encouraged to prioritize the provision of grants to partnerships between job training programs and employers who seek well-qualified employees in the healthcare, maritime, construction, and oil & gas industries. Finally, the Committee is aware of concerns about shortages nationwide of well-trained drinking water and wastewater management professionals and encourages the Department to evaluate these concerns and address the shortage of trained water system management professionals through workforce development and apprenticeship activities consistent with National Guideline Stand-

ards of Apprenticeship for Water and Wastewater System Operations Specialists and the WIOA system.

JOB CORPS

Appropriations, 2019 .....	\$1,718,655,000
Budget estimate, 2020 .....	1,015,583,000
Committee recommendation .....	1,718,655,000

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

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

The Committee recommends a total of \$83,000,000 in construction, renovation, and acquisition [CRA] funds. This amount is available from July 1, 2020, to June 30, 2021. The Committee continues bill language allowing the Secretary to transfer up to 15 percent of CRA funds, if necessary, to meet the operational needs of Job Corps centers or to achieve administrative efficiencies. The bill continues to require the Secretary to notify the Committees on Appropriations of the House of Representatives and the Senate at least 15 days in advance of any transfer. The Committee expects any notification to include a justification.

The Committee notes the U.S. Forest Service and Department of Labor withdrew plans to transfer operations of the Civilian Conservation Center [CCC] program and withdrew the Federal Register Notice proposing to deactivate nine centers in response to significant bipartisan concern from Congress. The Department of Labor is directed to provide 30 days notification to the Committees on Appropriations of the House of Representatives and Senate in advance of any action to close or deactivate a Job Corps Center or Civilian Conservation Center, as well as in advance of any action to establish a pilot program or demonstration project at a Job Corps Center. The Committee further directs the Department to minimize the amount of time a Job Corps Center is inactive prior to commencement of a pilot program or demonstration project and to ensure Job Corps training opportunities and slots do not decline as a result of such pilot or demonstration. No later than 120 days after enactment, the Department shall provide the Committees on Appropriations of the House of Representatives and Senate a report on the performance of all pilot programs or demonstration projects, including a detailed description of the performance metrics used to evaluate the pilots, and an analysis of the pilots' performance relative to other Job Corps centers.

The Committee encourages the Department to improve transparency of the financial management of the Job Corps program. The Committee directs the Department to provide the Committees on Appropriations of the House of Representatives and the Senate a quarterly Job Corps spend plan, updated within 30 days after each quarter with actual and projected obligations, outlays, and unobligated balances.

The Committee is concerned with the under-utilization of Job Corps centers. The Committee requests an update in the fiscal year 2021 Congressional Justification [CJ] on specific outreach and admission efforts that includes the most recent geographic assessment plan required by section 145(c) of Public Law 113-128. This

should include an analysis of Job Corps application and enrollment data to evaluate the relative efficacy of different investments in producing prospects that become Job Corps-eligible applicants, including social media advertising targeted at eligible youth or guardians; national television or radio buys; and local outreach efforts. This should also include an update on outreach and admissions efforts in local communities with high unemployment and high rates of community violence.

The Committee encourages Job Corps to ensure that adequate contract funds, as direct contract allowable costs, are available for center staff training and related travel costs to maintain a high level of staff qualifications and student work-based learning opportunities. The Secretary will, within 6 months, provide the Committee with a report detailing how professional development is provided to center staff by the Office of Job Corps and center operators, especially in the areas of Safety and Security and Education and Training.

The Committee is aware of the Department's proposed deactivation of the Gainesville Job Corps Center, which has been inactive since September 2017, due to damage it sustained during Hurricane Irma. The Committee is concerned that the proposed closure will significantly reduce training opportunities to disadvantaged youth in Florida and encourages the Department to ensure the Job Corps centers in Florida retain robust capacity.

The Department has taken steps over the past several years to close selected Job Corps centers based on performance metrics and other factors. The Committee encourages the Department to utilize savings realized by center closures to support and incentivize high-quality center operators to develop and enhance partnerships with existing rural training sites to enhance opportunity and work experiences for students in underserved rural or remote communities. Such rural partners should use student-focused industry-backed curricula, prepare students for employment in high-demand fields, offer students the opportunity to take coursework leading to college credit, and demonstrate strong employer partnerships within the region in which the center is located. Such partnerships will also promote the ability of Job Corps centers to meet local workforce and cultural needs in communities far removed from their locations.

The Committee continues to be encouraged by the progress made toward the rebuilding of the Gulfport Job Corps Center, including the selection of architecture and engineering services for the design of the Center. While the period of performance for the design phase is 558 days, the Committee encourages the Department to expedite the timeline, so the construction phase can begin as soon as possible. The Committee expects the Department to remain committed to ensuring that the Center is fully rebuilt and able to return to serving the number of young people that it once served while, in the meantime, reserving sufficient funds for the restoration of the facility consistent with the expectations of the Committee. The Committee continues to direct the Department to prioritize the Gulfport Job Corps Center among pending construction cases in the CRA. The Committee requests updates every 30 days regarding progress on this project.

The Department is encouraged to take into consideration critical municipal infrastructure deficiencies when identifying construction and renovation projects, specifically in locations where a Job Corps center is one of the largest consumers of the critical municipal infrastructure.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2019 .....	\$400,000,000
Budget estimate, 2020 .....	.....
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, 2019 .....	\$790,000,000
Budget estimate, 2020 .....	680,000,000
Committee recommendation .....	680,000,000

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 2020 consistent with current law.

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

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 2019 .....	\$3,335,649,000
Budget estimate, 2020 .....	3,475,986,000
Committee recommendation .....	3,362,649,000

The Committee recommendation includes \$3,278,583,000 authorized to be drawn from the Employment Security Administration account of the Unemployment Trust Fund and \$84,066,000 to be provided from the general fund of the Treasury.

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

The Committee recommends a total of \$2,552,816,000 for Unemployment Insurance [UI] activities. For UI State operations, the Committee recommends \$2,540,816,000. Of these funds, the Committee includes \$175,000,000 to expand intensive, individualized reemployment assistance and to help address and prevent long-term unemployment and reduce improper payments through the

Reemployment Services and Eligibility Assessments [RESEA] initiative. This includes \$117,000,000 in base funding and \$58,000,000 in cap adjustment funding allowed under the Bipartisan Budget Act of 2018.

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

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

The Committee recommendation provides for a contingency reserve amount should the unemployment workload exceed an average weekly insured claims volume of 2,189,000.

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

For the Employment Service allotments to States, the Committee recommends \$663,052,000. This amount includes \$21,413,000 in general funds together with an authorization to spend \$641,639,000 from the Employment Security Administration account of the Unemployment Trust Fund.

The Committee also recommends \$21,818,000 for Employment Service national activities. The administration of the work opportunity tax credit program accounts for \$20,485,000 of the recommended amount, an increase of \$2,000,000 to reduce the processing backlog; the remainder is for technical assistance and training to States.

For carrying out the Department's responsibilities related to foreign labor certification activities, the Committee recommends \$48,028,000. In addition, 5 percent of the revenue from H-1B fees is available to the Department for costs associated with processing H-1B alien labor certification applications, and \$14,282,000, the same as the fiscal year 2019 enacted level, is available for related State grants.

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

*Occupational Licensing.*—The Committee remains concerned about occupational licensure portability as a barrier to employment. The Committee appreciates the Department's pursuit of cooperative approaches to reduce barriers to employment, such as licensure portability, for thousands of Americans, especially for military spouses, dislocated workers, and transitioning service members. Within 90 days of enactment, the Committee directs DOL to provide a briefing on the outcomes and status of the initiative, including a review of the grants awarded in fiscal years 2016, 2017, and 2018.

*Prompt Processing of Applications for Temporary Employment.*—The Committee remains concerned about the efficient, effective management of the H-2B and H-2A programs. The Department should provide careful oversight and transparency related to the

timely processing of visas applications for temporary employment certifications. The Committee directs the Department to provide updates on the upgrades to the technical system, including the launch of the Foreign Labor Application Gateway, and the Department's long-term plan to continue to improve the efficiency of the program within 30 days of enactment. The bill continues general provisions related to enforcement of H-2B regulations.

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, 2019 .....	\$158,656,000
Budget estimate, 2020 .....	154,265,000
Committee recommendation .....	158,656,000

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

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

EMPLOYEE BENEFITS SECURITY ADMINISTRATION  
SALARIES AND EXPENSES

Appropriations, 2019 .....	\$181,000,000
Budget estimate, 2020 .....	193,500,000
Committee recommendation .....	182,000,000

The Committee recommends \$182,000,000 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. Bill language continues to allow EBSA to obligate up to \$3,000,000 for 2 fiscal years, as proposed in the budget. The authority will be useful in situations where services may be needed for cases extending beyond the end of the current fiscal year.

PENSION BENEFIT GUARANTY CORPORATION

Appropriations, 2019 .....	\$445,363,000
Budget estimate, 2020 .....	452,858,000
Committee recommendation .....	452,858,000

The Pension Benefit Guaranty Corporation's [PBGC] estimated obligations for fiscal year 2020 include single-employer benefit payments of \$7,657,000,000, multi-employer financial assistance of \$287,000,000, and consolidated administrative expenses of \$452,858,000. Administrative expenses are comprised of three activities: pension insurance activities, pension plan termination expenses, and operational support. These expenditures are financed by permanent authority. Previously, the Committee accepted the PBGC's proposal to reform the previous administrative apportionment classifications from three budget activities to one budget 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 CJ.

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

The bill continues authority for a contingency fund for the PBGC that provides additional administrative resources when the number of participants in terminated plans exceeds 100,000. When the trigger is reached, an additional \$9,200,000 becomes available through September 30, 2021, 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, 2019 .....	\$229,000,000
Budget estimate, 2020 .....	232,568,000
Committee recommendation .....	230,000,000

The Committee recommends \$230,000,000 for the Wage and Hour Division [WHD].

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

The Committee is disappointed with the Department’s report on the housing policy for industries requiring a mobile workforce, as required by Senate Report 115–289. Specifically, the Department did not include a sufficient description of the impact of the policy found in the 2015 Interim Final Rule [IFR]. The Committee directs the Department to provide a report within 30 days of enactment to the Committees on Appropriations of the House of Representatives and Senate that shall include all data, economic analysis, research, and third-party reports the Department used to justify the inclusion of the policy in the IFR leading to its publication. The report shall also include the calculated cost borne by employers to comply with the policy and the benefit of the policy to U.S. and guest workers both at the time of the development of the 2015 IFR and the current cost to comply with the housing policy and benefit of the policy to U.S. and guest workers, as well as a comparison of the housing costs and benefits between the industries that use a mobile workforce compared to other industries that utilize the H–2B program.

*Payroll Audit Independent Determination.*—The Committee looks forward to receiving the report on the Payroll Audit Independent Determination pilot program called for in Senate Report 115–289. The Committee expects to receive the report in September 2019.

OFFICE OF LABOR-MANAGEMENT STANDARDS

SALARIES AND EXPENSES

Appropriations, 2019 .....	\$41,187,000
Budget estimate, 2020 .....	49,134,000
Committee recommendation .....	42,187,000

The Committee recommends \$42,187,000 for the Office of Labor-Management Standards.

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, 2019 .....	\$103,476,000
Budget estimate, 2020 .....	103,576,000
Committee recommendation .....	103,476,000

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

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

OFFICE OF WORKERS' COMPENSATION PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2019 .....	\$117,601,000
Budget estimate, 2020 .....	117,782,000
Committee recommendation .....	117,601,000

The Committee recommends \$117,601,000 for the Office of Workers' Compensation Programs [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 for Disabled Coal Miners and Black Lung Disability Trust Fund.*—In Senate report 115–289, the Committee expressed concern over the decline in appropriation for the Special Benefits for Disabled Coal Miners [SBDCM] program which is a result of the significantly increased use of unobligated balances to meet current law obligations to beneficiaries. The Committee continues to be concerned about the use of the unobligated funds and believes that the OWCP should take no action that could potentially disrupt the ability of the program to ensure all beneficiaries receive promised benefits. The Committee directs the Secretary to continue to include in annual CJs: (1) the number of beneficiaries dating back at least 5 years; and (2) the total benefit payments and budgetary resources and expenditures within the SBDCM program dating back at least 5 years.

SPECIAL BENEFITS

Appropriations, 2019 .....	\$230,000,000
Budget estimate, 2020 .....	234,600,000
Committee recommendation .....	234,600,000

The Committee recommends \$234,600,000 for this account. This mandatory appropriation, which is administered by OWCP, primarily provides benefits under FECA.

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

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

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

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

Finally, the Committee maintains language consistent with long-standing interpretations and implementation of this appropriation stating that, along with the other compensation statutes already specifically enumerated, the appropriation is used to pay obligations that arise under the War Hazards Compensation Act, and the appropriation is deposited in the Employees' Compensation Fund and assumes its attributes, namely availability without time limit as provided by 5 U.S.C. section 8147.33.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 2019 .....	\$10,319,000
Budget estimate, 2020 .....	20,970,000
Committee recommendation .....	20,970,000

The Committee recommends a mandatory appropriation of \$20,970,000 in fiscal year 2020 for special benefits for disabled coal miners. This is in addition to the \$14,000,000 appropriated last year as an advance for the first quarter of fiscal year 2020, for a total program level of \$34,970,000 in fiscal year 2020. The fiscal years 2019 and 2020 budgets proposed relying on the use of unobligated balances to meet program obligations, which are decreasing due to a declining beneficiary population. The CJ notes that such actions "do not disrupt the ability of the program to ensure all beneficiaries and eligible dependents receive promised benefits."

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

The Committee also recommends an advance appropriation of \$14,000,000 for the first quarter of fiscal year 2021. 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, 2019 .....	\$59,098,000
Budget estimate, 2020 .....	59,846,000
Committee recommendation .....	59,846,000

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

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

In fiscal year 2020, the volume of incoming claims under part B of EEOICPA is estimated at 5,103 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 4,643 new claims will be received during fiscal year 2020. Under this authority, the Department provides benefits to eligible DOE contractor employees who were found to have work-related occupational illnesses due to exposure to a toxic substance at a DOE facility, or to the employees' survivors.

The budget request included legislative language to change the budgetary treatment of Part E administrative funds. The bill does not include this language that would need to be considered by the authorizing Committees of Congress. EEOICP provides critical services and support to former miners and Federal employees that were injured in the course of their duties.

The Committee notes that the composition of the Advisory Board on Toxic Substances and Worker Health has been reduced from 15 members to 12. The Committee directs the Department to ensure the Board has sufficient funding and staffing to meet its obligations by EEOICPA, such as reviewing and updating Site Exposure Matrices and Board review of medical consultants' reports.

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 2019 .....	\$328,182,000
Budget estimate, 2020 .....	365,240,000
Committee recommendation .....	365,240,000

The bill provides an estimated \$365,240,000 as requested for this mandatory appropriations account. This estimate is comprised of \$71,776,000 for administrative expenses and an estimated \$293,464,000 for benefit payment and interest costs.

The bill continues to provide indefinite authority for the Black Lung Disability Trust Fund to provide for benefit payments. In ad-

dition, 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 \$32,844,000 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, 2019 .....	\$557,787,000
Budget estimate, 2020 .....	557,533,000
Committee recommendation .....	558,787,000

The Committee recommends \$558,787,000 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 Committee continues bill language to exempt farms employing ten or fewer people from the provisions of the act with the exception of those farms having a temporary labor camp. The Committee also continues language exempting small firms in industry classifications having a lost workday injury rate less than the national average from general schedule safety inspections.

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

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

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

MINE SAFETY AND HEALTH ADMINISTRATION  
SALARIES AND EXPENSES

Appropriations, 2019 .....	\$373,816,000
Budget estimate, 2020 .....	376,043,000
Committee recommendation .....	373,816,000

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

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

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

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

The Committee emphasizes the importance of mine safety enforcement, and instructs MSHA to fully implement the requirements of Section 103 of the Federal Mine Safety and Health Act of 1977. MSHA shall make inspections of each underground mine in its entirety at least 4 times a year and each surface mine in its entirety at least 2 times a year. Finally, MSHA should use existing funds to fully equip all MSHA mine rescue teams with next generation mine rescue communications equipment.

The budget proposes to combine the enforcement functions for coal and metal/non-metal into a single enforcement budget activity, Mine Safety and Health Enforcement. The change allows the agency greater flexibility to align resources with trends in mining activ-

ity, while maintaining enforcement specialists such as underground ventilation experts. However, the Committee directs this flexibility to be exercised only to bolster MSHA’s ability to enforce the Mine Safety and Health Act and provide greater protections to miners. The Committee directs MSHA’s Office of Accountability to audit and publicly report findings from reviews of crossover mine inspections and monitor corrective actions to ensure MSHA activities adhere to its policies and procedures and meet the requirements of the Mine Safety and Health Act.

BUREAU OF LABOR STATISTICS  
SALARIES AND EXPENSES

Appropriations, 2019 .....	\$615,000,000
Budget estimate, 2020 .....	655,000,000
Committee recommendation .....	615,500,000

The Committee recommends \$615,500,000 for the Bureau of Labor Statistics [BLS]. This amount includes \$65,500,000 from the Employment Security Administration account of the Unemployment Trust Fund and \$550,000,000 in Federal funds.

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

The Committee believes that changes in employment trends and employment relationships warrants continued collection and reporting of data on contingent work and alternative work arrangements through the Contingent Work Supplement to the Current Population Survey.

*National Longitudinal Survey of Youth [NLSY].*—The Committee recognizes the importance of the NLSY, which has provided valuable information about youth labor market trends for decades, and the Committee supports the establishment of a new NLSY cohort. The Committee is aware that the NLSY79 and NLSY97 cohorts cannot provide information about teens and youth adults currently under the age of 25, as they are entering the labor market, leaving critical gaps in data about the new generation of young workers. The Committee is concerned that without a new cohort a gap of historical time series will be created and the U.S. will lack an understanding of how this new generation’s actions and choices are affected by our changing economy.

The Committee recommendation includes sufficient funding to restore the production and publication of employment, unemployment, and labor force data under the Local Area Unemployment Statistics program for New England Minor Civil Divisions with populations less than 1,000. The Committee directs BLS to take immediate action to reinstate production and publication of such information.

OFFICE OF DISABILITY EMPLOYMENT POLICY

Appropriations, 2019 .....	\$38,203,000
Budget estimate, 2020 .....	27,000,000
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, 2019 .....	\$338,064,000
Budget estimate, 2020 .....	266,866,000
Committee recommendation .....	339,564,000

The Committee recommendation includes \$339,564,000 for the Departmental Management account. Of this amount, \$339,256,000 is available from general funds and \$308,000 is available by transfer from the Employment Security account of the Unemployment Trust Fund. In addition, \$32,844,000 is available by transfer from the Black Lung Disability Trust Fund.

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

The Committee recommendation includes \$87,625,000 for the Bureau of International Labor Affairs [ILAB], of which \$59,825,000 is available for obligation through December 31, 2020. ILAB's appropriation is available to help improve working conditions and labor standards for workers around the world by carrying out ILAB's statutory mandates and international responsibilities including in promoting the elimination of child labor and forced labor. ILAB will continue to oversee 65 active grant projects totaling over \$357,000,000 in 47 countries around the world in fiscal year 2020 in addition to new grants in fiscal year 2019 which have not yet been awarded.

The Committee recommendation does not accept the proposal to eliminate funding for ILAB's technical assistance grants and reduce its administrative funding. The Committee instead provides an increase of \$1,500,000 and expects ILAB's appropriation to be used to increase technical assistance grant funding to trading partner countries for improved capacity to enforce worker rights while maintaining existing grant funding for child labor internationally. Furthermore, the Committee expects funding to be made available to hire additional staff at the Office of Trade and Labor Affairs for strengthened monitoring and enforcement of labor provisions of trade agreements and preference programs.

The Committee expects ILAB to continue to release its annual Findings on the Worst Forms of Child Labor report, including its assessment ratings on Generalized System of Preference country



efforts to implement its commitments to eliminate the worst forms of child labor, no later than it has historically.

The Committee recommendation provides \$8,040,000 for program evaluation and allows these funds to be available for obligation through September 30, 2021. 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 applauds the recent enactment of the Foundations for Evidence-based Policymaking Act. Faithful execution of the law will enhance the evidence-building capacity of Federal agencies, strengthen privacy protections, improve secure access to data, and ultimately provide more and higher quality evidence to policymakers. The Committee requests that the Department provide an update on its implementation of the law and plans for the coming year and subsequent year in the annual CJs.

The recommendation includes \$28,450,000 for the Office of the Assistant Secretary for Administration and Management. As stewards of the taxpayer's dollar, the Committee is responsible for ensuring that the funds under its jurisdiction are wisely invested and properly spent. The Committee expects the Department to prioritize the submission of timely, accurate, quality, and complete financial and award information under existing U.S. Treasury reporting obligations in accordance with established management guidance, reporting processes, and data standards established under the requirements of the Digital Accountability and Transparency Act.

The Committee includes a new general provision requiring the Department to submit an upcoming travel report to the Committees on Appropriations of the House of Representatives and the Senate by the 1st and 15th day of each month. The report should be a compilation of upcoming travel for the head of ETA, as well as for the Secretary and Deputy Secretary. The report shall include upcoming travel for the following 2 weeks, with details specifying location (city and state), event, and partners where the event will be held.

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

The Committee recommendation provides \$13,750,000 for the Women's Bureau. The Committee continues bill language allowing the Bureau to award grants. Within funding for the Women's Bureau, the Committee urges the Department to continue funding the Women in Apprenticeships and Nontraditional Occupations grants. Funding should also continue to support activities to advance the interests of working women, including grant-making, research, collaboration with stakeholders, and education and awareness in areas such as apprenticeship, child care, paid leave, entrepreneurship, and support for military spouses.

VETERANS EMPLOYMENT AND TRAINING

Appropriations, 2019 .....	\$300,041,000
Budget estimate, 2020 .....	306,041,000
Committee recommendation .....	306,041,000

The Committee recommendation of \$306,041,000 for the Veterans Employment and Training Service [VETS] includes \$50,000,000 in general revenue funding and \$256,041,000 to be expended from the Employment Security Administration account of the Unemployment Trust Fund.

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

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

The Committee provides \$29,379,000, an increase of \$6,000,000 over fiscal year 2019, for the Transition Assistance Program [TAP] to support employment workshops at military installations and in virtual classrooms worldwide for exiting service members and spouses. The fiscal year 2019 National Defense Authorization Act requires reforms to TAP. The Committee provides \$8,000,000 to increase the number of employment workshops that DOL must provide as part of the mandatory instruction program for separating service members. The Committee also provides \$1,500,000 for TAP course curriculum specifically for military spouses, who are currently eligible for the same TAP services as service members, which shall include resources and information on related State and Federal license and credential portability.

The Committee recommendation includes \$43,248,000 for Federal administration costs. This funding level will support oversight and administration of the VETS grant programs, TAP employment workshops, and compliance and enforcement activities.

The Committee recommends \$50,000,000 for the Homeless Veterans' Reintegration Program [HVRP] to help homeless veterans attain the skills they need to gain meaningful employment. This funding will allow DOL to provide HVRP services to over 18,000 homeless veterans nationwide, including homeless women veterans. The bill allows Incarcerated Veterans' Transition funds to be awarded 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 Fed-

eral staff and veteran service providers. The Committee includes funding to facilitate the Department’s implementation of the Honoring Investments in Recruiting and Employing American Military Veterans Act of 2019.

INFORMATION TECHNOLOGY MODERNIZATION

Appropriations, 2019 .....	\$23,269,000
Budget estimate, 2020 .....	37,000,000
Committee recommendation .....	23,269,000

The Committee recommends \$23,269,000 for the Information Technology [IT] Modernization account. Funds available in this account have been used for two primary activities. The first is departmental support systems, for which \$4,889,000 is provided. The second activity, IT Infrastructure Modernization, supports necessary activities associated with the Federal Data Center Consolidation Initiative.

The Committee requests the Department submit a report to the Committees on Appropriations of the House of Representatives and the Senate not later than 90 days after enactment that provides an update on projects to be funded, planned activities and associated timelines, expected benefits, and planned expenditures. The report should also include completed activities, remaining activities and associated timelines, actual and remaining expenditures, explanation of any cost overruns and delays, and corrective actions, as necessary, to keep the project on track and within budget.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2019 .....	\$89,147,000
Budget estimate, 2020 .....	90,121,000
Committee recommendation .....	89,147,000

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

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

The Department has reported improper payments, including fraud, in the UI and Employee Compensation programs totaling approximately \$3,700,000,000 and \$74,400,000 respectively for fiscal year 2018. The Committee strongly supports and commends the efforts of the OIG to identify and prosecute those who defraud the Department’s worker benefit programs and to help protect the solvency of these important programs.

GENERAL PROVISIONS

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

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

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

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

Section 105. The bill continues a provision limiting the use of the Employment and Training Administration [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 longstanding 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 providing authority related to the disposition of excess property related to the training of apprentices.

Section 113. The bill continues a provision related to the Secretary's security detail.

Section 114. The bill continues a provision related to Job Corps property.

Section 115. The bill includes a new provision on DOL travel.

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

The 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, 2019 .....	\$1,626,522,000
Budget estimate, 2020 .....	1,626,522,000
Committee recommendation .....	1,626,522,000

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

*Community Health Centers*

The Committee provides \$1,626,522,000 in this bill for community health centers.

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

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

*Ending the HIV Epidemic.*—The Committee supports the budget request and provides \$50,000,000 in base funds for community health centers to increase outreach, testing, care coordination, and HIV prevention services, including the use of pre-exposure prophylaxis [PrEP], in high-need counties and States. Annually, health centers conduct nearly 2,000,000 HIV tests, provide medical care services to more than 165,000 patients with HIV, and provide access to PrEP at a more than 600 centers.

*Home Visiting.*—The Committee supports HRSA’s continued promotion of expanded partnerships between Health Centers and evidence-based home visiting programs to improve maternal and child health outcomes in high-need communities. The Committee appreciates HRSA’s efforts to identify how these partnerships may fit within health centers’ scope of practice, recognizing the ways in which home visiting programs can provide cost-effective benefits such as care coordination and service referral that help health centers achieve community health goals.

*HRSA Strategy to Address Intimate Partner Violence [IPV] and Project Catalyst.*—The Committee is pleased that the Bureau of Primary Care and the Office of Women’s Health have collaborated to implement HRSA’s strategy to address IPV, increasing the capacity of HRSA-funded clinics to improve the health and safety outcomes for survivors of IPV and human trafficking. The Committee provides \$1,000,000 to continue support for training, technical assistance, and resource development to assist public health and healthcare professionals in better serving individuals and communities impacted by IPV.

*Native Hawaiian Health Care.*—The Committee provides no less than \$19,000,000 for the Native Hawaiian Health Care Program. The Native Hawaiian Healthcare Systems helps improve the health status of Native Hawaiians by making health education, health promotion, disease prevention, and Native Hawaiian traditional healing services available.

*Technical Assistance.*—The Committee believes that enhanced funding for the technical assistance and networking functions available for health centers through national and State cooperative agreements and grants is critical to the successful operation and expansion of the health centers program. Funds are available within the amount provided to enhance technical assistance and training activities, further quality improvement initiatives, and continue the development of and support for health center-controlled networks so that new and existing centers can improve patient access to quality health services. The Committee directs that \$1,000,000 shall be available for technical assistance grants in States with a disproportionate share of new HIV diagnoses in rural areas.

*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 Public Health Service [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, 2019 .....	\$1,096,695,000
Budget estimate, 2020 .....	304,714,000
Committee recommendation .....	1,108,506,000

The Committee recommendation for the activities of the Bureau of Health Professions is \$1,108,506,000.

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.

The Committee is concerned there are Medically Underserved Areas and Health Professional Shortage Areas with a high percentage of active physicians who are age 60 or older and are nearing retirement age. The Committee encourages HRSA to prioritize funding for physician workforce development to these areas to avoid extreme shortages.

*Medical Student Education.*—The Committee includes \$25,000,000 in continued funding to support colleges of medicine at public universities located in the top quintile of States projected to have a primary care provider shortage in 2025.

*National Health Service Corps*

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

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

The Committee recognizes the success of the Corps in building healthy communities in areas with limited access to care. The program has shown increases in retention in healthcare professionals located in underserved communities.

The Committee is also concerned that rural communities across the country face severe shortages of maternity care services and that these shortages threaten many women's ability to receive timely prenatal and labor/delivery services. Every year, 1,000,000 infants are born to mothers who did not receive adequate prenatal care. The Committee was pleased by the bipartisan passage of the Improving Access to Maternity Care Act in 2018, addressing our nation's growing maternity care shortage by requiring HRSA to identify "maternity care target areas" within existing Health Professional Shortage Areas [HPSAs]. The Committee requests that HRSA provide a report no later than 120 days after enactment on the data collected on such maternity care target areas, including the availability and need of maternity care health services in health professional shortage areas, and in the target areas within such HPSAs.

*Training for Diversity*

*Centers of Excellence*

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

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

*Health Careers Opportunity Program*

The Committee eliminates the Health Careers Opportunity Program as proposed by the administration in fiscal years 2018, 2019, and 2020.

*Faculty Loan Repayment*

The Committee provides \$1,190,000 for the Faculty Loan Repayment Program.

*Scholarships for Disadvantaged Students*

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

*Primary Care Training and Enhancement*

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

*Training in Oral Health Care*

The Committee provides \$40,673,000 for Training in Oral Health Care programs, which includes not less than \$12,000,000 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 years 2016, 2017, 2018, and 2019. The Committee continues to support awards with preference for pediatric dentistry faculty supervising dental students or residents and providing clinical services in dental clinics located in dental schools, hospitals, and community-based affiliated sites.

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



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

*Interdisciplinary, Community-Based Linkages*

*Area Health Education Centers*

The Committee provides \$41,250,000 for Area Health Education Centers [AHEC].

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.

The Committee is aware of the positive impact of the programs funded for Interdisciplinary Community-based linkages. The Committee is concerned that despite medical advances, health disparities persist, particularly in underserved communities. The Committee encourages HRSA to invest in interprofessional networks that address social determinants of health and incorporate field placement programs for rural and medically underserved populations.

*Geriatric Programs*

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

*Behavioral Health Workforce Development Programs*

The Committee provides \$111,916,000 for Behavioral Health Workforce Development programs, including \$75,000,000 for the Behavioral Health Workforce Education and Training [BHWET] program and \$36,916,000 for Mental and Behavioral Health Education and Training [MBHET] programs. The Committee is combining the appropriations funding display for BHWET and MBHET for clarity since these programs support the same authorizations.

Funding is included to support the mental health and substance abuse workforce and eligible entities, including Master's level social workers, psychologists, counselors, marriage and family therapists, psychiatric mental health nurse practitioners, occupational therapists, psychology doctoral interns, and behavioral health paraprofessionals. HRSA should continue to encourage eligible health professions to apply when applicable and ensure funding for eligible entities, including social work. HRSA should maintain the integrity of this program through an open competition for all eligible entities.

*Graduate Psychology Education [GPE].*—The Committee recommends \$18,000,000 for the interprofessional GPE program to increase the number of health service psychologists trained to provide integrated services to high-need, underserved populations in rural and urban communities. In addressing the opioid epidemic, the Committee recognizes the growing need for highly trained mental and behavioral health professionals to deliver evidence-based behavioral interventions for pain management. The Committee encourages HRSA to help integrate health services psychology trainees at federally qualified health centers [FQHCs].

*Mental and Substance Use Disorder Workforce Training Demonstration Program*

The Committee provides \$5,000,000 to create the Mental and Substance Use Disorder Workforce Training Demonstration Program, as authorized by the 21st Century Cures Act. The Committee recognizes that treating the 20,700,000 Americans with an SUD will require training that is too often lacking in our Nation's current addiction workforce. HRSA has projected a workforce shortage of 250,000 providers in the SUD/mental health field by 2025. This program will award grants to institutions such as medical schools and FQHCs to support training for medical residents and fellows in psychiatry and addiction medicine, nurse practitioners, physician assistants, health service psychologists, and social workers to provide treatment in underserved communities, or to academic units or programs.

*Health Professions Workforce Information and Analysis*

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

*Public Health Workforce Development*

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

*Nursing Workforce Development Programs*

The Committee provides \$253,472,000 for Nursing Workforce Development programs. These programs provide funding to address all aspects of nursing workforce demand, including education, practice, recruitment, and retention.

The Committee includes an increase of \$2,000,000 for new competitive grants within the Nurse Education, Practice, Quality and Retention [NEPQR] program to enhance nurse education and strengthen the nursing workforce through the expansion of experiential learning opportunities. The Committee directs HRSA to ensure that these grants include as an allowable use the purchase of

simulation training equipment. Grantees shall be located in a medically underserved area in a State with an age-adjusted high burden of stroke, heart disease, and obesity, and HRSA is encouraged to prioritize submissions that support high poverty rate communities.

The NEPQR program's Veteran's Bachelor of Science Degree in Nursing [BSN] has funded programs that increase enrollment, progression, and graduation of veterans from BSN programs. The Committee continues to support efforts aimed at helping veterans moving to nursing careers and encourages the Department to consider the successful past practice of entities that have received funding from the veterans BSN program in making new awards that support veterans and expand the nursing workforce.

The Committee includes an increase of \$1,000,000 for HRSA to support a model program for Nursing Workforce Diversity under section 821 of the Public Health Service Act to help train individuals to increase and strengthen the eldercare workforce in rural counties where there are healthcare disparities related to access and delivery of care. The Secretary shall give priority to eligible entities with training programs that serve one or more communities that have: (1) a poverty rate exceeding 32 percent and a median household income below \$34,000 a year as reported by the U.S. Census Bureau's Small Area Income and Poverty Estimates program for 2017; and (2) are located in a State with an elderly population that exceeds 15 percent of the total State's population as reported by the U.S. Census Bureau for 2018. Funding will support education and training and partnerships with academia, primary care delivery sites, community-based organizations, and other healthcare delivery sites. This funding will help increase educational opportunities for individuals from disadvantaged backgrounds. HRSA is directed to give preference to established and reputable nursing programs in historically black colleges and universities that can demonstrate increased educational opportunities for individuals from disadvantaged backgrounds.

#### *Advanced Education Nursing*

The Committee recommends \$75,581,000 for the Advanced Education Nursing programs, which increases the number of qualified nurses in the workforce by improving nursing education through curriculum and faculty development.

The Committee provides \$9,000,000 to award grants for the clinical training of sexual assault nurse examiners to administer medical forensic examinations and treatments to victims of sexual assault in hospitals, health centers, and other emergency healthcare service provider settings referenced in Senate Report 115–150.

#### *Children's Hospitals Graduate Medical Education*

The Committee provides \$340,000,000, an increase of \$15,000,000, for the Children's Hospitals Graduate Medical Education [CHGME] program. The Committee strongly supports the CHGME program, which provides support for graduate medical education training programs in both ambulatory and in-patient settings within freestanding children's teaching hospitals. CHGME payments are determined by a per-resident formula that includes

an amount for direct training costs added to a payment for indirect costs. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

*National Practitioner Data Bank*

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

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

MATERNAL AND CHILD HEALTH

Appropriations, 2019 .....	\$926,789,000
Budget estimate, 2020 .....	783,200,000
Committee recommendation .....	926,789,000

The Committee recommendation for the Maternal and Child Health [MCH] Bureau is \$926,789,000. The mission of the Bureau is to improve the physical and mental health, safety, and well-being of the Nation’s women, infants, children, adolescents, and their families. This population includes fathers and children with special healthcare needs.

*Maternal and Child Health Block Grant*

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

*Children’s Health and Development.*—Evidence shows that experiences in early childhood have long-term health consequences over the course of a person’s life. These experiences are critical for a child’s educational, social, physical, and economic well-being. Children living in States with persistently high child poverty rates experience more negative health outcomes than their peers elsewhere. The Committee provides \$3,500,000 within Special Projects of Regional and National Significance [SPRANS] program for continued funding of the HRSA study focused on improving child health through a Statewide system of early childhood developmental screenings and interventions. This funding shall be used to continue the currently funded project for another year. In extending the project, and building on the desire to ensure that SPRANS funding supports activities with regional and national impact, the Committee encourages HRSA to identify ways to leverage the findings from this State-level project to assist other States with persistently high child poverty rates in developing sustainable systems to

improve childhood developmental screening, systems improvements, and interventions. Such assistance may include the provision of technical assistance, dissemination of findings, and similar activities related to the project.

*Fetal Alcohol Syndrome.*—The Committee provides \$1,000,000 within SPRANS for screening and intervention initiatives, supporting projects training physicians to assist at-risk pregnant women, and enhancing efforts to understand the prevalence of fetal alcohol syndrome.

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

*Infant-Toddler Court Teams.*—The Committee includes \$3,000,000 for the third year of a cooperative agreement to support research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families.

*Maternal Mortality.*—The Committee recognizes that the rising maternal mortality rate in the U.S. continues to be a pressing public health issue and provides \$23,000,000 within SPRANS for State Maternal Health Innovation Grants to continue support for the demonstrations to implement evidence-based interventions to address critical gaps in maternity care service delivery and reduce maternal mortality. The Committee also continues support with \$3,000,000 within SPRANS to expand implementation of the Alliance for Innovation in Maternal Health Initiative's maternal safety bundles to all U.S. States, the District of Columbia, and U.S. territories, as well as tribal entities. Maternal safety bundles are a set of targeted and evidence-based best practices that, when implemented, improve patient outcomes and reduce maternal mortality and severe maternal morbidity.

#### *Sickle Cell Anemia*

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

#### *Autism and Other Developmental Disorders*

The Committee provides \$50,599,000 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.

*Newborn Screening for Heritable Disorders*

The Committee provides \$16,383,000 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 \$122,500,000 for Healthy Start. 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.

*Maternal Mortality.*—The Committee continues \$12,000,000 for Healthy Start grantees to support nurse practitioners, certified nurse midwives, physician assistants, and other maternal-child advance practice health professionals within all program sites nationwide. Clinical staff will provide direct access to well-woman care and maternity care services to reduce barriers in access to maternity care and help address maternal health disparities among high-risk and underserved women. Clinical staff will also support health educators by conducting training on maternal early warning signs.

*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 \$22,334,000 for the Emergency Medical Services for Children [EMSC] 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.

*Screening and Treatment for Maternal Depression*

The Committee provides \$5,000,000 for Screening and Treatment for Maternal Depression. HRSA is directed to make grants to States to establish, improve, or maintain programs to train professionals to screen, assess, and treat for maternal depression in women who are pregnant or who have given birth within the preceding 12 months.

*Pediatric Mental Health Care Access*

The Committee provides \$10,000,000 to expand access to behavioral health services in pediatric primary care by supporting the development of pediatric mental healthcare telehealth access programs.

HIV/AIDS BUREAU

Appropriations, 2019 .....	\$2,318,781,000
Budget estimate, 2020 .....	2,388,781,000
Committee recommendation .....	2,388,781,000

The Committee recommendation includes \$2,388,781,000 for the HIV/AIDS Bureau, an increase of \$70,000,000 for the Ending the HIV Epidemic initiative.

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.

*Ending the HIV Epidemic.*—The Committee supports the new budget request to reduce the number of new HIV infections by 75 percent in 5 years and by 90 percent in 10 years. The bill provides an increase of \$70,000,000 for Ryan White-funded entities to increase treatment for individuals living with HIV and the use of antiretroviral therapy. The Committee includes new bill language to allow the Department to direct the increased funding to high-risk counties and States in support of the new initiative.

*Emergency Assistance*

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

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

*Comprehensive Care Programs*

The Committee provides \$1,315,005,000 for HIV healthcare and support services.

Funds are awarded to States to support HIV service delivery consortia, the provision of home- and community-based care services for individuals with HIV disease, continuation of health insurance coverage for low-income persons with HIV disease, and support for State AIDS drug assistance programs [ADAP]. The Committee provides \$900,313,000 for AIDS medications in ADAP.

*Early Intervention Services*

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

*Children, Youth, Women, and Families*

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

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

*AIDS Dental Services*

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

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

*AIDS Education and Training Centers*

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

*Special Projects of National Significance*

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

HEALTH CARE SYSTEMS

Appropriations, 2019 .....	\$115,193,000
Budget estimate, 2020 .....	111,018,000
Committee recommendation .....	124,593,000

The Committee recommendation for the Health Care Systems Bureau is \$124,593,000.

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 \$27,549,000 for organ donation and transplantation activities, an increase of \$2,000,000, to expand financial support for living donors and increase public education and awareness about organ donation.



Funds support a scientific registry of organ transplant recipients and the National Organ Procurement and Transplantation Network [OPTN] 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.

The Committee is disappointed that OPTN continues to try to move forward with a model for the allocation of donated livers that is mired in controversy, and that HHS and HRSA urged the OPTN to move forward with the new allocation policies for other donated organs. HRSA is directed to submit a report to the Committees on Appropriations of the House of Representatives and the Senate no later than 90 days after enactment on the following related to the Acuity Circles model for the allocation of donated livers: (1) costs to transplant programs; (2) costs to liver recipients; (3) impact on transportation of livers, including costs related to transport, which should take into account multiple models that encompass several data sets and specifically outline the amount of livers lost due to increased flying and transportation of donated organs across greater distances than before; and (4) health disparities, with a particular focus on the effects among vulnerable populations, including whether effects vary due to socioeconomic status or rural location. Further, the Committee directs HRSA to provide a report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment on changes that can be made to ensure the OPTN contract is viable for other contractors to compete.

#### *National Cord Blood Inventory*

The Committee provides \$17,266,000 for the National Cord Blood Inventory [NCBI], an increase of \$1,000,000. 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.

NCBI builds a racially and ethnically diverse inventory of high-quality umbilical cord blood for transplantation. The Committee applauds HRSA for increasing the number of units collected and maintained under NCBI.

#### *C.W. Bill Young Cell Transplantation Program*

The Committee provides \$30,009,000 for the C.W. Bill Young Cell Transplantation Program, an increase of \$5,400,000, and for the first time funding at the authorized level.

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

*Office of Pharmacy Affairs*

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

*Poison Control Centers*

The Committee provides \$23,846,000 for poison control activities. The Poison Control Centers [PCCs] program is a national network of 55 PCCs that prevent and treat poison exposures by providing cost effective, quality healthcare advice to the general public and healthcare providers.

In 2018, more than 1,125,000 human exposure calls managed by PCCs involved opioids and medications. The Committee continues to recognize the role PCCs have played in the opioid crisis through management of opioid overdoses by assisting first responders and hospital personnel through the National Poison Help Line.

*National Hansen’s Disease Program*

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

*National Hansen’s Disease Program Buildings and Facilities*

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

*Payment to Hawaii for Hansen’s Disease Treatment*

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

RURAL HEALTH

Appropriations, 2019 .....	\$317,794,000
Budget estimate, 2020 .....	188,645,000
Committee recommendation .....	311,794,000

The Committee recommendation for Rural Health programs is \$311,794,000.

The Office of Rural Health Policy [ORHP] administers HHS rural health programs, coordinates activities related to rural healthcare within HHS, and analyzes the possible effects of policy on the more than 60,000,000 residents of rural communities. ORHP advises the Secretary on the effects of Medicare and Medicaid on rural citizens’ access to care, the viability of rural hospitals, and the availability of physicians and other health professionals.

*Rural Communities Opioids Response.*—The Committee includes \$110,000,000 to continue the Rural Communities Opioids Response program. The Committee continues funding to support treatment for and prevention of substance use disorder, focusing on rural communities with the highest risk for substance use disorders. Within the funding provided, the Committee includes \$10,000,000 to continue the three Rural Centers of Excellence [Centers], as established by Public Law 115–245 and as directed by Conference Report 115–952. In addition to the conditions set forth in Conference Report 115–952, the Centers shall work with neighboring States or regionally to implement surveillance, needs assessment, technical assistance, and educational outreach in the form of subgrants to non-profit entities or academic institutions to implement demonstrated interventions to combat addiction and to treat rural patients’ substance use disorders and related needs.

*Rural Health Outreach*

The Committee provides \$79,500,000 for the Rural Health Outreach program.

This program supports projects that demonstrate new and innovative modes of outreach in rural areas, such as integration and coordination of health services. The Committee recommendation provides not more than \$12,000,000 for Outreach Service Grants; not less than \$12,900,000 for Rural Network Development Grants; not less than \$22,000,000 for Delta States Network Grant Program; not less than \$1,900,000 for Network Planning Grants; and not more than \$6,400,000 for Small Health Care Provider Quality Improvement Grants.

*Delta States Rural Development Network Grant Program.*—The Committee encourages HRSA to continue to consult with the Delta Regional Authority [DRA] on awarding, implementing, administering, and monitoring grants under the Delta States Network Grant Program in fiscal year 2020. The Committee continues to encourage HRSA to align its awards as closely as possible with DRA’s strategic vision and with DRA’s economic and community development plans. In addition, of the funds provided, the Committee provides \$10,000,000 to support HRSA’s collaboration with DRA to continue DRA’s program to help underserved rural communities identify and better address their healthcare needs and to help small rural hospitals improve their financial and operational performance. Within 90 days of enactment, the Committee directs HRSA and DRA to jointly brief the Committee on this program’s progress.

*Rural Health Research*

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

*Rural Hospital Flexibility Grants*

The Committee provides \$53,609,000 for Rural Hospital Flexibility grants and the Small Hospital Improvement Program. Under these grant programs, HRSA works with States to provide support and technical assistance to Critical Access Hospitals to focus on quality and performance improvement and to integrate emergency medical services.

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

*State Offices of Rural Health*

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

*Black Lung Clinics*

The Committee provides \$11,000,000 for the Black Lung Clinics program. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners, steel mill workers, agricultural workers, and others with occupationally related respiratory and pulmonary impairments. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

*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 \$26,500,000 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.

*Telehealth Centers of Excellence [COEs].*—The Committee provides \$7,000,000, an increase of \$1,000,000, for existing COE awardees. The COEs are responsible for testing the efficacy of telehealth services in various sites and models, providing research and coordination efforts across the Federal Government, developing best practices for telehealth, and collecting data and providing relevant telehealth training. The funding increase is for the development of best practices for treating HIV through telehealth that can be replicated across rural America and accelerate progress toward the goal of eliminating HIV transmission.

*Telehealth Evaluation.*—The Committee provides \$1,000,000 to support a comprehensive evaluation of the telehealth investments in rural areas and populations, to include an assessment of access, cost, experience, and effectiveness for patients and providers. The Committee directs HRSA to conduct the evaluation in conjunction with an academic medical center not previously funded through the centers of excellence program and that has experience providing telemedicine services across the care continuum in medically underserved areas in both rural and urban settings.

*Telehealth Network Grant Program.*—The Committee recognizes the value of the Telehealth Network grant program to fund awards that use evidence-based practices to promote school safety and individual health, mental health, and well-being through the school-based clinical cohort. The Committee directs OAT to consult with the Bureau of Primary Health Care and develop a plan for the dissemination of the work of the school-based services clinical cohort, especially as it relates to providing assessments and referrals for health, mental health, or substance-use disorders services to students who may be struggling with behavioral or mental health issues. The Committee instructs HRSA to provide a report on the OAT plan, including any findings from the school-based clinical cohort, to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment.

FAMILY PLANNING

Appropriations, 2019 .....	\$286,479,000
Budget estimate, 2020 .....	286,479,000
Committee recommendation .....	286,479,000

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

PROGRAM MANAGEMENT

Appropriations, 2019 .....	\$155,250,000
Budget estimate, 2020 .....	151,993,000
Committee recommendation .....	155,250,000

The Committee provides \$155,250,000 for program management activities.

*Chief Dental Officer [CDO].*—The Committee is pleased that HRSA has restored the position of CDO and looks forward to learning how the agency has ensured that it is functioning at an executive level authority with resources to oversee and lead HRSA oral health programs and initiatives. The Committee requests an update in the fiscal year 2021 CJ on how the CDO is serving as the agency representative on oral health issues to international, national, State and/or local government agencies, universities, and oral health stakeholder organizations.

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

Appropriations, 2019 .....	\$317,200,000
Budget estimate, 2020 .....	296,800,000
Committee recommendation .....	296,800,000

The Committee provides that \$296,800,000 be released from the Vaccine Injury Compensation Trust Fund in fiscal year 2020. Of that amount, \$9,200,000 is for administrative costs.

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

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Committee recommendation provides a program level of \$7,518,273,000 in this bill for the Centers for Disease Control and Prevention [CDC], which includes \$55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act [EEOICPA], and \$854,250,000 in transfers from the Prevention and Public Health [PPH] Fund.

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

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriations, 2019 .....	\$798,405,000
Budget estimate, 2020 .....	730,231,000
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 \$370,300,000 in transfers from the PPH Fund.

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2019 appropriation	Committee recommendation
Section 317 Immunization Program .....	610,847	610,847
National Immunization Survey (non-add) .....	12,864	12,864
Influenza Planning and Response .....	187,558	187,558

*317 Immunization Program.*—The Committee notes that in 2019 there has been a concerning increase in reports of vaccine preventable diseases, including the highest number of measles cases in decades. There is also more to be done to combat outbreaks of diseases like pertussis and mumps, address hepatitis A and B, and better protect communities against influenza. The Committee expects CDC to use the resources provided to continue increasing awareness and knowledge of the safety and effectiveness of vaccines for the prevention and control of diseases, combat misinformation about vaccines, and disseminate scientific and evidence-based vaccine-related information, with the goal of increasing rates of vaccination across all ages, as applicable, particularly in communities with low rates of vaccination, to reduce and eliminate vaccine-preventable diseases. The Committee further urges CDC to continue identifying communities at high risk of outbreaks related to vaccine-preventable diseases and improve vaccination rates in such communities, including through improved surveillance, cul-

turally and linguistically appropriate interventions, and research initiatives.

*Cost Estimates.*—The Committee looks forward to reviewing the fiscal year 2021 report on estimated funding needs of the Section 317 Immunization Program and requests that the report be updated and submitted no later than February 1, 2020. 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 and continues to evolve. The Committee notes that vaccination rates for the annual flu vaccine and the human papillomavirus [HPV] remain lower than national goals. The Committee requests that CDC include specific information in the report on the estimated cost to fully address evidence-based public health strategies that could be funded through CDC to improve immunization coverage.

*National Adenovirus Type Reporting System [NATRS].*—The Committee commends CDC’s work with the NATRS, however it also recognizes the challenges that State public health laboratories face in covering the costs associated with reporting data to the NATRS. CDC is directed to submit a report no later than 180 days after enactment to the Committees on Appropriations of the House of Representatives and the Senate detailing an overview of impediments to NATRS reporting and outlining recommendations on additional ways to bolster the reporting of this data.

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

Appropriations, 2019 .....	\$1,132,278,000
Budget estimate, 2020 .....	1,318,056,000
Committee recommendation .....	1,270,056,000

The Committee recommendation for the activities of the National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases [STDs], and Tuberculosis Prevention is \$1,270,056,000.

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 shifts \$7,222,000 from tuberculosis in this Center to global tuberculosis in Global Health to account for CDC’s yearly administrative shift of these funds.

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

[In thousands of dollars]

Budget activity	Fiscal year 2019 appropriation	Committee recommendation
Domestic HIV/AIDS Prevention and Research .....	788,712	928,712
HIV Prevention by Health Department .....	397,161	537,161
Ending HIV (non-add) .....	140,000	140,000
HIV Surveillance .....	119,861	119,861
Activities to Improve Program Effectiveness .....	103,208	103,208
National, Regional, Local, Community & Other Organizations .....	135,401	135,401
School Health .....	33,081	33,081
Viral Hepatitis .....	39,000	39,000
Sexually Transmitted Infections .....	157,310	157,310



[In thousands of dollars]

Budget activity	Fiscal year 2019 appropriation	Committee recommendation
Tuberculosis .....	135,034	135,034
Infectious Disease and Opioids .....	5,000	10,000

*Community Based Organizations.*—The Committee recognizes that community-based organizations play a crucial role because of their capacity to reach communities highly impacted by HIV. The Committee urges CDC to ensure that planning councils reflect their local epidemic challenges by including community-based organizations and people living with HIV.

*Congenital Syphilis [CS].*—The Committee is concerned with recent data showing that CS cases are at the highest level since 1997. The Committee encourages CDC to support prenatal outreach programs in high burden States, for patients, including those with a drug addiction, who are at a high-risk for contracting syphilis. The Committee further encourages CDC to increase awareness of CS through community organizations and inform STD and drug addiction clinics of the importance of multi-testing throughout pregnancy.

*Ending the HIV Epidemic.*—The Committee includes \$140,000,000 in new funding to support first year activities associated with the ending the HIV epidemic initiative. As part of this initiative, CDC will work with State and local health departments to increase intensive testing and rapid referral to care and treatment. In addition, innovative data management solutions will be developed and deployed, and access to PrEP increased, along with better detection and response to HIV clusters. The Committee encourages CDC to highlight the importance of rapid testing as it implements this initiative.

*Hepatitis B.*—The Committee is concerned that as a result of the opioid epidemic, infections of hepatitis B have spiked in many parts of the nation with acute infections increasing over 100 percent in some States. The Committee notes that a 2017 report by the National Academies of Sciences, Engineering, and Medicine made a series of recommendations for vaccination, higher rates of diagnosis, care, and treatment, which, if implemented, could eliminate hepatitis B as a public health concern by 2030. The Committee encourages CDC, in consultation with State, local, and tribal health departments, criminal justice programs, and relevant patient and community stakeholder organizations to develop a plan that takes into account best practices and model strategies to increase immunization coverage among adults and reduce the number of hepatitis B cases. The Committee requests an update on these efforts in the fiscal year 2021 CJ.

*HIV/AIDS Data Sharing Platform.*—The Committee strongly supports the Administration’s ending the HIV epidemic initiative and encourages CDC to enhance the Collaborative Advanced Analytics & Data Sharing system to support all functionality, which will lower overall operating costs, and reduce reporting burdens on Federal and State health departments.

*Infectious Diseases and the Opioid Epidemic.*—The Committee provides \$10,000,000, an increase of \$5,000,000, to CDC to support targeting infectious disease consequences of the opioid epidemic. The Committee directs CDC to focus efforts on improving surveillance, treatment, education, and promoting vaccination efforts around viral hepatitis, HIV, and other infectious disease consequences of the opioid epidemic. The Committee continues to encourage CDC to prioritize funding for those areas most at risk for outbreaks of HIV and hepatitis due to injection drug use, including the 220 counties CDC has previously identified. Further, CDC is encouraged to integrate interventions across its centers aimed at preventing, tracking, and treating infectious diseases (including viral, bacterial, and fungal pathogens) with broader efforts to address the opioid epidemic. The Committee encourages CDC to highlight the importance of testing and linkage to care as it implements this initiative.

*PrEP.*—The Committee recognizes that the advancement of PrEP is one of the most effective methods for preventing the spread of HIV, yet there continues to be barriers to access to PrEP. The Committee requests that CDC works, in collaboration with HRSA, to support infrastructure for the implementation of PrEP in a diversity of service sites.

*Sexually Transmitted Infections [STIs].*—The Committee is concerned about the continuing rise in STI rates and recognizes that STIs are associated with increased risk of HIV transmission. Direct funding to States and local health departments is critical in order to reverse this trend. The Committee recommends that CDC continue to provide State and local funding at or near the current percentage of total STI prevention funding to the extent possible given evolving public health needs. The Committee further encourages CDC to continue support for STI training centers.

EMERGING AND ZOOBOTIC INFECTIOUS DISEASES

Appropriations, 2019 .....	\$620,372,000
Budget estimate, 2020 .....	509,472,000
Committee recommendation .....	615,372,000

The Committee recommendation for the activities of the National Center for Emerging and Zoonotic Diseases is \$615,372,000, which includes \$52,000,000 in transfers from the 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 shifts \$8,000,000 from lab safety and quality in this Center to lab safety and quality in Public Health Scientific Services to account for CDC’s yearly administrative shift of these funds.

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

(In thousands of dollars)

Budget activity	Fiscal year 2019 appropriation	Committee recommendation
Core Infectious Diseases .....	417,800	420,800
Antibiotic Resistance Initiative .....	168,000	168,500
Vector-borne Diseases .....	38,603	38,603
Lyme Disease .....	12,000	14,000
Prion Disease .....	6,000	6,000
Chronic Fatigue Syndrome .....	5,400	5,400
Emerging Infectious Diseases .....	156,957	156,957
Algal Blooms .....	1,000	1,500
All Other Infectious Diseases .....	29,840	29,840
Food Safety .....	60,000	60,000
National HealthCare Safety Network .....	21,000	21,000
Quarantine .....	31,572	31,572
Advanced Molecular Detection .....	30,000	30,000
Epidemiology and Lab Capacity Program .....	40,000	40,000
Healthcare-Associated Infections .....	12,000	12,000

*Antimicrobial Resistance [AMR].*—The Committee is pleased with CDC’s AMR Challenge and implementing a One Health approach to encourage governments, private industries, and non-governmental organizations worldwide to combat AMR. The Committee encourages CDC to build off of its findings and experiences from the AMR Challenge as it winds down the effort later this year. The Committee requests an update on these activities in the fiscal year 2021 CJ. Further, a multitude of pathogens identified in CDC’s AR Threats Report have been traditionally associated with infections in healthcare settings, but are now being identified as causes of infections in the community. The Committee includes a \$500,000 increase and directs CDC to use their broad agency agreement to fund an innovative project that uses population-based research to define risk factors for these pathogens in community settings.

*Chronic Fatigue Syndrome [ME/CFS].*—The Committee encourages CDC to construct a plan that focuses on how it intends to foster interagency and stakeholder collaboration to address the ME/CFS clinical care crisis and to accelerate drug development following the sunset of the Chronic Fatigue Syndrome Advisory Committee.

*Combating Antibiotic Resistant Bacteria [CARB].*—The Committee continues to support the CARB initiative and provides \$168,500,000. The Committee recognizes the importance of addressing antibiotic-resistant bacteria through a “One Health” approach, simultaneously combating antibiotic resistance in human, animal, and environmental settings. The Committee encourages CDC to support funding for collaborations between entities such as academic medical centers, veterinary schools, schools of public health, State public health departments, and other academic institutions whose proposals are in line with CDC’s strategy for addressing antibiotic resistant bacteria. Further, the Committee notes that urinary tract infections are one of the most common diagnoses leading to antibiotic prescriptions and encourages CDC to continue to study the most effective strategies to improve antibiotic prescribing including nutritional alternatives in healthcare settings.

*Harmful Algal Blooms.*—The Committee provides \$1,500,000, an increase of \$500,000, to enhance harmful algal bloom exposure ac-

tivities, including surveillance, mitigation, and event response efforts, with a priority given to geographic locations subject to a state of emergency designation related to toxic algae blooms within the past 12 months. The Committee encourages CDC to expedite all administrative, scientific, and regulatory procedures to enable rapid analysis and reporting of results to impacted State health departments.

*Infectious Disease and Emerging Technology.*—The Committee recognizes the critical role the Center and its Vector-Borne Disease Program [VBDP] and Advanced Molecular Detection [AMD] Program play. The Committee encourages CDC to provide an update in the fiscal year 2021 CJ on challenges and opportunities associated with ongoing technological advancements and a plan for how the VBDP and AMD programs will continue to maximize the potential of new technologies in ongoing efforts to prepare for, and respond to, vector-borne and tropical diseases emerging on U.S. soil.

*Lyme Disease and Related Tick-Borne Illnesses.*—With more than 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. The Committee includes \$14,000,000, an increase of \$2,000,000, and encourages CDC, in coordination with NINDS and NIMH, to include in their surveillance the long-term effects of Lyme disease. CDC is also encouraged to coordinate with NIH on publishing reports that assess diagnostic advancements, methods for prevention, the state of treatment, and links between tick-borne disease and psychiatric illnesses. The Committee recognizes the importance of prevention and control of Lyme disease and related tick-borne diseases, and directs CDC to support surveillance and prevention of Lyme disease and other high-consequence tick-borne diseases in endemic areas as well as areas not yet considered endemic.

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

*Parasitic Diseases.*—The Committee recognizes the important role CDC plays in the fight against malaria and parasitic disease. CDC provides crucial monitoring and surveillance of transmission, evaluation of interventions, development of diagnostics, and testing of tools in a real world setting. The Committee encourages CDC to continue to research, monitor, and evaluate efforts for malaria and parasitic disease in collaboration with other divisions and agencies.

*Prion Disease.*—The Committee is aware of the spread of chronic wasting disease [CWD] in deer and elk populations in the United States. The Committee supports the work of the National Prion Disease Pathology Surveillance Center and encourages CDC to work to develop a real-time field test for the presence of CWD.

*Reporting Antibiotic Use and Resistance.*—CDC, in conjunction with CMS and ONC, should identify and utilize existing policy authorities and resources to increase the number of hospitals and other healthcare facilities reporting antibiotic use and resistance data to CDC. CDC is encouraged to report to Congress in the fiscal year 2021 CJ progress on this effort as well as any additional authorities or resources needed to meet the National Action Plan goal for 95 percent of hospitals reporting.

*Responding to Emerging Threats.*—The Epidemiology and Laboratory Capacity [ELC] for Infectious Diseases Program strengthens the epidemiologic and laboratory capacity in 50 States, six local health departments, and eight territories. The Committee continues funding for ELC cooperative agreements to sustain core surveillance capacity and ensure that State and local health agencies are equipped to respond rapidly to emerging threats including antimicrobial resistant superbugs and the Zika virus.

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

*Vector-Borne Diseases.*—The Committee continues to support the critical role CDC plays in preparing to fight emerging tropical and other vector-borne diseases. To ensure adequate resources are dedicated to on-the-ground activities, the Committee encourages continued funding for State, county, district, or local vector control programs to help support their vector control related programs. In addition, the Committee supports CDC’s efforts to fund activities for mosquito-borne and other vector-borne disease surveillance and control as designated under the Mosquito Abatement for Safety and Health Programs Act.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriations, 2019 .....	\$1,187,771,000
Budget estimate, 2020 .....	951,250,000
Committee recommendation .....	1,151,821,000

The Committee recommendation for the activities of the National Center for Chronic Disease Prevention and Health Promotion is \$1,151,821,000, which includes \$254,950,000 in transfers from the PPH Fund.

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

The Committee does not include the administration’s proposal to create a new block grant and instead maintains the existing program line items, including funding mechanisms as they existed in

fiscal year 2019. The Committee believes the existing funding structure allows for the greatest transparency, accountability, and measured outcomes for Congress and the taxpayer.

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 2019 appropriation	Committee recommendation
Tobacco .....	210,000	210,000
Nutrition, Physical Activity and Obesity .....	56,920	56,920
High Obesity Rate Counties (non-add) .....	15,000	15,000
School Health .....	15,400	15,400
Health Promotion .....	19,000	29,000
Glaucoma .....	4,000	4,000
Visual Screening Education .....	1,000	1,000
Alzheimer's Disease .....	5,500	15,500
Inflammatory Bowel Disease .....	1,000	1,000
Interstitial Cystitis .....	1,000	1,000
Excessive Alcohol Use .....	4,000	4,000
Chronic Kidney Disease .....	2,500	2,500
Prevention Research Centers .....	25,461	25,461
Heart Disease and Stroke .....	140,062	140,062
Diabetes .....	148,129	148,129
National Diabetes Prevention Program .....	25,300	27,300
Cancer Prevention and Control .....	371,549	377,549
Breast and Cervical Cancer .....	218,000	218,000
WISEWOMAN (non-add) .....	21,120	21,120
Breast Cancer Awareness for Young Women .....	4,960	4,960
Cancer Registries .....	51,440	56,440
Colorectal Cancer .....	43,294	43,294
Comprehensive Cancer .....	19,675	19,675
Johanna's Law .....	7,500	7,500
Ovarian Cancer .....	10,000	10,000
Prostate Cancer .....	13,205	13,205
Skin Cancer .....	3,000	4,000
Cancer Survivorship Resource Center .....	475	475
Oral Health .....	19,000	19,000
Safe Motherhood/Infant Health .....	58,000	58,000
Arthritis and Other Chronic Disease .....	27,000	29,000
Arthritis .....	11,000	11,000
Epilepsy .....	8,500	9,500
National Lupus Registry .....	7,500	8,500
Racial and Ethnic Approach to Community Health .....	55,950	.....
Million Hearts .....	4,000	4,000
National Early Child Care Collaboratives .....	4,000	4,000
Hospitals Promoting Breastfeeding .....	8,000	8,000

*Alzheimer's Disease.*—The Committee includes \$15,500,000, an increase of \$10,000,000, for activities related to Alzheimer's disease. Of the amount provided, the Committee includes \$10,000,000 to implement the Building our Largest Dementia Infrastructure for Alzheimer's Act [BOLD], which promotes a public health approach to Alzheimer's disease, cognitive decline, and brain health. CDC is directed to establish Alzheimer's disease and Related Dementias Public Health Centers of Excellence, initiate cooperative agreements with public health departments, and support continued enhanced data collection activities to improve data on State and national prevalence of Alzheimer's disease and related dementias, as

well as related cognitive decline and caregiving as specified in BOLD.

*Breast and Cervical Cancer Early Detection Program.*—The Committee notes that millions of women aged 40–64 will remain uninsured and eligible for breast and cervical cancer screening services under the Breast and Cervical Cancer program. This critical program remains a vital lifeline 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 Registries.*—The Committee includes \$56,440,000, a \$5,000,000 increase, for CDC to make strategic investments to improve the timeliness of data in coordination with CDC’s overall data transformation initiative.

*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 continues to direct CDC to collaborate with USAID, PEPFAR, and DOL to ensure monitoring and evaluation is aligned for all of the Action Plan’s objectives. The Committee asks that the annual Public Law 109–95 report to Congress display the amount of funding by objective to the Action Plan on Children in Adversity.

*Diabetes Prevention Program.*—The Committee includes \$27,300,000, an increase of \$2,000,000, to support the National Diabetes Prevention Program and CDC’s collaboration with CMS regarding the Medicare Diabetes Prevention Program. CDC is encouraged to build mechanisms and flexibility in its Diabetes Prevention Recognition Program to encourage and support those organizations that are serving populations at or below the poverty level.

*Early Child Care Collaboratives.*—The Committee provides \$4,000,000 to the National Early Child Care Collaboratives Program for direct provider-level training in implementation of healthy eating and physical activity best practices. Funds will also support technical assistance to States for integrating such best practices into existing State and local systems for early care and education, such as professional development for providers.

*Epilepsy.*—Approximately 3,400,000 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 includes \$9,500,000, an increase of \$1,000,000, for CDC to support national dissemination of evidence-based programs to improve access to care and expand provider education, and public awareness campaigns to reduce stigma.

*Farm-to-School.*—The Committee continues \$2,000,000 within Nutrition, Physical Activity, and Obesity for research and education activities related to farm-to-school programs that result in promoting healthy eating habits for students. The Committee intends that these grants support multi-agency, multi-organizational State farm to early childhood programs with priority given to entities with experience running farm to early childhood grant programs. The Committee also directs CDC to coordinate farm-to-school research efforts with the Office of Community Food Systems at the Department of Agriculture.

*Familial Hypercholesterolemia [FH].*—The Committee recognizes that an estimated 1,300,000 people in the United States live with FH, which leads to aggressive and premature cardiovascular disease. FH is classified as a tier 1 genomic condition by the CDC Office of Public Health Genomics because of the public health impact that early identification and intervention can make. The Committee encourages CDC to raise awareness of this condition and to expand its work in this area.

*Heart Disease and Stroke Prevention.*—Cardiovascular disease, including heart attack and stroke, continue to place the highest burden on our nation's health and economy. The Committee continues to support CDC's efforts to strengthen and expand evidence-based heart disease and stroke prevention activities that are focused particularly on high risk populations. The Committee encourages CDC to continue to prioritize innovative, scalable ways for communities and the healthcare sector to execute evidence-based prevention programs in high burden areas.

*High Obesity Rate Counties.*—The Committee remains concerned about the growing body of evidence suggesting that obesity is one of the most significant challenges facing the public health system. The Committee continues to include \$15,000,000 to support the rural extension and outreach services grants for rural counties with an obesity prevalence of over 40 percent. The Committee expects CDC grantees to work with State and local public health departments to support measurable outcomes through evidence-based obesity research, intervention, and prevention programs.

*Inflammatory Bowel Diseases [IBD].*—The Committee commends CDC for investing in research on the epidemiology of IBD as well as on disparities in treatment patterns and overall health outcomes within minority populations and underserved communities. The Committee encourages CDC to continue supporting this research and to develop a plan to reduce the time for persons from underserved communities to receive a diagnosis, including by increasing understanding and awareness of IBD among these populations and the healthcare providers who serve them.

*Maternal Mortality.*—The Committee continues to recognize that rising maternal mortality rate in the U.S. is a pressing public health issue. For this reason, the Committee includes \$12,000,000 in the Safe Motherhood and Infant Health Program for CDC to continue and expand its technical assistance to existing State Maternal Mortality Review Committees [MMRCs] to build stronger data systems, improve data collection at the State level and create consistency in data collection across State MMRC's.

*Million Hearts 2022.*—The Committee supports Million Hearts and its goal of preventing 1,000,000 heart attacks and strokes by 2022. CDC is encouraged to accelerate the development of innovative, scalable ways for communities and healthcare providers to implement evidence-based approaches to improve cardiovascular health in high risk populations and increase access to care and rehabilitation among prior heart attack and stroke victims.

*Mississippi Delta Health Collaborative [MDHC].*—Within the funds provided for Chronic Disease Prevention and Health Promotion, the Committee encourages CDC to build on its longstanding investment in MDHC by working to replicate the work in



additional sites while maintaining the current strategy. CDC shall provide an update on these activities in the fiscal year 2021 CJ.

*National Lupus Patient Registry.*—The Committee includes \$8,500,000, an increase of \$1,000,000, to support research efforts under the National Lupus Patient Registry program. Significant progress has been made to understand the epidemiology of lupus and the Committee is encouraged that CDC is building on this work to support follow-up studies. The Committee also supports CDC's work in fiscal year 2019 to advance similar research in childhood lupus and encourages CDC to continue this work with existing childhood lupus registries to generate more robust information about the prevalence of the disease in children across the country and its impacts. The Committee applauds the Registry program's initiatives to partner with national voluntary health agencies to expand awareness of the disease and encourages CDC to build on these partnerships.

*Nonalcoholic Steatohepatitis [NASH].*—The Committee recognizes that incidences of NASH and non-alcoholic fatty liver disease are growing. The Committee encourages CDC to support prevention, education, diagnosis, and treatment efforts in both pediatric and adult populations to combat existing incidence and support prevention activities.

*Office on Smoking and Health.*—The Committee urges the Office on Smoking and Health to use evidence-based strategies to more robustly respond to the public health risk caused by youth use of e-cigarettes and to reduce tobacco use among certain populations and in areas with high tobacco use rates and tobacco-related mortality.

*Peripheral Arterial Disease [PAD].*—The Committee is concerned that PAD is underdiagnosed since most experience few symptoms until irreversible damage is done. The Committee encourages CDC to support education and awareness activities that promote early diagnosis of PAD.

*Primary Immunodeficiencies.*—The Office of Public Health Genomics should continue education and awareness related to primary immunodeficiencies. This program has proven effective in identifying undiagnosed patients and linking them to centers of care.

*Pediatric Cardiomyopathy.*—The Committee understands that pediatric cardiomyopathy is a chronic disease of the heart that may, in severe cases, lead to heart failure and sudden death. The Committee encourages CDC to develop educational materials about the signs, symptoms, and risk factors of pediatric cardiomyopathy and make them available and easily accessible to the public.

*Pediatric Reference Intervals.*—Clinicians use a spectrum of values, referred to as reference intervals, to evaluate whether a child's test result is normal or indicates a problem that requires medical attention. Without accurate reference intervals physicians may misdiagnose a condition that could result in harm to the child. The Committee recommends that CDC develop and submit a plan for improving pediatric reference intervals, including the resources necessary for carrying out this initiative in the fiscal year 2021 CJ.

*Polycystic Ovary Syndrome [PCOS].*—The Committee recognizes the significant health burden of PCOS, as well as the need for addi-

tional information about PCOS. The Committee encourages CDC to develop a public awareness campaign to increase knowledge about PCOS among the general public, PCOS patients, and healthcare providers.

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

*Prostate Cancer.*—The Committee is aware of the recent rise in prostate cancer deaths and strongly supports CDC's work to increase the public's awareness of prostate cancer risks, screening and treatment and improve surveillance of this disease.

*Psoriasis and Psoriatic Arthritis.*—The Committee recognizes the growing body of evidence linking psoriatic disease to other comorbidities such as cardiovascular disease, depression, and kidney disease. The Committee commends CDC for identifying opportunities for expanded research on psoriatic disease in its Public Health Agenda for Psoriasis and Psoriatic Arthritis.

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

*Reducing Residual Cardiovascular Risk.*—The Committee is aware that cholesterol therapies, such as statins, have been successful in reducing risk of cardiovascular disease in many Americans, but risk remains for these individuals beyond cholesterol management. The Committee encourages CDC to promote awareness among physicians and patients of residual cardiovascular risk beyond statin therapy, and the importance of taking preventive action to reduce this risk.

*Skin Cancer Education and Prevention.*—The Committee is concerned with the growing number of people diagnosed with preventable forms of skin cancer, which is now the most commonly diagnosed cancer in the United States. The Committee has provided \$4,000,000, an increase of \$1,000,000, for skin cancer education and prevention, and encourages CDC to increase its collaboration and partnership with local governments, business, health, education, community, nonprofit and faith-based sectors.

*Stakeholder Collaboration.*—The Committee encourages CDC to continue the practice of working closely with State health agencies as primary stakeholders and partners in the prevention and control of chronic diseases. These programs and collaborations, built through years of investment, are critical mechanisms that are required to achieve our national goals for healthy children, healthy families, healthy workforce, and healthy seniors.

*State Physical Activity and Nutrition Program [SPAN].*—The Committee supports CDC's SPAN program. Prevalence of obesity in U.S. adults, adolescents, and children continues to be historically high as documented by CDC. The Committee supports SPAN funding to implement evidence-based strategies at State and local levels to address risk factors for obesity and improve nutrition and physical activity.

**WISEWOMAN.**—The Committee supports the mission of the WISEWOMAN program, helping uninsured and under-insured low-income women ages 40 to 64 understand and reduce their risk for heart disease and stroke. The Committee commends the Division for Heart Disease and Stroke Prevention for increasing the number of screenings by 48 percent in 2 years. Between 2014–2017, the program identified nearly 5,000 previously undiagnosed women with having the condition of high blood pressure—a leading risk factor for heart attack and stroke.

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

Appropriations, 2019 .....	\$155,560,000
Budget estimate, 2020 .....	112,000,000
Committee recommendation .....	159,560,000

The Committee recommendation for the activities of the National Center on Birth Defects, Developmental Disabilities, Disability and Health [NCBDDD] is \$159,560,000.

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 for the following categories of funding:

[In thousands of dollars]

Budget activity	Fiscal year 2019 appropriation	Committee recommendation
Total Birth Defects .....	155,560	159,560
Child Health and Development .....	65,800	65,800
Other Birth Defects .....	19,000	19,000
Fetal Death .....	900	900
Fetal Alcohol Syndrome .....	11,000	11,000
Folic Acid .....	3,150	3,150
Infant Health .....	8,650	8,650
Autism .....	23,100	23,100
Health and Development with Disabilities .....	62,660	66,660
Disability and Health .....	30,000	33,000
Tourette Syndrome .....	2,000	2,000
Early Hearing Detection and Intervention .....	10,760	10,760
Muscular Dystrophy .....	6,000	6,000
Attention Deficit Hyperactivity Disorder .....	1,900	1,900
Fragile X .....	2,000	2,000
Spina Bifida .....	6,000	6,000
Congenital Heart Defects .....	4,000	5,000
Public Health Approach to Blood Disorders .....	4,400	4,400
Hemophilia CDC Activities .....	3,500	3,500
Hemophilia Treatment Centers .....	5,100	5,100
Thalassemia .....	2,100	2,100
Neonatal Abstinence Syndrome .....	2,000	2,000
Surveillance for Emerging Threats to Mother's and Babies .....	10,000	10,000

**Cerebral Palsy [CP].**—CP is the most common, lifelong motor disability caused by an early developmental brain injury. The mechanism of injury underlying CP is still not well-understood, therefore the Committee encourages CDC to use existing resources, networks, data sets and systems in infant health to improve CP sur-

veillance and develop better understanding of the mechanisms leading to earlier diagnosis and better outcomes. While the Hammersmith Infant Neurological Exam for early detection of CP has been developed and is utilized by CDC in other countries in response to the Zika virus, the standardized tools used for early detection are not being widely utilized in the United States, and few providers are using these as standard of care. The Committee requests that CDC share early detection guidelines with pediatric providers and develop a U.S. implementation plan. Additionally, the Committee encourages CDC to conduct an updated study from the 2003 report on the healthcare and societal costs of CP in the United States. The Committee requests CDC include in the fiscal year 2021 CJ information on the cause, earlier diagnosis, treatment, and costs of CP across the lifespan.

*Congenital Heart Disease [CHD].*—CHD is the most common and deadliest category of birth defects in the United States. The Committee commends NCBDDD for its leadership in improving understanding of the unique, specialized care needs for the growing CHD population across the lifespan. The Committee provides \$5,000,000, an increase of \$1,000,000, to further implement the surveillance, research, and awareness activities authorized by the Congenital Heart Futures Reauthorization Act (Public Law 115–342).

*Duchenne Muscular Dystrophy.*—The Committee is pleased by the publication of care standards updates for Duchenne Muscular Dystrophy and encourages the agency to continue supporting the widespread dissemination of these standards. The Committee is also aware of CDC's efforts to develop an ICD–10 code for Duchenne and Becker Muscular Dystrophy [DBMD] and requests an update on the use of MD STARnet to measure how accurately and effectively the code is being applied to known cases of DBMD. Further, the Committee encourages CDC to continue its work to disseminate the revised DBMD care standards, to expand surveillance of Duchenne/Becker via the MD STARnet, and support Duchenne newborn screening efforts. The Committee is aware of CDC's efforts to assess healthcare utilization and disease burden in DBMD and requests an update in the fiscal year 2021 CJ.

*Fragile X [FX].*—The Committee commends CDC's efforts to identify and define the population impacted by FX and all conditions associated with the gene mutation with the goal of understanding the public health impact of these conditions. The Committee notes with approval the public-private partnership meeting to set the Public Health Research Agenda and the resulting focus on longitudinal data to characterize the natural history of FX to better inform outcome measures and biomarkers for new drug treatments. The Committee encourages NCBDDD to explore cross-divisional funding opportunities to accelerate data-driven public health research to reduce the public health burdens of both FX and autism.

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

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

*Sickle Cell Disease [SCD].*—Strengthening and expanding current efforts will help enable individuals living with this disease to receive adequate care and treatment. A provision in the Sickle Cell Disease and Other Heritable Blood Disorders Research, Surveillance, Prevention, and Treatment Act of 2018 (Public Law 115—327), authorizes CDC to award SCD data collection grants to States, academic institutions, and non-profit organizations to gather information on the prevalence of SCD and the health outcomes, complications, and treatment that people with SCD experience. The Committee requests an update on the resources CDC would require to implement this provision in the fiscal year 2021 CJ.

*Spina Bifida.*—The Committee supports the continuation of the Spina Bifida Clinical Care Monitoring and Tracking Program which works with the National Spina Bifida Registry to guide the healthcare community in best treatment options for people living with Spina Bifida. Further, the Committee encourages CDC to continue dissemination information to clinicians, parents, and families living with Spina Bifida.

*Thalassemia.*—The Committee is aware of the critical work CDC does connecting patients with this rare genetic blood disorder to life-saving resources and treatment centers. The Committee requests that CDC continue collaborating with thalassemia treatment centers, non-profits, and patient advocates through this program.

*Tourette Syndrome.*—The Committee commends CDC for its national public health education and research program on Tourette Syndrome. The Committee intends that funds be used to continue to educate physicians, educators, clinicians, allied professionals, and the general public about the disorder and to improve scientific knowledge on prevalence, risk factors, and co-occurring conditions of Tourette Syndrome.

*Zika Surveillance.*—The Committee supports CDC's continued collaboration with State, tribal, territorial, and local health departments to monitor mothers and babies impacted by the Zika virus during pregnancy in the highest risk jurisdictions. CDC was provided additional funding in fiscal year 2019 to expand its Zika surveillance to determine the long term health impacts on infants born to mothers infected with the Zika virus. The Committee requests an update on this ongoing surveillance in the fiscal year 2021 CJ.

PUBLIC HEALTH SCIENTIFIC SERVICES

Appropriations, 2019 .....	\$496,397,000
Budget estimate, 2020 .....	468,000,000
Committee recommendation .....	504,379,000

The Committee recommendation for Public Health Scientific Services is \$504,379,000.

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.

This level reflects a \$8,000,000 shift from EZID lab safety and quality to reflect CDC's yearly administrative shift. The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Budget activity	Fiscal year 2019 appropriation	Committee recommendation
Health Statistics .....	160,397	160,379
Surveillance, Epidemiology, and PH Informatics .....	293,000	293,000
Public Health Workforce .....	51,000	51,000

*Eating Disorders.*—The Committee encourages CDC to assist States in collecting data on unhealthy weight control practices for eating disorders, including binge eating, through the Youth Risk Behavior Surveillance System and the Behavioral Risk Factor Surveillance System.

*National Health and Nutrition Examination Survey [NHANES].*—The Committee recognizes that NHANES is used to quantify and examine the health and nutritional status of children and adults in the United States to target program activities and monitor progress. However, due to geographic distance and the difficulty of travel with NHANES mobile units to non-contiguous States, certain jurisdictions are excluded from NHANES data collection. The Committee encourages CDC to fund childhood obesity research, prevention, and treatment programs in non-NHANES-represented States, and their native and underserved populations.

ENVIRONMENTAL HEALTH

Appropriations, 2019 .....	\$209,350,000
Budget estimate, 2020 .....	157,000,000
Committee recommendation .....	211,350,000

The Committee recommendation for the National Center for Environmental Health is \$211,350,000. 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 to these substances are harmful to humans.

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2019 appropriation	Committee recommendation
Environmental Health Laboratory .....	65,750	65,750
Newborn Screening Quality Assurance Program .....	16,000	16,000
Newborn Screening for SCID .....	1,250	1,250
Other Environmental Health .....	48,500	48,500
Environmental Health Activities .....	45,600	46,600
Safe Water .....	8,600	8,600
Amyotrophic Lateral Sclerosis Registry .....	10,000	10,000
Trevor's Law .....	1,000	2,000
Climate Change .....	10,000	10,000
All Other Environmental Health .....	16,000	16,000
Environmental and Health Outcome Tracking Network .....	34,000	34,000
Asthma .....	29,000	30,000
Childhood Lead Poisoning .....	18,000	18,000
Lead Poisoning Prevention .....	17,000	17,000

*Amyotrophic Lateral Sclerosis [ALS] Registry.*—The Committee continues \$10,000,000 to support the National ALS Registry and seeks to understand how to build upon current efforts to improve data collection. The Committee notes that HHS is late in submitting the report to the Committee and looks forward to seeing the report requested in fiscal year 2018 to determine compliance with Public Law 110–373 and requests an update to the report within 1 year of enactment.

*Asthma.*—The Committee includes \$30,000,000, an increase of \$1,000,000. The Committee supports the work of the National Asthma Control Program, recognizing that asthma is one of the most common and costly health conditions in the United States. The Committee encourages CDC to continue its efforts which promote evidence-based asthma medical management and strategies aimed at improving access and adherence to the 2007 National Asthma Education and Prevention Program.

*Duchenne Muscular Dystrophy.*—The Committee continues to be encouraged by efforts to develop a newborn screening program for Duchenne Muscular Dystrophy. The Committee is aware of the successful pilot project in Ohio and requests an update in the fiscal year 2021 CJ on CDC's involvement in the on-going Duchenne newborn screening efforts and recently launched pilot in New York State.

*Trevor's Law.*—The Committee includes, \$2,000,000, an increase of \$1,000,000, to help better understand the relationship between environmental exposures and pediatric cancer, and to build capacity to conduct cancer investigations according to the provisions in Trevor's Law.

INJURY PREVENTION AND CONTROL

Appropriations, 2019 .....	\$648,559,000
Budget estimate, 2020 .....	628,839,000
Committee recommendation .....	663,559,000

The Committee recommendation for the National Center for Injury Prevention and Control is \$663,559,000.

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

The Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2019 appropriation	Committee recommendation
Intentional Injury .....	102,730	117,730
Domestic Violence and Sexual Violence .....	32,700	32,700
Child Maltreatment .....	7,250	7,250
Youth Violence Prevention .....	15,100	15,100
Domestic Violence Community Projects .....	5,500	5,500
Rape Prevention .....	49,430	49,430
Suicide Prevention .....		10,000
Adverse Childhood Experiences .....		5,000
National Violent Death Reporting System .....	23,500	23,500
Unintentional Injury .....	8,800	8,800
Traumatic Brain Injury .....	6,750	6,750
Elderly Falls .....	2,050	2,050
Injury Prevention Activities .....	28,950	28,950
Opioid Overdose Prevention and Surveillance .....	475,579	475,579
Injury Control Research Centers .....	9,000	9,000

*Adverse Childhood Experiences [ACEs].*—The Committee commends CDC for providing funding to States to conduct surveillance on exposure to adverse childhood experiences, and encourages the prioritization of such survey data in order to improve understanding of the prevalence and associated outcomes from exposure to childhood trauma, ACEs, and violence. The Committee provides \$5,000,000 to better inform how ACEs increases risk of future substance use disorders, suicide, mental health conditions, and other chronic illnesses as authorized in section 7131 of the SUPPORT Act.

*Child Sexual Abuse Prevention.*—While the incidence of child sexual abuse is said to be far greater than reported, it is estimated to affect nearly 5 percent of girls and 10 percent of boys. In light of its harmful physical, cognitive, and emotional effects on a child’s development, a far more proactive approach is needed to prevent child sexual abuse. CDC is encouraged to support research for the development, evaluation, and dissemination of effective child sexual abuse prevention practices and policy.

*Concussion Surveillance.*—The Committee notes that there is still no national surveillance system to accurately determine the incidence of sports-related concussions, including prevalence among youth ages 5 to 21. The Committee encourages CDC to investigate the establishment of a national surveillance system to accurately determine the incidence of sports- and recreation-related concus-



sions among youth aged 5 to 21 years and provide an update in the fiscal year 2021 CJ.

*Drowning Prevention.*—Drownings are the leading cause of accidental deaths among 1–4 year-old children and it is the second leading cause of all death after congenital anomalies. The Committee encourages CDC to work with organizations working with underserved youth to scale proven drowning prevention programs in communities, support State drowning surveillance efforts, and support a national plan on water safety.

*Drug Overdose Prevention.*—The Committee includes \$475,579,000, and reflects continued strong support of CDC’s drug overdose prevention activities. CDC shall use these funds to advance the understanding of opioid and stimulant overdoses and scale-up prevention activities across all 50 States, the District of Columbia, territories, and tribes, as well as local health departments. The Committee expects that this will include the expansion of case-level syndromic surveillance data, improvements of interventions that monitor prescribing and dispensing practices, better timeliness, and quality of morbidity and mortality data, as well as the enhancement of efforts with medical examiners and coroner offices. CDC shall promote the use of Prescription Drug Monitoring Programs [PDMPs], including implementation of activities described in the National All Schedules Prescription Electronic Reporting Act of 2005 as amended by the Comprehensive Addiction and Recovery Act of 2016. This shall include continuing to expand efforts to enhance the utility of PDMPs in States and communities, making them more interconnected, real-time, and usable for public health surveillance and clinical decision-making. The Committee encourages CDC to ensure State PDMP implementation and improvements are coordinated with respective State alcohol and drug agencies. CDC shall also promote alternative surveillance programs for States and communities that do not have a PDMP. CDC is encouraged to work with ONC to enhance the integration of PDMPs and electronic health records. Further, the Committee is encouraged to ensure that Federal funding allocated to respond to the opioid epidemic flows from the States into communities and local health departments as practicable and encourages CDC to support local prevention activities to determine the effectiveness of naltrexone in treating heroin and prescription drug abuse as well as reducing diversion of buprenorphine for illicit purposes. The Committee continues to support CDC’s prescription drug overdose prevention efforts. The Committee remains concerned that CDC’s Prevention for States program and the Data-Driven Prevention Initiative do not include some of the States most impacted by the opioid crisis. The Committee recognizes that in fiscal year 2019, CDC issued a new opioid overdose prevention notice of funding opportunity for which all States, territories, and certain localities are eligible. The program is designed to equip high burden areas with overdose prevention resources, taking into account mortality data as significant criteria when distributing funds. Finally, CDC shall use \$10,000,000 of the funds provided to conduct an opioid nationwide awareness and education campaign.

*Rape Prevention.*—The Committee directs that at least 75 percent of the program’s funds go to States for State and local preven-

tion activities. CDC activities should be coordinated with efforts at higher education institutions to reduce the incidence of sexual assault on their own campus.

*Suicide.*—The Committee notes that suicide is a leading cause of death in the U.S., and one of only three leading causes of death that continues to increase. While mental health conditions are often perceived as the cause of suicide, research has demonstrated that suicide is rarely caused by any single factor. Many people who die by suicide are not known to have a diagnosed mental health condition at the time of death, and in-depth analysis of suicide deaths by CDC found that many suicides were precipitated by economic losses and financial stress, relationship issues, substance misuse, physical health problems, and housing stress. There is also increasing evidence that the Internet and social media can influence suicide-related behavior. The Committee praises CDC’s leadership to prevent suicide amongst all populations. The Committee recommendation includes \$10,000,000 for an initiative at CDC to utilize data and evaluation to inform efforts to prevent suicide, specifically in vulnerable populations and subgroups among which suicides are increasing. The Committee commends CDC’s efforts to identify new and innovative ways to collect data related to non-fatal suicides. The Committee directs CDC to expand their emergency department syndromic surveillance pilot project on suicidal behavior to provide near real-time trend data. These data will be used to inform targeted prevention efforts at the local level for comprehensive, community-based prevention efforts. The Committee also directs CDC to implement and evaluate targeted comprehensive, community-based suicide prevention strategies to reduce risk for suicide and to evaluate their impact, including among high-risk populations. This work could include expansion of ongoing, high-impact CDC-funded projects that partner with community-level veteran serving organizations.

*Tribal Use of Prescription Drug Monitoring Programs.*—The Committee directs CDC to work with the Indian Health Service to ensure federally-operated and tribally-operated healthcare facilities benefit from the Centers’ PDMP efforts.

The Committee accounts for the shift of the SNS fiscal year 2019 and 2020.

*Understanding the Physical and Psychological Effects of Severe Forms of Trafficking in Persons.*—The Committee encourages CDC to use funds provided under this act to jointly conduct a study with the National Institute of Justice as directed by section 20 of the Abolish Human Trafficking Act of 2017 (Public Law 115–392).

OCCUPATIONAL SAFETY AND HEALTH

Appropriations, 2019 .....	\$336,300,000
Budget estimate, 2020 .....	190,000,000
Committee recommendation .....	338,800,000

The Committee recommendation for the National Institute for Occupational Safety and Health [NIOSH] programs is \$338,800,000. The Committee does not include the cuts proposed by the administration for NIOSH and recognizes that 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. Further, the Committee acknowledges that NIOSH continues to protect American workers through its work-related illness and injury research. The Committee encourages NIOSH to continue maintaining its objectivity so as to ensure the highest professional and ethical standards are maintained.

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

[In thousands of dollars]

Budget activity	Fiscal year 2019 appropriation	Committee recommendation
Total NIOSH .....	336,300	338,800
National Occupational Research Agenda .....	116,000	116,000
Agriculture, Forestry, Fishing (non-add) .....	25,500	25,500
Education and Research Centers .....	29,000	29,000
Personal Protective Technology .....	20,000	20,000
Mining Research .....	59,500	60,500
National Mesothelioma Registry and Tissue Bank .....	1,200	1,200
Firefighter Cancer Registry .....	1,000	2,500
Other Occupational Safety and Health Research .....	109,600	109,600

*Firefighter Cancer Registry.*—The Committee provides \$2,500,000, an increase of \$1,500,000, for the registry. The Committee supports CDC’s quick action to solicit necessary input in developing the voluntary Firefighter Cancer Registry. This voluntary, anonymous registry system will enable researchers to better understand why firefighters are at an increased risk of developing certain types of cancer to identify ways to mitigate firefighters’ risk of cancer through best practices and advanced equipment.

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

*Underground Mine Evacuation Technologies and Human Factors Research.*—The Committee provides \$60,500,000 to the NIOSH Mining Program, an increase of \$1,000,000, to provide additional grant opportunities to universities with graduate programs in mining and explosives engineering to fund research related to mine emergencies, to build on NIOSH’s work to address mandates in the MINER Act of 2006. Research will develop new wireless communication devices and methodologies, develop training, systems, and tools to facilitate, miner self-escape, and continue to improve the design of refuge alternatives.

ENERGY EMPLOYEES OCCUPATIONAL INJURY COMPENSATION ACT

Appropriations, 2019 .....	\$55,358,000
Budget estimate, 2020 .....	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. The Committee does not accept the administration’s proposal to move EEOICPA to NIH.

GLOBAL HEALTH

Appropriations, 2019 .....	\$488,621,000
Budget estimate, 2020 .....	456,984,000
Committee recommendation .....	595,843,000

The Committee recommends \$595,843,000 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 2019 appropriation	Committee recommendation
Global HIV/AIDS Program .....	128,421	128,421
Global Tuberculosis .....	7,222	7,222
Global Immunization Program .....	226,000	226,000
Polio Eradication .....	176,000	176,000
Measles and Other Vaccine Preventable Diseases .....	50,000	50,000
Parasitic Diseases and Malaria. ....	26,000	26,000
Global Public Health Protection .....	108,200	208,200
Global Disease Detection and Emergency Response .....	98,400	198,400
Global Public Health Capacity Development .....	9,800	9,800

*Global Health Security.*—The Committee provides \$198,400,000 an increase of \$100,000,000, to continue global health security efforts to accelerate the capacity of countries to prevent, detect, and respond to infectious disease outbreaks. The constant threat of pandemic influenza, the recent Zika outbreak, and the ongoing Ebola outbreak in the Democratic Republic of Congo are reminders that infectious disease outbreaks are unpredictable, can spread rapidly, and are not bound by national borders. The Committee recognizes that it is in the national security interest of the United States to work with other countries to strengthen their public health infrastructure to manage outbreaks whenever and wherever they occur. CDC plays a critical role in accelerating the capabilities of targeted countries and regions to prevent, detect, and respond to infectious disease outbreaks. The Committee directs CDC to provide a detailed spend plan to the Committees on Appropriations of the House of Representatives and the Senate no later than 60 days after enactment detailing how fiscal year 2020 funds will be allocated, including how funds will be directed by country and/or region as applicable. In addition, CDC is directed to articulate a multi-year plan for how CDC investments will advance the objectives of global health security moving forward and how progress

will be measured. CDC is directed to work with USAID to continue a coordinated global health security effort, delineate roles and responsibilities, and measure progress. One year after submission of a spend plan, CDC, in coordination with USAID, will brief the Committees on Appropriations of the House of Representatives and Senate on the current status of the program.

*Global Water Strategy.*—The Committee encourages CDC to work with other Federal partners to continue assessing and supporting water sanitation and hygiene [WASH] improvements in healthcare facilities, aligned with the 2017 U.S. Global Water Strategy. Further, the Committee encourages CDC to continue to contribute to the elimination of cholera and to support areas where neglected tropical diseases are endemic. The Committee encourages CDC to conduct research on innovative WASH interventions and to improve disease surveillance for WASH-related illness among refugees, displaced persons, and emergency affected populations.

*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 monitoring and surveillance of transmission, evaluation of interventions for effectiveness, 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 and better. The Committee encourages CDC to continue to research, monitor, and evaluate efforts for malaria and parasitic disease in collaboration with other divisions and agencies.

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

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

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriations, 2019 .....	\$855,200,000
Budget estimate, 2020 .....	825,000,000
Committee recommendation .....	850,200,000

The Committee recommendation for the Office of Public Health Preparedness and Response [PHPR] is \$850,200,000.

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 accounts for the shift of the SNS fiscal year 2019 and 2020.

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

[In thousands of dollars]

Budget activity	Fiscal year 2019 appropriation	Committee recommendation
Public Health Emergency Preparedness Cooperative Agreement .....	675,000	675,000
Academic Centers for Public Health Preparedness .....	8,200	8,200
BioSense .....	23,000	23,000
All Other CDC Preparedness .....	149,000	144,000

*Emergency Preparedness.*—The Committee continues to request detailed information on how PHEP funding is distributed at the local level by States. CDC is encouraged to provide in the fiscal year 2021 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.

*Laboratory Response Network [LRN].*—The Committee recognizes the 20th anniversary of the LRN, a partnership between CDC, State, and local public health laboratories that protects our nation from the most dangerous pathogens, as well as chemical and radiological threats. As a critical part of CDC’s preparedness and response capabilities, LRN’s flexibility was critical to both the Ebola and Zika responses, quickly deploying new testing capabilities for these emerging threats. By combining CDC’s expert scientists with the State and local public health system’s reach, LRN is able to develop and improve diagnostics, harness new technologies, and ensure tests are rapidly available in a response. The Committee continues to support LRN through the PHEP cooperative agreement, and CDC’s Preparedness and Response funding.

*Strategic National Stockpile [SNS].*—The Committee shifts the SNS to ASPR to reflect where the program is currently administered.

BUILDINGS AND FACILITIES

Appropriations, 2019 .....	\$30,000,000
Budget estimate, 2020 .....	30,000,000
Committee recommendation .....	30,000,000

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

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

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

CDC-WIDE ACTIVITIES

Appropriations, 2019 .....	\$323,570,000
Budget estimate, 2020 .....	155,000,000
Committee recommendation .....	273,570,000

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

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

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

[In thousands of dollars]

Budget activity	Fiscal year 2019 appropriation	Committee recommendation
Preventive Health and Health Services Block Grant .....	160,000	160,000
Public Health Leadership and Support .....	113,570	113,570
Infectious Disease Rapid Response Reserve Fund .....	50,000	.....

*Infectious Disease Reserve Fund.*—The Committee notes that CDC has the \$50,000,000 appropriated in fiscal year 2019 available to respond to outbreaks in fiscal year 2020.

*Opioid Use and Infectious Diseases.*—Given the significant increases in infectious diseases associated with opioid use, the Committee encourages CDC to work across the Operating Division to integrate interventions aimed at preventing, tracking, and treating infectious diseases with broader efforts to address the opioid epidemic.

*Public Health Data Systems.*—The nation’s public health data systems are antiquated, rely on obsolete surveillance methods, and are in dire need of security upgrades. Lack of interoperability, reporting consistency, and data standards leads to errors in quality, timeliness, and communication. The Committee understands that CDC is developing plans for a public health data system modernization. The Committee directs CDC to develop a detailed plan that outlines specific agile development stages and associated funding requirements over the life of the project. Funding should be broken out by fiscal year. CDC is directed to consult with external experts such as the United States Digital Service or 18F on this plan. This plan shall be provided no later than 180 days after enactment to the Committees on Appropriations of the House of Representatives and the Senate.

*Preventative Health and Health Services Block Grant.*—The Committee does not eliminate the block grant as requested in the budget and provides \$160,000,000, the same level as fiscal year 2019. These grants provide the flexibility necessary to resolve emerging health issues at the local level while tailoring those activities to best address the local community. The Committee encourages CDC to enhance reporting and accountability, including how much funding is directed to support public health needs at the local level.

*Tribal Advisory Committee [TAC].*—The Committee is concerned by reports that CDC is non-responsive to its TAC. Therefore, the Committee encourages the Director, with guidance from TAC, to develop best practices around delivery of Tribal technical assist-

ance. The Director shall report on the status of development of these written guidelines in the fiscal year 2021 CJ.



## NATIONAL INSTITUTES OF HEALTH

The National Institutes of Health [NIH] remains an area of high priority for the Committee. Prior to the first substantial NIH increase in more than a decade provided in fiscal year 2016, 22 percent of NIH's purchasing power was lost during that time. Over the past 4 years, the Committee has been able to restore 13 percent, but there is more to be done.

Therefore, the Committee provides \$42,084,000,000 for NIH activities within the jurisdiction of this bill, an increase of \$3,000,000,000 or 7.7 percent, above fiscal year 2019. Within the total appropriation, the Committee provides \$492,000,000 in budget authority authorized in the 21st Century Cures Act. The Committee also provides an additional \$219,000,000 to make-up for the funding reduction to NIH in the 21st Century Cures Act in fiscal year 2020.

The total also includes \$1,564,105,000 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 remains steadfast in its commitment to fund research on Alzheimer's disease and increases funding by \$350,000,000 to a total of approximately \$2,818,000,000 in fiscal year 2020; restores and increases funding by \$161,000,000 for the *All of Us* precision medicine initiative to ensure that enrollment in this groundbreaking study is not lost due to a reduction in 21st Century Cures Act funding; increases funding for antibiotic resistance by \$50,000,000 to conduct research on resistance and fund new vaccines and treatments effective against drug-resistant microbes; increases funding for the BRAIN Initiative by \$71,000,000; and continues to provide funding to modernize the storage, management, and standardization of NIH-funded biomedical data science.

In addition, every Institute and Center receives an increase above fiscal year 2019 to continue investments in innovative research that will advance fundamental knowledge and speed the development of new therapies, diagnostics, and preventive measures to improve the health of all Americans. The Committee recognizes that many revolutionary discoveries often come from unexpected, untargeted research. The Committee continues to support these basic advances through the general increase to all Institutes and Centers and also targets investment toward clinical and translational research that moves basic discoveries from "bench-to bedside."

The Committee rejects the budget's request to create a new National Institute for Research on Safety and Quality by consolidating the Agency for Healthcare Research and Quality into the NIH. It also rejects the budget's proposal to cap the percentage of an investigator's salary that can be paid with NIH grant funds at 90 percent.

NATIONAL CANCER INSTITUTE

Appropriations, 2019 .....	\$6,141,018,000
Budget estimate, 2020 .....	5,246,737,000
Committee recommendation .....	6,351,863,000

The Committee recommendation includes \$6,351,863,000 for the National Cancer Institute [NCI], including \$195,000,000 appropriated from the NIH Innovation Account. Of this amount, \$30,000,000 is available for repairs and improvements to the NCI facility in Frederick, Maryland.

*Cancer Immunotherapy.*—The Committee continues to be encouraged by new breakthroughs in cancer immunotherapy, which are improving outcomes for an increasing number of cancer patients. As new and effective individual treatments are identified, the Committee urges NCI to prioritize research that will serve as the basis for improved, less toxic cancer immunotherapy for more patients. In particular, the Committee highlights the need to understand how best to combine immunotherapy treatments, the optimal duration of therapy for each treatment, and why some patients develop resistance to cancer immunotherapy while others do not. Research on resistance should include outcomes in which the therapy never works (primary resistance) and outcomes in which the therapy is initially effective, but then stops working (secondary resistance). Further, the Committee urges NCI to prioritize research and trials for innovative immunotherapeutic approaches. In some cases, however, the side effects of such treatments are far different than those associated with chemotherapy and are associated with altered cytokine levels. Focusing on targeted cytokine management therapies and early recognition of cancer immunotherapy-related side effects can result in resolution of these side effects before permanent damage is done, and allows for continued cancer treatment. The Committee encourages development of therapeutic approaches that can be applied with minimal to no side effects that would help maintain the patient’s quality of life and could be used as a safe adjunct to existing therapies. The Committee urges NCI to prioritize research on the underlying mechanisms of cancer immunotherapy with the hope that continued advances in our understanding of these approaches will lead to wide applicability across cancer types and patient populations.

*Childhood Cancer Data Initiative.*—The Committee strongly supports the budget request to focus \$50,000,000 a year toward pediatric cancer research over the next 10 years. The full budget request provided in the bill will facilitate a connected data infrastructure and integrate multiple data sources to make data work better for patients, clinicians, and researchers.

*Deadliest Cancers.*—The Committee remains concerned that while more effective screening methods and treatments have lowered overall cancer incidence and death rates, several cancer types with particularly low survival rates have limited screening methods, and effective treatments for these cancers are also limited. The Recalcitrant Cancers Research Act of 2012 defined “recalcitrant cancers” as those with a 5 year survival rate below 50 percent. These cancers account for nearly half of all cancer deaths in the United States and include cancers of the brain, esophagus, liver,

lung, ovary, pancreas, and stomach. The Committee notes that in 2020 NCI will report on the effectiveness of the scientific frameworks process NCI undertook for pancreatic adenocarcinoma and small cell lung cancer to improve prevention, detection, diagnosis and treatment. NCI developed these frameworks at Congress' direction for cancers with a 5 year survival rate of less than 20 percent and expected toll of at least 30,000 deaths per year in the United States. The Committee appreciates that NCI has led scientific planning efforts in recent years to explore research opportunities related to pancreatic cancer, small cell lung cancer, liver cancer, and glioblastoma. Given the high cost recalcitrant cancers exact on society and the lack of diagnostic and treatment resources currently available to help patients, the Committee directs NCI develop a scientific framework using the process outlined in the Recalcitrant Cancer Research Act of 2012 for stomach and esophageal cancers. These cancers have 5 year survival rates below 50 percent and are collectively expected to kill approximately 27,000 Americans in 2020. The Committee also urges NIH and NCI to continue to support research with an emphasis on developing screening and early detection tools and more effective treatments for all recalcitrant cancers. The Committee expects to receive an update on NCI-supported research to advance these goals in the fiscal year 2021 CJ. Also, the Committee directs NIH to add esophageal and stomach cancers to future Research, Condition, and Disease Categorization reports. Finally, the Committee recognizes that while overall cancer death rates continue to decline, successful treatment for some cancers, including many forms of childhood cancer, remains elusive. The Committee encourages NCI to place a high priority on researching these cancers, which include anaplastic astrocytoma, diffuse intrinsic pontine glioma, glioblastoma, Juvenile myelomonocytic leukemia, high-risk neuroblastoma, recurrent osteosarcoma, rhabdomyosarcoma, and diffuse anaplastic Wilms tumors. The Committee requests an update on the progress being made for childhood cancer research in the fiscal year 2021 CJ.

*Early Onset Colorectal Cancer.*—The Committee notes that while overall colorectal cancer incidence rates have been decreasing over the last 20 years, there has been an increase in adults ages 20–54. The Committee urges NCI to research why rates of colorectal cancer are increasing for this population. As part of this research, the Committee encourages NCI to expand its knowledge of the natural history of the disease to help advance the development of improved screening modalities and treatment.

*Gynecologic Cancer Clinical Trials.*—Clinical trials have significantly improved survival for women with gynecologic cancers, including ovarian, endometrial, cervical, and vulvar cancers. The Committee supports continued investment in federally-funded clinical trials for gynecologic cancers and encourages NCI to work with stakeholders to address priorities for the gynecologic oncology clinical trials scientific agenda, including consideration of the availability of trials for these patients. Given the high mortality rates for certain gynecologic cancers, the Committee requests NCI provide an update on access to gynecologic cancer clinical trials in its fiscal year 2021 CJ.

*Liver Cancer.*—The Committee commends NCI for increasing resources focused on liver cancer and its inter-Institute work to encourage more research focused on liver cancer, but urges greater prioritization on addressing the threat of liver cancer, the second deadliest cancer with a 5 year survival rate of 20 percent. The Committee also notes that the link between hepatitis B infection and primary liver cancer is well established with up to 60 percent of global liver cancer cases caused by the hepatitis B virus and, therefore, encourages continued close collaboration with NIAID and NIDDK and active participation in the Director's newly established Trans-NIH Hepatitis B working group. The Committee requests an update on NCI's activities in these areas in the fiscal year 2021 CJ.

*Melanoma.*—The Committee encourages NCI to support research from development of experimental models to identify mechanisms and associated biomarkers of risk for development of melanoma, new technologies for early detection as well as trials that develop population-based evidence for screening, including ophthalmologic, and sun protection practices. Discovery of biomarkers of response and resistance is critical at this point in melanoma research. The Committee urges NCI to support mechanistic research into response and resistance to therapy. The Committee further encourages research to understand mechanisms that underlie clinical dormancy to provide an effective means of preventing tumor recurrence and improving quality of life and longevity of survivors. The Committee is aware symptomatic brain [CNS] and leptomeningeal [LMD] metastases remain difficult to treat and may become the last frontier in systemic therapy in melanoma and other cancers. The Committee urges expanding research to identify treatments for CNS and LMD melanoma, which may pave the way for advances in other cancers. Melanoma is a heterogeneous cancer and includes rare subtypes such as uveal melanoma, the most common cancer of the eye, as well as mucosal and pediatric melanoma. States have difficulty capturing and defining cases due to the complex nature of arriving at the true diagnosis. The Committee encourages NCI to support research through national registries to better understand natural history, epidemiology, as well as patient reported and clinical outcomes in these rare melanoma subtypes. The Committee requests an update on these requests in the fiscal year 2021 CJ.

*Pancreatic Cancer Research.*—In 2016, pancreatic cancer rose to become the third leading cause of cancer-related death in the U.S., claiming the lives of nearly 42,000 Americans. Despite progress in combatting other forms of cancer, the 5 year survival rate for pancreatic cancer is just 9 percent, in large part because there are no reliable early detection methods or effective treatment options. To help turn the tide against this deadly cancer, Congress in 2012 passed the Recalcitrant Cancer Research Act (Public Law 112-239), calling for the development of a scientific framework for certain recalcitrant cancers. The Committee looks forward to NCI's submissions of the 5 year updates to the reports required by the Recalcitrant Cancer Research Act of 2012. The Committee encourages NCI to continue to support research efforts to advance progress for patients diagnosed with pancreatic cancer and other cancers with

low 5 year survival rates. The Committee requests an update on pancreatic cancer research in the fiscal year 2021 CJ.

*Pediatric Cancer.*—The Committee encourages NCI and NIH to continue to prioritize pediatric cancer research. The Committee recognizes NCI's efforts to implement sections of the Childhood Cancer STAR Act, develop a new Childhood Cancer Data Initiative, and continue to support and expand new and innovative research efforts to advance progress for children with cancer. These include the Pediatric MATCH precision medicine trial and a pediatric immunotherapy translational science network established through the Cancer Moonshot, in addition to NCI's long-standing support for the Children's Oncology Group, the Childhood Cancer Survivor Study, the Pediatric Preclinical Testing Consortium, and several other critical programs. The Committee also commends NIH for its efforts to coordinate pediatric research across its Institutes and Centers through the recently established Trans-NIH Pediatric Research Consortium. The Committee understands NCI participates in the Consortium, and that childhood cancer research is an important part of the pediatric research portfolio across NIH. The Committee requests an update in the fiscal year 2021 CJ on opportunities to enhance childhood cancer research efforts, including coordination efforts already underway through the Trans-NIH Pediatric Research Consortium.

*Pediatric MATCH.*—The Committee recognizes that cancer is the leading cause of death by disease amongst children and, after accidents, cancer is the second leading cause of death in children ages 1 to 14. In 2018 alone, cancer will affect over 17,000 children, and many of these diagnoses will be rare forms, which lack sufficient therapeutic options. Moreover, children with cancer can suffer more severe side effects from aggressive treatments than adult patients, and the majority of pediatric cancer survivors live with chronic conditions because of their treatments. Improvements in treatment are urgently needed to address this childhood health crisis. The Committee commends NCI's efforts on the novel pediatric MATCH study to address some of these challenges, and appreciates that it will add to the body of scientific evidence necessary to determine the molecular targets substantially relevant to the growth or progression of pediatric cancer as required by the FDA Reauthorization Act of 2017. The Committee encourages NCI to continue its efforts on the pediatric MATCH study and trials. The Committee requests an update in the fiscal year 2021 CJ.

*Precision Medicine.*—The Committee strongly supports precision medicine initiatives that are critical to delivering the right treatment to the right patient at the right time. At its core, precision medicine aims to understand and treat the underlying cause of disease in individual patients. Once the underlying cause of a patient's disease is identified, this information can then be used to gain new insights into the underlying basic biology and disease pathogenesis, which will ultimately foster the development of medicine targeted to those patient populations most likely to benefit. The Committee strongly believes that NIH needs to focus cancer precision medicine efforts towards comprehensive drug screening and precision clinical trials and has included sufficient funding to do so. Therefore, the Committee directs NCI to fund an initiative

to foster the clinical demonstration of novel methodologies for individualizing identification of cancer therapeutics. Programs should be at a NCI-designated Comprehensive Cancer Center at institutions that have demonstrated institutional investment in precision medicine, have a strong existing track record in NIH-supported cancer funding and have the expertise to conduct in-depth genomic analysis of cancer tumors and do comprehensive drug repurposing screens of all FDA-approved drugs on at least one tumor type. Additionally, regional multi-institutional consortiums that serve populations with significant health disparities and traditionally underserved populations are strongly encouraged.

*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 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. As such, the Committee encourages NCI to ensure that all of its designated cancer centers are managing and measuring patients for distress as an integral piece of their treatment and follow-up care. The Committee requests an update on NCI's activities in this area in the fiscal year 2021 CJ, especially as they relate to recommendations made in the 2008 Institute of Medicine report, "Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs."

*Rare Cancers.*—Rare cancers, defined as those cancers that have fewer than six new cases per 100,000 Americans per year, represent over 30 percent of all cancers. Pediatric cancers, all forms of which are rare, account for around 1 percent of new patients per year. Rare cancers present unique research challenges for many reasons, including the difficulty in accruing enough patients to clinical trials, and the lack of industry focus on these cancers due to the relatively small number of patients diagnosed with each cancer. The Committee commends NCI's investment in the Rare Tumor Patient Engagement Networks, including NCI CONNECT and MyPART, and in particular in the NCI Experimental Therapeutics Program, with a focus on supporting the most promising new drug discovery and development projects, with priority given for development of therapeutic agents for pediatric cancers. The Committee is particularly interested in the preliminary results of the NCI DART trial ("Dual Anti-CTLA-4 & Anti-PD-1 blockade in Rare Tumors Trial"), the first federally-funded immunotherapy study devoted entirely to rare cancers, with over 35 cohorts targeting very rare to exceedingly rare types of cancers. The Committee requests an update on the DART study in the fiscal year 2021 budget request. Finally, the Committee encourages a trans-NIH collaboration, which includes NCATS, to accelerate therapies for rare cancers and to support broader sharing of genomic-related rare cancers data to accelerate research and drug development for these cancers.

*Specialized Programs of Research Excellence [SPORE].*—The Committee notes that SPOREs is one of NCI's cornerstone efforts to promote collaborative, interdisciplinary translational cancer re-

search. The Committee continues to support the SPORE grant program as it works to bring basic research into practical treatments. The Committee commends NCI’s investment in this area and notes the increasing multi-Center nature of this program, with now over 70 percent of the NCI SPOREs being multi-Center (involving more than one Institute), and 45 percent of those multi-Center sites involve more than two Institutes. Likewise, the Committee notes that several of the existing SPOREs focus on related organ site diseases (such as the Gastrointestinal, Neuroendocrine, and Sarcoma SPOREs), and another SPORE focuses on a specific pathway called hyperactive RAS in the context of mutations in the NF1 gene. The Committee requests an update on the NCI SPOREs program in the fiscal year 2021 CJ.

*STAR Act.*—The Committee includes \$25,000,000 in funding for continued implementation of sections of the Childhood Cancer Survivorship, Treatment, Access, and Research [STAR] Act. Funding is in addition to the funds allocated in fiscal year 2019 to expand existing biorepositories for childhood cancer patients enrolled in NCI-sponsored clinical trials to collect and maintain relevant clinical, biological, and demographic information on children, adolescents, and young adults, with an emphasis on selected cancer subtypes (and their recurrences) for which current treatments are least effective. Funding provided this year will allow NCI to continue to conduct and support childhood cancer survivorship research as authorized in the STAR Act. The Committee was pleased to see NCI issue a Request for Applications in fiscal year 2019 to encourage research proposals directly aligned with areas of emphasis outlined in the STAR Act.

*Surveillance, Epidemiology, and End Results [SEER] Registry.*—The Committee supports efforts to modernize the SEER Registry and fill in key data gaps, such as metastatic recurrence. The Committee encourages NCI to advance this effort in a systematic and meaningful way that ultimately improves SEER Registry infrastructure and capabilities.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2019 .....	\$3,494,359,000
Budget estimate, 2020 .....	3,002,696,000
Committee recommendation .....	3,694,771,000

The Committee recommendation includes \$3,694,771,000 for the National Heart, Lung, and Blood Institute [NHLBI].

*Alzheimer’s Disease and Vascular Dementia.*—The Committee recognizes the value that well characterized, longitudinal, population-based cohort studies provide in bringing to light more information about the risk factors related to dementia. By studying participants over time, much can be learned about cognitive decline and early biomarkers that will help us understand the role of environmental and genetic factors in disease development and progression. In time, however, mature cohorts naturally dwindle as participants pass away, requiring that the research mission be adjusted to continue to leverage the previous science and build upon it. Therefore, the Committee encourages NHLBI to continue supporting its ongoing cohort studies of cardiovascular disease and to work with other Institutes, including NIA, to incorporate analyses

of cognitive decline in these cohorts. NIH is also encouraged to consider funding a pilot project on next generation cohorts, with the goal of determining the feasibility of recruiting next generation participants to continue study into the development and progression of risk factors and to detect early signs of cognitive decline.

*Aortic Aneurysm and Fibrosis.*—The Committee is encouraged by the focus on fibrosis research within NHLBI's strategic plan, and further supports research in fibrosis, which is a significant comorbidity with conditions that cause aortic aneurysm, like Marfan syndrome, vascular Ehlers Danlos, and Loeys-Dietz syndrome. The Committee requests updates from NHLBI on this research in the fiscal year 2021 CJ.

*Chronic Disease Precision Medicine.*—Chronic diseases and conditions, such as heart disease, hypertension, and obesity are among the most common, costly, and preventable of all health conditions. Therefore, the Committee directs NHLBI to fund an initiative to address chronic diseases through translational science and the application of a precision medicine approach and has included sufficient funding to do so. Programs should focus on diseases and disorders relating to heart, lung, blood, and sleep, and access to populations with significant health disparities. Programs should have a proven track record of NIH funding in all of these areas, as well as have NIH-funded programs for health disparities research. Additionally, regional multi-institutional consortiums are strongly encouraged.

*Chronic Obstructive Pulmonary Disease [COPD]/Pulmonary Rehabilitation.*—COPD is a major cause of morbidity and mortality for many people, especially in rural areas. Pulmonary rehabilitation is an effective non-medication treatment for COPD and well-designed and continuing research in pulmonary rehabilitation has the potential to reduce hospitalizations and improve survival. The Committee believes that continued and significant research into pulmonary rehabilitation by NHLBI is critical to harness this potential and strongly urges NHLBI to support this research.

*Congenital Heart Disease [CHD].*—The Committee commends NHLBI for its continued work to better understand causation, improve treatments and outcomes, and integrate registry data and research datasets to facilitate research on congenital heart disease across the lifespan. The Committee encourages NHLBI to prioritize CHD activities outlined in its strategic plan, including improving understanding of outcomes and co-morbidities, modifying treatment options across the lifespan, and accelerating discovery, analysis, and translation by leveraging CHD registries and networks. The Committee requests NHLBI include in its fiscal year 2021 CJ a report on steps being taken on these efforts.

*Fibrotic Diseases.*—The Committee remains concerned about the human and economic toll of fibrotic diseases, such as pulmonary fibrosis, and encourages NIH to vigorously support dedicated funding and research into fibrotic diseases affecting different organs, including the lungs, liver, kidneys, heart, skin, and bones. NIH should ensure enhanced coordination among its Institutes as they conduct necessary, expanded single organ or cross-organ fibrotic disease research to save lives and reduce healthcare expenses in future years. The Committee also encourages NIH to explore natu-



rally occurring fibrotic disease in domestic animals to investigate opportunities to improve human and animal lives. Since many fibrotic diseases are individually rare diseases, a strategy that provides collaboration across disease and organ areas is recommended. The Committee requests a report on the current NIH Fibrosis Interest Group and its progress no later than 90 days after the passage of this act. The Committee encourages the Interest Group to continue its efforts to bring together key stakeholders, at the NIH and elsewhere, to develop strategic paths forward to maximize efforts in fibrotic disease research. The Committee also encourages NIH to enhance its patient-centered clinical research into pulmonary fibrosis to include traditional observational and interventional studies looking at reducing healthcare utilization such as hospitalizations, improving symptoms such as cough, and prolonging life, and directs NIH to include an update in its fiscal year 2021 CJ on its work relating to idiopathic pulmonary fibrosis following the November 2012 NHLBI workshop: “Strategic Planning for Idiopathic Pulmonary Fibrosis.” The Committee also commends CDC on its recent work identifying and studying clusters of pulmonary fibrosis in workers, including dentists and miners, and encourages NIH and CDC to collaborate on such findings to include further research efforts and data sharing that could lead to better understanding of this disease and life-saving treatments. The Committee also encourages NIH to create a funding mechanism to fund fibrosis research across all organs, building on the progress and leveraging data that has and may result from NHLBI funded projects.

*Heart Disease.*—Heart disease is the leading cause of death for both men and women in the U.S. Despite significant progress over the last half century, the Committee is concerned that this largely preventable disease continues to place a high burden on our Nation’s health and economy. The Committee is discouraged that new evidence shows that previous declines in cardiovascular disease have stalled or even reversed for certain demographics. Despite this disturbing trend, NIH only invests 4 percent of its budget on heart disease research. Therefore, the Committee supports a NIH-wide prioritization of heart research to significantly strengthen the fight against heart disease. The Committee commends the Institute for its work focused on congenital heart disease, high-risk populations, and on the relationship between high blood pressure and age-related cognitive impairment and dementia. Further, the Committee supports NHLBI’s research on South Asians, who are four times more likely to have heart disease than the general public; experience heart attacks 10 years earlier; and have higher mortality rates from heart disease than any other ethnic group.

*Hemophilia.*—The Committee commends NHLBI for its May 2018 State of the Science Workshop on Factor VIII Inhibitors and asks NHLBI to provide the Committee with the final report and national blueprint for future research from this meeting. Inhibitors, an immune response to treatment, are associated with increased risks from bleeding, including increased hospitalizations, morbidity and mortality. The Committee encourages NHLBI to take steps to implement the research blueprint in collaboration with the hemophilia patient, provider, and research communities.

*Pediatric Cardiomyopathy.*—The Committee commends NHLBI for its long-standing commitment to the Pediatric Cardiomyopathy Registry [PCMR]. The data and samples from the PCMR are now being leveraged to support additional research projects, some of which are also funded by NHLBI. The Committee strongly encourages NHLBI to continue to support cardiomyopathy research.

*Postural Orthostatic Tachycardia Syndrome [POTS].*—POTS is an autonomic nervous system disorder that impacts an estimated 1,000,000–3,000,000 Americans, with approximately half of patients developing POTS in adolescence. While the POTS population is fairly young, research has shown that POTS causes disability similar to congestive heart failure and COPD. Approximately 25 percent of individuals with POTS are unable to work or attend school, contributing to a significant economic impact on families of affected individuals and the U.S. economy. Last year, Congress encouraged NHLBI and NINDS to jointly host a symposium with participants from NIAID, NIDDK, and NICHD and leading external researchers and stakeholders to examine the current state of POTS research, and directed NIH to provide a report to the House and Senate Committees on Appropriations that reflects the participants' findings on: (1) the current state of POTS research; (2) priority areas of focus for future POTS research through 2025; (3) a summary of ongoing or upcoming efforts by NIH to advance the scientific understanding of POTS; and (4) an estimate of the level of funding that would be needed annually to achieve objectives (2) and (3). The Committee is pleased that planning for a stakeholders meeting is underway and looks forward to receiving the report. The Committee expects NIH to submit the report to the Committee no later than 7 days after enactment. Additionally, given the scope and severity of the impact POTS has on the U.S. population, the Committee strongly encourages NIH to include an estimate of annual NIH funding allocated to POTS research in its publicly available Estimate of Funding for Various Research, Condition and Disease Categories annual report.

*Reducing Residual Cardiovascular Risk.*—Data compiled by the American Heart Association in conjunction with the CDC, NIH, and other government sources indicate that cardiovascular events account for one of every three deaths in the United States; about 2,300 Americans die of cardiovascular disease each day. Progression of cardiovascular disease to death, heart attack, stroke, or other adverse event is expensive, painful, and results in a loss of productivity. Cholesterol therapies, such as statins, have been successful in reducing risk of cardiovascular disease in many Americans, but substantial residual and untreated risk remains for these individuals beyond cholesterol management. A landmark clinical trial called REDUCE-IT has demonstrated a 25 percent relative risk reduction in major adverse cardiovascular events beyond cholesterol management, from the use of highly purified and stable eicosapentaenoic acid in addition to statin therapy. The Committee is concerned that, despite these statistics, many individuals do not regularly access treatments for residual risk beyond statin therapy. The Committee commends NIH, particularly through NHLBI, for playing an important role in bridging the knowledge gap and encouraging healthcare professionals and their patients to take action

toward well-informed decisions for care. The Committee urges NIH to devote funding, particularly through the “know your numbers” campaign, to promote awareness among physicians and patients of the residual cardiovascular risks beyond statin therapy and the importance of taking preventative action to reduce this risk.

*Sickle Cell Disease.*—Sickle cell disease is an inherited disorder affecting red blood cells that impacts approximately 100,000 African-Americans in the United States. The disease causes extensive bone and organ damage. It is a disabling disease on many levels. Frequent, chronic, and progressive pain crises, along with other medical complications of the disease, make living a normal existence for afflicted individuals very difficult. Advances in medical care have increased the average life expectancy to 45 years, but many individuals succumb to the disease long before, and significant variations exist in the standard of care provided across the country. The Committee encourages NHLBI to continue to make the study of sickle cell disease a priority. The Committee strongly encourages NHLBI to prioritize and implement robust investment to drastically spur, strengthen, accelerate, and coordinate sickle cell disease research. Academic medical centers located in States with significant populations of sickle cell patients have made progress in treating the disease through NIH sponsored clinical trials and through blood and marrow transplantation for sickle cell disease, which is currently the only therapy that can cure the disease. However, more research is needed to augment the limited treatment options available if we are to have a real impact on sickle cell disease. Further, while the Committee is aware that NHLBI is funding very promising areas of innovation related to curative gene therapies, the Committee strongly encourages NHLBI to increase its focus on disease-modifying therapies that could improve day-to-day care for the vast majority of patients and address issues such as organ damage and pain management. Lastly, the Committee encourages NHLBI to support translational research and implementation science to improve the care of patients as they transition from childhood medical care to adult.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2019 .....	\$462,230,000
Budget estimate, 2020 .....	397,493,000
Committee recommendation .....	486,756,000

The Committee recommendation includes \$486,756,000 for the National Institute of Dental and Craniofacial Research [NIDCR].

*Temporomandibular Disorders [TMD].*—The Committee commends NIDCR for its work with the Office of the Director and the National Academies of Sciences, Engineering, and Medicine in the comprehensive project, Temporomandibular Disorders: From Research Discoveries to Clinical Treatment. It also appreciates NIDCR’s participation in the TMJ Patient-Led RoundTable to advance collaboration to work toward the common end of providing safe and effective treatments that improve patients’ quality of life. The Committee encourages continued collaboration with governmental agencies and other stakeholders in the project. The Committee continues to be concerned that over 36,000,000 people, primarily women in their childbearing years, are affected physically,

financially, and emotionally by TMD. The Committee is aware that TMD are primarily a multisystem disorder with overlapping conditions influenced by multiple biological and environmental factors rather than solely an orofacial pain condition. The Committee is cognizant that NIDCR's budget on TMD is a small percent of its overall budget despite the burden of this condition on individuals and society at large. The Committee urges NIDCR to increase funding that will expand the science base and enable increasing multidisciplinary research to advance this field. The Committee requests an update on TMD funding and the preliminary recommendations that came forth from the multiple TMJ public-private scientific meetings supported by NIH and NIDCR in the fiscal year 2021 CJ.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 2019 .....	\$2,032,483,000
Budget estimate, 2020 .....	1,746,493,000
Committee recommendation .....	2,155,327,000

The Committee recommendation includes \$2,155,327,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK].

*Celiac Disease.*—The Committee recognizes the serious issue of Celiac disease which affects more than 3,000,000 Americans, and that the number afflicted is growing. To that end, the Committee urges NIH to devote sufficient, focused research to the study of Celiac disease. Today, the only known treatment for this disease is a gluten-free diet. However, recent private sector research has revealed that such a treatment is insufficient for many who suffer from Celiac disease. Therefore, the Committee strongly encourages NIDDK to dedicate sufficient resources to better coordinate existing research and focus new research efforts toward understanding causation and ultimately, finding a cure. The Committee requests an update on these activities in the fiscal year 2021 CJ.

*Chronic Diseases and Health Disparities.*—Kidney disease, type 2 diabetes, and obesity are among the most common, costly, and preventable of all health conditions. As of 2012, about half of all adults had one or more chronic health conditions, with 25 percent of adults suffering with two or more chronic health problems. The Committee strongly believes that NIH needs to focus chronic disease efforts on those populations most affected, particularly vulnerable populations and underrepresented minorities. Therefore, the Committee has included sufficient funding for an initiative to address chronic diseases and health disparities in these areas. The program must focus on kidney disease, obesity, diabetes, exercise medicine, and health disparities. Programs should have a strong existing track record of NIH funding in all of these areas, such as NIH-funded Nutrition Obesity Research Center, Diabetes Research Center, Obesity Health Disparities Research Center, and O'Brien Kidney Center. Additionally, regional multi-institutional consortiums are strongly encouraged.

*Diabetes.*—The Committee commends the efforts of NIDDK to prioritize the discovery and validation of biomarkers and urges NIDDK to continue to prioritize this important work that will ac-

celerate the designing and conducting of clinical trials to prevent, treat, and cure type 1 diabetes. Given the growing prevalence of diabetes, the Committee is concerned that additional research is needed to determine how to improve the treatment of a common complication, diabetic foot ulcers, to reduce amputations, and urges NIDDK to support such efforts. Further, given the aging population, the Committee urges NIDDK to work with NIA to explore the relationship between diabetes and neurocognitive conditions, such as dementia and Alzheimer's disease. Finally, the Committee supports efforts to utilize adult-derived, non-embryonic pluripotent stem cells for developing and commercializing the use of the stem cell-derived islets for both drug discovery and testing platforms and therapeutic delivery to patients with diabetes.

*End-Stage Renal Disease [ESRD].*—The Committee recognizes the work in supporting critical kidney research that NIDDK has accomplished, including ESRD. The Committee continues to encourage NIDDK to work with stakeholders to facilitate new opportunities for research.

*Glomerular Diseases.*—The Committee recognizes the work that the Cure Glomeruloneuropathy initiative and the Nephrotic Syndrome Study Network are supporting to obtain insights into these diseases that could lead to breakthroughs for critical clinical trials. The Committee encourages NIDDK to continue supporting research that has proven to lead to new therapies.

*Hepatitis B Virus [HBV].*—The Committee notes that infection with HBV is a serious public health threat and 1 in 20 Americans has been infected and more than 2,000,000 are chronically infected, increasing by 70,000 a year. Based on findings from the National Academies of Sciences, Engineering, and Medicine in 2017, 188,000 will die if left undiagnosed and untreated. In view of this public health threat, the Committee remains concerned that NIH spending on HBV research has decreased from \$48,000,000 in fiscal year 2014 to an estimated \$42,000,000 in fiscal year 2019, despite declarations from the National Academies of Sciences, Engineering, and Medicine in 2017 that the elimination of HBV is within reach. Additionally, the hepatitis B research community convened a virtual consensus conference to prepare a “Roadmap for a Cure” that resulted in articles published in 2018 in two peer reviewed scientific journals, *Hepatology* and *Antiviral Research*, identifying the most urgent research questions that must be answered to find a cure for HBV. The Committee urges NIDDK to pursue the many critical research opportunities identified by the scientific community and to work in coordination with other NIH Institutes on HBV research planning.

*Inflammatory Bowel Diseases [IBD].*—The Committee continues to encourage NIDDK to incorporate patient centrality in IBD research, including support for a translational “bedside-to-bench” systematic research initiative that leverages patient priorities and perspectives with respect to biomedical research, such as personalized medicine approaches, to address a patient-identified clinical need. Specifically, the Committee recognizes interactions among food, the gut, and the brain/nervous system as an area of high interest to patients and relevant to multiple chronic gastrointestinal

diseases that is supported by a growing body of evidence, and identifies it as a potential topic for further research.

*Liver Diseases.*—The Committee notes the emphasis that NIDDK has placed on liver disease research, including transplantation issues, through the annual Recent Advancements and Emerging Opportunities report and related research plans. NIDDK is encouraged to continue to feature liver diseases research considering recent progress and improvements for liver disease patients.

*Medical Foods.*—The Committee applauds the efforts of the Office of Nutrition research and the development of the NIH–Wide Strategic Plan for Nutrition Research. The Committee notes the significance of medical foods to managing a variety of nutrition and chronic disease health challenges, including outside of traditional digestive and metabolic diseases, and encourages further incorporations of research topics associated with medical foods and patient care into emerging research activities.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2019 .....	\$2,270,064,000
Budget estimate, 2020 .....	2,026,031,000
Committee recommendation .....	2,490,494,000

The Committee recommendation includes \$2,490,494,000 for the National Institute of Neurological Disorders and Stroke [NINDS], including \$70,000,000 appropriated from the NIH Innovation Account. NINDS’ funding level includes \$250,000,000 in funding for research related to opioid addiction, development of opioid alternatives, pain management, and addiction treatment.

*Advancement of Non-Opioid Pain Therapies.*—Approximately 50,000,000 Americans suffer from chronic pain; living with chronic pain can be life-altering, deeply impacting people on many levels. The current state of chronic pain management is often inadequate for many patients, and places an economic burden on the healthcare system, costing the United States \$560,000,000,000 a year. Management of chronic pain often requires both non-pharmacological treatment as well as medicines. Unfortunately, the current pharmacological options do not meet the needs of all patients, and additional treatments are needed. The Committee requests an update on the progress of the development and advancement of non-opioid chronic pain therapies in the fiscal year 2021 CJ.

*Cerebral Palsy [CP].*—The Committee commends NINDS for implementing Funding Opportunity Announcements [FOAs] for clinical research supporting observational studies that are well-suited for the study of CP. The Committee strongly encourages NIH to prioritize and implement additional FOAs to significantly strengthen, accelerate, and coordinate cerebral palsy research to address priorities across the lifespan identified in the 5 to 10 year CP Strategic Plan developed by NINDS and NICHD. FOAs should target basic and translational discoveries, including genetics, regenerative medicine, and mechanisms of neuroplasticity, as well as clinical studies aimed at early intervention, comparative effectiveness, and functional outcomes in adults. NIH is also encouraged to coordinate with other agencies, including CDC, to support additional research on preventing, diagnosing and treating CP.

*Dystonia.*—The Committee notes the conference on dystonia held by NINDS to revitalize the dystonia research portfolio. The Committee encourages NINDS to follow the recommendations, including identifying new research and therapeutic needs that will lead to a better understanding of dystonia etiology and evaluation of the current status of translational research that may lead to more treatment options for those affected by dystonia.

*Helping to End Addiction Long-Term [HEAL] Initiative.*—The Committee supports the development of the HEAL initiative, a multi-Institute and multi-agency effort to bolster research to improve treatments for opioid misuse and addiction, and enhance pain management. In addition, the Committee recognizes that migraine is the second leading cause of global disability and that migraine and other headache disorders are poorly responsive to opioids, but that these drugs are often inappropriately prescribed for these diseases. Under the HEAL Initiative, the Committee strongly urges NIH to consider funding opportunities for fundamental, translational, and clinical research on headache disorders, including migraine, post-traumatic headache, the trigeminal autonomic cephalalgias, and intracranial hypo/hypertension.

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

*Parkinson's Disease.*—The Committee commends NINDS within NIH for taking critical steps in identifying priority research recommendations to advance research on Parkinson's disease, which impacts between 500,000 and 1,500,000 Americans and is the second most prevalent neurodegenerative disease in the United States. The ultimate success of these recommendations will depend on targeted research initiatives and increased research capacity, even if innovative support and funding mechanisms are required. The Committee recognizes that NINDS is prioritizing public health concerns with severe gaps in unmet medical needs and 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 a report of its progress on implementing these recommendations in the fiscal year 2021 CJ.

*Postural Orthostatic Tachycardia Syndrome [POTS].*—POTS is an autonomic nervous system disorder that impacts an estimated 1,000,000–3,000,000 Americans, with approximately half of patients developing POTS in adolescence. While the POTS population is fairly young, research has shown that POTS causes disability

similar to congestive heart failure and COPD. Approximately 25 percent of individuals with POTS are unable to work or attend school, contributing to a significant economic impact on families of affected individuals and the U.S. economy. Last year, Congress encouraged NHLBI and NINDS to jointly host a symposium with participants from NIAID, NIDDK, and NICHD and leading external researchers and stakeholders to examine the current state of POTS research, and directed the NIH to provide a report to the House and Senate Committees on Appropriations that reflects the participants' findings on: (1) the current state of POTS research; (2) priority areas of focus for future POTS research through 2025; (3) a summary of ongoing or upcoming efforts by NIH to advance the scientific understanding of POTS; and (4) an estimate of the level of funding that would be needed annually to achieve objectives (2) and (3). The Committee is pleased that planning for a stakeholders meeting is underway and looks forward to receiving the report. The Committee expects NIH to submit the report to the Committee no later than 7 days after enactment. Additionally, given the scope and severity of the impact POTS has on the U.S. population, the Committee strongly encourages NIH to include an estimate of annual NIH funding allocated to POTS research in its publicly available Estimate of Funding for Various Research, Condition and Disease Categories annual report.

*Stroke.*—Due in large part to NIH funded research, the stroke mortality rate has decreased by 71 percent since 1969. Despite this remarkable progress, strokes cost Americans \$37,000,000,000 annually in healthcare bills and lost productivity at work. Furthermore, after more than 4 decades of steep decline, stroke death rates in the U.S. have recently slowed, stalled, or reversed among some groups. This is particularly concerning since stroke research only makes up 1 percent of the NIH budget. The Committee encourages NINDS to prioritize studies that help develop interventions to reduce health disparities in stroke and to advance promising stroke prevention, treatment, and rehabilitation research, including endovascular therapy and tele-rehabilitation. The Committee also urges continued collaboration with the other Institutes on research related to vascular contributions to cognitive impairment and dementia.

*Traumatic Brain Injury [TBI].*—The Committee understands research on regenerative medicine, including the use of adult stem cells, and on neuroplasticity may play an important role in developing treatments for TBI. The Committee strongly encourages NINDS to work with all relevant Institutes and Centers, including NIA, to support a robust and coordinated portfolio of TBI research that explores all promising avenues to facilitate functional repair of damaged circuitry in TBI, including research on regenerative medicine and neuroplasticity. The Committee requests an update in the fiscal year 2021 CJ on efforts in these specific areas of TBI research.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2019 .....	\$5,567,407,000
Budget estimate, 2020 .....	4,754,379,000
Committee recommendation .....	5,937,816,000



The Committee recommendation includes \$5,937,816,000 for the National Institute of Allergy and Infectious Diseases [NIAID].

*Antimicrobial Resistance [AMR].*—The Committee recommendation includes \$600,000,000 within NIAID for research related to combating AMR, an increase of \$50,000,000. The Committee remains deeply troubled by the growing threat posed by antimicrobial resistant pathogens. In April, the United Nations issued a report that, like the 2016 review sponsored by the government of the United Kingdom and Wellcome Trust, warned that rampant overuse of antibiotics and antifungal medicines in humans, livestock, and agriculture could erase much of the improvement in public health achieved since the development of the first antimicrobials in the 1940s. The Committee recommendation includes \$1,700,000 to fund a National Academies of Sciences, Engineering, and Medicine study to examine and quantify the long-term medical and economic impacts of increasing AMR in the United States. The review should examine progress made on the U.S. National Strategy and Action Plan for Combating Antibiotic-Resistant Bacteria including domestic and international strategies employed by NIH, CDC, FDA, ASPR, USDA, and USAID. The National Academies' report should make recommendations to address any gaps in research and development of therapeutics and diagnostics; efforts to move new products to market; animal and human surveillance, prevention efforts, international coordination and collaboration; and any other recommendations the Academies finds relevant to stopping the spread of AMR. The Committee directs NIAID to report on trends in AMR-related Research Project Grants, including the success rates for such grants, and requests an update on these activities in the fiscal year 2021 CJ, including an overall assessment of the progress to date of efforts to address AMR.

*Food Allergies.*—The Committee recognizes the serious issue of food allergies, which affect approximately 8 percent of children and 10 percent of adults in the United States. The Committee commends the ongoing work of NIAID in supporting approximately 17 clinical sites for this critical research, including seven sites as part of the Consortium of Food Allergy Research. The Committee urges NIH to support robust investment to expand its clinical research network to add new centers of excellence in food allergy clinical care and to select such centers from those with a proven expertise in food allergy research.

*Hepatitis B Virus [HBV].*—The Committee notes that infection with HBV is a serious public health threat and 1 in 20 Americans have been infected and more than 2,000,000 may be chronically infected, increasing by 70,000 a year. Based on findings from National Academies of Sciences, Engineering, and Medicine in 2017, 188,000 will die if left undiagnosed and untreated. In view of this public health threat, the Committee remains concerned that NIH research spending on HBV decreased from \$48,000,000 in fiscal year 2014 to an estimated \$42,000,000 in fiscal year 2019, despite the Academies' report that the elimination of hepatitis B is within reach. Additionally, the hepatitis B research community convened a virtual consensus conference to prepare a "Roadmap for a Cure" that resulted in articles published in 2018 in two peer reviewed scientific journals, *Hepatology* and *Antiviral Research*, identifying the

most urgent research questions that must be answered to find a cure for hepatitis B. The Committee commends NIAID for plans to publish several funding opportunity announcements on HBV in fiscal year 2019 and urges additional targeted calls for HBV research to fund the many critical research opportunities identified by the scientific community in the Roadmap for a Cure. The Committee urges active participation and leadership by NIAID in the Director's newly established Trans-NIH Hepatitis B working group and requests that NIAID submit within 180 days of enactment of this bill into law, a research plan to pursue a cure for HBV in coordination with the other Institutes.

*HIV/AIDS.*—The Committee fully supports the role NIAID will play in the budget request for “Ending the HIV Epidemic.” NIAID remains a critical component of this initiative through the Centers for AIDS Research and AIDS Research Centers that will inform HHS partners on best practices, based on state-of-the-art biomedical research findings, and by collecting and disseminating data on the effectiveness of approaches used in this initiative.

*Lyme Disease and Other Tick-Borne Diseases.*—With an estimated 300,000 new cases of Lyme disease each year in the United States, and tens of thousands more suffering from other tick-borne diseases, improved understanding and treatment of these diseases is essential for the health and well-being of Americans. The Committee encourages NIH to issue requests for grant applications for research to investigate causes of all forms and manifestations of Lyme disease and other high-consequence tick-borne diseases, including post-treatment symptoms, as well as research to develop diagnostics, preventions, and treatments for those conditions, including potential vaccine candidates. The Committee notes that in patients who suffer from long-term complications associated with Lyme disease, clear treatment pathways are not yet defined. The Committee urges NIAID, in coordination with CDC, to study the long-term effects on patients suffering from post-treatment Lyme disease syndrome, or “chronic Lyme disease.” Specifically, the Committee urges NIAID to evaluate the effectiveness of laboratory tests associated with the detection of *Borrelia burgdorferi* to diagnose the disease early, which can improve the treatment of patients suffering from Lyme disease. The Committee is also aware of promising vaccine innovations to combat *Borrelia* and requests a report within 90 days of enactment on agency activities to support Lyme vaccine development. The Committee also encourages NLM, in coordination with NIAID, to update its terminology in line with new research to more accurately reflect the long-term effects of Lyme disease.

*Medical Countermeasures.*—The Committee supports the continuation of NIAID's medical countermeasures program, but expects the Institute to make sure any future contractor selected for the program can refine its animal models, particularly small animal models, to support the establishment of adequate countermeasure efficacy to expedite approval by the FDA. This requires close coordination with NIAID and the adequate level of technical personnel to carry out the program's important mission.

*Microbicides.*—The Committee recognizes that with NIH and USAID leadership, research has shown the potential for

antiretroviral [ARV] drugs to prevent HIV infection in women. The Committee encourages NIAID to continue coordination with USAID, the State Department, and others to advance ARV-based microbicide development efforts with the goal of enabling regulatory approval of the first safe and effective microbicide for women and supporting an active ARV-based microbicide pipeline to produce additional solutions to prevent HIV and to help end the epidemic.

*Sexually Transmitted Infections [STIs].*—The Committee continues to be concerned about the prevalence of STIs, especially with the increase in their resistance to multiple classes of antibiotics. The Committee commends NIAID for its efforts in developing new antibiotics specifically to treat gonorrhea and encourages NIAID to continue its work in this area for new diagnostics, treatments, and cures. Further, the Committee encourages NIAID to continue to accelerate the development of screening tests, vaccines, and new treatment options for syphilis, for both adults and newborns.

*Threat of Emerging Infectious Diseases.*—The Committee notes NIH’s progress in advancing scientific discovery and public health by leveraging the incredible growth in the volume, speed of delivery, and complexity of large biomedical datasets. The Strategic Plan for Data Science released by NIH in June 2018, articulates a vision for making big data sustainable, interoperable, accessible, and usable by the broader scientific community. The usage of machine learning, data-driven dynamical modeling, and other big data techniques to identify early warning signals for outbreaks of rare diseases is an integral part of scientific research on the ecology and evolution of infectious diseases. The Committee recognizes the threat of Emerging Infectious Diseases from animals and urges NIH to support further research in disease mapping and forecasting in order to identify early warning signals for outbreaks of emerging diseases. The Committee expects the fiscal year 2021 budget request to include a progress report on the use of machine learning and validated mechanistic models to advance critical biomedical research, improve decision support for epidemiological interventions and enhance human health.

*Universal Flu Vaccine.*—The Committee provides not less than \$165,000,000, an increase of \$25,000,000, to advance basic, translational, and clinical research to develop a universal influenza vaccine.

*Valley Fever.*—The Committee notes the recent increase in the number of Valley fever infections in Western States and urges NIAID to prioritize research on this fungal disease.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2019 .....	\$2,819,509,000
Budget estimate, 2020 .....	2,472,838,000
Committee recommendation .....	2,969,113,000

The Committee recommendation includes \$2,969,113,000 for the National Institute of General Medical Sciences [NIGMS], which includes \$1,564,105,000 in transfers available under section 241 of the PHS Act.

*Institutional Development Award [IDeA].*—The Committee provides \$380,758,000 for the IDeA program, an increase of

\$19,185,000. The Committee believes the IDeA program has made significant contributions to biomedical research and has led to the creation of a skilled workforce and made the IDeA program an essential component of NIH’s research portfolio. The Committee supports this important investment, which extends NIH’s reach nationwide. Further, the Committee recognizes the importance of the Centers of Biomedical Research Excellence and the IDeA Networks of Biomedical Research Excellence programs and expects funding to be maintained for both. These programs are essential to the overall success of the IDeA program.

*Maximizing Access to Research Careers [MARC].*—The Committee recognizes the importance of the MARC program and encourages the continuation and enhancement of efforts underway with our Nation’s HBCUs. The Committee also recognizes the important work of those HBCUs located in rural parts of the U.S. in educating significant numbers of underserved students in STEM fields, and it encourages the NIH to continue and strengthen its engagement of institutions located in this region.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Appropriations, 2019 .....	\$1,506,426,000
Budget estimate, 2020 .....	1,296,732,000
Committee recommendation .....	1,587,278,000

The Committee recommendation includes \$1,587,278,000 for the Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD].

*Congenital Syphilis [CS].*—The Committee is concerned about the rise in CS rates and the lifelong health effects the disease can have on the child. CS can cause death, bone deformity, blindness, deafness, or brain and liver issues. The Committee encourages NICHD to increase research in this area and to work with NIAID on new testing, diagnosis, and treatment efforts.

*Endometriosis.*—The Committee is aware that endometriosis is a chronic disease originating in the female reproductive system affecting 10 percent of women of reproductive age worldwide. Endometriosis is most often misdiagnosed as irritable bowel disease. Endometriosis has been linked to ovarian cancer. The Committee also recognizes that endometriosis is the third-leading cause of female infertility in the United States. The Committee encourages NICHD to increase its support for research to improve early and more accurate diagnostic rates and for education to inform healthcare providers and their patients regarding diagnosis and treatment of endometriosis.

*Impact of Technology and Digital Media on Children and Teens.*—The Committee recognizes that children and teens’ lives increasingly involve widespread technology use and consumption of digital media. The Committee is aware of the need for robust research into how young people’s use of technologies and media sources such as social media, mobile devices, and interactive video games impact development of children and adolescents. The Committee encourages NIH to prioritize research into how these types of stimuli affect young people’s cognitive, physical, and socio-emo-

tional outcomes, including attention, sleeping routines, and anxiety.

*Population Research.*—NICHD has a clear mandate to support a robust research portfolio focusing on maternal and child health, the social determinants of health, and human development across the lifespan. Population research, now commonly termed “population science,” is cited explicitly in the Institute’s authorizing statute as a key tenant of the Institute’s broader mandate. Accordingly, over the decades, NICHD has supported innovative and influential population science initiatives, including: (1) large-scale longitudinal surveys, with population representative samples, such as the National Longitudinal Survey of Adolescent Health and Fragile Families and Child Well Being Study; (2) a nationwide network of population science research and training centers; and (3) numerous scientific research initiatives that have advanced our understanding of specific diseases and conditions, including obesity, autism, and maternal mortality, and, further, how socioeconomic and biological factors jointly determine human health. Given these significant scientific contributions, the Committee urges NICHD to reaffirm its commitment to supporting population research, as well as the NICHD Population Dynamics Branch, as part of its revised 2020–2024 strategic plan.

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

*Research in Pregnant and Lactating Women.*—The Task Force on Research in Pregnant Women and Lactating Women issued a report to the Secretary of HHS outlining 15 recommendations to facilitate the inclusion of pregnant and lactating women in clinical research. The Committee commends the Secretary for extending the Task Force and believes this extension should be for at least an additional 2 years to continue to work towards healthcare professionals and consumers having accurate information on the safety and efficacy of drugs taken by these populations. NICHD should oversee its part of the implementation of the already released recommendations working with other relevant Institutes, CDC, and FDA. The Committee requests a progress report be provided in fiscal year 2021 CJ.

NATIONAL EYE INSTITUTE

Appropriations, 2019 .....	\$796,519,000
Budget estimate, 2020 .....	685,644,000
Committee recommendation .....	840,163,000

The Committee recommendation includes \$840,163,000 for the National Eye Institute [NEI].

*Age-Related Macular Degeneration [AMD].*—The Committee recognizes the tremendous strides in the treatment of patients with the “dry” form of AMD, the leading cause of vision loss among people age 65 and older, and commends NEI for its planned first-in-human clinical trial that would test a stem cell-based therapy from induced pluripotent stem cells. The human trial would convert a patient’s own blood cells to induced pluripotent cells, which are then programmed to become retinal pigment epithelial cells which nurture the photoreceptors necessary for vision and which die in the geographic atrophy stage of macular degeneration. The Committee is pleased that NEI has launched a prospective international study of patients that uses the latest advances in retinal imaging to identify biomarkers of the disease and targets for early therapeutic interventions.

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

*Blepharospasm.*—The Committee continues to encourage NEI to continue pursuing collaborations with stakeholders on cross-cutting research opportunities that affect all forms of dystonia including blepharospasm.

*Glaucoma.*—The Committee recognizes NEI’s Glaucoma Human Genetics Collaboration Heritable Overall Operational Database Consortium—which includes the most thoroughly characterized population of people with known glaucoma status—for its identification of 133 genetic variants that predict within 75 percent accuracy a person’s risk for developing glaucoma related to elevated intraocular pressure [IOP]. The Committee commends the recent FDA approval of two new drug therapies emerging from decades of NEI research into the role of high IOP as a causal risk factor for primary open-angle glaucoma, the most common form of the disease and a leading cause of vision loss and blindness. Targeting the eye’s trabecular meshwork—which is one of the pathways responsible for regulating fluid flow within the eye—the new generation

of therapies reflects an expanding menu of drugs that lower IOP and better meet the needs of patients.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2019 .....	\$774,627,000
Budget estimate, 2020 .....	666,854,000
Committee recommendation .....	815,729,000

The Committee recommendation includes \$815,729,000 for the National Institute of Environmental Health Sciences [NIEHS].

*Hurricane Harvey Research.*—The Committee includes \$3,000,000 for the continued funding and expansion of research on the health effects of environmental exposures directly related to the consequences of Hurricane Harvey in 2017. The research should focus on the full Hurricane Harvey-affected region, conduct follow-up health research on affected populations on registrants, link to relevant government and nonprofit intervention research programs, and provide critical information on disaster preparedness through data sharing and analysis.

NATIONAL INSTITUTE ON AGING

Appropriations, 2019 .....	\$3,090,668,000
Budget estimate, 2020 .....	2,654,144,000
Committee recommendation .....	3,606,040,000

The Committee recommendation includes \$3,606,040,000 for the National Institute on Aging [NIA].

*Alzheimer’s Disease.*—The Committee provides an increase of \$350,000,000 for Alzheimer’s research, bringing the total funding level in fiscal year 2020 to \$2,818,000,000. By 2050, the cost to treat and care for those suffering from Alzheimer’s disease is expected to rise to as high as \$1,100,000,000,000 a year. Without a medical breakthrough to prevent, slow, or stop the disease, Medicare- and Medicaid-related costs could more than quadruple.

*Diversity of Clinical Trials.*—The Committee remains concerned about the underrepresentation of persons from underrepresented populations in research, particularly clinical trials for Alzheimer’s. The Committee directs NIH to report to the Committees on Appropriations within 180 days of enactment on how it is implementing the actions outlined in the National Strategy for Recruitment and Participation in Alzheimer’s and Related Dementias Clinical Research, including NIA resources that have been dedicated to these efforts.

*Enhanced Partnerships for Alzheimer’s Studies.*—The Committee commends NIA for its leadership in supporting longitudinal, population-based cohort studies into the causes of dementia. Because rural, poor, and minority populations may be at enhanced risk for dementia, the value and application of these studies is enhanced when they include individuals from various geographic, ethnic, socio-economic, and generational backgrounds. Therefore, the Committee directs NIA to diversify its cohort studies, with the specific goal of better understanding disease burden and biomarkers by race and geographic region. The Committee believes this could be accomplished through enhanced partnerships between existing NIA-funded Alzheimer’s Disease Research Centers [ADRC] and non-ADRC dementia centers in high-risk geographic regions or

through the creation of new long-term cohorts in under-represented groups/regions.

*EUREKA Prize.*—The Committee is pleased that the Institute has launched its inaugural EUREKA prize competition, the Improving Care for People with Alzheimer’s Disease and Related Dementias Using Technology. The Committee requests a report within 180 days of enactment on the initial prize, including the number of submissions received and any unexpected challenges or impediments encountered in executing the challenge, as well as lessons learned that could be applied to future Alzheimer’s or other prize challenges. The Committee also requests that the report include any recommendations to enhance the model going forward.

*Population Research.*—The Committee applauds NIA for supporting an innovative and productive population aging research portfolio. In particular, the Committee praises the Institute for sustaining its investment in demographic surveys, such as the Health and Retirement Survey and the National Health and Aging Trends Study, critical behavioral and social research infrastructure programs, such as the Centers on the Demography and Economics of Aging and the Roybal Centers for Translational Research, and high priority research networks focused on topics such as the biodemography of aging, stress measurement, and early adversity and later life reversibility. These surveys, programs, and networks are instrumental to the NIA mission. In fiscal year 2020, the Committee urges NIA to pursue its plans to renew and expand the Demography and Economics of Aging Centers Program and to reaffirm the Institute’s commitment to supporting population aging research overall as part of its revised strategic directions document, *Aging Well in the 21st Century: Strategic Directions for Research on Aging*.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 2019 .....	\$604,996,000
Budget estimate, 2020 .....	520,829,000
Committee recommendation .....	637,097,000

The Committee recommendation includes \$637,097,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS].

*Alopecia Areata.*—The Committee notes NIAMS’ leadership in continuing autoimmune research to advance treatment development for alopecia areata and related conditions. The Committee requests an update from NIAMS on developments from cross-cutting autoimmune research projects in the fiscal year 2021 CJ.

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



NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

Appropriations, 2019 .....	\$474,626,000
Budget estimate, 2020 .....	408,358,000
Committee recommendation .....	500,270,000

The Committee recommendation includes \$500,270,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD].

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2019 .....	\$163,729,000
Budget estimate, 2020 .....	140,301,000
Committee recommendation .....	172,417,000

The Committee recommendation includes \$172,417,000 for the National Institute of Nursing Research [NINR].

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2019 .....	\$527,121,000
Budget estimate, 2020 .....	452,419,000
Committee recommendation .....	556,010,000

The Committee recommendation includes \$556,010,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA].

*Mobile Assessment Technology Research for Addictive Behaviors.*—The need to address the grand challenge of addiction is compelling. Therefore, the Committee notes the importance of bringing to bear a multifaceted research approach to target the causes and consequences of substance misuse and addiction in both urban and rural settings. Advancements in mobile and distributed wireless technology represent an important and still under-utilized avenue for studying, treating and preventing substance-related problems. There is particular potential for utilizing these technologies for research and treatment advances in the areas of binge drinking, addiction treatment, and the prevention of substance-related consequences. As such, the Committee encourages the Institute to support meritorious research to improve the prevention and treatment of substance misuse, addiction, and related consequences through the use of mobile technologies.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2019 .....	\$1,411,465,000
Budget estimate, 2020 .....	1,296,379,000
Committee recommendation .....	1,490,498,000

The Committee recommendation includes \$1,490,498,000 for the National Institute on Drug Abuse [NIDA]. This includes \$250,000,000 in funding for research related to opioid addiction, development of opioid alternatives, pain management, and addiction treatment.

*Addressing the Opioid Crisis in Rural Regions.*—The Committee encourages NIDA to continue its partnership with CDC, SAMHSA, and the Appalachian Regional Commission in support of research to help communities develop comprehensive approaches to prevent and treat consequences of opioid injection, including substance use disorders, overdose, HIV, and hepatitis infections, as well as sexu-

ally transmitted infections. These projects will serve as models for addressing the consequences associated with opioid injection that can be implemented by health systems in similar rural communities in the United States.

*Barriers to Research.*—The Committee is concerned that restrictions associated with Schedule I of the Controlled Substance Act effectively limit the amount and type of research that can be conducted on certain Schedule I drugs, especially marijuana or its component chemicals, and new synthetic drugs and analogs. At a time when we need as much information as possible about these drugs to find antidotes for their harmful effects, we should be lowering regulatory and other barriers to conducting this research. The Committee directs NIDA to provide a brief report on the barriers to research that result from the classification of drugs and compounds as Schedule I substances no later than 120 days after enactment.

*Cannabis Research.*—The Committee believes that cannabidiol [CBD] and cannabigerol [CBG], compounds found in cannabis, may provide beneficial medicinal effects. However, there is insufficient scientific information about the long-term effects of these compounds. Additional, coordinated research on a national scale could help determine the toxicology and medicinal effects of CBD and CBG. The Committee encourages NIH to consider additional investment in studying the medicinal effects and toxicology of CBD and CBG.

*HEALTHY Brain and Child Development [BCD] Study.*—The Committee recognizes and supports the HEALTHY BCD Study, which will establish a large cohort of pregnant women including those affected by the opioid crisis and follow them and their children for at least 10 years. This knowledge will be critical to help predict and prevent some of the known impacts of pre- and post-natal exposure to drugs or adverse environments, including risk for future substance use, mental disorders, and other behavioral and developmental problems.

*Methamphetamine Medication-Assisted Treatments [MATs].*—The Committee is concerned with the rise in methamphetamine use and addiction in the United States. While there are currently approved MATs for alcohol and opioid addiction there remains no approved MAT for methamphetamine addiction. The Committee urges the Institute to continue their ongoing trials to expeditiously find and approve a MAT for methamphetamine.

*Opioid Misuse and Addiction.*—The Committee continues to be extremely concerned about the crisis of prescription opioids, heroin, and illicit synthetic opioid use, misuse, addiction and overdose in the United States. Approximately 174 people die each day in this country from drug overdose (over 100 of those are directly from opioids), making it one of the most common causes of non-disease-related deaths for adolescents and young adults. This crisis has been exacerbated by the availability of illicit fentanyl and its analogs in many communities, and along with the widespread availability of prescription opioids, has contributed to the millions of Americans who suffer from addiction disorders. The bill includes \$250,000,000 for targeted research related to opioid misuse and addiction, development of opioid alternatives, pain management, and

addiction treatment. Although NIH has studied the effectiveness and risks associated with long-term opioid use for chronic pain, little research has been done to investigate new and alternative options to treat chronic pain, other than with highly addictive opioid painkillers, and muscle relaxants. The Committee directs NIH to expand scientific activities related to research on medications used to treat and reduce chronic pain, and the transition from acute to chronic pain. Further, the Committee urges NIH to: (1) continue funding research on medication development to alleviate pain and to treat addiction, especially the development of medications with reduced misuse liability; (2) as appropriate, work with private companies to fund innovative research into such medications; (3) report on what is known regarding the transition from opioid analgesics to heroin and synthetic opioid use and addiction within affected populations; (4) conduct pilot studies to create a comprehensive care model in communities nationwide to prevent opioid misuse, expand treatment capacity, enhance access to overdose reversal medications, and enhance prescriber practice; (5) test interventions in justice system settings to expand the uptake of medications for treating opioid use disorder [OUD] and methods to scale up these interventions for population-based impact; and (6) develop evidence-based strategies to integrate screening and treatment for OUD in emergency department and primary care settings. In addition, NIH should continue to sponsor research to better understand the effects of long-term prescription opioid use, especially as it relates to the prevention and treatment of opioid misuse and addiction. Further, the Committee is pleased NIDA has started to investigate the links among respiratory health, disease and deaths from opioids to determine if addressing underlying respiratory physiology can prevent death due to respiratory failure during overdoses.

*Raising Awareness and Engaging the Medical Community in Drug Use, Misuse, and Addiction Prevention and Treatment.*—Education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including healthcare providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be pleased with the NIDAMED initiative, targeting physicians-in-training, including medical students and resident physicians in primary care specialties (e.g., internal medicine, family practice, and pediatrics). NIDA should continue its efforts in this space, providing physicians and other medical professionals with the tools and skills needed to incorporate substance use and misuse screening and treatment into their clinical practices.

*Substance Abuse Treatment Outcomes.*—The Committee acknowledges growing anecdotal evidence that suggest a strong correlation between successful substance use treatment outcomes and stable housing arrangements, especially for those facing mental health challenges or of limited economic means. The Committee strongly encourages NIDA to support research to assess how affordable housing impacts substance abuse treatment outcomes and costs in regions of the country acutely affected by the opioid crisis. In New England, for example, according to the Federal Reserve Bank of

Boston, each State in the six-State region spends more per capita than the national average on opioid related costs including criminal justice, medical treatment, and medical complications, and where treating opioid use disorder on an emergency and long-term basis comprises the majority of fiscal costs.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2019 .....	\$1,876,686,000
Budget estimate, 2020 .....	1,630,422,000
Committee recommendation .....	2,076,244,000

The Committee recommendation includes \$2,076,244,000 for the National Institute of Mental Health [NIMH], including \$70,000,000 appropriated from the NIH Innovation Account.

*Suicide Prevention and Risk Detection Algorithms.*—The Committee is alarmed by new data from CDC that indicates that suicide rates have increased nationwide by 30 percent since 1999. Data also shows that the suicide rate among children, and especially minority children, has significantly risen over the past decade. NIMH has made some encouraging breakthroughs in research on risk detection algorithms. These tools hold promise for developing assessments that will improve the understanding of when people are at higher risk for suicide and prevention efforts to address future attempts. The Committee continues to encourage NIMH to prioritize its suicide screening and prevention research efforts to produce models that are interpretable, scalable, and practical for clinical implementation, including mental and behavioral healthcare interventions, to combat suicide in the United States. In assessing research opportunities, the Committee encourages NIMH to consider the recommendations included in the Action Alliance for Suicide Prevention’s A Prioritized Research Agenda for Suicide Prevention. The Committee directs NIMH to provide an update on these efforts in the fiscal year 2021 CJ.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2019 .....	\$577,364,000
Budget estimate, 2020 .....	495,448,000
Committee recommendation .....	607,999,000

The Committee recommendation includes \$607,999,000 for the National Human Genome Research Institute [NHGRI].

*Computational Genomics and RNA Molecules.*—The Committee is encouraged by recent advances in computational genomics and computational biology that are helping scientists understand what causes disease and how disease progresses. One such example is new evidence about how a person’s sex and ancestral origins affect the individual’s RNA molecules and their impacts. However, the Committee recognizes that more research on these links could uncover new and important biological discoveries, improve our understanding of disease processes and herald highly personalized approaches to diagnosis, prognosis and therapy. The Committee, therefore, urges NHGRI to continue to support research on RNA molecules and the mechanisms through which they affect biological processes that cause disease.

*Emerging Centers of Excellence in Genomic Sciences.*—The Committee looks forward to receiving NIH’s analysis of NHGRI’s fund-

ing through the RM1, UM1, and other grant mechanisms to ensure NHGRI is effectively supporting capacity-building in genomics research and supporting diverse and innovative institutions, especially in academic medical research institutions that are making significant investments in genomics tools and research, but have not yet been the recipient of a RM1 or UM1 award. In addition, the Committee requests that NHGRI provide update reports on how the Institute is executing the Emerging Centers of Excellence program.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2019 .....	\$389,451,000
Budget estimate, 2020 .....	335,986,000
Committee recommendation .....	411,496,000

The Committee recommendation includes \$411,496,000 for the National Institute of Biomedical Imaging and Bioengineering [NIBIB].

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH

Appropriations, 2019 .....	\$146,464,000
Budget estimate, 2020 .....	126,081,000
Committee recommendation .....	154,695,000

The Committee recommendation includes \$154,695,000 for the National Center for Complementary and Integrative Health [NCCIH].

*Pain Management.*—The Committee is encouraged by the continued 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. The Committee is particularly encouraged by recent studies assessing brain activity and pain receptors associated with mindfulness meditation and studies that will assess provider adherence to CDC opioid prescribing practices. While VA has made some notable progress in advancing more appropriate opioid prescribing practices, opioid abuse continues to persist among young veterans. As such, the Committee believes it is critical that we continue to support research on non-pharmacological treatments to ensure the best quality of care for our Nation’s veterans and servicemembers, and urges NIH, VA, and DOD to continue to expand this research. The Comprehensive Addiction and Recovery Act (Public Law 114–198) calls for an expansion of research and education on and delivery of complimentary and integrative health to veterans, and the NCCIH can play an important role in coordinating efforts with the VA, DOD, and other relevant agencies. The Committee requests an update on these studies and the activities of the multi-agency partnership with DOD and VA in the fiscal year 2021 CJ.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES

Appropriations, 2019 .....	\$314,292,000
Budget estimate, 2020 .....	270,870,000
Committee recommendation .....	330,968,000

The Committee recommendation includes \$330,968,000 for the National Institute on Minority Health and Health Disparities [NIMHD].

*Focal Segmental Glomerulosclerosis [FSGS].*—The Committee encourages NIMHD to collaborate with other ICs and stakeholders to expand research opportunities on the APOL1 gene that causes African Americans to be disproportionately affected by FSGS.

*Mental Health.*—To address the multiple causes of suicide, the Committee urges NIMHD to develop a behavioral health approach focusing on at-risk populations and building the mental health workforce at the community level. Improved understanding of the impact of social exclusion, economic deprivation, and substance abuse on mental health suicidal behavior, among urban and rural Americans is necessary to reduce death by suicide. The proposed model should improve mental healthcare access to underserved populations, including those in rural areas, while simultaneously providing training to potential rural behavioral health providers.

*Neuroscience Research in African Americans.*—The Committee recognizes that in studies of brain disorders, underrepresented minority groups, including African Americans, make up less than 5 percent of research cohorts and the current large-scale genomic datasets omit 10 percent of the African genome. The Committee urges the NIH Neurobiobank to work with NIMHD and relevant extramural partners to develop the infrastructure needed to accelerate the discovery of novel therapeutic targets for neuropsychiatric disorders utilizing post-mortem brain datasets from ethnic minority groups, including African Americans.

*Research Centers in Minority Institutions [RCMIs].*—The Committee recognizes the important role of the RCMI program in developing the infrastructure required to enhance biomedical research conducted at historically minority-serving institutions. This infrastructure is critical to supporting the development of new investigators through innovative pilot grant funding and sustaining an established workforce conducting world-class biomedical research through direct support for cutting-edge science that emphasizes the advancement of minority health and the reduction of health disparities. Therefore, the Committee recommends that the RCMI Program budget be increased to \$66,544,000 to ensure that critical infrastructure development and scientific discovery in historically minority graduate and health professional schools continues to be enhanced to meet these critical needs. In addition, the Committee also recognizes the importance of the RCMI Coordinating Center in ensuring that collectively, institutions can engage in multi-site collaborative research.

*Rural African American Aging Research.*—African Americans in rural areas are characterized by major health disparities, having lower life expectancy and higher mortality rates, and greater morbidity, earlier onset, and faster progression of aging-related diseases compared to Whites. Rural health challenges, including those stemming from lack of access to health-promoting resources, transportation barriers, and limited socioeconomic opportunities, translate into greater health risk. Although racial and rural disparities in health have been well-documented, there remain major gaps in our understanding of how psycho-social stressors, particularly

those salient and unique to the experiences of rural African Americans, contribute to multi-system aging across biological systems. Most of the research on African Americans has examined urban samples; likewise, studies on rural communities have focused disproportionately on white populations. The Committee encourages NIMHD to support extramural collaboration to support epidemiologic aging research studies in rural contexts. The Committee supports an interdisciplinary approach to establish partnerships with rural stakeholders and service providers; implementing a multi-stage probability sampling design for rural populations, and creating a sophisticated recruitment and project management and database system; and conduct the subsequent research involving collection of biological and physiological aging measures, specifically in rural areas through the application of novel methods to collect bio-specimens in participants' homes. The examination of associations between psycho-social stressors and multi-system profiles of biological aging as indexed by markers of inflammation, telomere length, vascular function, and cognitive aging among rural African Americans should be a priority.

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

Appropriations, 2019 .....	\$78,189,000
Budget estimate, 2020 .....	67,235,000
Committee recommendation .....	82,338,000

The Committee recommendation includes \$82,388,000 for the Fogarty International Center [FIC].

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

NATIONAL LIBRARY OF MEDICINE

Appropriations, 2019 .....	\$442,365,000
Budget estimate, 2020 .....	380,469,000
Committee recommendation .....	465,837,000

The Committee recommends \$465,837,000 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, 2021.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES

Appropriations, 2019 .....	\$806,373,000
Budget estimate, 2020 .....	694,112,000
Committee recommendation .....	849,159,000

The Committee recommendation includes \$849,159,000 for the National Center for Advancing Translational Sciences [NCATS]. The Committee includes bill language allowing up to \$60,000,000 of this amount to be used for the Cures Acceleration Network [CAN].

*Clinical and Translational Science Awards [CTSA].*—The Committee provides \$589,436,000, an increase of \$29,700,000, and encourages NCATS to fund, through the existing CTSA hubs, programs to address disparities and the significant burden of diseases, and other conditions that disproportionately affect minority and special populations. Accelerating this capacity will reduce the burden of disease and promote health equity. Applying the CTSA model to address long-standing regional health disparities can provide innovative, multi-disciplinary approaches to reducing the burden of disease among vulnerable populations.

*Full Spectrum of Medical Research.*—The Committee applauds NIH efforts to support and advance the full spectrum of medical research, which ensures breakthroughs in basic science are translated into therapies and diagnostic tools that benefit patient care while disseminating cutting-edge information to the professional community. The Committee notes the importance of flagship initiatives, including the CTSA program, to these important efforts.

OFFICE OF THE DIRECTOR

Appropriations, 2019 .....	\$1,919,569,000
Budget estimate, 2020 .....	1,756,544,000
Committee recommendation .....	2,344,022,000

The Committee recommendation includes \$2,344,022,000 for the Office of the Director [OD]. Within this total, \$638,751,000 is provided for the Common Fund and \$12,600,000 is included for the Gabriella Miller Kids First Research Act.

*Adult Cellular Therapies.*—The Committee encourages NIH, in coordination with FDA, to explore the feasibility and utility of an outcomes database for adult cellular therapies that are either FDA-approved or are being administered under FDA Investigational New Drug or Investigational Device Exemption protocols.

*All of Us Precision Medicine Initiative.*—The Committee strongly supports the *All of Us* precision medicine initiative. The bill provides \$500,000,000, an increase of \$161,000,000 above the fiscal year 2019 level. Funding provided in the 21st Century Cures Act is reduced by \$37,000,000 in fiscal year 2020. Ensuring sustained, consistent funding for this study is important, therefore, the Committee has chosen to replace this reduction and increase base funding in the program. Further, the Committee encourages NIH to continue to work with a broad array of children’s hospitals and networks to leverage their expertise and ensure greater diversity in pediatric recruitment and enrollment.

*Amyotrophic Lateral Sclerosis [ALS].*—The Committee directs the NIH Director to facilitate further efforts involving at a minimum,



NINDS and NIA, to study ALS disease mechanisms and identify genes to facilitate the expeditious development of targeted therapies. These trans-NIH efforts shall bring together research results that will be available to academic researchers, nonprofit organizations, and industry researchers, and will supplement, not supplant, existing NIH-supported activities for ALS research. The near-term research opportunity to find a cure is real for ALS. Any such breakthroughs will have significant benefits for related neurological conditions including TBI, Parkinson's, and Alzheimer's. The Committee directs NIH to report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment on progress in furthering these research areas, specifically on key areas of focus for fiscal years 2020–2024.

*Autism.*—The Committee remains interested in the recent advances in autism research and supports the work of the Interagency Autism Coordinating Committee, including the Strategic Plan for Autism Spectrum Disorder recommendations related to growth in overall research funding. The Committee encourages NIH to continue to aggressively invest in research consistent with the objectives outlined in the Strategic Plan. The Committee also encourages NIH to support greater investment in research and collaborations focused on addressing the gaps outlined in the Strategic Plan, including studies to understand the intersection of biology, behavior, and the environment.

*Autoimmune Conditions.*—Autoimmune diseases are more common in women than in men, typically manifesting in their child-bearing years. They include conditions such as rheumatoid arthritis, multiple sclerosis, lupus, celiac disease, inflammatory bowel disease, and type 1 diabetes and together affect an estimated 5–7 percent of Americans. Many affected women live with a second autoimmune illness or other condition. Despite the impact of these diseases and conditions on a domestic population ranging between 15,000,000–25,000,000, there is no single office within NIH tasked with coordinating research across the agency, or examining the complex interplay among these diseases and conditions. The 2010 NASEM study on Women's Health Research identified autoimmune conditions as “the leading cause of morbidity in women, greatly affecting quality of life.” Despite their impact, the report found that “little progress has been made in understanding the conditions better, in identifying the risk factors, or in developing diagnostic tools, better treatments, or cures.” The Committee recommendation includes \$1,500,000 for NIH to contract with the National Academies of Science, Engineering, and Medicine to identify and review NIH's research efforts in this broad area of predominantly women's health. The review should explore NIH's research in autoimmune and coexisting disorders, including any barriers to such research, and the most promising areas for future research that would benefit the greatest number of patients. The review should also identify trends among the population suffering from these conditions, and any significant barriers to accurate diagnoses. Finally, the National Academies' report should make recommendations for how NIH could improve and better coordinate research into these diseases and conditions, including the potential effects of establishing dedicated research entities within or external to NIH.

*Big Data.*—For the past 3 years, the Committee has encouraged NIH to make the changes and investments necessary to take advantage of the vast amounts of data it and its grantees are producing. Advancing life sciences today has a much more fundamental dependency on data computation and infrastructure, and an increasing use of collaborative scientific initiatives. The scale and interconnected nature of the science fills these programs with promise, but only if they can utilize analysis platforms that are up to the challenge. Collaborating labs need to be able to share, see, understand and use each other's data quickly, which calls for state-of-the-art storage and transfer capabilities, and toolsets to enable computation. At the same time, the complexity of biological systems and their relationship to disease requires investigating larger and more complex data sets requiring massive storage, industry-grade information management and in-depth data processing, and privacy and security standards to protect patients and human subjects, as necessary. NIH recognizes the need for large scale data generation and developed its STRIDES initiative to build partnerships with commercial cloud providers and its Data Commons Pilot to test its ability to store, access and share large data sets. However, overall it has little yet to show in the more challenging area of working with the data. At the Committee's direction, NIH prepared a strategic plan that outlines in broad terms how it will meet this challenge, but it has struggled to recruit the talent to lead efforts to build an analysis platform. NIH leadership recognizes it needs additional focus on how to consolidate and deliver data to the research community in a more usable and computationally minable form, but appears stymied in how to do so. Part of the problem appears to be the salary restrictions of a civil service structure created when the differences in compensation among various skillsets was far narrower than it is today, one that never contemplated the costs of recruiting highly sought after elite technology talent. The Committee is increasingly concerned by these delays, and directs GAO to identify and review the options available to NIH for securing the talent it needs to lead and carry out these efforts. In its report, GAO should consider how other agencies meet similar challenges, and whether statutory changes are necessary. The Committee also directs GAO to review how NIH funds computational talent in its grant awards and whether its funding models adequately reflect the cost of these skillsets to grantees. GAO should assess NIH's guidance for the resource sharing plan it requires for the typical grantee, and whether these plans are sufficient and can be sustained for ongoing analysis. The Committee urges NIH to engage industry, academic, and other Federal partners to take advantage of cross-enterprise artificial intelligence products, research and tools. Artificial Intelligence could play a vital role toward advancing the goals of the strategic plan by organizing, managing and making data usable to researchers, institutions and the public to drive outcomes. Finally, the Committee has included \$30,000,000 to support the Chief Data Strategist's work in fiscal year 2020, and expects NIH to provide a spending plan for these funds within 30 days of enactment of this act.

*Biomedical Research Facilities.*—The Committee believes that the nation's biomedical research infrastructure, including labora-

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

*Brain Research through Advancing Innovative Neurotechnologies [BRAIN] Initiative.*—The Committee recommendation provides \$500,000,000 for the BRAIN initiative, an increase of \$71,000,000. In the initial BRAIN 2025 report, released in June 2014, the working committee recommended an escalating budget to reach \$500,000,000 per year by fiscal year 2019, which this bill achieves. Since the BRAIN Initiative's inception, over 550 awards have been granted to hundreds of investigators from a wide range of fields, with the aim to find more effective treatments for a wide variety of brain disorders and diseases, such as Alzheimer's disease, Parkinson's, and epilepsy. BRAIN's unique capacity to bring large, multi-disciplinary teams together, to generate and scale-up innovative technologies, and to produce large datasets that are available to scientists worldwide is revolutionizing our understanding of the human brain. The Committee has provided additional resources in fiscal year 2020 to significantly expand efforts to working with the BRAIN data, which up to this point has been a lower priority. Neuroscience and biosciences in general need additional focus on how to consolidate and deliver data to the research community in a more usable and computationally minable form. As an example, the BRAIN Initiative Cell Census Network represents a major NIH commitment to profiling the basic cellular components of the nervous system, but the bulk of funding is committed for data generation to a growing portfolio of independent laboratories, without sufficient resources for data processing, standardization, and robust analysis. The Committee expects to receive a report in the fiscal year 2021 CJ on the initiative's achievements in its first 5 years of operation and its objectives for the next 5 years, including NIH's plans to address the challenge of making large datasets usable.

*Chronic Fatigue Syndrome [ME/CFS].*—The Committee commends NIH on its new ME/CFS efforts, including its plans for a 2019 conference on accelerating research into ME/CFS and its formation of the National Advisory Neurological Disorders and Stroke Council Working Group. The Committee is concerned that the level of funding for ME/CFS remains very low considering the burden and incidence of disease. The Committee urges NIH to collaborate with disease experts and the patient community to identify additional opportunities to expedite progress. Specifically, the Committee recommends that NIH significantly increase ME/CFS investments such as: (1) new ME/CFS disease specific funding announcements, including those with set-aside funds, to deliver needed diagnostics and treatments as quickly as possible; (2) research to better define the clinical characterization of subsets of individuals

with ME/CFS caused by different etiologies; and (3) mechanisms to incentivize researchers to enter the field.

*Clinical Research Professional Competency.*—The Committee believes that the quality of clinical trial outcomes is dependent on the knowledge and skill of clinical research professionals conducting the work. The Committee encourages NIH to continue considering the training needs of this workforce when determining best practices in conducting clinical trials.

*Clinical Trials Policy.*—The Committee has followed NIH's efforts to improve transparency and stewardship of all clinical trials, including those trials that are basic science experiments involving human participants. The Committee supports NIH's recent announcement to delay the implementation of certain registering and reporting requirements for basic experimental studies with humans. The Committee understands NIH received comments opposing the 2014 (and now Common Rule) definition from members of the basic science research community, as well as current and former members of NIH advisory councils. While the Committee supports efforts to increase transparency and improve oversight of clinical trials, it also seeks to ensure any changes are necessary to meet those goals, including considering existing viable, cost effective alternatives. The Committee urges NIH to continue its efforts, including working with the basic research community, to achieve a balanced registration and reporting strategy that meets the interests of study participants, investigators, and taxpayers. NIH is directed to report to the Committee no less than 60 days prior to moving forward with any new proposals for registering basic experimental studies with humans as clinical trials.

*Cumulative Investigator Rate.*—The Committee is pleased that its sustained investments in NIH in recent years have reversed the troubling decline in grant applicant funding rates that began in 2003 as the number of applicants dramatically increased while funding remained relatively flat. Applicants' funding rates (as measured over 5-year windows) began to improve in fiscal year 2015 and reached 36 percent in fiscal year 2018 for NIH Research Project Grants and 41 percent for RO1-equivalent grants. The Committee is encouraged by this trend, and directs NIH to include information on the Research Project Grant, R21, P01, and R01–Equivalent Cumulative Investigator Rate by NIH Institute/Center in its fiscal year 2021 CJ.

*Directors Advisory Committees.*—The Committee is concerned that despite the legal requirement of Federal statute (Title 42 of the U.S. Code, Subchapter III; Part B, Subsection 284A) that all NIH Director's Advisory Councils have at least two representatives from the fields of public health and the behavioral or social sciences, recent reviews of the membership of Institute Director's Advisory Councils reveal that none of the institutes are in compliance with this requirement. The Committee urges compliance with this statute and requests a report on the fields of public health and behavioral and social sciences that are represented on each advisory committee and measures planned and completed to comply with the requirements of this statute.

*Diversity in the All of Us Research Program.*—The Committee recognizes the importance of including populations historically

underrepresented in biomedical research in the *All of Us* program. By ensuring meaningful and broad inclusion, the program ensures more equitable benefit from future medical discoveries using *All of Us* data, including those in the field of cancer research. The Committee was pleased to learn that as of May 2019, 50 percent of the more than 193,000 participants who completed the initial steps of the protocol self-identified as members of racial/ethnic minority groups. Within the amount provided to *All of Us*, the Committee directs NIH to continue its efforts to recruit and retain participants from these historically underrepresented populations so that the *All of Us* scientific resources reflect the rich diversity of our country.

*Duchenne Muscular Dystrophy.*—Duchenne muscular dystrophy is a severe type of muscular dystrophy for which there is no cure and for which the average life expectancy is in the second decade. The Committee strongly encourages NIH to significantly expand its support for research on Duchenne muscular dystrophy, particularly accelerating and optimizing the clinical trial process through novel and innovative trial designs, such as platform trials, which might serve as a model for other rare diseases communities. The Committee also urges NIH to support methodological research on challenges, such as redosing, manufacturing supply, and potential immune response, associated with the advent of gene therapies for rare diseases, such as Duchenne.

*Ethnic and Racial Diversity in Cancer Development and Outcomes.*—The Committee recognizes that NIH's Cancer Moonshot initiative aims to accelerate the discovery of new ways to cure cancers, including through an understanding and application of cancer genetic information to the prevention and treatment of cancer. The Committee urges NIH, including NIMHD and NCI, to continue to support research on the cause, prevention, and treatment of cancer in populations with diverse cultural, racial, and ethnic composition. To further support such collaboration in this research field, the Committee encourages NIH, through NCI, to continue to consider an Institution's research efforts that specifically address the cancer burden, risk factors, incidence, morbidity, mortality, and inequities in the geographic area it serves, when considering applications from cancer centers for NCI designation. The Committee also recognizes NCI's focus on minority and medically underserved communities through the NCI Community Oncology Research Program.

*Foreign Threats to Research.*—The Committee remains deeply concerned about foreign threats to the research infrastructure in the United States. In particular, the Chinese government has started a program to recruit NIH-funded researchers to steal intellectual property, cheat the peer-review system, establish shadow laboratories in China, and help the Chinese government obtain confidential information about NIH research grants. As the Federal Bureau of Investigation, HHS, and NIH continue to investigate the impact the Thousand Talents and other foreign government programs have had on the NIH research community, the Committee expects to be notified quarterly on the progress of the investigation, as well as institutions, scientists, and research affected. Further, the Committee directs NIH to carefully consider the NIH Advisory Committee's recommendations, including to implement a broad

education campaign about the requirement to disclose foreign sources of funding and develop enhanced cybersecurity protocols. As recommended, NIH should use this campaign to help institutions develop best practices for how to handle these challenges, including training, communications materials, and how to improve vetting, education, and security. Further, NIH shall evaluate the peer-review system and their internal controls through a lens that takes into account national security threats. This includes holding those accountable who inappropriately share information from the peer-review process or illegally share intellectual property. The Committee appreciates the partnership between NIH and HHS' Office of National Security [ONS] on this issue and ONS's implementation of a formal NIH CI/Insider Threat program on NIH's behalf. The Committee believes this work should be expanded in fiscal year 2020 and directs NIH to allocate no less than \$5,000,000 for this work that ONS does on behalf of NIH.

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

*Frontotemporal Degeneration [FTD] Research.*—The Committee encourage NIH to continue to support a multi-site network of clinical centers to study genetic and sporadic cases of FTD and maintain progress toward biomarker discovery and drug development in clinical trials using these well-defined FTD cohorts. A key component of this network will be the development of a data biosphere that supports wide sharing of robust datasets, generated with powerful -omic platforms. Data sharing will enable the broader community of researchers outside of the clinical networks, particularly early career scientists, to take on the challenges currently confronting Alzheimer's disease and related dementias disorders with a wider array of expertise. Research has revealed that all forms of dementia may have a variety of root causes and display multiple underlying pathologies. Research on the related dementias is critical for understanding basic disease mechanisms that may be common across multiple forms of dementia and therefore speed the translation of this information into much-needed therapeutics. While the continued support of biomedical research offers hope for the future, too many families and individuals living with dementia cannot find the help they need today. Therefore, the Committee also urges NIH to support research on the development of new and

improved dementia care practices and long-term supports and services. By supporting both types of research, NIH may advance progress toward future therapies and treatments while also helping people get the appropriate and effective care and support they need today.

*Gene-Environment Interactions in Neurodegenerative Disorders in the Diverse Populations of African Americans and Latinos.*—In the context of NIH’s robust neurological disease research portfolio, the Committee commends the leadership of NIH in advancing the relevant objectives of the 21st Century Cures Act and the BRAIN Initiative. The Committee is concerned and recognizes the need to better understand the interactions between genetic and environmental factors, in particular with elderly and diverse populations of African Americans and Latinos. The Committee encourages NIH to accelerate collaborative research across relevant Institutes and the research community to address the goal of determining the role of the interaction between environmental exposures to toxic chemicals and genetics and their impact on neurodegenerative disorders in diverse populations of African Americans and Latinos, to allow for earlier diagnosis and subsequent treatment to arrest the progression of these devastating neurodegenerative disorders.

*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 2021 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.

*Harassment Policies.*—The Committee recognizes that recent events make clear that harassment occurs in all workplaces, including science and medicine, and that changing the culture that fosters harassment will require sustained commitment and resources. The National Academy of Sciences, Engineering, and Medicine report released last year found sexual harassment is rampant in the labs and institutions supported by NIH and American taxpayers. The Committee commends NIH for taking steps to remind institutions of their obligations to implement and enforce policies for reporting sexual harassment, and to notify NIH when key personnel named on an NIH grant award have been removed because of harassment concerns. However, as the funder of the vast majority of biomedical research conducted in the U.S., the Committee believes NIH can and must play a more active role in changing the culture that has long ignored the problem. The Committee directs NIH to require institutions to notify it when key personnel named on an NIH grant award are removed because of harassment concerns. While it is essential for NIH to preserve the confidentiality of the individuals in these cases, the Committee directs NIH to integrate information about adjudicated cases regarding grantees and applicants into the grant award-making process, making clear there are significant ramifications for perpetrators. The Committee also directs NIH to support research in the areas identified in the Report, including the psychology underlying harassment and the experiences and outcomes of diverse groups when subjected to harassment. Additionally, the Committee directs NIH to collaborate with the National Academies to develop best practices for devel-

oping more diverse and inclusive cultures in the grantee research environments, including training individuals in institutions that receive NIH funds to recognize and address harassment, and evaluating the efficacy of various harassment training programs.

*Headache Disorders.*—The Committee recognizes: (1) that migraine is the second leading cause of global disability, but that NIH funding for migraine research is strongly incommensurate with this burden; and (2) that migraine and other headache disorders are poorly responsive to opioids, but that these drugs are often inappropriately prescribed for these diseases. Under the HEAL Initiative, NIH has recently issued a FOA for research relevant to all types of pain, including migraine and headache disorders, and a few specific announcements that focus specifically on increasing research on back pain and hemodialysis-related pain. The Committee strongly urges the Director of NIH to issue a similar focused group of Requests for Applications to fund fundamental, translational, and clinical research on headache disorders, including migraine, post-traumatic headache, the trigeminal autonomic cephalalgias, and intracranial hypo/hypertension.

*Hepatitis B.*—The Committee commends the Director’s office for establishing a trans-NIH Hepatitis B Working Group to include representation from NCI, NIAID, NIDDK, and NIMHD to coordinate research agendas to fund the research necessary to find a cure for hepatitis B and improve liver cancer outcomes. The Committee urges the Director to use the NIH Common Fund to support the integrated trans-NIH research needed to fully address these conditions. The Committee notes that both the World Health Organization and the National Academies of Sciences, Engineering, and Medicine have declared that the elimination of hepatitis B is possible by 2030. Subsequent to that declaration, the hepatitis B research community convened a virtual consensus conference to prepare a “Roadmap for a Cure” that resulted in articles published in 2018 in two peer reviewed scientific journals, *Hepatology* and *Antiviral Research*, identifying the most urgent research questions that must be answered to find a cure for hepatitis B. Therefore, the Committee requests that the Office of the Director keep the Committee informed on progress of the Trans-NIH Hepatitis B Working Group and requests a status report be sent to the Committee within 90 days of enactment.

*Hepatitis C.*—The elimination of the deadly hepatitis C virus, which affects more than 2,400,000 Americans, is a top public health priority for both the Federal and State governments. The Committee is supportive of States’ efforts to implement innovative payment models and public health elimination initiatives that dramatically increase access to the medications that cure hepatitis C. The Committee urges NIH to prioritize research aimed at supporting hepatitis C elimination.

*Human Microbiome Project.*—The Committee commends the progress made by the Human Microbiome Project in identifying the role that microbial communities play in health and the treatment of many different digestive diseases. The Committee encourages OD to continue working collaboratively with NIDDK and other relevant Institutes and Centers to expand and advance this important research.



*IDeA States Pediatric Clinical Trials Network [ISPCTN].*—The Committee recognizes pediatric research requires the focus on the special needs of neonates, infants, children, and adolescents across a wide range of diseases and conditions and appreciates that pediatric research has been and continues to be an NIH priority. The Committee commends NIH for establishing the ISPCTN to provide medically underserved and rural populations with access to state-of-the-art clinical trials, apply findings from relevant pediatric cohort studies to children in IDeA State locations, and enhancing pediatric research capacity to address unmet pediatric research needs in underserved areas. The Committee provides \$15,000,000 in additional funding to continue the ISPCTN program.

*Increasing Diversity in NIH Clinical Trials.*—The Committee recognizes efforts by NIH to reduce health disparities by addressing significant barriers to clinical trial participation and directs the agency to ensure eligibility criteria for clinical trials funded by NIH do not create unintentional barriers to participation for racial and ethnic minorities as well as for patients with certain healthcare conditions. Specifically, the Committee directs NIH to revise existing protocol templates and guidelines for clinical trials that receive funding by the agency to include eligibility criteria that avoids inappropriate exclusions of racial and ethnic minorities by taking steps to account for variations in health status across racial and ethnic minority groups when determining eligibility criteria as well as ensuring exclusions based on health status are scientifically justified and appropriate.

*Induced Pluripotent Stem Cell [iPSC].*—The Committee continues to stress iPSC technology as a critical tool in the realm of personalized medicine. The Committee notes that iPSCs are derived from adults or skin-sourced biopsies, providing increased opportunities to tailor human medicine, reduce clinical trial costs, and pre-screen for patient-specific efficacy. To date, inadequate funding is available for the translation of iPSC research into new therapeutics, diagnostics, and cures. The Committee is especially concerned that a funding gap between basic science and clinical trials may hinder the timely discovery of treatments for a wide range of diseases that currently lack clinical solutions. Accordingly, the Committee directs NIH to provide funding to support translational research, as well as promote regional, collaborative consortiums to advance scientific knowledge in the area of iPSC basic research. The Committee further instructs NIH to conduct an assessment of agency efforts to: (1) address the existing funding gap between basic science and clinical trial research; and (2) develop a framework that provides both new and existing grantees with funded opportunities for translational research. The Committee expects this information to be included in the fiscal year 2021 CJ.

*Inflammatory Bowel Diseases [IBD].*—The Committee recognizes that as many as 3,100,000 people in the United States are impacted by Crohn's disease and ulcerative colitis and is concerned about the growing prevalence of IBD and other autoimmune diseases and disorders in the country. The Committee also recognizes that IBD is a complex, immune-mediated, chronic disease model relevant to other such disorders, and that multiple research topics must be explored to understand IBD including psychosocial issues;

health disparities; triggering environmental factors; the complex interplay between food, mind-gut, and immune response; and the maternal health of IBD patients as well as their children. The Committee encourages NIH to explore these and other research questions with multiple Institutes and Centers including NIDDK, NICHD, and NIMHD.

*Intellectual Property.*—The Committee encourages the NIH Director to work with the HHS Assistant Deputy Secretary for National Security to improve the security of intellectual property derived from NIH-funded research. In particular, NIH is encouraged to: improve the security of the peer review system; augment the application process to identify funding that applicants receive from a foreign government; and assist the HHS Inspector General and appropriate law enforcement agencies to identify violations of U.S. law or policy.

*Mitochondrial Disease Research.*—The Committee is aware that medical research continues to identify new mitochondrial disorders and to confirm the central role that mitochondrial dysfunction plays in a host of major diseases. Advancements in biomedical knowledge, clinical research, and care interventions have advanced to the point where the Director should now encourage additional research in this area through competitive award vehicles. Given that at least 17 Institutes, Centers, and Offices are involved in mitochondrial research, it is critical that the Director continue to support and empower efforts to coordinate this work, including through the trans-NIH Mitochondrial Disorders Working Group. The Committee strongly supports continuing the work of the North American Mitochondrial Disease Consortium and the Mitochondrial Disease Sequence Data Resource Consortium, and applauds the work of NINDS to develop the first set of Common Data Elements for mitochondrial disease to support further research, including through the BRAIN Initiative as well as the All of Us and Environmental influences on Child Health Outcomes research programs.

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

*Neurofibromatosis [NF].*—The Committee supports efforts to increase funding and resources for NF research and treatment at

multiple NIH Institutes, including NCI, NINDS, NIDCD, NICHD, NIMH, NCATS, and NEI. Children and adults with NF are at significant risk for the development of many forms of cancer; the Committee encourages NCI to continue to support its NF research portfolio in fundamental laboratory science, patient-directed research, and clinical trials focused on NF-associated benign and malignant cancers. Because NF causes brain and nerve tumors and is associated with cognitive and behavioral problems, the Committee urges NINDS to continue to aggressively fund fundamental basic science research on NF relevant to nerve damage and repair. Based on emerging findings from numerous researchers worldwide demonstrating that children with NF are at significant risk for autism, learning disabilities, motor delays, and attention deficits, the Committee encourages NINDS, NIMH, and NICHD to expand their investments in laboratory-based and patient-directed research investigations in these areas. Since individuals with NF2 may develop hearing loss, the Committee encourages NIDCD to continue to expand its investment in NF2-related research. NF1 can cause vision loss due to optic gliomas. The Committee encourages NEI to expand its investment in NF1-focused research on optic gliomas and vision restoration.

*Next Generation Researchers Initiative.*—The Committee includes \$100,000,000 in dedicated funding to continue to prioritize robust implementation of the Next Generation Researchers Initiative and to continue to expand the activities under the Initiative to improve and accelerate transitions into independent careers and enhance workforce diversity. The Committee directs NIH to collect, evaluate, and disseminate data, including best practices, on implementation of the Initiative's policies as well as programs and pilots across all Institutes and Centers aimed at promoting the next generation of researchers, and to coordinate with relevant agencies, professional and academic associations, and others to inform programs related to the training, recruitment, and retention of biomedical researchers, as required under the law. The Committee applauds the National Academy of Sciences publication of the study, the Next Generation of Biomedical and Behavioral Sciences Researchers: Breaking Through, and requests that NIH update the Committee within 180 days of enactment on NIH's progress in advancing the recommendations in the study.

*News Briefings.*—Until recently, NIH provided the Committee with a summary of the day's news articles on itself, health and medical news, global health updates, and other topics affecting its operations. The Committee found this service helped its staff remain well-informed of the many developments affecting NIH, its grantees, and medical research. Therefore, the Committee directs NIH to resume providing Committee staff with the daily NIH news briefings within 14 days of enactment.

*Organ Donation and Transplantation.*—The Committee includes \$1,500,000 to contract with and fund a National Academies of Sciences, Engineering, and Medicine study to examine and recommend improvements to research, policies, and activities related to organ donation and transplantation. The report shall include: (1) identification of current challenges involved in modeling proposed organ allocation policy changes and recommendations to improve

modeling; (2) recommendations about how costs should be factored into the modeling of organ allocation policy changes; (3) a review of MELD or other factors that determine organ allocation and patient prioritization and recommendations to assure fair and equitable practices are established, including reducing inequities affecting socioeconomically disadvantaged patient populations; and (4) recommendations to update the OPTN's policies and processes to ensure that organ allocation decisions take into account the viewpoints of expert OPTN committees.

*Osteopathic Medical Schools.*—The Committee is concerned there is a lack of access to research funding for osteopathic medical schools through NIH. The Committee is aware that professionals with doctors of osteopathic [D.O.] medicine credentials represent a small fraction of all reviewers who serve in peer review (e.g. 29 reviewers with D.O. degrees served on Study Sections between October 2018 through August 2019). D.O.s receive only 0.1 percent of NIH grants although they make up 11 percent of the physician workforce and 26 percent of students entering medical school are osteopathic medical students. The Committee understands that osteopathic medicine is one of the fastest growing healthcare professions in the country, and realizes its vital role in treating our Nation's rural, underserved, and socioeconomically challenged populations.

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

*Pediatric Physician-Scientist Workforce.*—The Committee is concerned about the challenges in attracting and retaining researchers, particularly physician-scientists, to careers in pediatrics and the impact these challenges will have on the pace of innovation and discovery. The Committee encourages NIH to build upon the formation of the Trans-NIH Pediatric Research Consortium to develop a framework for a pediatric research training mechanism that would supplement and not supplant existing programs, cut across multiple Institutes and Centers and focus on supporting individual physician-scientists who have not yet achieved a level of research independence so they can be qualified to meet current and future needs in pediatric research.

*Pediatric Research.*—The Committee requests an update from the NIH Director within 120 days of enactment on how NIH will focus on the unique needs of children in its NIH-wide initiatives that span multiple Institutes and Centers, as well as its highest priority initiatives, including, but not limited to, the *All of Us* program, the BRAIN Initiative, and the Cancer Moonshot. The Committee asks that with respect to these major NIH initiatives, this update describe the inclusion of pediatric subjects, research relevant to pediatrics, specific funding allocations, support for pediatric physician scientists, and a strategy to more proportionally target funds within these initiatives to pediatric research. The Committee commends NIH for the establishment of the Trans-NIH Pediatric Research Consortium to help coordinate pediatric research at NIH. The Committee also requests an update on the activities of the Consortium and its plans to better coordinate pediatric research across the In-

stitutes, including identifying gaps and opportunities for collaboration.

*Platform Technologies.*—There is growing evidence of the importance of the role that “platform technologies” play in accelerating the pace of biomedical research and improving our ability to diagnose, treat, cure, and prevent diseases. Platform technologies can often lead to orders of magnitude improvement in dimensions of cost and performance, such as accuracy, resolution, throughput, flexibility, and ease-of-use. The Human Genome Project, for example, helped drive down the cost of sequencing the human genome from \$100,000,000 to roughly \$1,000, while today the BRAIN Initiative is investing in new and improved platform technologies to increase our understanding of how the brain encodes and processes information. The Committee is interested in whether, given the growing importance of platform technologies, there is more that NIH could and should do to increase the national investment in them. To help answer this question, the Committee directs NIH to provide a report in the fiscal year 2021 CJ that identifies: (1) the challenges that currently limit NIH’s ability to support the development of platform technologies, and how these might be addressed. Potential examples include: (a) low levels of engagement with researchers in the physical sciences, engineering, math, and computer science; (b) a culture that prioritizes hypothesis-driven as opposed to technology-driven proposals; (c) the structure of the NIH, which is organized primarily around specific diseases or organs of the body; (d) a typical size and duration of research grants that may not be aligned with the level of investment required for advances in platform technologies; and (e) difficulty in supporting high-risk, high-return ideas; (2) the specific unmet needs for basic, clinical and translational research that might motivate investment in transformational platform technologies that could be high-impact and timely, given recent scientific and technological advances and unmet medical needs; and (3) changes that NIH and Congress should consider with respect to its ability to identify and fund promising research proposals for platform technologies. Examples include: (a) recruiting NIH personnel and members of study sections with relevant expertise; (b) supporting workshops and the development of roadmaps for platform technologies; (c) increasing funding mechanisms that are appropriate for platform technologies that are relevant to multiple NIH Institutes, such as the Common Fund or NIBIB; (d) increasing NIH’s capacity to partner with industry on the development of platform technologies, such as use of Other Transactions authorities; (e) experimentation with different models for funding and managing research, such as the DARPA model for recruiting and empowering world-class program managers; (f) use of incentive prizes, milestone payments and open innovation techniques; and (g) funding non-profit research institutes that have an increased capacity to manage more complex research projects that require professional scientists, engineers, and product managers, not just graduate students and postdoctoral researchers. Given the importance of this issue, the Committee encourages NIH to engage the research community and industry as it develops its response to these questions and options.

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

*Rare Diseases.*—The Committee is concerned with unknown costs resulting from undiagnosed and untreated rare diseases. As a result, the Committee directs GAO to study what is known about the total impact rare diseases have on the U.S. economy, including direct medical costs, non-medical costs, loss of income, and the societal consequence of undiagnosed and untreated rare disease. No later than 2 years after the date of enactment, GAO shall provide a report on its findings to the Committees on Appropriations of the House of Representatives and the Senate.

*Research Transparency.*—As demonstrated over the past 5 years, the Committee remains committed to funding NIH research and ensuring that our Nation's researchers, particularly our scientists early in their career, have the support to make the scientific breakthroughs that may transform healthcare. However, it is critical that NIH can ensure funds are used for the most meritorious biomedical and behavioral research possible that fulfill the core research mission of NIH. Over the last 4 fiscal years, Members of the Committee have provided several examples of questionable spending stemming from research grants awarded by NIH, showing the need for enhanced oversight in the review and approval process. Therefore, NIH is directed to justify, in writing made available on a publicly accessible website, that each grant or agreement promotes efforts to seek fundamental knowledge about the nature and behavior of living systems and/or the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

*Spina Bifida.*—The Committee encourages NIA, NIDDK, NICHD, and NINDS to study the causes and care of the neurogenic bladder and kidney disease to improve the quality of life of children and adults with Spina Bifida; to support research to address issues related to the treatment and management of Spina Bifida and associated secondary conditions, such as hydrocephalus; and to invest in understanding the myriad co-morbid conditions experienced by individuals with Spina Bifida, including those associated with both paralysis and developmental delay. The Committee supports the specific efforts of NICHD to understand early human development; set the foundation for healthy pregnancy, and lifelong wellness of

women and children; and promote the gynecological, andrological and reproductive health for people with Spina Bifida. Additionally, NICHD is encouraged to identify sensitive time periods to optimize health interventions; improve health during transition from adolescence to adulthood; and ensure safe and effective therapeutics and devices.

*Stimulating Peripheral Activity to Relieve Conditions [SPARC] Initiative.*—The Committee applauds NIH for its cross-cutting SPARC Initiative and continues to recognize its potential for identifying new ways to treat many diseases and conditions. The Committee is pleased by the Initiative's attention to research that aims to address gaps in treatments for patients suffering from gastrointestinal, genitourinary, cardiac, and other disorders and encourages NIH to work collaboratively across its Institutes and Centers on innovative ways to expand treatment options for these often burdensome conditions.

*Temporomandibular Disorders [TMD].*—The Committee commends the Office of the Director and NIDCR, for engaging the National Academy of Sciences in a comprehensive project: Temporomandibular Disorders: From Research Discoveries to Clinical Treatment. For the first time, the nation's leaders in health and medicine will enlist experts to review all aspects of TMD, generating recommendations for research, regulation and policy that can profoundly affect the way that TMD/TMJ is understood, researched, diagnosed, treated, and prevented. The Committee believes that the work of the project will help facilitate wider acceptance that TMD are not simply a matter of teeth and jaws, but they are systemic medical conditions with complex biological, behavioral and environmental roots associated with central nervous system dysfunction and pain, in which patients often have overlapping systemic disorders. This conclusion resulted from the decade long OPPERA study, funded by NIDCR and NIH-supported public-private TMJ scientific meetings as well as other research. To continue to build on advances in coordinated research and treatment, the Committee asks OD, as it continues to work with the National Academies of Sciences on the study, to explore the creation of a NIH inter-Institute TMD working group and to report to the Committees on Appropriations of the House of Representatives and the Senate within 90 days following the publication of the final report.

*Traumatic Brain Injury [TBI].*—The Committee is aware that TBI and post-traumatic stress disorder [PTSD] continue to pose significant health challenges for many individuals in the United States, and that these medical conditions especially affect combat veterans. The Committee directs NIH to enhance its research efforts on alternative treatment methods for PTSD and TBI, including hyperbaric oxygen treatment [HBOT]. The Committee encourages NIH to partner with VA and DOD to research treatment alternatives such as HBOT for veterans living with PTSD and/or TBI.

*Trisomy 21.*—The Committee strongly supports the Investigation of Co-Occurring Conditions Across the Lifespan to Understand Down Syndrome [INCLUDE] Initiative and applauds the Director's efforts with this funding mechanism. The Committee requests the Director provide a plan at the beginning of fiscal year 2020 that

includes a timeline description of potential grant opportunities and deadlines for all expected funding opportunities so that young investigators and new research institutions may be further encouraged to explore research in this space. This plan should also incorporate pipeline research initiatives specific to Down syndrome.

*Tuberous Sclerosis Complex [TSC].*—The Committee is encouraged by NIH's updated TSC Research Plan published in 2016 and progress advancing the plan with both public and private support. NIH should encourage research opportunities in the five key areas prioritized by workshop participants: (1) understanding phenotypic heterogeneity in TSC; (2) gaining a deeper knowledge of TSC signaling pathways and the cellular consequences of TSC deficiency; (3) improving TSC disease models; (4) developing clinical biomarkers of TSC; and (5) facilitating therapeutics and clinical trials research. Because TSC impacts multiple organ systems, 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. The Committee encourages the Director to apply recommendations from two recent NIH-sponsored workshops: the Neurodevelopmental Disorders Biomarkers Workshop held in December 2017 involving TSC and related neurodevelopmental disorders to take advantage of biomarker expertise and lessons learned across disease groups, and the workshop entitled Accelerating the Development of Therapies for Anti-Epileptogenesis and Disease Modification held in August 2018 for which TSC is a model disorder with the ability to diagnose TSC prior to onset of epilepsy.

*Women and Gender Minorities in Clinical Research.*—The Committee directs NIH to fund a National Academies of Sciences, Engineering, and Medicine study examining and quantifying the long-term medical and economic impacts of the inclusion of women and gender minorities in biomedical research and subsequent translational work, and has provided \$1,200,000 to fund this effort. NIH is directed to report to the Committees on Appropriations of the House of Representatives and the Senate on this issue and it should include a review of the existing research on the long-term economic benefits of increasing the participation of women and gender minorities in clinical trials and biomedical research, including an analysis of fiscal implications of inclusion on the nation's overall healthcare costs; examine new programs and interventions in medical centers that are currently working to increase participation of women of lower socioeconomic status and women who are members of racial and ethnic minority groups; identify programs that are positively addressing issues of underrepresentation; and analyze whether and how those programs are replicable and scalable; and identify more inclusive institutional and informational policies and procedures to improve health outcomes for gender minorities, including health referral forms, continuing education classes, and more.



*Women’s Health Research.*—Women represent half of the U.S. population. As such, conditions and diseases that are specific to women’s health, or those that present differently in women than men, must be a priority for federally-funded research. The Committee encourages NIH, under the leadership of the Office of Research on Women’s Health and NICHD, to: (1) report on the total dollar amount of research invested in health conditions specific to women over the last 10 years, including but not limited to pregnancy, gynecologic oncology, and infertility; (2) provide a list of which Institutes provide the highest amount of funding toward health research on conditions specific to women; and (3) report on how and whether funding for research in this area is coordinated across the NIH. The Committee looks forward to a report from NIH in the fiscal year 2021 CJ.

BUILDINGS AND FACILITIES

Appropriations, 2019 .....	\$200,000,000
Budget estimate, 2020 .....	200,000,000
Committee recommendation .....	300,000,000

The Committee recommendation includes \$300,000,000 for NIH buildings and facilities, an increase of \$100,000,000. This funding will remain available for obligation for 5 years.

In fiscal year 2017, the Committee included a directive to NIH to enter into a contract with the National Academies of Sciences, Engineering, and Medicine to assess the capital needs of NIH’s Bethesda Campus. NIH’s Bethesda Campus houses the majority of the Intramural Research Program and comprise a multi-billion dollar public investment, including a 200-bed research hospital, numerous laboratories, outpatient clinics, administrative space, and facilities providing research support services, energy and transportation services, and other utilities. On August 26, 2019, NASEM released a report that stated there is a \$1,300,000,000 backlog that is rapidly growing. In particular, the report states that the 12,000,000 facility square feet have an average “condition index” in the poor range, and that 72 percent of facilities are more than 20 years old.

The Committee takes this issue seriously and provides an increase of \$100,000,000 in annual Buildings and Facilities funding. Since fiscal year 2018, the Committee will have more than doubled Buildings and Facilities funding for NIH. Unfortunately, these increases will make only a small dent in the increasing backlog. Therefore, the Committee has included new bill language to allow the Institutes and Centers of NIH to use up to 1 percent of IC funding for facility maintenance and construction. All 27 IC Directors have agreed to this funding structure.

Finally, the Committee directs NIH to provide a report with the fiscal year 2021 CJ describing the steps it has and will take to implement the report’s recommendations. The Committee is especially interested in the actions NIH is taking to apply the recommendations to update the Buildings and Facilities prioritization model, develop an annual budget request for Backlog of Maintenance and Repair, and strengthen its internal governance process, including assigning and empowering a senior leader to manage capital planning. In addition, the Committee directs NIH to provide quarterly

update of its Buildings and Facilities maintenance and construction plans, including specific milestones for advancing projects, status of the project, cost, and priority. These updates should also highlight and explain any potential cost and schedule changes affecting projects.

NIH INNOVATION ACCOUNT, CURES ACT

Appropriations, 2019 .....	\$711,000,000
Budget estimate, 2020 .....	157,000,000
Committee recommendation .....	157,000,000

The Committee recommendation includes \$157,000,000 to be spent from the NIH Innovation Account for the following activities:  
*All of Us.*—\$149,000,000.

*Regenerative Medicine.*—\$8,000,000.

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

NATIONAL INSTITUTE FOR RESEARCH ON SAFETY AND QUALITY

Appropriations, 2019 .....	.....
Budget estimate, 2020 .....	\$253,960,000
Committee recommendation .....	.....

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

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Committee recommends \$5,856,496,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA]. The recommendation includes \$133,667,000 in transfers available under section 241 of the PHS Act and \$12,000,000 in transfers from the PPH Fund.

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

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

The Committee recommendation continues bill language that instructs the Assistant Secretary of SAMHSA and the Secretary to exempt the Mental Health Block Grant [MHBG], the Substance Abuse Prevention and Treatment [SAPT] Block Grant, and the State Opioid Response Grant from being used as a source for the PHS evaluation set-aside in fiscal year 2020.

MENTAL HEALTH

Appropriations, 2019 .....	\$1,558,013,000
Budget estimate, 2020 .....	1,506,086,000
Committee recommendation .....	1,658,013,000

The Committee recommends \$1,658,013,000 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 PRNS, the MHBG, children’s mental health services, Projects for Assistance in Transition from Homelessness [PATH], Protection and Advocacy for Individuals with Mental Illness [PAIMI], and the National Child Traumatic Stress Initiative.

The Committee provides targeted investments in mental healthcare, but recognizes that there are future opportunities to continue improving America’s mental health services. The Committee directs SAMHSA to provide a comprehensive plan to the Committees on Appropriations of the House of Representatives and the Senate no later than 30 days after enactment identifying current gaps in mental healthcare programs, highlighting how these programs can help close those gaps, and providing recommendations to meet the needs of those experiencing mental illness.

*Programs of Regional and National Significance*

The Committee recommends \$445,774,000 for PRNS within the Center for Mental Health Services. The Committee recommendation includes \$12,000,000 in transfers to PRNS from the PPH Fund. These programs address priority mental health needs by de-

veloping 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 2019 appropriation	Committee recommendation
<b>CAPACITY:</b>		
Seclusion & Restraint .....	1,147	1,147
Project AWARE State Grants .....	71,001	103,001
Mental Health Awareness Training .....	20,963	21,963
Healthy Transitions .....	25,951	26,951
Children and Family Programs .....	7,229	7,229
Consumer and Family Network Grants .....	4,954	4,954
MH System Transformation and Health Reform .....	3,779	3,779
Project LAUNCH .....	23,605	23,605
Primary and Behavioral Health Care Integration .....	49,877	49,877
National Strategy for Suicide Prevention .....	11,200	17,200
Zero Suicide .....	9,200	15,200
American Indian and Alaska Native .....	2,200	2,200
Suicide Lifeline .....	12,000	18,000
GLS—Youth Suicide Prevention—States .....	35,427	35,427
GLS—Youth Suicide Prevention—Campus .....	6,488	6,488
AI/AN Suicide Prevention Initiative .....	2,931	2,931
Homelessness Prevention Programs .....	30,696	30,696
Tribal Behavioral Grants .....	20,000	20,000
Minority AIDS .....	9,224	9,224
Criminal and Juvenile Justice Programs .....	4,269	4,269
Assisted Outpatient Treatment .....	15,000	15,000
Infant and Early Childhood Mental Health .....	5,000	5,000
Assertive Community Treatment for Ind. With SMI .....	5,000	7,000
<b>SCIENCE AND SERVICE:</b>		
GLS—Suicide Prevention Resource Center .....	5,988	7,988
Practice Improvement and Training .....	7,828	7,828
Primary and Behavioral Health Care Integration TA .....	1,991	1,991
Consumer & Consumer Support TA Centers .....	1,918	1,918
Minority Fellowship Program .....	8,059	8,059
Disaster Response .....	1,953	1,953
Homelessness .....	2,296	2,296

*Garrett Lee Smith Suicide Prevention Resource Center.*—The Committee is encouraged by the significant accomplishments achieved by the Center, which provides support to the National Action Alliance for Suicide Prevention, a public-private partnership advancing suicide prevention efforts in the United States. The Committee recommends \$7,988,000 for the center, an increase of \$2,000,000, which will support the national efforts to advance implementation of the National Strategy for Suicide Prevention.

*Infant and Early Childhood Mental Health.*—The Committee does not eliminate these grants as requested in the President’s Budget. The Committee continues to recommend providing grants to entities such as State agencies, Tribal communities, university, or medical centers that are in different stages of developing infant and early childhood mental health services. These entities should have the capacity to lead partners in systems-level change as well as building or enhancing the basic components of such early childhood services, including an appropriately trained workforce.

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

*National Suicide Prevention Hotline.*—The Committee provides, \$18,000,000, an increase of \$6,000,000. The Committee is concerned with the growing number of suicide deaths in the United States. According to data released by CDC, over 47,000 lives were lost to suicide in 2017. The Committee recognizes the National Suicide Prevention Lifeline's important role in suicide prevention and encourages SAMHSA to continue its commitment to this program. Further, the Committee requests that SAMHSA report to the Committees on Appropriations of the House of Representatives and the Senate within 6 months from the date of enactment on the level of funding required to meet the needs of the hotline, given the increases in the rates of suicide and suicide attempts, and increased awareness and use of the hotline.

*Primary and Behavioral Healthcare Integration [PBHCI].*—The Committee does not eliminate the program as requested in the President's Budget and provides \$49,877,000 for PBHCI to support communities to coordinate and integrate primary care services into community-based behavioral health settings.

*Project AWARE.*—The Committee provides \$103,001,000, an increase of \$32,000,000, for Project AWARE. This program increases awareness of mental health issues and connects young people that have behavioral health issues and their families with needed services. SAMHSA is encouraged to use funds to provide mental health services in schools and for school aged youth. Of the amount provided for Project AWARE, the Committee directs SAMHSA to use \$10,000,000 for discretionary grants to support efforts in high-crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of civil unrest, community violence, and collective trauma. These grants should maintain the same focus as fiscal year 2019 grants. SAMHSA is encouraged to continue consultation with the Department of Education in administration of these grants. The Committee requests a report on progress of grantees 180 days after enactment.

*Suicide Prevention.*—The Committee includes \$17,200,000, an increase of \$6,000,000. The Committee urges SAMHSA to provide specific training programs for National Suicide Prevention Lifeline counselors to increase competency in serving high-risk youth through the utilization of existing specialized resources. The increase is provided for the Zero Suicide initiative which is a com-

prehensive, multi-setting approach to suicide prevention that includes applying evidence-based approaches to screening, care protocols, safety planning, treatment, and care continuity during high risk periods.

#### *Community Mental Health Services Block Grant*

The Committee recommends \$722,571,000 for the Mental Health Block Grant. 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 encourages SAMHSA to support State efforts to provide long-acting-injectable medications approved for the treatment of serious mental illness and assistance to those with severe mental health needs who are at risk of recidivism.

The Committee recommendation continues bill language requiring that at least 10 percent of the funds for the MHBG program be set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee commends SAMHSA for its collaboration with NIMH on the implementation of this set-aside. The Committee notes that it usually takes 14–17 years to translate research findings into practice and hopes that the joint effort between NIMH and SAMHSA may be a model for how to reduce this timeframe. The Committee directs SAMHSA to continue its collaboration with NIMH to ensure that funds from this set-aside are only used for programs showing strong evidence of effectiveness and that target the first episode of psychosis. SAMHSA shall not expand the use of the set-aside to programs outside of the first episode psychosis. The Committee directs SAMHSA to include in the fiscal year 2021 CJ a detailed table showing at a minimum each State's allotment, name of the program being implemented, and a short description of the program.

#### *Children's Mental Health Services*

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

#### *Projects for Assistance in Transition From Homelessness*

The Committee recommends \$64,635,000 for PATH, which addresses the needs of individuals with serious mental illness who

are experiencing homelessness or are at risk of homelessness. Funds are used to provide an array of services, such as screening and diagnostic services, emergency assistance, case management, and referrals to the most appropriate housing environment.

*Protection and Advocacy for Individuals With Mental Illness*

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

*National Child Traumatic Stress Initiative*

The Committee recommends \$63,887,000 for the National Child Traumatic Stress Initiative. The Committee intends that \$8,000,000 of the total shall be for new grants identified through a new competitive process to expand support for universities, hospitals, and community-based programs through the National Child Traumatic Stress Network, which develops and promotes effective treatment and services for children and adolescents exposed to a wide array of traumatic events. In addition, the Committee recommendation includes \$2,000,000 for activities authorized under section 582(d) and (e) of the Public Health Service Act to be provided as a supplemental award to the National Center for Child Traumatic Stress not later than December 1, 2019.

*Certified Community Behavioral Health Clinics*

The Committee includes \$200,000,000, an increase of \$50,000,000. The Committee continues to direct SAMHSA to prioritize resources to entities within States that are part of the section 223(a) of the Protecting Access to Medicare Act of 2014 (Public Law 113–93) demonstration and to entities within States that were awarded planning grants. SAMHSA is directed to coordinate these resources with its efforts focusing on areas of high incidence of substance use disorders. The Committee looks forward to receiving SAMHSA’s first evaluation of the discretionary grant program in February of 2020.

SUBSTANCE ABUSE TREATMENT

Appropriations, 2019 .....	\$3,818,756,000
Budget estimate, 2020 .....	3,787,967,000
Committee recommendation .....	3,832,756,000

The Committee recommends \$3,832,756,000 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 \$474,677,000 for PRNS within the Center for Substance Abuse Treatment. 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 2019 appropriation	Committee recommendation
<b>CAPACITY:</b>		
Opioid Treatment Programs/Regulatory Activities .....	8,724	8,724
Screening, Brief Intervention, and Referral to Treatment .....	30,000	30,000
Target Capacity Expansion .....	100,192	100,192
Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (non-add) .....	89,000	89,000
First Responder Training .....	36,000	41,000
Rural Set-aside .....	18,000	23,000
Grants to Prevent Prescription Drug/Opioid Overdose .....	12,000	12,000
Pregnant & Postpartum Women .....	29,931	29,931
Recovery Community Services Program .....	2,434	2,434
Children and Families .....	29,605	29,605
Treatment Systems for Homeless .....	36,386	36,386
Minority AIDS .....	65,570	65,570
Criminal Justice Activities .....	89,000	89,000
Drug Courts .....	70,000	70,000
Building Communities of Recovery .....	6,000	7,000
Improving Access to Overdose Treatment .....	1,000	1,000
Emergency Department Alternatives to Opioids .....		4,000
Treatment, Recovery, and Workforce Support .....		4,000
<b>SCIENCE AND SERVICE:</b>		
Addiction Technology Transfer Centers .....	9,046	9,046
Minority Fellowship Program .....	4,789	4,789

*Adolescent Substance Use Screening, Brief Intervention, and Referral to Treatment [SBIRT].*—The Committee understands that substance use disorders, including opioid use, typically begin in adolescence, and that preventing underage drinking and other early substance use is a cost-effective strategy in preventing costly problems later in life. The Committee is also aware that SBIRT has been shown to be a cost-effective model for reducing and preventing underage drinking and other substance abuse, but that many health providers, especially pediatricians, have not been trained to use the method effectively. The Committee encourages SAMHSA to use funds for the adoption of SBIRT protocols in primary care and other appropriate settings that serve youth 12 to 21 years of age as well as on the adoption of system-level approaches to facilitate the uptake of SBIRT into routine healthcare visits for adults. Further, the Committee encourages SAMHSA to consider using existing resources for grants to pediatric healthcare providers in accordance with the specifications outlined in Section 9016 of the Sober Truth in Preventing Underage Drinking Reauthorization (Public Law 114–255).

*Building Communities of Recovery.*—The Committee provides \$7,000,000, an increase of \$1,000,000. The Committee appreciates SAMHSA’s implementation of this program in fiscal year 2019 and continues to encourage SAMHSA to promote the expansion of re-



covery support services as well as reduce stigma associated with addictions. Recovery services are critical to maintaining healthy individuals after they are treated for substance use disorders, creating healthier communities in the process. These grants also support the development, enhancement, expansion, and delivery of recovery support services, delivered by well-trained and credentialed peers. SAMHSA is encouraged to ensure that grants employing peers comply with the highest standards possible within their respective States.

*Combating Opioid Abuse.*—The Committee provides \$12,000,000 within PRNS for grants to prevent opioid overdose related deaths. This program will help States equip and train first responders and other community partners with the use of devices that rapidly reverse the effects of opioids. The Committee also provides \$41,000,000 an increase of \$5,000,000, for First Responder Training grants. Of this amount, \$23,000,000 is set aside for rural communities with high rates of substance abuse. SAMHSA is directed to ensure applicants outline how proposed activities in the grant would work with treatment and recovery communities in addition to first responders. The Committee believes the funding should be in CSAT to best ensure that, after an overdose is reversed through the use of naloxone, these individuals are given access to recovery coaching and referral to treatment. \$5,000,000 of this funding is to make new awards to rural public and non-profit fire and EMS agencies to train and recruit staff, provide education, and purchase equipment (including medications such as naloxone) as authorized in the Supporting and Improving Rural EMS Needs [SIREN] Act included in the Agriculture Improvement Act of 2018.

*Continuum of Care Approaches.*—The Committee notes that evidence demonstrates that efforts to coordinate opioid abuse treatment that promote a continuum of care model can produce effective results. Successful examples include the development of “no wrong door” treatment models like scale-up training, availability of peer coaches, and the use of mobile application technology to enhance access to services and successful treatment outcomes and support long-term relapse prevention. SAMHSA is encouraged to work with State and local grantees to prioritize the implementation of coordinated continuum of care approaches.

*Drug Courts.*—The Committee directs SAMHSA to ensure that all funding for Drug Treatment activities is allocated to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA is further directed to ensure that all drug court recipients work with the corresponding State alcohol and drug agency in the planning, implementation, and evaluation of the grant.

*Emergency Department Alternatives to Opioids.*—The Committee includes \$4,000,000 to award new grants to hospitals and emergency departments to develop, implement, enhance, or study alternatives to opioids for pain management in such settings as authorized in section 7091 of the SUPPORT Act.

*Evidence-based Therapeutics.*—The Committee notes that FDA has cleared a prescription digital therapeutic and a prescription mobile medical application to deliver cognitive behavioral therapy in conjunction with outpatient treatment of substance use disorder and opioid use disorder patients. The Committee requests

SAMHSA include a report in the fiscal year 2021 CJ on how these new prescription technologies could be used by the behavioral health field as a tool to combat substance abuse and the opioid crisis by expanding patient access to treatment and recovery support services.

*Medication-Assisted Treatment.*—The Committee includes \$89,000,000 for medication-assisted treatment, of which \$10,000,000 continues to be for grants to Indian tribes, tribal organizations, or consortia. SAMHSA is directed to give preference in grant awards to treatment regimes that are less susceptible to diversion for illicit purposes. These grants should target States with the highest age adjusted rates of admissions, including those that have demonstrated a dramatic age adjusted increase in admissions for the treatment of opioid use disorders. The Committee continues to direct CSAT to ensure that these grants include as an allowable use the support of medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids and heroin, including programs that offer low-barrier or same day treatment options. The Committee notes that the report requested on this program has not yet been submitted and the Committee expects an update within 30 days of enactment.

*Minority Fellowship Programs.*—The Committee recognizes the importance of supporting a diverse behavioral health workforce and its effectiveness in addressing substance use disorders and mental health issues impacting minority and underserved populations.

*Neonatal Abstinence Syndrome [NAS].*—The Committee is pleased to see SAMHSA publish guidance for healthcare professionals for a national standard of evaluation, care, and treatment of women with opioid use disorders and infants with NAS. The Committee supports the continued efforts of expanded implementation of SBIRT, and its possible impact on reducing the costs of NAS.

*Opioid Abuse in Rural Communities.*—The Committee is aware that response to the opioid abuse crisis continues to pose unique challenges for rural America due to limited access to care to identify, diagnose, and treat patients with substance use disorders, as well as assisting individuals in recovery. The Committee encourages SAMHSA to support initiatives to advance opioid abuse prevention, treatment, and recovery objectives, specifically focusing on addressing the needs of individuals with substance use disorders in rural and medically-underserved areas, as well as programs that emphasize a comprehensive community-based approach involving academic institutions, healthcare providers, and local criminal justice systems.

*Opioid Detoxification.*—The Committee is concerned that relapse following opioid detoxification is a contributing factor to the overdose crisis. The Committee notes that opioid detoxification may be followed by injectable extended-release naltrexone, and encourages SAMHSA to disseminate information about this practice where applicable, including in rehabilitation and criminal justice settings.

*Pregnant and Postpartum Women Program.*—The Committee applauds SAMHSA for its work managing the Pregnant and Postpartum Women program which utilizes a family-centered approach to provide comprehensive residential substance use disorder

treatment services for pregnant and postpartum women, their minor children and for other family members. The Committee encourages SAMHSA to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders.

*Sober Homes and Drug Treatment Facilities.*—The Committee encourages SAMHSA to provide information to local government officials regarding sober home best practices, including effective oversight of drug treatment facilities consistent with substance use disorder-specific program standards in an effort to protect vulnerable persons with substance use disorder, and their families, from fraudulent and abusive practices.

*State Opioid Response Grants.*—The Committee provides \$1,500,000,000 for grants to States to address the opioid crisis. Bill language continues to provide \$50,000,000 for grants to Indian Tribes or Tribal organizations and a 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid overdose deaths. The Committee urges the Assistant Secretary to ensure the formula avoids a significant cliff between States with similar mortality rates. Activities funded with this grant may include bonafide treatment, prevention, and recovery support services. States receiving these grants should ensure that comprehensive, effective, universal prevention, and recovery strategies are prioritized within States to account for comprehensive services to individuals.

The Committee recognizes the alarming increase in overdoses involving stimulants such as methamphetamine and cocaine across the country. CDC recently reported that during 2015–2016, age-adjusted death rates involving methamphetamine and cocaine increased by 52 percent and 33 percent respectively. As such, the Committee directs SAMHSA to make prevention and treatment of, and recovery from, stimulant abuse an allowable use of these funds while maintaining the existing formula calculation based on age-adjusted mortality rates related to opioid overdose deaths. The Committee directs the agency to ensure funds reach local communities and counties to address areas of unmet need. SAMHSA is also directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to rural, underserved communities, and providers in addressing this crisis. SAMHSA shall submit to the Committees on Appropriations of the House of Representatives and the Senate the proposed allocation of funds not later than 15 days prior to publishing the funding opportunity announcement. The Committee is concerned that it has not received the report requested in fiscal year 2018 outlining detailed activities for which each State has received funding and the ultimate recipients of the funds provided to States and requests a report no later than 30 days after enactment. In addition, the Committee looks forward to receiving SAMHSA's evaluation of the program not later April 2020 and requests that SAMHSA update the evaluation on an annual basis. SAMHSA is directed to make the report and evaluation publicly available on SAMHSA's website.

*Telehealth Medication-Assisted Treatment Pilot Project for Opioid Treatment.*—Medication-Assisted Treatment, when partnered with other clinically appropriate services, has shown that it can help people with diagnosed substance use disorder achieve and maintain

abstinence from opioids and heroin. In rural areas, however, there is often a shortage of licensed providers who are able to diagnose, treat and manage patients in the time and with the intensity required to achieve the desired outcome. Telehealth has been an extremely successful way to provide increased access to healthcare of all kinds to rural disadvantaged populations, including in the fields of psychiatry and psychology, and the Committee is aware that some State Opioid Response grant funding has been used to fund the provision of MAT through telehealth. As such, the Committee believes that the power of technology should be used to address the opioid epidemic and requests a report in the fiscal year 2021 CJ on efficacy and sustainability of tele-MAT programs.

*Treatment Assistance for Localities.*—The Committee is aware of some municipalities utilizing peer recovery specialists to proactively build relationships of trust with residents by interacting with the residents in their neighborhoods and then connecting them to treatment options as appropriate. The Committee also recognizes efforts to support and build capacity for evidence-based mutual aid recovery programs that support Medication-Assisted Treatment. The Committee encourages SAMHSA to support these activities as applicable in its current grant programs.

*Treatment, Recovery, and Workforce Support.*—The Committee includes \$4,000,000 for SAMHSA to implement section 7081 of the SUPPORT Act. SAMHSA is directed to, in consultation with the Secretary of Labor, award competitive grants to entities to carry out evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce. Eligible grantees include entities that offer treatment or recovery services for individuals with substance use disorders, and partners with one or more local or State stakeholders that support recovery, independent living, and participation in the workforce.

*Substance Abuse Prevention and Treatment Block Grant*

The Committee recommends \$1,858,079,000 for the Substance Abuse Prevention and Treatment Block Grant. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act. The Committee recognizes the importance of the block grant given its flexibility to allow States to direct resources based on their own unique needs. This funding stream is also critical in assisting States to address all substance use disorders, including but not limited to those related to alcohol, cocaine and methamphetamine. The Committee also recognizes the importance of the block grant’s 20 percent primary prevention set-aside, which represents close to 70 percent of prevention dollars managed by State alcohol and drug agencies. The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

SUBSTANCE ABUSE PREVENTION

Appropriations, 2019 .....	\$205,469,000
Budget estimate, 2020 .....	244,090,000
Committee recommendation .....	205,469,000

The Committee recommends \$205,469,000 for the Center for Substance Abuse Prevention [CSAP], the sole Federal organization with responsibility for improving accessibility and quality of substance abuse prevention services.

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

*Programs of Regional and National Significance*

The Committee provides \$205,469,000 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 2019 appropriation	Committee recommendation
<b>CAPACITY:</b>		
Strategic Prevention Framework/Partnership for Success .....	109,484	109,484
Strategic Prevention Framework Rx .....	10,000	10,000
Mandatory Drug Testing .....	4,894	4,894
Minority AIDS .....	41,205	41,205
Sober Truth on Preventing Underage Drinking (STOP Act) .....	8,000	8,000
National Adult-Oriented Media Public Service Campaign .....	1,000	1,000
Community-based Coalition Enhancement Grants .....	6,000	6,000
ICCPUD .....	1,000	1,000
Tribal Behavioral Health Grants .....	20,000	20,000
<b>SCIENCE AND SERVICE:</b>		
Center for the Application of Prevention Technologies .....	7,493	7,493
Science and Service Program Coordination .....	4,072	4,072
Minority Fellowship Program .....	321	321

*Strategic Prevention Framework-Partnerships for Success Program.*—The Committee supports this program which is designed to prevent the onset of substance misuse while strengthening prevention capacity and infrastructure at the State, community, and tribal levels. The Committee intends that this program support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State's top three substance use issues for 12 to 18 year old youth as determined by the State's epidemiological data.

*Tribal Behavioral Health Grants.*—SAMHSA has administered Tribal Behavioral Health Grants [TBHGs] for mental health and substance abuse prevention and treatment for Tribes and Tribal organizations since fiscal year 2014. In light of the continued growth of this program, as well as the urgent need among tribal populations, the Committee urges the Assistant Secretary for Mental

Health and Substance Abuse to engage with Tribes on ways to maximize participation in this program.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriations, 2019 .....	\$160,258,000
Budget estimate, 2020 .....	139,457,000
Committee recommendation .....	160,258,000

The Committee recommends \$160,258,000 for Health Surveillance and Program Support activities. The recommendation includes \$31,428,000 in transfers available under section 241 of the PHS Act.

This activity supports Federal staff and the administrative functions of the agency. It also provides funding to SAMHSA’s surveillance and data collection activities, including national surveys such as the National Survey on Drug Use and Health.

Within the total provided for Health Surveillance and Program Support, the Committee recommendation includes funding for the following activities:

[In thousands of dollars]

Budget activity	Fiscal year 2019 appropriation	Committee recommendation
Health Surveillance .....	47,258	47,258
Program Management .....	79,000	79,000
Performance & Quality Information Systems .....	10,000	10,000
Drug Abuse Warning Network .....	10,000	10,000
Public Awareness and Support .....	13,000	13,000
Behavioral Health Workforce Data .....	1,000	1,000

*Interagency Task Force on Trauma-Informed Care.*—The Committee notes that childhood exposure to trauma, such as witnessing violence or substance abuse, can result in negative health, education, and employment outcomes for which agencies funded in this bill seek to address. For the past 2 years, the Committee has included report language encouraging the Departments and agencies funded in this bill to enhance coordination and promote best practices to support children exposed to trauma. The SUPPORT Act (Public Law 115–271) formalized this activity through the establishment of the Interagency Task Force on Trauma-Informed Care. The Committee supports the Task Force’s authorized activities, including the dissemination of trauma-informed best practices and the promotion of such models and training strategies through all relevant grant programs.

*Post-Traumatic Stress Disorder in First Responders.*—The Committee is aware of research indicating that individuals working in the civilian first responder disciplines of law enforcement, fire services, and emergency medical services are at greater risk for full or partial post-traumatic stress disorder [PTSD] than most other occupations because their responsibilities routinely entail confrontation with traumatic stressors. The Committee encourages SAMHSA to examine PTSD among this population, including prevalence rate, risk factors, symptom presentation, course, comorbidities, and rates of suicidal thoughts and actions, and to provide this information in the fiscal year 2021 CJ.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2019 .....	\$338,000,000
Budget estimate, 2020 .....	
Committee recommendation .....	255,960,000

The Committee provides \$255,960,000 for the Agency for Healthcare Research and Quality [AHRQ]. This is the first year mandatory funding from the Patient-Centered Outcomes Research Trust Fund expires. AHRQ was established to enhance the quality, appropriateness, and effectiveness of health services, as well as access to such services. AHRQ conducts, supports, and disseminates scientific and policy-relevant research on topics such as promoting high-quality care, eliminating healthcare disparities, using information technology, and evaluating the effectiveness of clinical services.

The Committee does not support the administration’s proposal to consolidate AHRQ into NIH and instead continues to fund the agency as an independent operating division within the Department.

HEALTH COSTS, QUALITY, AND OUTCOMES

The Committee provides \$7,400,000 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 2019 appropriation	Committee recommendation
Research on Health Costs, Quality, and Outcomes:		
Prevention/Care Management .....	11,649,000	7,400,000
Health Information Technology .....	16,500,000	.....
Patient Safety Research .....	72,276,000	65,300,000
Health Services Research, Data and Dissemination .....	96,284,000	57,900,000

*Diabetes.*—The Committee is concerned about the significant costs associated with providing care for individuals that suffer from diabetes, including those from medically underserved low health literacy populations. The Committee encourages AHRQ to consider a pilot or demonstration program to support safety net clinics in increasing health literacy and preventing diabetes with the goal of reducing long-term costs.

*Diagnostic Errors.*—The Committee is aware that AHRQ has requested grant applications for the Partners Enabling Diagnostic Excellence research program, which will help establish the incidence of diagnostic errors, enhance the understanding of factors contributing to diagnostic errors, and examine the association between diagnostic safety and quality and outcomes such as patient harms, costs, expenditures, and utilization. The Committee recommendation includes \$2,000,000 to continue supporting these grants.

*Malnutrition.*—The Committee requests that AHRQ convene a technical expert panel charged with creating a malnutrition-related readmissions quality measure that would help assign accountability for the prevention of malnutrition in hospitals.

*Primary Care Research.*—The Committee supports primary care clinical research and dissemination as a core function AHRQ, which includes: translating science into patient care, better organizing healthcare to meet patient and population needs, evaluating innovations to provide the best healthcare to patients, and engaging patients, communities, and practices to improve health. AHRQ has proved to be uniquely positioned to support best primary care clinical and practice research and to help disseminate the research nationwide. In rural or other underserved areas primary care physicians are often the main providers of care.

*State Primary Care Demonstrations.*—The Committee understands that a number of States are taking steps to improve the delivery of primary care in their respective States. The Committee believes that these State level actions could provide a model for improving primary care nationally. The Committee recommendation includes \$2,000,000 to support a study of those States that have taken action aimed at improving the delivery of primary care and share the study's results with the Committee.

#### MEDICAL EXPENDITURES PANEL SURVEYS

The Committee provides \$71,791,000 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 \$53,551,000 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, 2019 .....	\$276,236,212,000
Budget estimate, 2020 .....	273,188,478,000
Committee recommendation .....	273,188,478,000

The Committee recommends \$273,188,478,000 in mandatory funding for Grants to States for Medicaid.

The fiscal year 2020 recommendation excludes \$137,931,797,000 in fiscal year 2019 advance appropriations for fiscal year 2020. As requested by the administration, \$139,903,075,000 is provided for the first quarter of fiscal year 2021.

The Medicaid program provides medical care for eligible low-income individuals and families. It is administered by each of the 50 States, the District of Columbia, and the U.S. territories. Federal funds for medical assistance are made available to the States according to a formula that determines the appropriate Federal matching rate for State program costs. This matching rate is based on the State's average per capita income relative to the national average and cannot be less than 50 percent.

PAYMENTS TO HEALTHCARE TRUST FUNDS

Appropriations, 2019 .....	\$378,343,800,000
Budget estimate, 2020 .....	410,796,100,000
Committee recommendation .....	410,796,100,000

The Committee recommends \$410,796,100,000 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 \$304,044,600,000 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 \$104,539,500,000 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 continues 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 \$861,000,000 to be transferred to the Supplementary Insurance Trust Fund as the general fund share of Part D administrative expenses. The Committee recommendation includes \$324,000,000 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, 2019 .....	\$3,669,744,000
Budget estimate, 2020 .....	3,579,427,000
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 2 full business days before any public release of the information.

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

*Air Ambulance Costs.*—The Committee is concerned about access to and the cost of healthcare in rural areas, and views access to transportation via air ambulance as an important component of accessing care. To better understand access and costs, the Committee requests that CMS report to the Committee 1 year after enactment on any evidence of unusual air ambulance base closures in rural areas which may have affected patients’ access to care, and to consider using its existing statutory authority to consider relevant factors that have affected air ambulance transportation costs when setting appropriate air ambulance payments, and consider whether costs currently align with payments. This analysis should include costs of compliance with new FAA safety requirements, Helicopter Terrain Awareness Systems, and Flight Data Management Systems. Further CMS should consider acquisition of equipment, specialized staff, maintenance, and other relevant overhead costs that may have exceeded inflationary growth. Additionally, CMS should consider reports by GAO noting that growth in air ambulance bases over the past two decades has been “focused in areas that already have multiple air ambulance services while rural areas remain underserved”, and whether oversaturation of certain markets may contribute to higher reported total or per patient costs, given that the majority of air ambulance costs are fixed. Lastly, CMS should study the cost differences between public and municipal air ambulances, hospital-based air ambulances and independent air ambulance services to assess whether efficiencies in different models may have implications in considering whether costs align with payments.

*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. Refurbished equipment may be reassigned to Medicaid members as a priority or to other eligible individuals who are disabled or elderly. The Committee encourages CMS to support State Medicaid programs in partnering with State Assistive Technology Act programs to develop and implement reutilization programs with a goal of containing Medicaid costs.

*At-risk Youth Medicaid Protection.*—The Committee encourages CMS to consider rulemaking related to section 1001 of the SUPPORT for Patients and Communities Act and include an update on these activities in the fiscal year 2021 CJ.

*Certified Community Behavioral Health Clinics [CCBHC].*—Pending a receipt of a comprehensive evaluation of the program, the Committee understands that States have submitted year one cost data to CMS as of March 31, 2019. The Committee directs CMS to provide that cost information to the Committees on Appropriations of the House of Representatives and the Senate no later than 30 days after enactment. CMS should include a preliminary analysis summarizing cost data comparing actual data to the Congressional Budget Office estimate.

*Claim Payment Coordination.*—The Committee is aware that the process to coordinate claim payments for individuals enrolled in Medicare Advantage [MA] Plans and Part D Plans in situations when Medicare is not the primary payer may cause confusion. Under the Medicare Secondary Payer statute, Medicare does not pay for items and services that certain other health insurance or coverage is primarily responsible for paying. The Committee requests information in fiscal year 2021 CJ that provides options to reform the current system for the identification of Medicare beneficiaries enrolled in MA or Part D plans by third party payers in situations where no-fault or liability insurance, or workers' compensation is involved.

*Colorectal Cancer Screenings.*—The Committee is concerned with barriers to access imposed by coinsurance requirements accompanying colorectal cancer screenings. The Committee encourages CMS to use its existing authority to increase access to colorectal cancer screenings by exploring options to reduce out-of-pocket costs associated with screening colonoscopies when a polyp or lesion is found and removed.

*Cost Sharing for Vaccines.*—A 2018 study of Tdap and herpes zoster vaccine claims in Part D demonstrated that higher out-of-pocket cost-sharing was associated with higher rates of cancelled vaccination claims, suggesting vaccination was abandoned. To help address low vaccination rates, the Committee encourages CMS to find ways to cover Part D vaccines, similar to the coverage of Part B vaccines.

*Creative Ideas to Lower Health Care Costs.*—The Committee encourages CMS to develop creative projects to lower the cost of care among older populations, including projects that could leverage international collaborations. CMS is directed to provide a progress update on these efforts in the fiscal year 2021 CJ.

*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.

*Data Collection Process for Laboratory Testing.*—The Committee encourages CMS to continue to work with laboratory stakeholders to further refine the data collection process under Section 216 of The Protecting Access to Medicare Act of 2014 to ensure that the information collected accurately reflects the national laboratory market, including physician office laboratories and hospital outreach laboratories. The Committee also encourages CMS to continue to evaluate the data collection process, including how many laboratories report data in the second data collection period compared to the first data collection period, and consider possible improvements for future data collection periods where appropriate.

*Detecting Cognitive Impairment.*—The Committee is concerned that the current CMS definition of the “detection of any cognitive impairment” element of the Annual Wellness Visit as the assessment of an individual’s cognitive function by direct observation does not refer to current assessment and diagnostic guidelines. The Committee encourages CMS to evaluate and update this regulation with reference to cognitive impairment detection tools available at NIA’s Alzheimer’s and Dementia Resources for Professionals website and to do so within 1 year of enactment of this act.

*Dialysis-related Amyloidosis.*—The Committee is concerned that CMS has not acted in a timely manner in assigning an appropriate Medicare benefit category for apheresis treatments in a dialysis facility following FDA approval in 2015. The Committee encourages CMS to complete its benefit category analysis and issue a determination as soon as possible.

*Direct and Indirect Remuneration Fees.*—The Committee encourages CMS to work with stakeholders, including community pharmacies, to develop standardized performance metrics that can be adopted to move the Part D program toward better patient outcomes and quality.

*Durable Medical Equipment.*—The Committee commends CMS for adopting significant design changes to reform the competitive acquisition program for durable medical equipment prosthetics orthotics and supplies. However, the Committee is concerned about the inclusion of non-invasive ventilators in the next round of the program at the same time the new reforms will be implemented. The Committee encourages CMS to consider whether implementation of the next round of competitive acquisition program reforms should be fully completed before adding ventilator equipment, supplies, and services to the competitive bidding program.

*Evidenced-Based Home Visiting.*—The Committee recognizes the wide range of improved outcomes and cost-savings that evidence-based home visiting programs provide to first-time, at-risk mothers and their children. However, the Committee is concerned that the lack of clarity on how to use Medicaid dollars alongside other funding sources has slowed or stopped State action to effectively leverage Medicaid to support home visiting services. The Committee encourages CMS to build upon its 2016 Joint Informational Bulletin

on this topic to clarify how Medicaid dollars can appropriately reach eligible families, and also provide streamlined coverage options for home visiting. Additionally, once CMS has finalized its November 2018 Medicaid Managed Care rule, the Committee encourages CMS to update its November 2017 Informational Bulletin on Delivery System and Provider Payment Initiatives under Medicaid Managed Care Contracts to explain how States can use the revised managed care authority to fund evidence-based home visiting programs.

*Electrodiagnostic [EDX] Medicine.*—The Committee remains concerned about fraud and abuse in EDX medicine and is interested in payment reforms that improve patient care and lower healthcare costs. CMS is encouraged to advance EDX quality requirements and accreditation for testing in a manner consistent with approaches that have successfully addressed similar challenges in related areas of healthcare.

*Emergency Triage, Treat, and Transport [ET3] Model.*—The Committee is aware that Medicare primarily pays for emergency ground ambulance services when beneficiaries are taken to a hospital emergency department. The Committee is encouraged by CMS' plan for the ET3 payment model to allow the flexibility for Medicare Fee-For-Service beneficiaries to receive treatment either on the scene with a qualified practitioner or at an alternative destination. The Committee supports this innovative approach to emergency transport and care, and encourages CMS to work with applicants to ensure interested parties are able to participate.

*Fire Safety Code.*—The Committee understands that CMS adopts fire safety standards to the Medicare conditions of participation through the rulemaking process. CMS is encouraged to reflect any changes made to widely accepted fire safety standards in a timely manner to help ensure hospitals have access to products that provide the highest level of safety to their facilities, employees and patients.

*Frontier Communities.*—The Committee recognizes the unique challenges of providing care in frontier communities. The Frontier Community Health Integration Project [FCHIP] Demonstration is one example of an important investment to help rural CAHs with low patient volumes continue to test interventions to enhance care in these extremely remote communities and guarantee the sustainability of CAHs. Therefore, the Committee supports an extension of the FCHIP program beyond its original 3 years.

*Genome and Exome Sequencing.*—The Committee has yet to receive the report requested in section 251 of division B of H.R. 6157 related to genome and exome sequencing data processed in the People's Republic of China or the Russian Federation. CMS shall submit this required report not later than 30 days after enactment.

*Graduate Medical Education Program.*—Given the growing physician workforce shortage, the Committee encourages CMS to extend the time described in section 413.79(e) of title 42, Code of Federal Regulations, for new residency programs before a FTE resident cap is applied as authorized in Public Law 105–33. Moreover, the Committee recommends CMS meet with physician stakeholders to better understand changes in population health in underserved

areas and corresponding training adjustments taking place in new residency programs.

*Health Insurance Exchange Transparency.*—The Committee continues bill language that requires CMS to provide cost information for the following categories: Federal Payroll and Other Administrative Costs; Exchange related Information Technology [IT]; Non-IT Program Costs, including Health Plan Benefit and Rate Review, Exchange Oversight, Payment and Financial Management, Eligibility and Enrollment; Consumer Information and Outreach, including the Call Center, Navigator Grants and Consumer Education and Outreach; Exchange Quality Review; Small Business Health Options Program and Employer Activities; and Other Exchange Activities. Cost Information should be provided for each fiscal year since the enactment of the Patient Protection and Affordable Care Act (Public Law 111–148). CMS is also required to include the estimated costs for fiscal year 2021.

*Hospital-Acquired Pressure Ulcers.*—The Committee is aware of recent data from CMS identifying that pressure ulcer discharges significantly increased between the first quarter of 2016 and the first quarter of 2017. The Committee requests the Secretary and CMS Administrator provide an update and timeline in the fiscal year 2021 CJ on steps HHS and CMS are taking to reverse this trend.

*Immunization Information Systems.*—The Committee is aware of the interoperability challenges in exchanging adult immunization records with State and local immunization information systems [IIS] or registries. The Committee encourages CMS to work with CDC and other relevant stakeholders to promote and accelerate the adoption of existing standards to establish greater consistency and interoperability between EHRs and State and local IIS.

*Improving Nuclear Medicine Injection Quality.*—Extravasations of diagnostic radiopharmaceuticals may negatively affect the sensitivity and quantification of nuclear medicine scans. The Committee encourages CMS to consider adding required monitoring and reporting of injection quality for providers. The Committee requests that CMS include an update in the fiscal year 2021 CJ on the feasibility and impact of establishing new reporting requirements to monitor and report injection quality and reduce the incidence of extravasations.

*Lowering the Cost of Care.*—The Committee encourages CMMI to consider creative pilot projects to lower the cost of care among older populations, specifically involving international collaborations where the quality of care is comparable and less expensive. CMS shall provide an update on this effort in the fiscal year 2021 CJ.

*Lymphatic System Failure.*—The Committee encourages the Secretary to promulgate rules for covering prescribed compression garments as acknowledged by CMS' 2001 decision memorandum [CAG-00016N] in the treatment of lymphatic system failure.

*Malnutrition.*—Malnutrition in older adults remains a serious health problem in the United States. One in two older adults is either malnourished, or at risk of becoming malnourished. The Committee is concerned that CMS has declined to include malnutrition quality measurements in the Hospital Inpatient Quality Reporting Program and encourages CMS to include quality measurements.

*Medical Claims Databases.*—The Committee recognizes the value of data systems that collect healthcare claims data to better understand healthcare markets, enforce consumer protections, and study cost and utilization metrics. The Committee supports efforts to designate a nonprofit, non-governmental database that receives and shares de-identified healthcare claims information with authorized users, including State all-payer claims databases and notes that legislation addressing this and other healthcare cost issues was recently reported out of the Health, Education, Labor and Pensions Committee. The Committee urges CMS, in consultation with the Secretary of Labor, to, once enacted, move swiftly to implement legislation creating such a secure Federal database and support states in collecting medical claims, pharmacy drug claims, and remittance data, that will enable analysis regarding the utilization and prices of healthcare items and services.

*Medicare Coverage of Innovative Drugs and Products.*—The Committee is aware that innovative new drugs, and products approved by FDA for post-operative indications are not always clearly defined in CMS' bundled payments. The Committee encourages CMS to explore different ways to reimburse for innovative drugs approved by FDA in a manner that protects beneficiary access and encourages continued innovation.

*Medicare Diabetes Prevention Program [MDPP].*—The Committee continues to support CMS' expansion of MDPP. The Committee encourages CMS to minimize the regulatory barriers impeding potential or existing suppliers from delivering the Diabetes Prevention Program [DPP] to Medicare beneficiaries. CMS is encouraged to provide more technical assistance to MACs and suppliers because this model lacks many of the traditional mechanisms for reimbursements. The Committee also encourages CMS to allow the full range of CDC recognized DPP providers, including online, distance learning, and combination programs to participate as MDPP suppliers.

*Medicare Area Wage Index.*—The Committee directs HHS to provide a report on its methodology for calculating the labor-related share [LRS] percentage used in the proposed rule entitled “the Inpatient Prospective Payment System and the Long-Term Care Hospital [LTCH] Prospective Payment System [PPS] for fiscal year 2020”. The report shall make publicly available all supporting source data detail for each data element(s); fully describe all methodologies, allocations, and assumptions; and provide a schedule(s) of the calculation used to derive the LRS percent. The Committee also directs HHS to incorporate the report on LRS percent calculation in the proposed calendar year 2021 Outpatient Prospective Payment System rulemaking, allowing for public comment on the methodology. Further, the Committee directs CMS to implement a recommendation from the Office of the Inspector General Report No. A-01-17-00500 and work with MACs to develop a program of in-depth wage data audits at a limited number of hospitals each year, focusing on hospitals in core-based statistical areas [CBSAs] with above-average wage indexes and whose wage data have high levels of influence on the wage index of their CBSA.

*Medicare Payment for Non-Opioid Pain Management Devices.*—The Committee remains concerned that certain non-opioid alter-

natives are not adequately reimbursed by the Medicare program which may create barriers to the appropriate use of these alternative therapies, particularly devices which are reimbursed as part of an ambulatory payment classification bundled payment. The Committee encourages CMS to consider payment adjustment through the calendar year 2020 Outpatient Prospective Payment System rulemaking for non-opioid devices consistent with section 6082 of the SUPPORT for Patients and Communities Act (Public Law 115–271).

*Medicare-reimbursable Expenses.*—The Committee is aware that CMS is considering regulating the allocation of funds from a liability or no-fault related settlement, or other payment, to pay for an individual’s future medical or future prescription drug treatment expenses that would otherwise be reimbursed by Medicare. The Committee encourages CMS to provide a report to the Committee on the potential impact to beneficiaries prior to making regulatory or guidance changes to the allocation of funds from a liability or no-fault related settlement, judgment, award, or other payment to pay for an individual’s future medical or future prescription drug treatment expenses that would otherwise be reimbursable by Medicare.

*Muscular Dystrophy.*—The Committee is aware of the addition of the new ICD–10 code for Duchenne/Becker. The Committee requests a report be submitted to the Committees on Appropriations of the House of Representatives and the Senate 180 days after enactment on utilization for the newly established ICD–10 code, as compared to the former ICD–10 code.

*Oral Health.*—The Committee recognizes oral health is a critical component of overall health and wellness, and ensuring access to dental care may reduce costs and improve health outcomes. The Committee is concerned that CMS has implemented policies that prevent consumers from purchasing stand-alone dental benefits and encourages CMS to permit the purchase of stand-alone dental plans separate from the purchase of qualified health plans beginning with the 2020 plan year. The Committee is also aware of CMS’ efforts to work with State programs to increase access to oral healthcare through the Oral Health Initiative. The Committee encourages CMS to report annually on State-level oral health and dental benefits available to adult populations, including pregnant women.

*Patient Safety Standards.*—As part of its accrediting oversight function, CMS is charged with ensuring that Medicare-participating hospitals meet important patient safety standards, including meeting appropriate nurse staffing requirements. The Committee requests that CMS provide, in its fiscal year 2021 CJ, information relating to its criteria for evaluating appropriate nurse staffing.

*Post-acute and Long-term Care Settings.*—The Committee is aware that CMS has recently developed standardized assessment-based data that is designed specifically for adult Medicare beneficiaries. The Committee encourages CMS to work with relevant partners to develop, test, and implement appropriate assessment tools and quality indicators for children currently served in pediatric post-acute and long-term healthcare facilities.



*Precision Medicine Tests for Depression.*—The Committee recognizes that millions of Medicare beneficiaries are living with depression and primary care physicians often prescribe prescription drugs for depression. The Committee encourages CMS to review and update existing local coverage policies for genetic testing for depression to ensure Medicare beneficiaries have coverage for these tests when seen by their primary care physician.

*Pre-treatment Interventions.*—The Committee understands that the use of pre-treatment interventions, such as screening for biomarkers or testing through the use of companion diagnostics, may help healthcare providers select treatment options with a greater probability of success. The Committee encourages CMS to identify ways to expand access to BRCA genetic testing where clinically appropriate and increase public and healthcare provider awareness of the importance of early testing and companion diagnostics.

*Quality Improvement Organizations [QIO].*—The bill includes language prohibiting HHS from allocating discretionary resources to support quality improvement organizations in excess of what was provided for such purpose in fiscal year 2018.

*Recovery Audit Program.*—The Committee directs CMS to conduct an internal review of their current Medicare Fee-for-Service Recovery Audit program in an effort to identify inefficiencies in the current system. CMS shall include a detailed reporting of their findings in the annual RAC report to Congress as required by section 1892(h) of the Social Security Act.

*Reimbursement Coding for Reducing Opioid Consumption.*—The Committee urges CMS to undertake aggressive efforts to guarantee reimbursement of FDA approved devices and therapies for unique post-surgery patient populations that use alternative means for effective pain management. In addition, given the national opioid addiction crisis, CMS should take steps by which healthcare providers should track patient pain scores and reductions in opioid consumption using such alternative means for effective pain management.

*Revisions to Office Visit Services.*—The Committee is aware that the CMS final 2019 Medicare Physician Fee Schedule rule outlines significant changes to how evaluation and management services will be documented and paid for beginning in 2021. The Committee encourages CMS to ensure that changes to the payment structure do not further exacerbate workforce shortages.

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

*Robotic Stereotactic Radiosurgery.*—The Committee remains concerned that payment for robotic stereotactic radiosurgery [SRS] and robotic stereotactic body radiation therapy [SBRT] may threaten viability in both the hospital and freestanding center setting. The Committee encourages CMS and contractors administering the Medicare Part B program not to make changes to these services in the freestanding or hospital outpatient setting as CMS complies

with the Patient Access and Medicare Protection Act and the Bipartisan Budget Act of 2018. The Committee encourages CMS to maintain stable payment for robotic SRS and robotic SBRT performed in Core-Based Statistical Areas that are not randomly selected to participate in the APM.

*Rural Healthcare Facilities.*—The Committee recognizes CMS' continued work on crafting alternative payment models for rural medical centers that preserve community access to emergency care services and support their future financial viability. The Committee encourages CMS to continue working with States and State hospital associations to achieve these goals and announce such models in 2020 with participants who demonstrate clear community support for engaging these new programmatic flexibilities.

*Sepsis.*—According to the most recent data, the national average compliance rate for CMS' sepsis treatment measure, known as SEP-1, is only 49 percent. Sepsis and antibiotic resistant bacteria continue to be leading public health threats responsible for a significant amount of deaths and rising costs within the healthcare system. The Committee encourages CMS to issue a Request for Information to gather broad stakeholder views on proposals to modernize and optimize CMS' current SEP-1 measure to improve sepsis care and antibiotic stewardship. The Committee requests an update on these activities in the fiscal year 2021 CJ.

*Sexually Transmitted Infections [STIs].*—It has been brought to the Committee's attention that many States are limiting reimbursement for STIs testing to only once a year. This is counter to CDC guidelines, which recommend testing every 3–6 months for those at high risk of the disease and those who are on PrEP. Given that STI rates are at the highest level ever recorded, to prevent, treat, and stop the spread of STIs, the Committee encourages CMS to work with States to achieve consistency with CDC screening and treatment guidelines.

*Social Determinants of Health.*—The Committee is aware that social determinants of health are critical drivers of health outcomes and healthcare costs. The Committee encourages CMS to clarify and disseminate strategies that States can implement under current Medicaid and CHIP authority, or through waivers, to address social determinants of health, including strategies specifically targeting the pediatric population. This should include guidance on how States can encourage and incentivize managed care organizations to address social determinants of health through contracts.

*Telehealth.*—The Committee recognizes the potential for telemedicine to help meet the needs of patients and families across the country, including in rural areas. The Committee is aware that the lack of consistency related to billing and coding for such services across Medicaid programs can result in challenges and inefficiencies related to payment for and data analysis of virtual care services. To address this issue, the Committee encourages CMS to issue guidance outlining a recommended, but voluntary, set of billing codes, modifiers and/or place of service designations for use in State Medicaid programs.

*Therapeutic Foster Care.*—The Committee remains concerned about the lack of a uniform definition within the Medicaid program for therapeutic foster care services. A uniform definition would im-

prove the ability for more consistent care and treatment. The Committee requests an update in the fiscal year 2021 CJ on the study requested in House Report 114–699.

*Utilization of Current Employment and Income Data.*—The Committee encourages CMS to continue working with States to utilize the most current and complete employment and income data available for the purposes of equitably and consistently administering the Medicaid and CHIP programs.

*Vaccine Utilization.*—The Committee is concerned about the underutilization of vaccinations and strongly encourages CMS to work toward achievement of the Healthy People 2020 goals to increase the percentage of adults aged 65 or older who receive recommended vaccinations. The Committee encourages CMS to explore opportunities to support the implementation of technologies and best practices. Underutilization of the Medicare Annual Wellness Visit may also be addressed via increased focus on such visits in Medicare member materials and further emphasis on preventive interventions, like vaccines, in provider communications.

*Workforce Capacity for Infectious Diseases and the Opioid Epidemic.*—The Committee continues to encourage CMS to collaborate with SAMHSA, CDC, and HRSA to support education and training for medical providers on the frontlines of the opioid epidemic to help expand access to comprehensive, coordinated care for opioid addiction and related infectious diseases.

#### *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.

*Underperforming Healthcare Facilities.*—The Committee supports the Special Focus Facility [SFF] program that aims to improve the quality of care provided to nursing home residents and notes that the number of participating facilities declined considerably several years ago and has remained flat since. Today, 435 facilities are nominated for the program nationwide, based on poor survey and inspection findings, yet only 88 are selected to participate at any given time. Within 6 months of enactment, the Committee directs CMS to provide the Committees on Appropriations of the House of Representatives and the Senate a report on the resources the agency requires to ensure all nominees for the program become full participants, subject to the SFF program's enhanced surveying and progressive enforcement standards. The Committee further directs CMS to disclose the names of nursing homes that are eligible for the SFF program, but are not officially part of SFF, on the Nursing Home Compare website.

#### *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, evalu-

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ating, and ensuring accountability in the programs administered by  
CMS.

September 17, 2019 (6:03 p.m.)

HEALTHCARE FRAUD AND ABUSE CONTROL

Appropriations, 2019 .....	\$765,000,000
Budget estimate, 2020 .....	792,000,000
Committee recommendation .....	786,000,000

The Committee recommends \$786,000,000, to be transferred from the Medicare trust funds, for Health Care Fraud and Abuse Control [HCFAC] activities. The latest data demonstrate for every \$1 spent on fraud and abuse, \$2 is recovered by the Treasury.

The Committee recommendation includes a base amount of \$311,000,000 and an additional \$475,000,000 through a budget cap adjustment authorized by section 251(b) of the Balanced Budget and Emergency Deficit Control Act of 1985.

*Program Integrity.*—The Committee is supportive of the ongoing work that the CMS Center for Program Integrity [CPI] is undergoing to tackle waste, fraud, and abuse. The Committee encourages CMS continue working with Oak Ridge National Laboratory to leverage DOE’s computational facilities to bring state-of-the-art computational and data analytics capabilities to address complex issues in CMS to reduce waste, fraud and abuse. The Committee has yet to receive the briefing requested on program integrity in Senate Report 115–289. Within 30 days of enactment, the Committee directs CMS CPI to brief the Committees on Appropriations on the House of Representatives and the Senate.

ADMINISTRATION FOR CHILDREN AND FAMILIES  
 PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND  
 FAMILY SUPPORT PROGRAMS

Appropriations, 2019 .....	\$2,922,247,000
Budget estimate, 2020 .....	2,890,000,000
Committee recommendation .....	2,890,000,000

The Committee recommendation includes \$2,922,247,000 in fiscal year 2020 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 2021.

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, 2019 .....	\$3,690,304,000
Budget estimate, 2020 .....	.....
Committee recommendation .....	3,690,304,000

The Committee recommendation includes \$3,690,304,000 for the Low Income Home Energy Assistance Program [LIHEAP], which provides home heating and cooling assistance to low-income households, generally in the form of payments to energy vendors on behalf of the recipient. Within the total, the Committee recommendation includes up to \$2,988,000 for program integrity and oversight efforts, the same as the fiscal year 2019 level.

The Committee notes that several States received a decrease in their State allocation in fiscal year 2019, largely based on relative changes in home energy costs. Volatility in State funding can be difficult to manage, and because of the timing of available data, which can be over 2 years old, might not accurately capture current-year needs, which can fluctuate significantly from year-to-year based on prices in specific home-energy fuels. The Committee directs HHS to submit a report to the Committees on Appropriations of the House of Representatives and the Senate within 60 days of enactment, evaluating the LIHEAP formula and allocations of funding among States, including an assessment of available data, how the formula currently addresses annual fluctuations in formula factors, how significant year-to-year changes could be further prevented, and the percentage of eligible households served, average assistance amount, and percentage of home energy costs covered by that amount by State.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2019 .....	\$1,905,201,000
Budget estimate, 2020 .....	1,804,066,000
Committee recommendation .....	1,870,201,000

The Committee recommends \$1,870,201,000 for Refugee and Entrant Assistance [REA] programs. These programs provide a variety of benefits and services to refugees, asylees, Cuban and Haitian entrants, immigrants arriving on Special Immigrant Visas [SIV], trafficking victims, and torture victims (collectively referred to below as “refugees”). These programs also provide temporary care and services for unaccompanied children apprehended by the Department of Homeland Security or other law enforcement agencies, who have no lawful immigration status in the U.S. until they can be placed with a parent, guardian, or other sponsor while awaiting adjudication of their immigration status.

The Committee continues the directive to provide monthly updates to the Committees on Appropriations of the House of Representatives and the Senate of arrivals each month by category, including refugees, asylees, Cuban and Haitian Entrants, SIVs, and unaccompanied alien children, to include any updates in estimated funding needs as a result of changes in trends in those categories.

The U.S. refugee admission programs reflect U.S. humanitarian and strategic interests. The U.S. refugee resettlement program provides for the safe resettlement of some of the most vulnerable refugees and not only saves lives, but also strengthens our national security by providing support and shared responsibility for strategic allies and regions. The Committee notes that appropriate consultation with Congress is required by statute in advance of the President’s determination on the number of refugees to be admitted during the coming fiscal year.

The Committee affirms the community consultation process embedded in the U.S. refugee resettlement program, which is grounded in its public-private partnerships and thrives on cooperation among local, State, and Federal stakeholders. In times of sudden reductions in refugee arrivals, the Committee encourages HHS, to the extent practicable, to ensure that resettlement agencies are able to maintain their infrastructure and capacity at a level to continue to serve new refugees, previously arrived refugees, and others who remain statutorily eligible for integration services, and to ensure future arrivals are adequately served.

The Committee is aware that ORR has periodic meetings with outside organizations who have interest and expertise in ORR programs. The Committee strongly encourages ORR to continue those meetings, on at least a bi-monthly basis, to provide updates to and hear the perspective of those stakeholders, especially those who work directly with the recipients of ORR services.

#### *Transitional and Medical Services*

The Committee recommendation includes \$319,000,000 for Transitional and Medical Services. This program provides grants to States and nonprofit organizations to provide up to 8 months of cash and medical assistance to arriving refugees, as well as foster care services to unaccompanied minors.

Based on HHS estimates the Committee recommendation will allow HHS to at least sustain the current level and scope of services provided to eligible arrivals, including maintaining the number of months refugees are eligible for benefits.

The Committee continues to support the matching grant program and strongly encourages HHS to increase the percentage of eligible arrivals served by the program. Further, the Committee continues to strongly encourage HHS to give matching grant organizations flexibility in administering their programs, including when justified, carrying over unexpended funding and slots and providing exemptions to the 31 day enrollment period.

#### *Refugee Support Services*

The Committee recommendation includes \$207,201,000 for Refugee Support Services. This program provides a combination of formula and competitive grants to States and nonprofit organizations to help refugees become self-sufficient and address barriers to employment.

The Committee continues to expect that activities previously funded under the Social Services, Targeted Assistance, and Preventive Health programs will continue at the same level as before these programs were consolidated. Within 30 days of enactment, the Committee directs the Department to provide a list of competitive grants and set-asides within Refugee Support Services and to include their corresponding funding levels in fiscal years 2016 through 2020.

#### *Victims of Trafficking*

The Committee recommendation includes \$26,755,000 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 \$19,000,000 for services for foreign national victims, and \$7,755,000 to improve services available for U.S. citizens and legal permanent residents. The Committee recommendation also includes no less than the fiscal year 2019 level for the national human trafficking resource center.

#### *Unaccompanied Alien Children*

The Committee recommendation includes \$1,303,245,000 for the Unaccompanied Alien Children [UAC] program. The UAC program provides temporary shelter and basic services to children who have no lawful immigration status in the United States and who have been apprehended by the Department of Homeland Security [DHS] without a parent or a guardian. HHS takes custody of the children until they can be placed with a parent or other sponsor living in the United States pending resolution of their immigration status, or until their immigration status otherwise changes.

The Committee continues to note that HHS is responsible for the temporary care of UACs specifically to ensure the welfare of such children, many of whom have experienced significant trauma in their home country and in travelling to the United States. Family unity is a foundation of child welfare principles, and child welfare and medical experts have expressed serious concern that separating children from their parents can cause additional trauma that can have lasting harmful effects.



The Committee recommendation combined with supplemental funding provided in fiscal year 2019 helps ensure HHS can maintain sufficient capacity in State-licensed shelters that provide care according to recognized State child welfare standards, and otherwise provide care for children consistent with applicable laws, other requirements, and ORR policies. This in turn helps ensure that children can be referred and transferred from DHS to HHS' care as soon as possible within 72 hours. The Committee will continue to work closely with HHS on estimated funding needs for this program.

*Child Advocate and Post Release Services.*—The Committee directs ORR to continue funding for child advocates and post-release services at no less than the levels and for the purposes provided for in fiscal year 2019.

*Children Separated from a Parent or Legal Guardian.*—The Committee continues to direct HHS to submit to Congress, and make publicly available online, a report with respect to children who were separated from a parent or legal guardian, including the number and ages of children separated reported by sector and the documented cause of separation as reported by DHS when each child was referred. In addition, the Committee notes HHS has not yet complied with specific reporting requirements included in Senate Report 115–289 regarding such children and the Committee expects the Department to begin providing this information.

*Facility Oversight.*—The Committee expects ORR to maintain strict oversight of all ORR-funded care providers facilities and to report and correct violations of Federal, State, or local codes related to standards of childcare or the wellbeing of children. The Committee directs ORR, within 90 days of enactment, to submit to the Committee on Appropriations of the House of Representatives and the Senate, and to make publicly available online, a report detailing the number and nature of facility violations, and the steps it is taking to work with grantees to address and prevent such infractions.

*Health Services.*—The Committee directs the Department to provide a briefing to the Committees on Appropriations of the House of Representatives and the Senate within 60 days of enactment on HHS' and grantee's coordination of health and mental health services, including training requirements for staff providing those services and any challenges to providing adequate healthcare for UACs. The briefing should address ways in which the Department ensures grantees appropriately care for children with medical or behavioral health issues or trauma-related needs.

*Indigenous Languages.*—The Committee believes that children should have services available to them in their native language and encourages ORR, to the extent possible, to provide culturally competent, in person, education and translation services to all children in its custody.

*Legal Services.*—The Committee directs ORR to continue legal services activities at no less than the levels and purposes provided in fiscal year 2019. Further, the Committee strongly encourages ORR to notify legal service providers at the time new UAC grant awards are made and prior to opening new facilities or expanding capacity at existing ones, and provide monthly estimates of funded

capacity by shelter, to ensure all children in ORR care have access to legal services. Finally the Committee strongly encourages ORR to ensure that all UAC shelters provide space for legal service providers to meet with children.

*Length of Care.*—The Committee strongly encourages ORR to continue to take steps to improve case management and the child discharge process that emphasizes the safe and timely release of children. In addition to the discharge rate improvement plan required by P.L. 116–26, the Committee directs ORR to provide a briefing to the Committees on Appropriations of the House of Representatives and the Senate within 60 days of enactment on options and plans for children who have been in ORR custody for extended periods of time. The Committee is encouraged by ORR’s recent efforts to hire additional Federal Field Specialists and directs the Department to continue to prioritize case management staffing and services.

*OIG Report Recommendations.*—The Committee directs the Department to provide periodic updates on the implementation status of any OIG recommendations in its reviews of the UAC program released in fiscal year 2019, to include a report submitted within 90 days of enactment on any policy or administrative changes made in response to those OIG recommendations.

*Records requests.*—The Committee expects ORR to maintain records and respond to records requests consistent with the requirements of section 552 of title 5, United States Code, for information related to all UACs in ORR’s custody, regardless of whether such children are housed in Federal facilities or, to the extent possible, non-Federal facilities managed by contractors or other private entities. The Committee further notes that the Department should not withhold records from disclosure unless the Department reasonably foresees that disclosure would harm an interest protected by an exemption described in section 552(b) of title 5 or is otherwise prohibited by law.

*Reporting and Notification Requirements.*—The Committee appreciates HHS’ work to provide the Committee with timely information and data on the UAC program. The Committee also appreciates the “Latest UAC Data” available on HHS’ website, and directs the Department to continue updating those monthly totals and to provide the length of stay by facility type (including influx facilities) in addition to information currently available. The Committee directs ORR to continue to provide reports, data, and notifications as they were required in fiscal year 2019.

*State Licensed Shelters.*—The Committee is pleased that HHS is working to expand its State-licensed shelter capacity in an effort to limit and ideally eliminate the need for temporary influx facilities, and directs HHS to keep the Committee apprised of all new funding opportunity announcements, grant and contract awards, plans to lease or acquire property through the General Services Administration or ORR’s landholding authority, and associated timelines and costs. The Committee continues to support HHS prioritizing licensed, community-based placements (including foster care and small group homes) over large-scale institutions.

The TVPRA mandates that children be placed in the least restrictive setting that is the best interest of the child. In addition

to maintaining sufficient licensed capacity, the Department should ensure that its criteria for placing children in staff-secure, secure and residential treatment centers is followed.

*Temporary Influx Shelters.*—The Committee requests HHS submit a report within 90 days of enactment on each influx facility that was in operation during fiscal year 2019, to include a detailed cost breakdown, the capacity and number of children at the facility by month, the average length of stay and length of care, the reasons children were at the facility for more than 60 days, and the barriers to State-licensing including any State child welfare laws and regulations that could not be met. For any influx shelter that is operational in fiscal year 2020, the Department shall provide the information above, as well as the projected timeline of the contract or cooperative agreement, not less than 60 days after children are placed at the facility and monthly thereafter.

Further, the Committee notes that ORR is in the process of updating its Policies and Procedures guide to be consistent with requirements included in Public Law 116–26. The Committee expects ORR will fully adhere to its Policies and Procedures guide, including monitoring requirements to conduct a minimum of one comprehensive monitoring visit within the first 3 months a facility is open, and subsequent monitoring visits each quarter thereafter; ensuring influx facilities have the same minimum child to staff ratios as standard shelters and offer all the services required of State licensed facilities that are applicable to influx facilities, including but not limited to education, medical, recreation, counseling and legal services; and ensuring certain children, to the extent practicable, are not placed at influx facilities, including but not limited to those who are under age 13, pregnant or parenting, do not speak English or Spanish as their primary language, and have known behavioral health or medical issues.

*Tender Age Children.*—The Committee recognizes the importance of providing services that are developmentally appropriate in meeting the unique needs of very young children. The Committee directs the Department to provide a briefing to the Committees on Appropriations of the House of Representatives and the Senate within 60 days of enactment on its efforts to ensure appropriate care for tender age children, including placement options, services and staff training, as well as an assessment of circumstances under which very young children are referred to the HHS.

*Victims of Torture*

The Committee recommendation includes \$14,000,000 for the Victims of Torture program to provide support to non-profit organizations providing direct support to torture survivors and their families. This program provides treatment, social, and legal services to victims of torture and training to healthcare providers on treating the physical and psychological effects of torture.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT  
BLOCK GRANT

Appropriations, 2019 .....	\$5,276,000,000
Budget estimate, 2020 .....	5,276,000,000
Committee recommendation .....	5,301,000,000

The Committee recommends \$5,301,000,000 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.

Significant increased funding for CCDBG provided since fiscal year 2018 is helping States meet the requirements and goals of the 2014 reauthorization of the CCDBG Act to improve the safety and quality of child care programs, and expand access to affordable high-quality child care to more low-income working families. The Committee strongly encourages HHS to take steps necessary to ensure states are complying with the CCDBG Act, including providing sufficient provider reimbursement rates and conducting background checks to help ensure the safety of children. The Committee also encourages HHS to ensure that States are aware of the availability of funding under current law to address supply challenges in underserved areas, including by funding minor improvements that may be necessary to bring a facility into compliance with health and safety requirements.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2019 .....	\$1,700,000,000
Budget estimate, 2020 .....	.....
Committee recommendation .....	1,700,000,000

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

The Committee notes that SSBG funding can be used for a very wide-range of activities and encourages HHS to ensure that States are aware that funding can be used to support child support programs by providing job training and employment services for non-custodial parents.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 2019 .....	\$12,239,225,000
Budget estimate, 2020 .....	11,187,485,000
Committee recommendation .....	12,247,342,000

The Committee recommends \$12,247,342,000 for Children and Families Services programs. These funds support a variety of programs for children, youth, and families; Native Americans; victims of child abuse, neglect, and domestic violence; and other vulnerable populations.

*Head Start*

The Committee recommendation includes \$10,113,095,000 for Head Start. Head Start provides grants directly to local organizations to provide comprehensive early childhood education services to children and their families, from before birth to age 5.

Within the total, the Committee recommendation includes a \$50,000,000 cost of living adjustment for all Head Start grantees to help keep up with rising costs, recruit and retain highly qualified staff, and continue to provide high-quality services to children and families.

*Designation Renewal System [DRS].*—The Committee continues to encourage HHS to continue to consider the unique challenges faced by Head Start grantees in remote and frontier areas when reviewing such grantees' compliance with health and dental screening requirements as part of the DRS.

*Early Head Start [EHS] Expansion and EHS-Child Care Partnerships.*—The Committee recommendation modifies existing bill language to simplify the administration of EHS Expansion and EHS-Child Care Partnerships grants, but does not otherwise change the use of funds provided for such purposes. The Committee continues its strong support for EHS Expansion and EHS Child Care Partnerships and accordingly includes at least \$805,000,000 for such purposes, the same as the fiscal year 2019 level. Since fiscal year 2014, these funds have supported both the expansion of traditional Early Head Start and the establishment of partnerships between Early Head Start providers and local child care programs. The Committee expects that any funds used for EHS-Expansion and EHS-Child Care-Partnership grants that are re-competed would continue to be used for such purposes. Finally, the Committee directs HHS to include in future CJs the actual and estimated number of slots in each of Head Start, Early Head Start, and EHS-Child Care Partnerships.

*Facility Improvement Funding.*—The Committee continues to strongly encourage ACF to ensure that all Head Start grantees are aware of any funding opportunities, or funding otherwise available, for making capital improvements to their facilities. Further, the Committee continues to encourage ACF to standardize this process so all grantees have equal opportunity to apply and are aware of priorities and eligible uses of such funds.

#### *Preschool Development Grants*

The Committee recommendation includes \$250,000,000 for Preschool Development Grants. This program, as authorized in the Every Student Succeeds Act, provides competitive grants to States to improve the coordination, collaboration, and quality of existing early childhood programs; improve the transition from early childhood programs to kindergarten; implement evidence-based practices; improve professional development for early childhood providers; and generally improve educational opportunities for children.

#### *Consolidated Runaway and Homeless Youth Program*

The Committee recommendation includes \$110,280,000 for the Consolidated Runaway and Homeless Youth program. This program supports the Basic Centers program, which provides temporary shelter, counseling, and after-care services to runaway and homeless youth under age 18 and their families; the Transitional Living Program, which provides longer-term shelter and services for older youth; and a national toll-free runaway and homeless youth crisis hotline.

Where allowable, the Committee continues to support the ability of grantees to provide prevention services, such as counseling and case management, regardless of enrollment in residential services.

*Counting Youth Homelessness.*—The Committee believes an accurate count is critical to understanding the breadth of youth homelessness. The Committee encourages the Department to develop an ongoing study on the incidence and prevalence of homelessness and housing instability among youth, building upon the cost-effective approach that was established through funding from the Department of Housing and Urban Development. The Department should incorporate the results of the study into the Annual Homeless Assessment Report where possible. The Committee also encourages the Department to explore the feasibility of an ongoing study that addresses the needs and characteristics of youth homelessness, to include geographic differences and vulnerable populations that have not been previously studied. The Department is directed to provide a briefing within 120 days of enactment to the Committees on Appropriations of the House of Representatives and the Senate on its efforts.

*Education and Prevention Grants To Reduce Sexual Abuse of Runaway Youth*

The Committee recommendation includes \$17,141,000 for Education and Prevention Grants to Reduce Sexual Abuse of Runaway and Homeless Youth. This program provides competitive grants for street-based outreach and education services for runaway and homeless youth who are subjected to, or are at risk of being subjected to, sexual abuse or exploitation.

*Child Abuse Prevention and Treatment State Grants*

The Committee recommendation includes \$85,310,000 for the Child Abuse Prevention and Treatment State Grant program. This program provides formula grants to States to improve their child protective service systems.

The Committee recognizes the value of mutual support and parent partnership programs. Supportive programs, like those linked to a national parent helpline, can help build parental resilience, reduce the likelihood of child abuse and neglect, and improve family relationships, stability, and outcomes.

*Infant Plans of Safe Care.*—Within the total, the Committee recommendation includes \$60,000,000 to help States continue to develop and implement plans of safe care as required by section 106(b)(2)(B)(iii) of the Child Abuse Prevention and Treatment Act. The incidence of neonatal abstinence syndrome has increased as the opioid crisis has worsened, and this funding will help States improve their response to infants affected by a substance use disorder and their families. The Committee continues to strongly encourage HHS to encourage States to include in their plans specialized services for parents whose children may be at risk of abuse or neglect to the reduce the need for child welfare or foster care system involvement. Finally, the Committee continues to direct HHS to provide technical assistance to States on best-practices and evidence-based interventions in this area to help address the health, safety, and substance use disorder treatment needs of the child and family, including guidance on the requirements and key terms in section 106(b)(2)(B) clauses (ii) and (iii), and to evaluate State's activities on plans of safe care. The Committee also directs the De-

partment to provide an update within 90 days of enactment of this act regarding HHS' and States' efforts around plans of safe care.

*Child Abuse Discretionary Activities*

The Committee recommendation includes \$33,000,000 for Child Abuse Discretionary Activities. This program supports discretionary grants for research, demonstration, and technical assistance to increase the knowledge base of evidence-based practices and to disseminate information to State and local child welfare programs.

*Child Abuse Hotline.*—Within the total, the Committee includes \$1,000,000, in annual funding, to continue support for an innovation grant to develop and research text and online chat-based intervention and education services through a national child abuse hotline for child abuse victims and concerned adults. The Committee is pleased that the recent initiation of the text line has increased the incidence of youth seeking assistance from Hotline counselors and looks forward to data regarding best practices for delivering services through text and chat platforms.

*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 [NSCAW].*—The Committee recommendation includes funding for HHS to continue the National Survey of Child and Adolescent Well-Being. Further, the Committee strongly encourages ACF to expand data collection as part of the current NSCAW cohort to include information

necessary to evaluate the impact of opioid and substance use on children.

*Adoption Opportunities*

The Committee recommends \$40,100,000 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 recommendation includes an increase in funding to continue the National Adoption Competency Mental Health Training Initiative and directs the Department to provide ongoing resources to a national organization with the capacity and expertise to continuously evaluate and update the training curriculums, and that will provide all States, tribes and territories the necessary technical assistance to ensure that the curriculums are appropriately used by State child welfare and mental health professionals.

*Adoption Incentives*

The Committee recommends \$75,000,000 for the Adoption Incentives program. This program provides formula-based incentive payments to States to encourage them to increase the number of adoptions of children from the foster care system, with an emphasis on children who are the hardest to place.

The Committee recommendation continues the significant increase provided the last 2 years to make up a shortfall in funding owed to States. This funding level will fully fund the remaining amount owed to States for fiscal year 2019, and a significant amount of the estimated amount owed to States for fiscal year 2020, with the goal of becoming completely current by fiscal year 2021. The Committee continues to direct HHS to include in budget justifications an estimate of amounts earned by States per year, and the total estimated amount owed to States for the budget year, including any funding owed from prior fiscal years.

*Social Services and Income Maintenance Research*

The Committee recommends \$6,512,000 for Social Services and Income Maintenance Research. These funds support research and evaluation of cost-effective programs that increase the stability and economic independence of families and contribute to the healthy development of children and youth.

*Native American Programs*

The Committee recommends \$54,550,000 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.

*Early Childhood Care and Education Program Coordination.*—The Committee is concerned that Federal programs that support early childhood development in American Indian and Alaska Native communities are not well coordinated and, therefore, reduce the abilities of these tribal communities to develop and implement



community-wide early childhood initiatives. The Committee recommends that ACF convene a working group of Federal early childhood program administrators, tribal early childhood stakeholders, and tribal leaders to examine this issue.

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

#### *Community Services Block Grant*

The Committee recommendation includes \$700,000,000 for the Community Services Block Grant [CSBG]. The CSBG is a formula grant to States and Indian tribes to provide a wide-range of services to alleviate causes of poverty in communities and to assist low-income individuals in becoming self-sufficient. States are required to pass on at least 90 percent of these funds to local community-based organizations, the vast majority of which are community action agencies.

*Supporting Community Action Agencies' Response to Opioid Abuse and Misuse.*—Individuals and families in poverty face daunting challenges as they work toward substance use recovery and addressing the opioid epidemic requires a multi-pronged, community-based response. The Committee recognizes that community action agencies are uniquely positioned to help fight the opioid crisis and provide essential support and services for individuals and families who experience poverty and that these entities deliver a wide range of services to address immediate needs while supporting long-term goals, which make recovery sustainable.

#### *Community Economic Development*

Due to budget constraints, the Committee recommendation does not include funding for the Community Economic Development program.

#### *Rural Community Facilities*

The Committee recommendation includes \$9,000,000 for the Rural Community Facilities program, which provides grants to regional non-profit organizations to provide technical assistance to small, low-income rural communities, that are not served by other similar Federal programs, to help manage, develop, and improve safe drinking and waste water facilities.

#### *National Domestic Violence Hotline*

The Committee recommendation includes \$10,250,000 for the National Domestic Violence Hotline. This national, toll-free hotline provides critical emergency assistance and information to victims of domestic violence 24 hours a day.

The Committee recommendation includes continued support for the StrongHearts Native Helpline which provides critical support and resources to meet the unique legal and cultural needs of American Indians and Alaska Natives affected by domestic violence.

*Family Violence Prevention and Services*

The Committee recommendation includes \$166,500,000 for Family Violence Prevention and Services programs. These funds support programs to prevent family violence and provide immediate shelter and related assistance for victims of domestic violence and their dependents. The Committee recommendation is a \$2,000,000 increase above the fiscal year 2019 level and the increase is to be used to supplement existing funding for Native American Tribes and Tribal Organizations. The Committee maintains its recognition of the importance of providing supports that are culturally appropriate to the populations that they serve.

*Chafee Education and Training Vouchers*

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

*Disaster Human Services Case Management*

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

*Program Administration*

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

The Committee directs ACF to provide advance notification to the Committees on Appropriations of the House of Representatives and the Senate of any funding opportunity announcement and grant award announcements for competitively awarded grants, prior to any public announcement.

PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 2019 .....	\$444,765,000
Budget estimate, 2020 .....	404,765,000
Committee recommendation .....	444,765,000

The Committee recommends \$444,765,000 for the Promoting Safe and Stable Families program. The Committee recommendation includes \$345,000,000 in mandatory funds authorized by the Social Security Act and \$99,765,000 in discretionary appropriations.

This program supports activities that can prevent the emergence of family crises that might require the temporary or permanent removal of a child from his or her home. Grants allow States to operate coordinated programs of family preservation services, time-limited family reunification services, community-based family support services, and adoption promotion and support services.

*Kinship Navigator Programs.*—The Committee recommendation includes \$20,000,000, the same as the fiscal year 2019 funding

level, for Kinship Navigator Programs to improve services for grandparents and other relatives taking primary responsibility for children, particularly children and families affected by opioid addiction and substance use disorder. The Committee encourages HHS to encourage States to collaborate with agencies with experience servicing kinship families both inside and outside foster care and to demonstrate how they are preparing their navigator programs to meet evidence-based kinship navigator standards included in the Family First Prevention Services Act. Similar to Regional Partnership Grants and family-focused residential treatment programs, this funding helps build the evidence base in anticipation of mandatory funding being available for similar activities under the Family First Prevention and Services Act.

*Regional Partnership Grants [RPGs] and Family-Focused Residential Treatment Programs.*—Within the total for discretionary funding, the Committee recommendation includes \$20,000,000 for RPGs that promote coordination and collaboration between local child welfare and substance abuse treatment agencies, and other related organizations, to improve services and outcomes for children and families affected by substance use disorder, particularly opioid use. The Committee strongly encourages ACF to prioritize applicants that will focus on preparing programs to qualify as evidence-based foster care prevention services under the Family First Prevention Services Act, including family-focused residential treatment programs which help families remain together safely while parents receive treatment. The Committee also recommends priority be given to programs that mitigate the traumatic impact of parental incarceration.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriations, 2019 .....	\$6,035,000,000
Budget estimate, 2020 .....	5,744,000,000
Committee recommendation .....	5,744,000,000

The Committee recommends \$5,744,000,000 in mandatory funds for Payments for Foster Care and Permanency. In addition, the Committee recommends \$3,000,000,000 in advance mandatory funding for the first quarter of fiscal year 2021. 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 is concerned that the current lag in implementation of the prevention services clearinghouse is a serious impediment for States that want to implement the Family First Prevention Services Act [FFPSA] by October 1, 2019. Several States have signaled that they need more time to transition their individual child welfare programs to the FFPSA, which provides states with the option to delay implementation for up to 2 years. The need for a longer transition is particularly acute for States that are providing child welfare services under a Title IV-E waiver, since under current law all waivers expire at the end of fiscal year 2019. Many programs that have established strong evidence of effectiveness have already been operating in States with Title IV-E waivers, and

the Committee strongly encourages ACF to work with waiver States including expeditiously reviewing interventions prioritized by waiver States, and otherwise ensuring the flexibility envisioned by FFPSA as States transition their IV-E programs to the FFPSA.

ADMINISTRATION FOR COMMUNITY LIVING  
AGING AND DISABILITY SERVICES PROGRAMS

Appropriations, 2019 .....	\$2,197,015,000
Budget estimate, 2020 .....	2,032,671,000
Committee recommendation .....	2,175,415,000

The Committee recommends \$2,175,415,000 for the Administration for Community Living [ACL], which includes \$27,700,000 to be transferred to ACL from the PPH Fund.

ACL was created with the goal of increasing access to community support for older Americans and people with disabilities. It is charged with administering programs authorized under the Older Americans Act [OAA] and the Developmental Disabilities Act, as well as promoting community living policies throughout the Federal Government for older Americans and people with disabilities.

*Reorganization.*—The Committee is disappointed that the ACL reorganization was not included in the President’s budget request. For the purposes of transparency with the public and in accordance with the spirit of an annual budget justification and review process, the Committee encourages ACL to submit future reorganization proposals through CJs so that Congress may fully consider any reorganization in the context of the annual budget process and with input from stakeholders. The Committee strongly urges ACL to engage with stakeholders as ACL implements its reorganization plan.

*Home- and Community-Based Supportive Services*

The Committee recommends \$385,074,000 for the Home- and Community-Based Supportive Services program. This program provides formula grants to States and territories to fund a wide range of social services that enable seniors to remain independent and in their homes for as long as possible. State agencies on aging award funds to designated area agencies on aging that, in turn, make awards to local service providers. This activity supports services such as transportation, adult day care, physical fitness programs, and in-home assistance such as personal care and homemaker assistance. The Committee recognizes the important role of senior centers in providing programs authorized under the Older Americans Act, including their work in combatting isolation and loneliness for seniors, which can be risk factors for depression, substance use disorder, and even suicide.

*Preventive Health Services*

The Committee recommends \$24,848,000 for Preventive Health Services. This program funds activities such as medication management and enhanced fitness and wellness programs. These programs help seniors stay healthy and avoid chronic disease, thus reducing the need for costly medical interventions. The Committee maintains bill language that requires States to use these funds to support evidence-based models that enhance the wellness of seniors.

*Protection of Vulnerable Older Americans*

The Committee recommends \$21,658,000 for grants to States for the Long-term Care Ombudsman program and the Prevention of

Elder Abuse program. Both programs provide formula grants to States to prevent the abuse, neglect, and exploitation of older individuals. The Ombudsman program focuses on the needs of residents of nursing homes and other long-term care facilities, while the elder abuse prevention program targets the elderly community at large.

*National Family Caregiver Support Program*

The Committee recommends \$181,286,000 for the National Family Caregiver Support program. Funds appropriated for this activity establish a multifaceted support system in each State for family caregivers, allowing them to care for their loved ones at home for as long as possible. States may use funding to provide information to caregivers about available services, assistance to caregivers in gaining access to services, caregiver counseling and training, respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities, and limited supplemental services that fill remaining service gaps.

*National Family Caregiver Strategy.*—The Committee provided funding in fiscal year 2019 to establish a Family Caregiving Advisory Council as required by the RAISE Family Caregivers Act (Public Law 115–119) and to develop a new national strategy to support family caregivers, including resources, best practices, challenges, and programs to enhance the long-term care caregiving workforce. The Committee includes \$100,000 to expeditiously finalize the establishment of the Council, which shall include representatives of relevant Departments and agencies and individuals with expertise and experience in family caregiving and long-term care supports, including caregivers, and to continue implementation of the law.

*Native American Caregiver Support Program*

The Committee recommends \$10,056,000 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 \$495,342,000 for congregate nutrition services and \$251,342,000 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 [NSIP].*—The Committee recommends \$160,069,000 for 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 \$34,208,000 for grants to Native Americans. This program provides grants to eligible tribal organizations for the delivery of nutrition and supportive services to Native Americans.

*Aging Network Support Activities*

The Committee recommends \$17,461,000 for Aging Network Support activities. These funds support activities that expand public understanding of aging and the aging process, apply social research and analysis to improve access to and delivery of services for older individuals, test innovative ideas and programs, and provide technical assistance to agencies that administer programs authorized by the OAA.

The Committee also includes \$5,000,000 to help provide supportive services for aging Holocaust survivors in the United States.

*Alzheimer's Disease Program Demonstration Grants to States*

The Committee recommends \$23,500,000 for Alzheimer's Disease Program which includes Demonstration Grants to States and the Alzheimer's Disease Initiative. Within this funding, the Committee supports the continuation of the National Alzheimer's Call Center, which is available in all States, 24 hours a day, 7 days a week, year-round, to provide expert advice, crisis counseling, care consultation and information referral services in at least 140 languages, for persons with Alzheimer's disease, their family members and informal caregivers. Within funding for the Alzheimer's Disease Program, the Committee continues \$2,000,000 for the National Alzheimer's Call Center.

*Lifespan Respite Care*

The Committee recommends \$6,110,000 for the Lifespan Respite Care program. The Lifespan Respite Care program provides grants to States to expand respite care services to family caregivers, improve the local coordination of respite care resources, and improve access to and quality of respite care services, thereby reducing family caregiver strain.

*Chronic Disease Self-Management Program*

The Committee recommends \$8,000,000 be transferred from the PPH Fund to ACL for the Chronic Disease Self-Management Program [CDSMP]. This program assists those with chronic disease to manage their conditions and improve their health status. Topics covered by the program include nutrition; appropriate use of medications; fitness; and effective communications with healthcare providers. CDSMP has been shown through multiple studies to result in significant and measurable improvements in health and quality of life, as well as reductions in hospitalizations and emergency room visits.

*Elder Falls Prevention*

The Committee recommends \$5,000,000 be transferred from the PPH Fund for Elder Falls Prevention activities at ACL. Preventing falls will help seniors stay independent and in their homes and avoid costly hospitalizations and hip fractures, which frequently lead to nursing home placement. The Committee intends that these funds should be used in coordination with CDC for public education about the risk of these falls, as well as implementation and dissemination of community-based strategies that have been proven to reduce the incidence of falls among seniors.

*Elder Rights Support Activities*

The Committee recommends \$15,874,000 for Elder Rights Support activities, including \$12,000,000 for the Elder Justice Initiative. These activities support programs that provide information, training, and technical assistance to legal and aging services organizations in order to prevent and detect elder abuse and neglect.

*Aging and Disability Resource Centers*

The Committee recommendation includes \$8,119,000 for Aging and Disability Resource Centers [ADRCs]. These centers provide information, one-on-one counseling, and access for individuals to learn about their long-term services and support options with the goal of allowing seniors and individuals with disabilities to maintain their independence. The Committee urges ACL to improve coordination among ADRCs, area agencies on aging, and centers for independent living to ensure that there is “no wrong door” to access services.

*State Health Insurance Assistance Program*

The Committee recommends \$49,115,000 for State Health Insurance Assistance Programs, which provide accurate and understandable health insurance information to Medicare beneficiaries and their families.

*Paralysis Resource Center*

The Committee recommends \$8,700,000 for the National Paralysis Resource Center [PRC]. This program has long provided essential, comprehensive information, and referral services that promote independence and quality of life for the 5,400,000 people living with paralysis and their families. The Committee directs ACL to continue support for the national PRC at not less than \$7,700,000.

*Limb Loss*

The Committee recommends \$3,500,000 for the Limb Loss program, which supports programs and activities to improve the health of people with limb loss and promote their well-being, quality of life, prevent disease, and provide support to their families and caregivers. Maintaining these programs is critical to support independent living within the disability community across their life course.



*Traumatic Brain Injury*

The Committee provides \$11,321,000 for the Traumatic Brain Injury program. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries. Such services can include: pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, long-term support, and protection and advocacy services.

The Committee includes not less than the fiscal year 2019 funding level for protection and advocacy services, as authorized under section 1305 of Public Law 106–310.

*Developmental Disabilities State Councils*

The Committee recommends \$76,000,000 for State councils on developmental disabilities. These councils work to develop, improve, and expand the system of services and supports for people with developmental disabilities at the State and local level. Councils engage in activities such as training, educating the public, building capacity, and advocating for change in State policies with the goal of furthering the inclusion and integration of individuals with developmental disabilities in all aspects of community life.

*Technical Assistance.*—The Committee instructs the Department to provide not less than \$700,000 for technical assistance and training for the State Councils on Developmental Disabilities.

*Developmental Disabilities Protection and Advocacy*

The Committee recommends \$40,734,000 for protection and advocacy programs for people with developmental disabilities. This formula grant program provides funds to States to establish and maintain protection and advocacy systems that protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation. The Committee acknowledges that complex changes are occurring in Medicaid programs across the country, including the adoption of Medicaid managed care arrangements, which may pose challenges for people with disabilities. The Committee encourages the Department to ensure that protection and advocacy program grantees provide services for people with disabilities to navigate Medicaid systems, including in rural and urban States with Medicaid managed care arrangements. The Committee requests the Department provide a report on the extent to which protection and advocacy grantees currently provide legal, administrative, and other human rights services to help individuals with disabilities understand and navigate their respective State's Medicaid system. This report should be submitted to the Committees on Appropriations of the House of Representatives and the Senate no later than 90 days after enactment.

*Intermediate Care Facilities.*—The Department is encouraged to factor the needs and desires of patients, their families, caregivers, legal representatives, and other stakeholders, as well as the need to provide proper settings for care, into its enforcement of the Developmental Disabilities Act.

*Voting Access for Individuals With Disabilities*

The Committee recommends \$6,963,000 to improve voting access for individuals with disabilities. This program provides grants to protection and advocacy organizations to ensure that individuals with disabilities have the opportunity to participate in every step of the electoral process, including registering to vote, accessing polling places, and casting a vote.

*Developmental Disabilities Projects of National Significance*

The Committee recommends \$12,000,000 for projects of national significance to assist persons with developmental disabilities. This program funds grants and contracts that develop new technologies and demonstrate innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities.

*University Centers for Excellence in Developmental Disabilities*

The Committee recommends \$40,619,000 for the University Centers for Excellence in Developmental Disabilities [UCEDDs], a network of 67 centers that are interdisciplinary education, research, and public service units of a university system or public or non-profit entities associated with universities. The funding will keep the national network of UCEDDs strong and able to assist States to initiate collaborative research, education, training, and service efforts that help States to implement Every Student Succeeds Act [ESSA] and WIOA, thereby ensuring that youth with disabilities successfully complete elementary school and transition from school to postsecondary education and/or integrated employment. This funding also allows the UCEDDs to continue to address the needs of the rising numbers of individuals on the autism spectrum; demonstrate cost effective long-term services and supports for adults with disabilities and those aging with disabilities; support returning veterans; and provide technical assistance to strengthen and support the national network of UCEDDs as they disseminate research and best practices nationwide.

*Independent Living*

The Committee recommends \$116,183,000 for the Independent Living Program. This program helps ensure that individuals with disabilities can live a productive and independent life in society. Funding helps States sustain, improve, and expand independent living services and establish and support a network of centers for independent living.

*National Institute on Disability, Independent Living, and Rehabilitation Research*

The Committee recommends \$111,970,000 for the National Institute on Disability, Independent Living, and Rehabilitation Research [NIDILRR]. NIDILRR supports research and activities that help to maximize the full potential of individuals with disabilities in employment, independent living, and social activities.

NIDILRR supports critical research and development in the interrelated domains of health and function, employment, partici-

pation and community living, and cross-cutting research and development activities, including: technology for access and function; disability statistics research; and the ADA National Network. The Committee strongly supports these activities as germane to the mission of NIDILRR to contribute new knowledge in the area of participation of individuals with disabilities of all ages, in the home, community, schools, and the workplace. The Committee supports a continued focus on knowledge translation and ensuring that the practical implications of research outcomes translate, in a timely manner, into a form that is usable by individuals with disabilities, their families, their communities, and the general public to both make a difference in the lives of individuals with disabilities and to inform the public about the research activities it supports.

*Assistive Technology Research and Demonstration Projects.*—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 individuals with disabilities, particularly older adults with disabilities, 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 adults with disabilities might avoid nursing homes and other institutionalized care for as long as possible, while also remaining connected to their families and communities. The Committee continues to support an ongoing program of competitive research and demonstration grants, and provides NIDILRR \$2,000,000 to help develop improved assistive technologies and nursing support strategies to help seniors with disabilities lead independent lives for as long as possible. Preference should be given to university research projects that seek to develop technologies that allow for independent living, address the disabled aging 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 recommends \$37,000,000 for Assistive Technology [AT]. AT provides States with funding to support individuals with disabilities of all ages to obtain devices and services that will increase, maintain, or improve their functional capabilities.

#### *Program Administration*

The Committee recommends \$41,063,000 for program administration at ACL. These funds support salaries and related expenses for program management and oversight activities.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2019 .....	\$545,457,000
Budget estimate, 2020 .....	404,737,000
Committee recommendation .....	555,707,000

The Committee recommends \$555,707,000 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.

*Adult Immunization.*—The Committee urges the Office of Disease Prevention and Health Promotion to work with the National Vaccine Program Office and adopt an Adult Immunization Composite Status Measure Objective, which targets multiple vaccine preventable conditions in one quality measure. Adoption of the Composite would align Healthy People 2030 objectives with external healthcare quality measurement tools, streamlining the patchwork of existing adult immunization measures, reducing the reporting burden to providers, and providing a meaningful national picture of access to this important preventive service.

*Antibiotic Development.*—The Committee remains troubled by the rising threat of antimicrobial resistance [AMR] and the limited number of new products currently in the development pipeline. To best address these challenges, the Committee encourages HHS to work closely with the ongoing process to update the National Action Plan for Combatting Antibiotic Resistant Bacteria [CARB] to stabilize the market in the short term and ensure its viability into the future. The Department shall include in the fiscal year 2021 CJ a detailed update on the progress being made to implement the CARB national strategy.

*Buy American Act.*—The Committee is aware of the GAO report (GAO–19–17 Buy America Act) published in December 2018 that found HHS does not provide agency-level training or guidance on the Buy American Act. The Committee encourages the Secretary to provide guidance, training, or other instruction to help contracting officials comply with recommendations in the GAO report.

*Cerebral Cavernous Angioma.*—The Committee encourages HHS Operating Divisions to work together as a consortium (with at least one patient advocacy organization) to increase the efficiency and effectiveness of the research and clinical drug trials effort.

*Disparity Populations.*—The Committee recognizes the importance of understanding and addressing the needs of disparity populations. To ensure underserved and disadvantaged populations continue to be best served by programs and offices within the Department,

ment, the Committee directs the Secretary to continue the collection of data on disparity populations, as defined by Healthy People 2020, in surveys administered with funding in this act.

*Ebola Therapy.*—The Committee is aware of an investigational Ebola therapy derived from the convalescent plasma of Ebola survivors and encourages the Department to explore the utilization of this promising treatment with relevant domestic and international partners.

*Emergency Room Utilization.*—HHS shall conduct a study that analyzes emergency room utilization by Medicaid beneficiaries at the State and national levels. The report shall be provided to the Committees on Appropriations of the House of Representatives and the Senate no later than 1 year after enactment. This report should focus on non-emergency services, including services such as those covered through telehealth, and non-emergency medical conditions that are often used by Medicaid beneficiaries while in the emergency room setting. Data contained within the report should address utilization rates based on conditions, geographic findings, and other data to decrease unnecessary emergency room use.

*Evidence-based Grants and Policy.*—The Committee applauds the recent enactment of the Foundations for Evidence-based Policy-making Act. Faithful execution of the law will enhance the evidence-building capacity of Federal agencies, strengthen privacy protections, improve secure access to data, and ultimately provide more and higher quality evidence to policymakers. The Committee requests that the Department provide an update on its implementation of the law and plans for the coming year in the next and subsequent CJs. Further, the Committee encourages the Secretary to ensure that evidence of effectiveness is an important component for all competitive and non-competitive grant awards.

*Global Health Research.*—The Committee requests an update in the fiscal year 2021 CJ on how CDC, FDA, BARDA, and NIH jointly coordinate global health research activities with specific measurable metrics used to track progress toward agreed upon health goals.

*Guidelines for Hair Testing.*—The Committee notes that section 5402 of Public Law 114–94 required HHS to issue scientific and technical guidelines for hair testing as a method of deterring the use of a controlled substance. The Department is over 2 years late in developing these guidelines and given the current drug and opioid epidemic facing the nation, the Committee directs HHS to move forward expeditiously to finalize hair testing guidelines, consistent with the legislative requirements. The Committee directs the Secretary to report to the Committees on Appropriations of the House of Representatives and the Senate no later than 30 days after enactment on the progress made establishing these guidelines.

*Health Disparities.*—The Committee notes that disparities in health outcomes continue to persist based upon race, ethnicity, disability, and other innate characteristics. Within 180 days of enactment, HHS shall submit to the Committees on Appropriations of the House of Representatives and the Senate an update of the Department's Action Plan to Reduce Racial and Ethnic Health Disparities. The update should include barriers toward full implemen-

tation and proposed remedies. The report shall also include the extent that HHS programs collect, report, and analyze health disparities data based on race, ethnicity, disability, and other characteristics for the population HHS programs serve. Finally, the updated report shall include specific efforts to improve birth outcomes for African-American women and children, including how to address implicit bias in healthcare delivery and the health impacts of trauma associated with racism.

*Healthy People 2030.*—As ODPHP works to finalize objectives for Healthy People 2030, the Committee is concerned that the proposed list of objectives includes few immunization objectives, particularly in light of the ongoing measles outbreak. Given the importance of Healthy People 2030 goals to the work of State and public health officials as well as healthcare providers and health systems, the Committee encourages ODPHP to include objectives in Healthy People 2030 that reflect all immunizations recommended by the Advisory Committee on Immunization Practices across the lifespan.

*Hospital Acquired Conditions.*—The Committee encourages HHS to conduct additional efforts to reduce the prevalence of HAIs and their associated complications. The Committee directs the Secretary to conduct an evaluation of agency efforts to: (1) monitor the rising prevalence of HACs; (2) reduce the incidence of HACs and subsequent HAIs; and (3) develop and enact more effective reduction practices. The Secretary shall include the results of this evaluation in the fiscal year 2021 CJ.

*Lung Cancer in Women.*—The Committee understands that lung cancer has a disparate impact on women, particularly those who have never smoked. The Committee encourages the Secretary, in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, to conduct an interagency study to evaluate the status of research on women and lung cancer and make recommendations for additional research on the disparate impact of lung cancer in women who have never smoked. The study should also make recommendations regarding increased access to lung cancer preventive services, and strategic public awareness and education campaigns related to lung cancer.

*National Alzheimer's Plan.*—The Committee notes that the National Alzheimer's Project Act (Public Law 111-375) requires the Secretary, in collaboration with the Advisory Council on Alzheimer's Research, Care and Services Advisory Council, to create and maintain an annually updated National Alzheimer's Plan. The Committee encourages the Secretary to prioritize the Advisory Council work to make recommendations to the Secretary and Congress and assist in coordinating the work of Federal agencies involved in Alzheimer's research, care, and services.

*National Biodefense Strategy.*—The Committee supports HHS efforts leading the Biodefense Strategy and requests HHS to brief the Committee within 180 days on challenges and successes in implementation of the strategy. Further, the Committee understands the critical role of research and development [R&D] for new tools to protect Americans from the threat of biological incidents, including infectious diseases and diseases of epidemic potential, and supports the prioritization of R&D within the Biodefense Strategy. The Committee requests that HHS report on progress made in sup-

porting U.S. leadership and investment in emerging technologies and medical countermeasures as well as report on progress made towards integrating research and development into Federal planning, including work to facilitate policies and incentives across interagency response R&D efforts in the fiscal year 2021 CJ.

*National Vaccine Program.*—The Committee recognizes that disparities in childhood immunization rates have been reported in the United States, with lower rates among children living in poverty and urban children. The Committee encourages the National Vaccine Program to review and analyze available data and to provide the Committee immunization rates for children under the age of 35 months, as well as data regarding disparities in immunization rates among these children; and to assess the extent to which these children received vaccinations on schedule according to the recommendations of the CDC Advisory Committee on Immunization Practices.

*National Vaccine Program Office [NVPO].*—The Committee is aware of the HHS announcement that NVPO will be merged into the Office of HIV/AIDS and Infectious Disease Policy and renamed the Office of Infectious Disease and HIV/AIDS Policy. The NVPO is a vital coordinating office across Federal, State, local, and non-governmental stakeholders, particularly given the recent resurgence of measles and other disease outbreaks across the country. The Committee urges the Secretary to ensure that NVPO activities continue without interruption within OASH.

*Nonrecurring Expenses Fund.*—The Committee directs HHS to continue implementing previously notified projects and prioritize obligations for the following projects: Indian Health Services facilities, Cybersecurity, Food and Drug Administration laboratory renovations, NIH chillers, and the CDC National Institute for Occupational Safety and Health facility.

*Obligation Reports.*—The Committee directs the Secretary to submit electronically to the Committee an Excel table detailing the obligations made in the most recent quarter for each office and activity funded under this appropriation not later than 30 days after the end of each quarter.

*Office for Civil Rights [OCR].*—The Committee requests a report 180 days after enactment detailing what actions the OCR Conscience and Religious Freedom Division has taken to protect conscience rights. Specifically, the report should include the number of complaints made to HHS in regard to violations of conscience as well as the current status or outcome of those complaints.

*Organ Availability and Donation Innovation.*—The Committee directs the Secretary to coordinate with relevant divisions of HHS to evaluate innovative approaches to enhance the availability of organs, otherwise encourage donation, and further improve the organ transplantation process. The Secretary is directed to provide a report, including any authorizing changes that may be necessary, to the Committees on Appropriations of the House of Representatives and the Senate 90 days after enactment.

*Pediatric Kidney Disease.*—The Committee recognizes that children with end-stage renal disease [ESRD] have unique care needs and require services that are not typically required by adult ESRD patients. Additional costs associated with these needs may not be

accurately reflected in the ESRD bundled payment and pediatric outlier. Therefore, the Committee encourages HHS to conduct a study of pediatric dialysis costs to ensure that the data being collected by CMS is accurate. The study should include an evaluation of whether existing payment systems accurately capture and reimburse these costs. The Committee requests the Secretary to report findings in the fiscal year 2021 CJ.

*Prescription Drug Disposal.*—The Committee encourages the Department to support expanded public access to in-home methods to deactivate and dispose of prescription drugs that render the controlled substance either unavailable or unusable for all practical purposes.

*Penicillin Allergy.*—To complement ongoing efforts to combat antimicrobial resistance, the Committee encourages HHS to educate the public and healthcare providers regarding the importance of penicillin allergy testing.

*Public Health in Indian Country.*—The Committee recommends that the Secretary examine current public health initiatives within the Department that address public health crises such as viral hepatitis, HIV/AIDS, and opioids that impact Indian Country. The Committee requests that HHS provide an update on these efforts in the fiscal year 2021 CJ.

*Regulation Reform.*—The Committee appreciates the Department's interest in managing the amount of regulations that increase the costs of care and agency burden. The Committee notes that guidance documents, or interpretive rules, impose new requirements on regulated entities even though such documents are not legally binding. The Committee directs the Secretary to include in the fiscal year 2021 CJ: a complete list of guidance documents still in effect and include a discussion of any plan to repeal these guidance documents or justification for its decision to not repeal them. The Committee also directs the Department to include any plans to repeal or revise regulations that are duplicative, as well as its plan to streamline rules to reduce the costs to the private sector.

*Rural Communities.*—The Committee encourages the Secretary to ensure that rural concerns and challenges are adequately represented in the Department's policies, programs, and activities, including policies related to the opioid epidemic. The Committee requests that the Secretary include a status of these activities in the fiscal year 2021 CJ.

*Safety in Health Care Facilities.*—The Committee remains concerned about safety in health care facilities and looks forward to continued conversations with HHS on this important matter.

*Sexually Transmitted Infections [STIs].*—The Committee is aware of the recent statistics regarding the rise in STIs across the nation and is pleased that the Assistant Secretary for Health is creating a National STD Action Plan to address increasing rates in these diseases. Further, the Committee requests that the Action Plan is responsive to findings included in the National Academy of Public Administration report on “The Impact of Sexually Transmitted Diseases in the United States: Still Hidden, Getting Worse, Can be Controlled”. The Committee requests an update in the fiscal year 2021 CJ.



*Staffing Reports.*—The Committee includes a general provision requiring the Department to submit a quarterly staffing report to the Committee. The Excel table will include: the names, titles, grades, agencies, and divisions of all of the political appointees, special government employees, and detailees that were employed by or assigned to the Department during the previous month.

*Technical Assistance.*—The Committee continues to be disappointed with the Department's responsiveness to technical assistance requests. The Committee continues to note that it expects the Department to comply in a timely manner with its requests for technical assistance and information, consistent with past practice including timely answers that respond to any specific inquiries, including Questions for the Record. In addition, the Committee reiterates that all technical assistance requests are considered confidential between the Committee and the Department. They are not to be shared or distributed with other congressional Members, offices, or outside organizations without the consent of the Committee.

*Travel Reports.*—The Committee includes a new general provision requiring the Department to submit an upcoming travel report to the Committees on Appropriations of the House of Representatives and the Senate by the 1st and 15th day of each month. The report should be a compilation of upcoming travel for the head of HRSA, CDC, NIH, SAMHSA, AHRQ, CMS, ACF, ASPR, as well as for the Secretary, Deputy Secretary, and Assistant Secretary's. The report shall include upcoming travel for the following two weeks, with details specifying location (city and state), event, and partners where the event will be held.

#### *Teen Pregnancy Prevention*

The Committee recommendation includes \$101,000,000 for the Teen Pregnancy Prevention program. This program supports competitive grants to public and private entities to replicate evidence-based teen pregnancy prevention approaches.

#### *Office of Minority Health*

The Committee recommends \$56,920,000 for the Office of Minority Health. This Office focuses on strategies designed to decrease health disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals and coordinates all departmental activity related to improving health outcomes for disadvantaged and minority individuals.

*Lupus Initiative.*—The Committee continues to support the OMH National Lupus Outreach and Clinical Trial Education Program and the goal of increasing minority participation in lupus clinical trials and provides an additional \$250,000 for these efforts. The program has developed multiple resources that can be used by the broader lupus community to enhance trial enrollment. The Committee encourages OMH to continue to develop public-private partnerships, validate existing action plans, and engage the lupus community in order to facilitate the use and development of action plans to increase participation in clinical trials for all minority populations at highest risk of lupus.

*Sexual Risk Avoidance*

The Committee recommends \$45,000,000 for sexual risk avoidance education. This is a competitive grant program that funds evidence-based abstinence models for adolescents.

Funding for competitive grants for sexual risk avoidance shall use medically accurate information referenced in peer-reviewed publications by educational, scientific, governmental, or health organizations; implement an evidence-based approach; and teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors.

*Office of Women’s Health*

The Committee recommends \$32,140,000 for the Office of Women’s Health. This office develops, stimulates, and coordinates women’s health research, healthcare services, and public and healthcare professional education across the Department. It advances important crosscutting initiatives and develops public-private partnerships, providing leadership and policy direction to address the disparities in women’s health.

The Committee recommendation includes \$3,100,000 to combat violence against women through the State partnership initiative. This program provides funding to State-level public and private health programs to partner with domestic and sexual violence organizations to improve healthcare providers’ ability to help victims of violence and improve prevention programs.

OFFICE OF MEDICARE HEARINGS AND APPEALS

Appropriations, 2019 .....	\$182,381,000
Budget estimate, 2020 .....	182,381,000
Committee recommendation .....	182,381,000

The Committee provides \$182,381,000 for the Office of Medicare Hearings and Appeals [OMHA]. This Office is responsible for hearing Medicare appeals at the Administrative Law Judge [ALJ] level, which is the third level of Medicare claims appeals. OMHA ensures that Medicare beneficiaries who are dissatisfied with the initial decisions about their benefits or eligibility can appeal and exercise their right to a hearing in front of an ALJ.

*Appeals Backlog.*—The Committee commends OMHA for making progress on the cases that are still pending before ALJs at OMHA, but remains concerned about the backlog of nearly 312,000 cases. OMHA shall provide an update to the Committee 180 days after enactment on the progress and continued challenges with reducing the caseload backlog.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Appropriations, 2019 .....	\$60,367,000
Budget estimate, 2020 .....	43,000,000
Committee recommendation .....	60,367,000

The Committee makes available \$60,367,000 to the Office of the National Coordinator for Health Information Technology [ONC]. ONC is responsible for coordinating Federal health information

systems and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2019 .....	\$80,000,000
Budget estimate, 2020 .....	80,000,000
Committee recommendation .....	80,000,000

The Committee recommends \$80,000,000 for the HHS Office of Inspector General [OIG]. In addition to discretionary funds provided in this act, the Health Insurance Portability and Accountability Act of 1996 provides a permanent appropriation of \$334,097,000 for OIG.

OIG conducts audits, investigations, and evaluations of the programs administered by the Department’s operating and staff divisions, including the recipients of the Department’s grant and contract funds. In doing so, OIG addresses issues of waste, fraud, and abuse and makes recommendations to improve the efficiency and effectiveness of the Department’s programs and operations.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2019 .....	\$38,798,000
Budget estimate, 2020 .....	30,286,000
Committee recommendation .....	38,798,000

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

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 2019 .....	\$629,209,000
Budget estimate, 2020 .....	623,591,000
Committee recommendation .....	623,591,000

The Committee provides an estimated \$623,591,000 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, 2019 .....	\$2,631,458,000
Budget estimate, 2020 .....	2,666,591,000
Committee recommendation .....	2,642,458,000

The Committee recommends \$2,642,458,000 for the Public Health and Social Services Emergency Fund. This appropriation supports the activities of the Assistant Secretary for Preparedness

and Response [ASPR] and other components within the Office of the Secretary to prepare for the health consequences of bioterrorism and other public health emergencies, including pandemic influenza. It also provides funding for the Department's cybersecurity efforts.

*Office of the Assistant Secretary for Preparedness and Response*

The Committee recommendation includes \$2,310,128,000 for activities administered by ASPR. This Office was created by the Pandemic and All-Hazards Preparedness Act to lead the Department's activities regarding preventing, preparing for, and responding to public health emergencies, including disasters and acts of terrorism.

*Medical Innovation for Disaster Response.*—The Committee supports the development of a federally funded research and development center [FFRDC], led by an academic medical center, to improve medical response, training, and innovation, specifically utilizing health information technology, unmanned aerial systems, countermeasure delivery, and remote patient assessment and triage. ASPR shall evaluate the potential for this mechanism to increase innovation and report findings to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment.

*Saline.*—The Committee recognizes the importance of the supply of normal I.V. saline in the Strategic National Stockpile when confronting pandemic flu or other outbreaks. The Committee encourages ASPR to explore ways with industry to surge production capabilities when needed.

*Small Molecule Anti-toxin Drugs.*—Advanced agents are novel infectious organisms that have been genetically modified to increase their potential for biowarfare or bioterrorism. The potential genetic incorporation of natural toxins, such as anthrax, botulinum, cholera, and ricin toxins, into infectious vectors is of particular concern, since these agents could circumvent available countermeasures. The Committee commends HHS for its continued development of small molecule anti-toxin drugs against the toxin components of such advanced agents and urges the Department to continue the development, clinical testing, and stockpiling of such countermeasures.

*Hospital Preparedness Program*

The Committee's recommendation includes \$275,555,000 for the Hospital Preparedness Program [HPP]. This program provides grants to States to build healthcare coalitions that enhance regional and local hospital preparedness and improve overall surge capacity in public health emergencies. The Committee recognizes the vital importance of this program in helping communities respond to tragic events and for this reason includes the same funding level as fiscal year 2019. The Committee believes this funding should be carefully coordinated within communities to continue to provide our Nation's hospitals and emergency responders the necessary tools to respond quickly and collaboratively to these and other public health emergencies that are inevitable in our Nation's communities.

*National Ebola Training and Education Center.*—The Committee supports the continued efforts of the National Ebola Training and Education Center [NETEC], and recognizes the importance of NETEC's work in preventing, preparing for, and responding to Ebola and other special pathogen incidents. The Committee provides an additional \$11,000,000 to continue these efforts.

*Notification Requirements.*—The Committee directs the Assistant Secretary to notify the Committees on Appropriations of the House of Representatives and the Senate 30 days in advance of any announcement of a modification to the HPP formula. In addition, the Committee notes that funding for HPP is provided for HPP cooperative agreements and administrative activities that directly support the mission of the program. The Committee directs the Assistant Secretary to notify the Committees on Appropriations of the House of Representatives and the Senate 30 days in advance of funding any new activity or pilot program.

*Regional Disaster Health Response System [RDHRS].*—The Committee has previously encouraged the Department to dedicate funding to support ongoing activities associated with the RDHRS demonstration project aimed at increasing regional ability to respond to 21st Century threats, leveraging local, State, and Federal healthcare assets across State lines, and assuring improved communications and coordination among participating entities. Before the Assistant Secretary takes further action on expansion of the program, the Committee directs HHS to submit an evaluation of the pilot program no later than 90 days after enactment. The evaluation shall include a detailed description of the measurable outcomes and justification for why expansion of the program is warranted. The evaluation shall include a detailed plan for how expansion would occur, including multi-year cost estimates to fully fund the program.

*Biomedical Advanced Research and Development Authority [BARDA]*

The Committee recommendation includes \$561,700,000 for advanced research and development.

*Freeze-dried Platelets.*—The Committee remains concerned over the predicted platelet shortfall and vulnerability of the current blood supply in the event of a nuclear incident, terrorist attack, or disaster. Advanced blood products are key to ensuring a national response capability in order to save lives. The Committee encourages the acceleration of the development of freeze-dried hemostatic products, especially platelet-derived products.

*Infectious Diseases.*—The Committee commends BARDA for supporting advanced development efforts to develop vaccines, diagnostics, drugs, and therapeutics to minimize serious threats of infectious diseases. BARDA is encouraged to continue to proactively prepare for emerging infectious disease outbreaks, including investing in rapid screening technology. The Committee encourages ASPR to delineate information on emerging infectious diseases, pandemic influenza, and AMR investments in its annual five-year budget plan for medical countermeasure [MCM] development to clarify how ASPR is considering such naturally occurring threats in relation to other priority areas of MCM development.

*Special Populations.*—The Committee is concerned about the availability of medical countermeasures for individuals who are immune-compromised with common conditions like eczema, HIV, and diabetes. Some traditional vaccines contain a live virus that can be harmful or even fatal for patients with these conditions. Therefore, the Committee encourages BARDA to evaluate its stockpile of medical countermeasures to ensure appropriate supplies are available to protect these vulnerable populations.

*Tuberculosis.*—The National Strategy for CARB identified drug resistant TB as a serious threat level pathogen and called for new diagnostic, treatment, and prevention tools to address this global health threat. The Committee encourages BARDA to support the development of new TB diagnostic tests, drugs, and vaccines through the CARB initiative, and the Emerging Infectious Disease program.

*Project BioShield Special Reserve Fund*

The Committee recommendation includes \$735,000,000 for the Project BioShield Special Reserve Fund. The Committee is committed to ensuring the Nation is adequately prepared against chemical, biological, radiological, and nuclear attacks. The Committee recognizes a public-private partnership to develop 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.

*Strategic National Stockpile*

The Committee includes \$610,000,000 for the Strategic National Stockpile. The Committee directs the Assistant Secretary to continue the Interagency Agreement with CDC in the same manner and for the same amount as provided in fiscal year 2019.

The Committee continues to monitor progress of the transfer of the Strategic National Stockpile from CDC to ASPR and will continue to work with both agencies through the transition.

*Public Health Emergency Medical Countermeasures Enterprise [PHEMCE].*—The Committee appreciates the release of the annual PHEMCE multiyear budget, but is concerned the plan does not anticipate the full requirement costs. The plan states on page one that it was built on the baseline scenario and uses the methodology from the previous report with the exception of the addition for the replenishment of expiring Strategic National Stockpile costs. The Committee expects an update in the next plan with the full costs of the requirements that includes baseline, new/anticipated requirements, and replenishment costs associated to PHEMCE programs.

*Strategic National Stockpile Report.*—The Committee notes that the Department has not provided the report requested in Senate Report 115–289 regarding maintaining appropriate coordination and support for State and local public health departments. The Committee directs the Secretary to report to Congress within 7 days of enactment.

*Other Activities*

The Committee recommendation includes the following amounts for the following activities within ASPR:

- Operations.—\$30,938,000;
- Preparedness and Emergency Operations.—\$24,654,000;
- National Disaster Medical System.—\$57,404,000; and
- Policy and Planning.—\$14,877,000.

*Office of the Assistant Secretary for Administration*

The Committee recommends \$58,860,000 for information technology cybersecurity in the Office of the Assistant Secretary for Administration. These funds provide for continuous monitoring and security incident response coordination for the Department's computer systems and networks.

*Office of the Assistant Secretary for Health / Medical Reserve Corps*

The Committee recommendation includes \$6,000,000 for the Medical Reserve Corps [MRC] program in ASH. This program is a national network of local volunteers who work to strengthen the public health infrastructure and preparedness capabilities of their communities.

The Committee maintains funding at last year's level for the MRC, which is composed of volunteer doctors, dentists, nurses, pharmacists, and other community members. The Committee notes that the MRC provides an important community service, assisting in emergency response during a natural disaster, terrorist attack, or disease outbreak and staffing exercises to test local capacity to quickly dispense medicines and vaccines in an emergency.

*Office of the Secretary*

The Committee recommendation includes \$317,470,000 for activities within the Office of the Secretary.

*Pandemic Influenza Preparedness*

The Committee recommendation includes \$260,000,000 for Pandemic Influenza Preparedness. Of the total, \$35,000,000 is provided in annual funding and \$225,000,000 in no-year funding.

*Pandemic Influenza Program.*—The Committee recognizes the critical nature of preparing for and responding to the inevitability of pandemic influenza and directs ASPR to continue to develop, procure, and maintain detection, prevention, and treatment measures and countermeasures to protect the public against pandemic influenza. The Committee intends that ASPR use the funding provided to support innovative technologies that enhance rapid detection and response to threats relating to pandemic influenza, ensure readiness to respond to pandemic influenza threats, and sustain and replenish pandemic stockpiles of bulk antigen and adjuvant material and necessary ancillary supplies, including annually testing the potency and shelf-life potential of all existing pandemic stockpiles held by HHS.

*Stockpile.*—The Committee is committed to improving and modernizing our nation's pandemic influenza preparedness and ensuring first responders are protected. The Committee encourages

ASPR to work toward novel stockpiling concepts, such as Vendor Managed Inventory, which will reduce the overhead required to maintain the pandemic stockpile, and will ensure that a safe, reliable supply of pandemic countermeasures are available from vaccine manufacturers.

*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 2020, the level transferred from the fund after accounting for sequestration is \$893,950,000. The Committee includes bill language in section 222 of this act that requires that funds be transferred within 45 days of enactment of this act to the following accounts, for the following activities, and in the following amounts:

[In thousands of dollars]

Agency	Account	Program	Committee recommendation
ACL .....	Aging and Disability Services Programs .....	Alzheimer’s Disease Prevention Education and Outreach.	\$14,700
ACL .....	Aging and Disability Services Programs .....	Chronic Disease Self Management .....	8,000
ACL .....	Aging and Disability Services Programs .....	Falls Prevention .....	5,000
CDC .....	Immunization and Respiratory Diseases .....	Section 317 Immunization Grants .....	370,300
CDC .....	Emerging and Zoonotic Infectious Diseases ...	Epidemiology and Laboratory Capacity Grants	40,000
CDC .....	Emerging and Zoonotic Infectious Diseases ...	Healthcare Associated Infections .....	12,000
CDC .....	Chronic Disease Prevention and Health Promotion.	Office of Smoking and Health (Tobacco Prevention/Media & Quit Lines).	129,600
CDC .....	Chronic Disease Prevention and Health Promotion.	Breast Feeding Grants (Hospitals Promoting Breastfeeding).	8,000
CDC .....	Chronic Disease Prevention and Health Promotion.	Million Hearts Program .....	4,000
CDC .....	Chronic Disease Prevention and Health Promotion.	Heart Disease & Stroke Prevention Program ..	57,075
CDC .....	Chronic Disease Prevention and Health Promotion.	Diabetes .....	52,275
CDC .....	Chronic Disease Prevention and Health Promotion.	Early Care Collaboratives .....	4,000
CDC .....	Environmental Health .....	Lead Poisoning Prevention .....	17,000
CDC .....	CDC-Wide Activities .....	Preventive Health and Health Services Block Grants.	160,000
SAMHSA ..	Mental Health .....	Suicide Prevention (Garrett Lee Smith) .....	12,000



GENERAL PROVISIONS

Section 201. The bill continues a provision placing a \$50,000 ceiling on official representation expenses.

Section 202. The bill modifies a provision limiting the use of certain grant funds to pay individuals more than an annual rate of Executive Level II or capping NIH investigator salaries.

Section 203. The bill continues a provision restricting the Secretary's use of taps for program evaluation activities unless a report is submitted to the Appropriations Committees of the House of Representatives and the Senate on the proposed use of funds.

Section 204. The bill modifies a provision authorizing the transfer of up to 3.1 percent of PHS Act funds for evaluation activities.

Section 205. The bill continues a provision restricting transfers of appropriated funds and requires a 15-day notification to the Committees on Appropriations of the House of Representatives and the Senate.

Section 206. The bill continues a general provision allowing National Health Service Corps contracts to be canceled up to 60 days after award.

Section 207. The bill continues a provision regarding requirements for family planning applicants.

Section 208. The bill continues language which States that no provider services under title X of the PHS Act may be exempt from State laws regarding child abuse.

Section 209. The bill continues language which restricts the use of funds to carry out the Medicare Advantage Program if the Secretary denies participation to an otherwise eligible entity.

Section 210. The bill continues a provision prohibiting the use of funds for lobbying activities related to gun control.

Section 211. The bill continues a provision that limits the assignment of certain public health personnel.

Section 212. The bill continues a provision which facilitates the expenditure of funds for international health activities.

Section 213. The bill continues a provision permitting the transfer of up to 3 percent of AIDS funds among ICs by the Director of NIH and the Director of the Office of AIDS Research at NIH.

Section 214. The bill continues language which requires that the use of AIDS research funds be determined jointly by the Director of NIH and the Director of the Office of AIDS Research and that those funds be allocated directly to the Office of AIDS Research for distribution to the ICs consistent with the AIDS research plan.

Section 215. The bill continues a provision authorizing the Director of NIH to enter into certain transactions to carry out research in support of the NIH Common Fund.

Section 216. The bill modifies a provision permitting NIH to use up to 1 percent of IC funding for construction, improvements, and repairs of facilities.

Section 217. The bill continues a provision that transfers funds from NIH to HRSA and AHRQ, to be used for National Research Service Awards.

Section 218. The bill continues a provision that provides BARDA with authority to enter into a multiyear contract for up to 10 years and to repurpose unused termination costs to pay contract invoices.

Section 219. The bill continues a provision requiring CJs to include certain FTE information with respect to ACA.

Section 220. The bill continues a provision related to ACA exchange funding transparency.

Section 221. The bill continues a provision prohibiting funds for the Risk Corridor program.

Section 222. The bill includes a provision requiring the Secretary to transfer Prevention and Public Health Fund resources within 45 days.

Section 223. The bill continues a provision related to breast cancer screening recommendations.

Section 224. The bill continues a provision on NIH indirect costs.

Section 225. The bill continues a provision requiring Congressional notification prior to NIH transfers of opioid funds internally.

Section 226. The bill continues a provision related to notifications for ACA enrollment and Community Health Centers awards.

Section 227. The bill continues a provision for Medicare and Medicaid expenses.

Section 228. The bill modifies a provision on staffing reports.

Section 229. The bill includes a new provision on HHS staff travel for medical care.

Section 230. The bill includes a new provision on HHS travel.

Section 231. The bill continues a provision allowing private donations for the care of unaccompanied alien children.

Section 232. The bill continues a provision regarding Member access to unaccompanied alien children facilities.

Section 233. The bill includes a new provision for CDC employees dependents' schooling of CDC employees stationed in a U.S. territory.

Section 234. The bill modifies a provision rescinding unobligated funds from the Nonrecurring Expenses Fund.

TITLE III  
DEPARTMENT OF EDUCATION  
EDUCATION FOR THE DISADVANTAGED

Appropriations, 2019 .....	\$16,543,790,000
Budget estimate, 2020 .....	15,536,069,000
Committee recommendation .....	16,543,790,000

The Committee recommends \$16,543,790,000 for programs in the Education for the Disadvantaged account. Funds appropriated in this account primarily support activities in the 2020–2021 school year.

*Grants to Local Educational Agencies*

The Committee recommends \$15,859,802,000 for the title I grants to local educational agencies [LEAs] program. Title I grants to LEAs provide supplemental education funding, especially in high-poverty areas, for local programs that provide extra academic support to help raise the achievement of eligible students or, in the case of school-wide programs, help all students in high-poverty schools meet challenging State academic standards. Title I grants are distributed through four formulas as prescribed by this act: basic, concentration, targeted, and education finance incentive grant.

Of the funds available for title I grants to LEAs, up to \$5,000,000 shall be available on October 1, 2019 for transfer to the Census Bureau for poverty updates; \$5,013,625,000 will become available on July 1, 2020; and \$10,841,177,000 will become available on October 1, 2020. The funds that become available on July 1, 2020, and October 1, 2020, will remain available for obligation through September 30, 2021.

*Comprehensive Literacy State Development Grants*

The Committee recommendation includes \$190,000,000 for the Comprehensive Literacy State Development Grants program. This program provides competitive grants to State educational agencies [SEAs] that then subgrant at least 95 percent of such funds to eligible entities to support efforts to improve literacy instruction in high-need schools and early education programs in a State for each of several age bands ranging from birth through 12th grade.

*Innovative Approaches to Literacy*

The Committee recommendation includes \$27,000,000 for the Innovative Approaches to Literacy program. This program provides competitive grants to national not-for-profit organizations and school libraries for providing books and childhood literacy activities to children and families living in high-need communities.

The Committee continues to direct the Department to reserve no less than 50 percent of funds under this program for grants to develop and enhance effective school library programs, which may include providing professional development to school librarians, books, and up-to-date materials to high-need schools. School library programs increase access to a wide range of print and electronic re-

sources, and provide learning opportunities for all students, particularly those who are less likely to have access to such materials at home. Further, the Committee continues to direct the Department to ensure that grants are distributed among eligible entities that will serve geographically diverse areas, including rural areas.

*Migrant Education Program*

The Committee recommends \$374,751,000 for the title I Migrant Education program. This funding supports grants to SEAs to ensure that migratory children receive full and appropriate opportunities to meet the same challenging State academic standards that all children are expected to meet and help such children overcome educational disruption and other factors that inhibit the ability of such children to succeed in school. Funding also supports activities to improve interstate and intrastate coordination of migrant education programs, as well as identify and improve services to the migrant student population.

*Neglected and Delinquent*

The Committee recommends \$47,614,000 for the title I Neglected and Delinquent program. This program provides financial assistance to SEAs for education services to neglected and delinquent children and youth in State-run institutions and for juveniles in adult correctional institutions. States are authorized to set aside at least 15 percent, but not more than 30 percent, of their Neglected and Delinquent funds to help students in State-operated institutions make the transition into locally operated programs and to support the successful reentry of youth offenders who are age 20 or younger and have received a secondary school diploma or its recognized equivalent.

*Special Programs for Migrant Students*

The Committee recommends \$44,623,000 for Special Programs for Migrant Students, which consist of the High School Equivalency Program [HEP] and the College Assistance Migrant Program [CAMP]. HEP projects are 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant students ages 16 and older and provide the academic and support services needed to help them obtain a high school equivalency certificate and subsequently gain employment, attain admission to a postsecondary institution or a job training program, or join the military. CAMP projects are 5-year grants to institutions of higher education and nonprofit organizations to provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education.

IMPACT AID

Appropriations, 2019 .....	\$1,446,112,000
Budget estimate, 2020 .....	1,371,799,000
Committee recommendation .....	1,471,112,000

The Committee recommends \$1,471,112,000 for the Impact Aid program. Impact Aid provides financial assistance to school districts affected by the presence of Federal activities and federally owned land. These school districts face unique challenges because

they must educate children living on federally owned land, such as military bases, while federally owned property is also exempt from local taxes, a primary source of revenue for local school districts.

*Basic Support Payments*

The Committee recommends \$1,325,242,000 for the Basic Support Payments program. Under this statutory formula, payments are made on behalf of all categories of federally-connected children, with a priority placed on making payments first to heavily impacted school districts and providing any remaining funds for regular basic support payments.

*Payments for Children With Disabilities*

The Committee bill includes \$48,316,000 for Payments for Children With Disabilities. Under this program, additional payments are made for certain federally connected children eligible for services under the Individuals with Disabilities Education Act [IDEA].

*Facilities Maintenance*

The Committee recommends \$4,835,000 for Facilities Maintenance. This activity provides funding for emergency repairs and comprehensive capital improvements to certain school facilities owned by the Department and used by LEAs to serve federally connected military dependent students. Funds appropriated for this purpose are available until expended.

*Construction*

The Committee recommends \$17,406,000 for eligible LEAs for school construction activities allocated by formula under section 7007(a) of the Elementary and Secondary Education Act [ESEA].

The Committee is concerned that Impact Aid school districts are unable to address long standing school facility needs in a timely manner due to limited bonding capacity and tax base. The Committee requests GAO to review the unique facility conditions and capital financing challenges facing the full-range of Impact Aid school districts.

*Payments for Federal Property*

The Committee recommends \$75,313,000 for Payments for Federal Property. These payments compensate LEAs specifically for revenue lost due to the removal of Federal property from local tax rolls, regardless of whether any federally connected children attend schools in the district. The budget request proposed eliminating this program. The Committee recommendation again rejects this elimination and continues to note that this funding represents a key component of fulfilling the Federal Government's commitment to school districts impacted by the presence of federally-owned land.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 2019 .....	\$5,246,967,000
Budget estimate, 2020 .....	675,614,000
Committee recommendation .....	5,305,967,000

The Committee recommendation includes \$5,305,967,000 for the School Improvement Programs account.

*Supporting Effective Instruction State Grants*

The Committee recommends \$2,055,830,000 for Supporting Effective Instruction State Grants. States and LEAs may use funds for a range of activities related to the certification, recruitment, professional development, and support of teachers and administrators. Activities may include reforming teacher certification and licensure requirements, addressing alternative routes to State certification of teachers, recruiting teachers and principals, improving equitable access to effective teachers, and implementing teacher mentoring systems, evaluation and support systems, merit pay, and merit-based performance systems. These funds may also be used by districts to hire teachers to reduce class sizes.

The appropriation for this program primarily supports activities associated with the 2020–2021 academic year. Of the funds provided, \$374,389,000 will become available on July 1, 2020, and \$1,681,441,000 will become available on October 1, 2020. These funds will remain available for obligation through September 30, 2021.

*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 \$1,221,673,000 for the 21st Century Community Learning Centers program. Funds are allocated to States by formula, which in turn, award at least 95 percent of their allocations to LEAs, community-based organizations, and other public and private entities. Grantees use these resources to establish or expand community learning centers that provide activities offering significant extended learning opportunities, such as before- and after-school programs, recreational activities, drug and violence prevention, and family literacy programs for students and related services to their families. Centers must target their services to students who attend schools that are eligible to operate a school-wide program under title I of the ESEA or serve high percentages of students from low-income families.

*State Assessments Grants*

The Committee recommends \$378,000,000 for the State Assessments Grants program. This program provides formula grants to States for developing and implementing standards and assessments required by the ESEA and helping States and LEAs carry out audits of their assessment systems to eliminate low-quality or dupli-

cative assessments. It also provides competitive grants to States, including consortia of States, to improve the quality, validity, and reliability of academic assessments.

*Education for Homeless Children and Youth*

For carrying out education activities authorized by title VII, subtitle B of the McKinney-Vento Homeless Assistance Act, the Committee recommends \$102,500,000. This program provides assistance to each State to support an office of the coordinator of education for homeless children and youth, to develop and implement State plans for educating homeless children, and to make subgrants to LEAs to support the education of those children. Grants are made to States based on the total that each State receives in title I grants to LEAs.

Under the McKinney-Vento Homeless Children and Youth Program, SEAs must ensure that homeless children and youth have equal access to the same free public education, including a public preschool education, as is provided to other children and youth.

The Committee notes that earlier this year the Department implemented a reorganization of offices which in part altered the administration of the McKinney-Vento program. The Committee would not want this reorganization to undermine the strengthening of the program that occurred in the reauthorization of the ESEA. Therefore, the Department is directed to brief the Senate Committees on Appropriations and Health, Education, Labor, and Pensions no later than 30 days after enactment on the resources currently being devoted to monitoring compliance with ESSA accountability and State and local report card provisions related to homeless children and youth and supporting SEAs and LEAs in achieving and maintaining compliance with such provisions; the internal support within other program offices in the Department being provided to assist with administration of the EHCY program; and the resources available for monitoring compliance with EHCY program requirements at the SEA and LEA level.

*Training and Advisory Services*

For Training and Advisory Services authorized by title IV of the Civil Rights Act, the Committee recommends \$6,575,000. The funds provided will support awards to operate regional equity assistance centers [EACs]. Each EAC provides services to school districts upon request. Activities include disseminating information on successful practices and legal requirements related to nondiscrimination on the basis of race, color, sex, or national origin in education programs.

*Native Hawaiian Education*

The Committee recommendation includes \$36,397,000 for Native Hawaiian Education.

The Committee bill includes a provision that allows funding provided by this program to be used for construction. The Committee recommendation includes sufficient funding for the Native Hawaiian Education Council.

*Alaska Native Education*

The Committee recommends \$35,453,000 for the Alaska Native Education. These funds help address the unique educational needs of Alaska Native schoolchildren. Funds are used for the development of supplemental educational programs to benefit Alaska Natives.

The Committee continues language that allows funding provided by this program to be used for construction and overriding the authorizing statute's requirement to make noncompetitive awards to certain organizations.

The Committee directs the Department to make every effort to ensure that grants are awarded well in advance of the school year, to maximize grantees' ability to hire the necessary staff and have their programs ready to go with the start of Alaska's school year in mid-August. The Committee continues to direct 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. The Committee also encourages the Department to include as many peer reviewers as possible who have experience with Alaska Native education and Alaska generally on each peer review panel.

*Rural Education*

The Committee recommends \$180,840,000 for rural education programs. The Committee expects that rural education funding will be equally divided between the Small, Rural School Achievement Program, which provides funds to LEAs that serve a small number of students, and the Rural and Low-Income School Program, which provides funds to LEAs that serve concentrations of poor students, regardless of the number of students served.

*Comprehensive Centers*

The Committee recommends \$52,000,000 for the Comprehensive Centers program. These funds provide support to a network of comprehensive centers that are operated by research organizations, agencies, institutions of higher education, or partnerships thereof, and provide training and technical assistance on various issues to States, LEAs, and schools as identified through needs assessments undertaken in each region. The system currently includes 15 regional centers, which are charged with providing intensive technical assistance to SEAs to increase their capacity to assist LEAs and schools with meeting the goals of the ESEA, and 8 content centers, which are organized by topic area.

*Student Support and Academic Enrichment Grants*

The Committee recommendation includes \$1,220,000,000 an increase of \$50,000,000 for Student Support and Academic Enrichment [SSAE] Grants. This program provides formula grants to States, which then sub-grant to LEAs, to help support activities to provide students with a well-rounded education, ensure safe and



supportive learning environments, and use technology to improve instruction.

*Report on Use of Funds.*—The Committee is aware that the Department intends to conduct quick turnaround and formal implementation studies of the Student Support and Academic Enrichment Grant program to examine local uses of funds and State-level program activities during the 2018–2019 school year. The Committee encourages the Department to examine State and local expenditures, outlined by specific authorized activities, and provide detailed information about the most common uses of funds, as well as information about how LEAs plan to evaluate the effectiveness of their activities. Additionally, the Committee encourages the Department to study how SEAs are collecting data from LEAs, including how States are verifying that funds are being used in an authorized manner and, as applicable, in accordance with required comprehensive needs assessments, and that LEAs agencies are meeting the objectives and outcomes described in their applications. The Committee encourages the Department to publish reports on these studies as quickly as possible and to conduct such studies periodically as appropriate.

*Technical Assistance and Capacity Building.*—The Committee expects funds reserved for technical assistance and capacity building to be used strictly to support SEAs and LEAs in carrying out authorized activities under this program. The Committee directs the Department to include information on the planned uses of these funds in the operating plan required under section 516 of this act, and to brief the Committees on Appropriations of the House of Representatives and the Senate prior to issuing any notice inviting applications.

INDIAN EDUCATION

Appropriations, 2019 .....	\$180,239,000
Budget estimate, 2020 .....	176,239,000
Committee recommendation .....	180,739,000

The Committee recommends \$180,739,000 for Indian education programs.

*Grants to Local Educational Agencies*

For grants to LEAs, the Committee recommends \$105,381,000. These funds provide financial support to elementary and secondary school programs that serve Indian students, including preschool children. Funds are awarded on a formula basis to LEAs, schools supported and operated by the Department of the Interior/Bureau of Indian Education, and in some cases directly to Indian tribes.

*Special Programs for Indian Children*

The Committee recommends \$67,993,000 for special programs for Indian children. Funds are used for demonstration grants to improve Indian student achievement from early childhood education through college preparation programs, and for professional development grants for training Indians who are preparing to begin careers in teaching and school administration.

The budget request includes up to \$10,000,000 to expand the ability of families to choose high-quality educational opportunities

to meet the needs of Native youth. The Committee directs the Department to only pursue this initiative after Tribal consultation and if supported by Tribes. Accordingly, the Committee directs the Department to include information on the planned use of funds under the Special Programs for Indian Children program in the operating plan required under section 516 of this act, and to brief the Committees on Appropriations of the House of Representatives and the Senate not less than 30 days prior to posting any notice inviting applications under this program.

*National Activities*

The Committee recommends \$7,365,000 for national activities. Funds are used to expand efforts to improve research, evaluation, and data collection on the status and effectiveness of Indian education programs, and to continue grants to tribal educational departments for education administration and planning.

The Committee continues to note that there are significant cognitive, psychological, and academic benefits that result from Native American language immersion programs and that language education programs are essential for tribal self-determination. Within the total, the Committee recommendation includes no less than \$2,811,000, an increase of \$500,000, for Native American language immersion programs authorized under section 6133 of ESEA. The Committee intends that these funds be allocated to all types of eligible entities, including both new and existing language immersion programs and schools, to support the most extensive possible geographical distribution and language diversity. Further, the Committee directs the Department to give the same consideration to applicants that propose to provide partial immersion schools and programs as to full immersion, as the local tribes, schools, and other applicants know best what type of program will most effectively assist their youth to succeed.

INNOVATION AND IMPROVEMENT

Appropriations, 2019 .....	\$1,035,556,000
Budget estimate, 2020 .....	1,107,000,000
Committee recommendation .....	1,055,556,000

The Committee recommends \$1,055,556,000 for programs within the Innovation and Improvement account.

*Education Innovation and Research*

The Committee recommendation includes \$130,000,000 for the Education Innovation and Research [EIR] program. This program supports the creation, development, implementation, replication, and scaling up of evidence-based, field-initiated innovations designed to improve student achievement and attainment for high-need students. EIR incorporates a tiered evidence framework that provides early-phase, mid-phase, and expansion and replication grants. This supports interventions throughout the pipeline, from smaller grants for early stage projects that are willing to undergo rigorous evaluation to test their efficacy to larger grants to scale-up proven-effective interventions that have demonstrated significant impacts through multiple rigorous evaluations.

*Grant Priorities.*—The Committee notes there is significant demand from the field to test many types of strategies and to examine promising techniques that can be scaled-up in different settings. The Committee expects funds to continue to support diverse and field-initiated interventions, rather than a single nationwide program or award focused solely on one area of educational innovation. The Committee directs the Department to brief the Committees on Appropriations of the House of Representatives and the Senate on the fiscal year 2020 funding opportunities available under this program, including any specified priorities, not less than 30 days prior to releasing a notice inviting applications.

*Integrated Student Support Systems.*—The Committee recommends that the Department consider establishing an invitational priority for projects meeting the requirements of EIR that expand scalable, evidence-based integrated student support systems that demonstrate improved academic and graduation performance. Such programs should create partnerships with existing school and community resources to deliver and track an individually-tailored support plan for each student in a high need school.

*Rural Set-Aside.*—The Committee supports the 25 percent set-aside within EIR for rural areas and encourages the Department to take steps necessary to ensure the set-aside is met and that EIR funds are awarded to diverse geographic areas.

*Science, Technology, Education and Math [STEM] Education.*—Within the total for EIR, the Committee recommendation includes \$60,000,000 for STEM education activities, including computer science education.

#### *Charter School Program*

The Committee recommends \$460,000,000 for the Charter School Program. This program supports the start-up, replication, and expansion of high-quality charter schools.

Within the total, the Committee recommendation includes \$235,000,000 for State Entity Grants to support high-quality charter schools under section 4303 of ESEA; not less than \$150,000,000, an increase of \$15,000,000 for Charter Management Organization Grants for the replication and expansion of high-quality charter schools under section 4305(b); not less than \$60,000,000 an increase of \$5,000,000 for Facilities Grants under section 4304, of which not less than \$50,000,000 shall be for the Credit Enhancement program; and \$15,000,000 for national activities to provide technical assistance, disseminate best practices, and evaluate the impact of the charter school program. In addition to standard reprogramming requirements, the Committee directs the Department to notify and brief the Committees on Appropriations of the House of Representatives and the Senate as soon as possible of any need to reprogram funds between the activities specified above.

*Rural Charter School Developer Grants.*—The Committee recommendation includes no less than \$7,500,000, the same as the fiscal year 2019 level, for developer grants to establish or expand charter schools in underserved, high-poverty, and rural areas. This funding supports, in addition to other models, grants to non-profit organizations in partnership with institutions of higher education [IHE] located in rural areas that are committed to increasing the

number of high-quality charter schools in their region; providing a successful, replicable model for rural elementary and secondary education; and improving educational outcomes for underserved rural students. The Committee continues to note that IHEs may be uniquely suited to help address challenges faced by charter schools in rural areas, and to give students opportunities to learn in non-traditional settings. Further, the Committee continues to note that establishing charter schools in rural, particularly underserved areas, will likely require more start-up costs than in some other areas, and strongly encourages the Department to consider these factors in determining grant award levels.

*Technical Assistance and Oversight.*—The Committee notes that section 4303(d)(3)(A)(ii) of ESEA requires the Department to conduct regular reviews of State Entity Grants. ESSA took critical steps toward strengthening oversight of charter schools by requiring State entities receiving grant funds to allocate not less than 7 percent of funding received under the program to provide technical assistance to eligible applicants and authorized public chartering agencies in opening and preparing for the operation of new charter schools and replicated high-quality charter schools. The Committee encourages the Department to include in their review of State entity grantees a review of how State entities are utilizing this 7 percent set-aside, including but not limited to the extent to which State entities are using it to ensure that charter schools receiving CSP grants are equipped to appropriately serve all students, including students with disabilities. The Committee further requests that the Department include in its CJs, starting with submissions for the 2021 fiscal year, a summary of those findings.

#### *Magnet Schools Assistance*

The Committee recommends \$107,000,000 for the Magnet Schools Assistance program. This program supports grants to LEAs to establish and operate magnet schools that are part of a court-ordered or federally approved voluntary desegregation plan. Magnet schools are designed to attract substantial numbers of students from different social, economic, ethnic, and racial backgrounds. Grantees may use funds for planning and promotional materials; salaries of instructional staff; transportation, as long as such expenses are sustainable beyond the grant period and not a significant portion of the grant; and the purchase of technology, educational materials, and equipment.

The Committee encourages the Department to prioritize Magnet School Assistance applications that are paired with Department of Housing and Urban Development Choice Neighborhoods planning or implementation grants.

#### *Arts in Education*

The Committee recommendation includes \$29,000,000 for the Arts in Education program. The funding is used for competitive awards for national nonprofit organizations engaged in arts education, professional development activities, and model arts education programs. Funds also are used for evaluation and dissemination activities.

The Committee recommendation includes funding for each activity within this program at no less than the fiscal year 2019 level.

*Javits Gifted and Talented Students*

The Committee recommendation includes \$12,000,000 for the Javits Gifted and Talented Students Education program. Funds are used for awards to State and local educational agencies, institutions of higher education, and other public and private agencies for research, demonstration, and technical assistance activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students, including those from disadvantaged and underrepresented populations.

*American History and Civics Education*

The Committee recommendation includes \$4,815,000 for American History and Civics Education, including \$1,815,000 for Presidential and Congressional Academies for American History and Civics and \$3,000,000 for American History and Civics Education National Activities.

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 \$200,000,000 for Teacher and School Leader Incentive Grants. This program provides competitive grants to eligible entities to develop, implement, improve, or expand human capital management systems or performance-based compensation systems in schools. Funds can be used for a wide-range of activities, including developing or improving evaluation and support systems that are based in part on student achievement; providing principals with necessary tools to make school-level decisions; implementing a differentiated salary structure based on a variety of factors; improving the recruitment and retention of effective teachers, principals, and other school leaders; and instituting career advancement opportunities that reward effective teachers, principals and other school leaders.

*Ready-To-Learn Television*

The Committee recommendation includes \$27,741,000 for the Ready-to-Learn Television program. This program is designed to facilitate student academic achievement by leveraging the power and reach of public television to develop and distribute educational video programming for preschool and elementary school children and their parents, caregivers, and teachers.

The Committee includes funding to launch the next five-year Ready to Learn grant round and expects the Department to issue a Notice Inviting Applications [NIA] in early 2020. The program's broadcast mission remains vital, particularly for children in rural

and low-income communities where access to broadband Internet is often sparse or non-existent. Thus, the Department should refrain from making any changes to the program that would impede or impair production and nationwide distribution of television content, digital content, and supplemental materials through local public telecommunications entities, such as limiting the size of each individual grant below the range in the last NIA for this program.

*Supporting Effective Educator Development*

The Committee recommendation includes \$75,000,000 for the Supporting Effective Educator Development [SEED] program. SEED provides competitive grants to improve teacher and principal effectiveness by supporting pathways that help teachers, principals, or other school leaders with non-traditional preparation and certification obtain employment in underserved LEAs; providing evidence-based professional development; and making services and learning opportunities freely available to LEAs.

*Effective School Leaders.*—The Committee recognizes the significant impact of effective principals and other school leaders on student achievement and other student outcomes, and believes that the SEED program is an ideal vehicle for helping ensure that more highly trained school leaders are available to serve in traditionally underserved LEAs. Therefore, the Committee directs the Secretary to use a portion of funds made available for SEED to support the preparation of principals and other school leaders.

*Programs of National Significance.*—The Committee directs the Department to ensure grants are awarded to a diverse set of eligible entities operating programs of national significance, consistent with Congressional intent. The Committee strongly encourages the Department to include National non-profits and institutes of higher education that implement high evidence-based activities (as defined in section 8101(21)(A)(i) of the ESEA) that support a significant number of educators in multiple States and a number of sites to help bring to scale evidence-based programs of National significance and ensure a significant number of educators and students across the country are served by this program.

*Rural Schools and Schools Serving High Percentages of Native Students.*—The Committee is aware that students in rural public schools and public schools serving high percentages of Native students have inequitable access to accomplished teachers. Therefore, the Committee strongly encourages the Department to consider establishing a priority for SEED projects addressing this issue and to increase the number of teachers in such schools who have earned a nationally recognized advanced credential. There are a number of ways to support these teachers in pursuing an advanced credential, including financial support, training, mentorship, and access to online exemplars of accomplished teaching practice as part of a program of support; financial incentives for those who earn the credential and continue to teach in a rural or Native student classroom; and training for principals to encourage and support their teachers in earning such advanced credentials.

*Statewide Family Engagement Centers*

The Committee recommendation includes \$10,000,000 for Statewide Family Engagement Centers. This program provides competitive grants to statewide organizations to promote and implement evidence-based family engagement activities in education programs, and provide training and technical assistance to SEAs, LEAs, schools, and other organizations for carrying out such activities.

The Committee is aware that the Department did not score a valid application for funding under the Statewide Family Engagement Centers program prior to making initial awards under the program at the end of fiscal year 2018. The Department subsequently scored this application and then awarded funding out of fiscal year 2019 resources since the application scored high enough to have been awarded a grant among those initially selected for an award in fiscal year 2018. This action created an approximately \$1,000,000 shortfall in funding for fiscal year 2019 with each fiscal year 2018 funded grantee receiving a notice from the Department that their second-year grant funding would be reduced by 9 percent. The Committee opposes this stated policy because of the impact of these cuts on the ability of centers to robustly engage families just as centers are beginning to ramp up their work as indicated in approved grant applications. The Committee directs the Secretary to avoid imposing such cuts and to work with the Committee using available flexibility and resources to implement a solution for this problem.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriations, 2019 .....	\$190,754,000
Budget estimate, 2020 .....	200,000,000
Committee recommendation .....	183,254,000

The Committee recommends a total of \$183,254,000 for activities to promote safe schools, healthy students, and citizenship education.

*Promise Neighborhoods*

The Committee recommendation includes \$78,254,000 for the Promise Neighborhoods program. This program awards competitive grants to not-for-profit, community-based organizations for the development of comprehensive neighborhood programs designed to combat the effects of poverty and improve educational and life outcomes for children and youth, from birth through college. Each Promise Neighborhood grantee serves a high-poverty urban neighborhood or rural community.

*School Safety National Activities*

The Committee recommendation includes \$105,000,000 for the School Safety National Activities, including up to \$5,000,000 for Project SERV. This funding supports activities to improve student safety and well-being, including improving school climates, access to mental healthcare, and emergency management response; preventing school violence; and addressing the consequences of school violence or other traumatic events such as natural disasters.

*Opioid Abuse and Prevention.*—The Committee appreciates the priority the Department has implemented for opioid abuse and prevention on some of its recent grant competitions. The Committee believes more must be done to prevent opioid abuse by students and address the mental health needs of students affected by opioid abuse in their families or communities.

*Partnerships to Expand Access to Mental Health Professionals in Schools.*—The Committee includes continued funding for a demonstration program to test and evaluate innovative partnerships between institutions of higher education and high-needs State or local educational agencies to train school counselors, social workers, psychologists, or other mental health professionals. This could help demonstrate innovative ideas to foster a pipeline between graduate programs that train these professionals and local educational agencies, to expand access to such professionals in high-need schools and ultimately improve student outcomes.

*Project SERV.*—The Committee strongly encourages the Department to ensure that funding available for Project SERV grants be promptly awarded to eligible entities located in areas with high rates of community violence.

*Safe School Design.*—The Committee recognizes the vital role of school design in the development and achievement of evidence-based strategies and programs related to school facility security that promote a positive school climate for all students. The Committee encourages the Department to partner with outside experts and other Federal agencies as appropriate to develop best-practices and design guidelines for school facilities to improve school safety and school climate. These guidelines, while focused on security and student safety, must uphold the aesthetics of the school premises as a learning and teaching environment and not diminish the uplifting, positive learning atmosphere that is essential to the best educational conditions. The guidelines should address, among other things, lessons learned from past incidents and the arrival of first responders. It should provide guidance on building elements that impact security, including but not limited to, entrances and exits, escape routes, hiding spaces, hallways, and building layout to protect students and school personnel.

*School Safety Clearinghouse and Mental Health Services for Students.*—The Committee requests a briefing for the Committees on Appropriations of the House of Representatives and the Senate within 90 days of enactment on: (1) the progress made by the Federal government in identifying, assessing, and disseminating evidence-based approaches to maintaining safe schools and positive learning environments for all students, including establishing a clearinghouse for such approaches; and (2) improving and expanding access to mental health services for students.

*Social and Emotional Learning.*—The Committee strongly encourages the Department to prioritize SEAs and LEAs whose applications describe how they will develop, adopt, and teach social and emotional skills in awarding grants pertaining to school safety. Additionally, the Committee supports the creation of the Center to Improve Social and Emotional Learning and School Safety and directs the Department to describe in the fiscal year 2021 CJ plans for disseminating the Center's clearinghouse of evidence-based



strategies to internal and external stakeholders, including SEAs and LEAs, and the Department’s plans for leveraging the Center’s knowledge of evidenced-based social and emotional learning strategies for supporting implementation of the Student Support and Academic Enrichment program and informing fiscal year 2020 grant competitions.

*State and Federal Coordination on School Safety.*—The Committee recognizes the vital role that States and LEAs play in maintaining the safety of our students and schools. The Committee is aware that many States have researched and in some cases provided reports on the local needs and solutions to maintain safe schools and positive learning environments. The Committee encourages the Department to continue to work with SEAs and LEAs on such issues.

*Trauma-informed Care.*—The Committee directs the Department to ensure activities within this account support the implementation of trauma-informed practices and other mental health supports in schools. Fostering trauma-informed cultures in schools helps both students and staff succeed by addressing the impacts of trauma; improves school capacity to identify, refer, and provide services to students; can improve staff retention and help keep kids in school; and support learning environments where students feel safe, supported, and ready to learn.

*Full Service Community Schools*

Due to budget constraints the Committee recommendation does not include funding for the Full-Service Community Schools program.

ENGLISH LANGUAGE ACQUISITION

Appropriations, 2019 .....	\$737,400,000
Budget estimate, 2020 .....	737,400,000
Committee recommendation .....	737,400,000

The Committee recommends an appropriation of \$737,400,000 for the English Language Acquisition program.

The Department makes formula grants to States based on each State’s share of the Nation’s limited-English-proficient and recent immigrant student population. The program is designed to increase the capacity of States and school districts to address the needs of these students. The authorizing statute requires that 6.5 percent of the appropriation be used to support national activities, which include professional development activities designed to increase the number of highly qualified teachers serving limited-English-proficient students; and a National Clearinghouse for English Language Acquisition and Language Instructional Programs. National activities funds shall be available for 2 years.

The Committee continues to encourage the Department to ensure States are aware of the availability of funding to support English Language Learners within this program and other Department of Education programs, to help States and school districts access and make the best use of available funding.

SPECIAL EDUCATION

Appropriations, 2019 .....	\$13,468,728,000
Budget estimate, 2020 .....	13,468,728,000
Committee recommendation .....	13,473,228,000

The Committee recommends an appropriation of \$13,473,228,000 for special education programs.

*Grants to States*

The Committee recommendation includes \$12,364,392,000 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 2020–2021 academic year. Of the funds available for this program, \$3,081,009,000 will become available on July 1, 2020, and \$9,283,383,000 will become available on October 1, 2020. These funds will remain available for obligation through September 30, 2021.

*Preschool Grants*

The Committee recommends \$391,120,000 for Preschool Grants. This program provides formula grants to States to assist them in making available special education and related services for children with disabilities aged 3 through 5. States distribute the bulk of the funds to LEAs. States must serve all eligible children with disabilities aged 3 through 5 and have an approved application under the IDEA.

*Grants for Infants and Families*

The Committee recommends \$470,000,000 for the Grants for Infants and Families program under part C of the IDEA. Part C of 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. IDEA also gives States the option of extending eligibility for part C services to children 3 and older if they were previously served under part C and will continue to be served until entrance to kindergarten.

*State Personnel Development*

The Committee recommends \$38,630,000 for the State Personnel Development program. Ninety percent of funds must be used for professional development activities. The program supports grants to SEAs to help them reform and improve their personnel preparation and professional development related to early intervention, educational, and transition services that improve outcomes for students with disabilities. The bill includes language in the budget request that continues to allow funds under the program to be used for program evaluation.

*Technical Assistance and Dissemination*

The Committee recommends \$64,428,000 for Technical Assistance and Dissemination. This program supports awards for technical assistance, model demonstration projects, the dissemination of useful information, and other activities. Funding supports activities that are designed to improve the services provided under the IDEA.

*Special Olympics.*—Within the total, the Committee recommendation includes \$20,083,000, an increase of \$2,500,000 above the fiscal year 2019 funding level, to support activities authorized by the Special Olympics Sport and Empowerment Act, including Project UNIFY. This funding supports efforts to expand Special Olympics programs and the design and implementation of Special Olympics education programs that can be integrated into classroom instruction and are consistent with academic content standards.

*Personnel Preparation*

The Committee recommends \$87,200,000 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.

The Committee recognizes that children of all ages who have been affected by the opioid crisis often face difficult challenges that can include neurodevelopmental effects of intrauterine exposure, toxic stress from the heavy toll of addiction on family dynamics, and trauma from the devastation of losing parents and caregivers to incarceration and death. Special education personnel, including those with expertise in early childhood, would benefit from additional evidence-based training in supporting children with developmental delays, trauma informed care, and positive behavior interventions, and supports. Therefore, within the funds provided for this program, the Committee strongly urges the Department to prioritize such training and support related to addressing the challenges presented by the opioid crisis.

*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 sup-

port the development, demonstration, and use of technology and educational media activities of value to children with disabilities.

*Education Materials in Accessible Formats for Students with Visual Impairments.*—The Committee continues to recognize the ongoing progress made with the tools and services provided under this program that have allowed more than 620,000 students with disabilities free access to more than 700,000 books in digitally accessible formats. The Committee strongly encourages continued effort to expand this program's reach to K–12 students in underserved areas.

*Promoting Development of Social Skills for Students with Disabilities.*—The Committee recommendation includes \$2,000,000 for a demonstration program to facilitate new educational strategies and programming for students with disabilities who could benefit from social skills instruction, including children with Autism Spectrum Disorders. This should include utilizing new technologies and evidence-based curriculums, including advanced social robotics that integrate evidence-based practices to improve social skills and generate positive educational outcomes in students with disabilities.

REHABILITATION SERVICES

Appropriations, 2019 .....	\$3,657,189,000
Budget estimate, 2020 .....	3,719,527,000
Committee recommendation .....	3,745,239,000

*Vocational Rehabilitation State Grants*

The Committee recommends \$3,610,040,000 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 directs the Department to submit a report within 90 days of enactment to the Committees on Appropriations of the House of Representatives and the Senate evaluating any changes in trends in employment outcomes for individuals with disabilities served by State VR programs before and after the implementation of WIOA and its implementing regulations.

The Committee expects the Department to ensure appropriate State level implementation of the Rehabilitation Act, including 29 U.S.C. 722(d), which may include the Department providing technical assistance as necessary.

*Client Assistance State Grants*

The Committee recommends \$13,000,000 in discretionary funds for Client Assistance State Grants. This program funds State formula grants to help VR clients or client applicants understand the benefits available to them. States must operate client assistance programs to receive VR State Grant funds.

*Training*

The Committee recommends \$29,388,000 for training rehabilitation personnel. This program supports grants to provide training to new VR staff or upgrade the qualifications of existing staff.

*Demonstration and Training Programs*

The Committee recommendation includes \$5,796,000 for demonstration and training programs. These programs support activities designed to increase employment opportunities for individuals with disabilities by expanding and improving the availability and provision of rehabilitation and other services.

The Committee recommendation includes no less than the fiscal year 2019 level for parent information and training programs.

*Protection and Advocacy of Individual Rights*

The Committee recommends \$17,650,000 for the Protection and Advocacy of Individual Rights program. This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities who are ineligible for the protection and advocacy services available through the Developmental

Disabilities Assistance and Bill of Rights Act or the Protection and Advocacy for Individuals with Mental Illness Act.

*Supported Employment State Grants*

The Committee recommendation includes \$22,548,000 for the Supported Employment State Grants Program. This program provides grants to States to provide supported employment services for individuals with the most significant disabilities, including youth with disabilities.

*Independent Living Services for Older Individuals Who Are Blind*

The Committee recommends \$33,317,000 for Independent Living State Grants. This program supports assistance to individuals over age 55 to help them adjust to their blindness and continue to live independently, including daily living skills training, counseling, community integration information and referral, the provision of low-vision and communication devices, and low-vision screening.

*Helen Keller National Center*

The Committee recommends \$13,500,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults. The Helen Keller National Center consists of a national headquarters in Sands Point, New York, with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 10 regional field offices that provide referral and counseling assistance to deaf-blind persons; and an affiliate network of agencies.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 2019 .....	\$30,431,000
Budget estimate, 2020 .....	25,431,000
Committee recommendation .....	31,931,000

The Committee recommends \$31,931,000 to help support American Printing House for the Blind [APH].

APH provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides approximately 65 percent of APH's total sales income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of students who are blind. Materials provided include textbooks and other educational aids in Braille, large type, recorded form, and computer applications. Appropriated funds may be used for staff salaries and expenses, as well as equipment purchases and other acquisitions consistent with the purpose of the Act to Promote the Education of the Blind.

Within the total, the Committee recommendation includes \$2,000,000, an increase of \$1,000,000, to continue and expand the Center for Assistive Technology Training regional partnership established in fiscal year 2019. APH is continually developing new products and technologies to help ensure students who are blind and visually impaired have access to the education materials they need to succeed in school. This partnership will provide training on

the use of education technology to students with vision loss, as well as those that work with students with vision loss, to help them fully utilize available products and technology.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 2019 .....	\$77,500,000
Budget estimate, 2020 .....	70,016,000
Committee recommendation .....	78,500,000

The Committee recommends \$78,500,000 for the National Technical Institute for the Deaf [NTID].

NTID, located on the campus of the Rochester Institute of Technology in Rochester, New York, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for persons who are deaf. NTID also provides support services for students who are deaf, trains professionals in the field of deafness, and conducts applied research.

The Committee strongly supports NTID’s existing regional partnership, first established with fiscal year 2016 funds, to expand NTID’s geographical reach and improve access to postsecondary STEM education and employment for students who are deaf or hard of hearing in underserved areas. This has included professional development for teachers, developing relationships with business and industry to promote employment opportunities, and preparing students to be successful in STEM fields. The Committee recommendation includes \$5,500,000, the same as the fiscal year 2019 level, to continue this existing partnership in fiscal year 2020.

GALLAUDET UNIVERSITY

Appropriations, 2019 .....	\$134,361,000
Budget estimate, 2020 .....	121,275,000
Committee recommendation .....	136,361,000

The Committee recommends \$136,361,000 for Gallaudet University.

Gallaudet University is a private, not-for-profit institution offering undergraduate and continuing education programs for students who are deaf, as well as graduate programs in fields related to deafness for students who are hearing and deaf. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf community.

This funding also supports the Model Secondary School for the Deaf, which serves as a laboratory for educational experimentation and development; disseminates curricula, materials, and models of instruction for students who are deaf; and prepares adolescents who are deaf for postsecondary academic or vocational education or the workplace. The university’s Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

Within the total, the Committee recommendation includes \$3,000,000, an increase of \$1,000,000, to continue the regional partnership established in fiscal year 2019 focused on early language acquisition for children from birth through age three who are deaf or hard of hearing. This partnership will include activities to improve early language acquisition training for early educators,

caretakers, and other professionals and allow Gallaudet to expand and build on its current research in this area, and test and evaluate interventions in new and diverse geographic areas.



CAREER, TECHNICAL, AND ADULT EDUCATION

Appropriations, 2019 .....	\$1,925,686,000
Budget estimate, 2020 .....	1,842,159,000
Committee recommendation .....	1,935,686,000

*Career and Technical Education*

The Committee recommends \$1,935,686,000 for the Career and Technical Education [CTE] account.

*State Grants.*—The Committee recommends \$1,262,598,000 for CTE State grants. Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their CTE program and help ensure equal access to CTE for populations with special needs. Persons assisted range from secondary students in pre-vocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Per the authorization of the program, after reservations for required set-asides and small State minimums, funds are distributed to a baseline level of the amount awarded to each State in fiscal year 2018 with any remaining funds allocated 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, \$471,598,000 will become available July 1, 2020, and \$791,000,000 will become available on October 1, 2020. These funds will remain available for obligation until September 30, 2021.

*National Activities.*—The Committee recommends \$17,421,000 to support research, development, demonstration, dissemination, evaluation, and assessment of activities aimed at improving the quality and effectiveness of CTE.

Within the total for national activities, the Committee recommendation includes \$10,000,000 for Innovation and Modernization grants to expand and improve career pathways opportunities for students beginning in high school. This would support the creation of sustainable, evidence-based career exploration and guidance systems that promote multiple pathways to post-secondary and career success.

The Committee encourages the Department to establish the online portal for career and technical education students described in section 114(e)(7)(K) of the Carl D. Perkins Career and Technical Education Act.

The Committee encourages the Department to work with the Departments of Defense, Labor, and Commerce to develop a pilot project to increase the quality of and participation in CTE programs that would help develop the skilled workforce needed for new submarine construction.

*Adult Education*

The Committee recommends \$655,667,000 for Adult Education programs.

*Adult Education State Grants.*—The Committee recommendation includes \$641,955,000 for Adult Education State Grants which provide funding for States for programs that assist adults in becoming literate and in obtaining the skills necessary for employment and self-sufficiency.

*National Leadership Activities.*—The Committee recommends \$13,712,000 for adult education national leadership activities.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 2019 .....	\$24,445,352,000
Budget estimate, 2020 .....	22,975,352,000
Committee recommendation .....	24,445,352,000

The Committee recommends an appropriation of \$24,445,352,000 for programs under the Student Financial Assistance account.

*Federal Pell Grant Program*

The Committee recommends \$22,475,352,000 in current year discretionary funding for the Pell grant program. Pell grants provide need-based financial assistance that helps undergraduate students and their families defray a portion of the costs of postsecondary education. Awards are determined according to a statutory need-analysis formula that takes into account a student’s family income and assets, household size, and the number of family members, excluding parents, attending postsecondary institutions.

The Committee recommendation includes a 2.2 percent, or \$135, increase in the discretionary maximum Pell grant award that increases the total maximum Pell grant award from \$6,195 for the 2019–2020 award year, to \$6,330 for the 2020–2021 award year. This is the third consecutive increase in the maximum award paid for with discretionary funding; the automatic increase in the maximum award paid for with mandatory funding expired in fiscal year 2017.

*Federal Supplemental Educational Opportunity Grant Program*

The Committee recommends \$840,000,000 for the Supplemental Educational Opportunity Grant [SEOG] program. The SEOG program provides funds to approximately 3,700 postsecondary institutions for need-based grants to more than 1,500,000 undergraduate students. Institutions must contribute at least 25 percent toward SEOG awards. Students qualify for grants of up to \$4,000 by demonstrating financial need. Priority is given to Pell grant recipients with exceptional need.

*Federal Work-Study Program*

The Committee bill provides \$1,130,000,000 for the Federal Work-Study [FWS] program. This program provides grants to approximately 3,200 institutions and helps nearly 700,000 undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment. Institutions must provide at least 25 percent of student earnings.

Within the total for FWS, the Committee recommendation includes \$9,625,000, the same as the fiscal year 2019 level, for the Work Colleges program authorized under section 448 of the HEA.

FEDERAL DIRECT STUDENT LOAN PROGRAM ACCOUNT

Appropriations, 2019 .....	\$350,000,000
Budget estimate, 2020 .....	
Committee recommendation .....	100,000,000

The Committee recommendation includes \$100,000,000 in discretionary funding for the Federal Direct Student Loan Program Account. This funding provides for the loan forgiveness under the Temporary Expanded Public Service Loan Forgiveness [TEPSLF] program established by the Consolidated Appropriations Act, 2018 and continued in this bill, for certain borrowers who are ineligible for the traditional Public Service Loan Forgiveness [PSLF] program because they were enrolled in an ineligible repayment plan, but who otherwise would be eligible for PSLF.

The Committee recommendation builds on funding provided in fiscal year 2018 and 2019 and provides additional funding for TEPSLF in fiscal year 2020. This bill provides more than sufficient funding for the program and provides additional assurances that funding limitations will not prevent eligible borrowers from having their loans forgiven in the near future. As of the end of fiscal year 2019, only an estimated \$41,000,000 will have been expended out of the combined \$700,000,000 that has been appropriated for the program in fiscal years 2018 and 2019. This is in large part because PSLF was established in late 2007 and relatively few borrowers have made the 120 monthly payments since that time needed to be eligible for loan forgiveness, even under the expanded rules of TEPSLF, and because the TEPSLF process can be challenging and confusing for borrowers.

The Committee notes that language continued in this bill establishing the TEPSLF program requires the Department to conduct outreach to borrowers to encourage them to enroll in a qualifying repayment plan; communicate to all Direct Loan borrowers the full requirements of PSLF; and develop and make available a simple method for borrowers to apply for loan cancellation under TEPSLF. The Committee directs the Department to ensure they are following these requirements. Further, the Committee encourages the Department to further simplify the TEPSLF application process so borrowers can apply for TEPSLF at the same time they apply for PSLF, as appropriate; provide more information to borrowers denied TEPSLF on the reason for the denial; and conduct outreach to borrowers who may be eligible for TEPSLF. Finally, the Committee notes that the GAO report entitled “Public Service Loan Forgiveness: Education Needs to Provide Better Information for the Loan Servicer and Borrowers” includes several recommendations for the Office of Federal Student Aid [FSA] to improve administration of the PSLF program. The Committee directs the Department to brief the Committees on Appropriations of the House of Representatives and the Senate; Senate Committee on Health, Education, Labor, and Pensions; and the House Committee on Education and Labor within 30 days of enactment on actions taken or

planned to be taken to address the issues described above including GAO’s recommendations.

STUDENT AID ADMINISTRATION

Appropriations, 2019 .....	\$1,678,943,000
Budget estimate, 2020 .....	1,812,000,000
Committee recommendation .....	1,778,943,000

The Committee recommends \$1,778,943,000 for the Student Aid Administration account. These funds are available until September 30, 2021, and support the Department’s student aid management expenses. The Committee recommendation includes an increase in funding to support increased costs associated with servicing Federal student loans, predominantly because the number of Federal Direct Loans continues to increase, enhance IT and cyber security, and support the continued transition to the Next Generation Processing and Servicing Environment [NextGen].

The Committee recommendation includes \$878,943,000 for administrative costs and \$900,000,000 for loan servicing activities.

The Committee directs the Department to continue to provide quarterly reports detailing its obligation plan by quarter for student aid administrative activities broken out by servicer and activity and detailing performance metrics, total loan volume and number of accounts, broken out by servicer and for each private collection agency. Further, any reallocation of funds between administrative costs and servicing activities within this account should be treated as a reprogramming of funds, and the Committee should be notified in advance of any such changes.

*Enforcement Disclosures.*—The Committee reiterates the directive included in the fiscal year 2019 Joint Explanatory Statement that the Department respond to “Enforcement Disclosure” requests within 10 days of receipt and to post on a publicly available website a detailed explanation of the policy that governs such disclosures.

*Experimental Site Initiative [ESI] Evaluations.*—The Committee directs the Department to report not later than 90 days after the enactment on the implementation of GAO’s recommendation in its April 2019 report, Federal Student Aid: Actions Needed to Evaluate Pell Grant Pilot for Incarcerated Students [GAO–19–130]. The Committee also continues to encourage the Department to work with an experienced third-party evaluator to conduct an external and objective evaluation of the Second Chance Pell and Dual Enrollment ESIs, including working with participating IHEs to provide data, as allowable, to conduct rigorous evaluations.

*FAFSA Data Sharing with Student Aid Organizations.*—The Committee notes the Consolidated Appropriations Act, 2018, and modified in fiscal year 2019, provided IHEs explicit authority to continue to provide information from a student’s FAFSA, with the consent of students to scholarship granting organizations and related organizations to help students apply for and receive student aid for the full cost of attendance. The Committee encourages the Department to publish guidance on this issue.

*FAFSA Simplification and Data Linkages.*—The Committee continues to support efforts to further simplify the FAFSA and verification process to reduce the burden on students and institu-

tions of higher education, including making improvements to the IRS Data Retrieval Tool and restoring the ability of all service members and veterans to identify their status when they apply for student aid separate from the dependency determination. The Committee encourages the Department to seek solutions in these areas and looks forward to working on these issues as part of changes initiated by FSA and through the Higher Education Act reauthorization, and appreciates collaboration with the Department on proposals and plans to do so.

*Perkins Loan Cancellations.*—The Committee strongly encourages the Department to issue guidance within 60 days of enactment to institutions of higher education regarding the wind-down of the Perkins Loan Program and loan cancellations and reimbursements made under the program.

*Return of Title IV Funds.*—The Committee continues to strongly encourage the Department to pursue efforts to simplify and streamline the Return of Title IV Funds process for institutions of higher education and students.

*State-Based Servicing Organizations.*—The Committee notes that State-based non-profit servicing organizations may be uniquely positioned to assist borrowers who reside in or attend school in the same State or region. The Committee encourages the Department to explore considering such factors in the current performance-based allocation system and in developing student loan servicing partnerships as part of the Next Generation Financial Services Environment.

*Student Aid Enforcement.*—The Committee directs the Department to include information in its fiscal year 2021 CJ on staffing levels of the Student Aid Enforcement Unit and actions taken by the unit, including the number and type of actions opened, pending, and closed annually.

*Student Loan Cancellations and Discharges Reporting.*—The Committee appreciates the Department's enhancement of information available on the Federal Student Aid Data Center. The Committee encourages the Department to continue to bolster transparency in this area and directs the Department to publish semi-annual reports beginning not later than 90 days after enactment, on each of the Federal student loan cancellation and discharge programs, including, but not limited to, traditional closed school loan discharge, automatic closed school discharge, total and permanent disability discharge for individuals receiving Social Security benefits, total and permanent disability discharge for veterans, borrower defense to repayment, Teacher Loan Forgiveness, Public Service Loan Forgiveness, and Temporary Expanded Public Service Loan Forgiveness. Each semi-annual report should include the total number of unique borrowers who have applied for a program or have been identified under an applicable data match ("borrowers"), unique borrowers in each applicable status (received, pending, approved, and denied), total loan balance in each applicable status (received, pending, approved, and denied), median amount discharged for each program, and percentage of unique borrowers subject to any partial discharge. Further, the Committee directs the Department to publish disaggregated information by State, as possible.

*Student Loan Servicing.*—The Committee recommendation continues all requirements from the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019, including requiring the Department to ensure that the Next Generation Processing and Servicing Environment [NextGen] provides for the participation of multiple student loan servicers that contract directly with the Department to manage a unique portfolio of borrower accounts and the full life-cycle of loans from disbursement to pay-off with certain limited exceptions, and allocates student loan borrower accounts to eligible student loan servicers based on performance. This also includes requirements for FSA to evaluate servicers based on their history of compliance with applicable consumer protections laws and hold such subcontractors accountable for meeting the requirements of the contract. Further, the Committee directs the Department to ensure that NextGen compensation methods and performance evaluations incorporate metrics on assistance provided to borrowers that exhibit signs of repayment difficulty as early as possible in the repayment process and before they experience negative credit reporting or severe delinquency. The Committee continues to believe this will help ensure high-quality service to borrowers and promote accountability and transparency to both borrowers and taxpayers. The Committee looks forward to working with the Department on efforts to improve the student loan servicing system that maintains key elements that promote transparency, accountability, compliance, and competition.

The Committee is concerned about the planned timeline for transitioning to NextGen. Accordingly, the Committee directs the Department to extend current student loan servicing contracts as soon as possible for a sufficient period of time to ensure there is adequate time to fully stand up NextGen and that there is no disruption in service for borrowers. Similarly, the Committee expects the Department will not implement the Enhanced Processing Solution [EPS] component of NextGen until Business Process Operations contracts are awarded and those vendors are fully operational and integrated into EPS.

*Veterans Affairs Data Matching.*—The Committee notes the Department recently announced efforts to significantly streamline the process for discharging Federal student loan debt for totally and permanently disabled veterans. The Committee directs the Secretary to provide a report not later than 90 days after enactment to the Committees on Appropriations of the House of Representatives and the Senate on the implementation of the data matching system with the Department of Veterans Affairs to facilitate the discharge of student loans for veterans with total and permanent disabilities. The report should include information about the number of veterans identified through the matching program, the number of loans automatically discharged as the result of the matching program, the number of loans discharged overall, and a description of the barriers for veterans who may be eligible for a student loan discharge for total and permanent disability but who have not received one, and planned actions for eliminating such barriers for veterans.

HIGHER EDUCATION

Appropriations, 2019 .....	\$2,312,356,000
Budget estimate, 2020 .....	1,534,487,000
Committee recommendation .....	2,313,356,000

The Committee recommends an appropriation of \$2,313,356,000 for higher education programs.

*Aid for Institutional Development*

The Committee recommends \$666,554,000 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 \$99,875,000 to provide competitive, 1-year planning and 5-year development grants for institutions with a significant percentage of financially needy students and low educational and general expenditures per student in comparison with similar institutions. Applicants may use these funds to develop faculty, strengthen academic programs, improve institutional management, and expand student services.

The Committee strongly encourages the Department to fund projects to support the development of centers of excellence for advanced manufacturing and technology at institutions of higher education that: offer short-term training programs that lead to certificates or industry-recognized credentials in high-demand advanced manufacturing fields; provide educational experiences that are closely aligned to actual workforce needs and job duties; meet the needs of new and existing employers by providing quality educational opportunities while offering customizable training space; and connect students to comprehensive educational offerings that provide students with other essential skills. The Committee encourages the Department to prioritize applicants that can demonstrate strong community and institutional support for developing such a center.

*Hispanic-Serving Institutions [HSIs].*—The Committee recommends \$124,415,000 for competitive grants to institutions at which Hispanic students make up at least 25 percent of enrollment. Funds may be used for acquisition, rental, or lease of scientific or laboratory equipment; renovation of instructional facilities; development of faculty; support for academic programs; institutional management; and purchase of educational materials.

*Promoting Postbaccalaureate Opportunities for Hispanic Americans.*—The Committee recommends \$11,163,000 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 [HBCUs].*—The Committee recommends \$282,420,000 for the Strengthening HBCUs program. The program makes formula grants to HBCUs that may be used to purchase equipment; con-

struct and renovate facilities; develop faculty; support academic programs; strengthen institutional management; enhance fundraising activities; provide tutoring and counseling services to students; and conduct outreach to elementary and secondary school students.

*Strengthening Historically Black Graduate Institutions [HBGIs].*—The Committee recommends \$73,037,000 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 \$11,475,000 for the Strengthening PBIs program. This program provides 5-year grants to PBIs to plan and implement programs to enhance the institutions' capacity to serve more low- and middle-income Black American students. Funding may be used for establishing or enhancing a program of teacher education designed to qualify students to teach in a public elementary school or secondary school in the State that shall include, as part of such program, preparation for teacher certification or licensure.

*Strengthening Asian American and Native American Pacific Islander-Serving Institutions [AANAPISIs].*—The Committee recommends \$3,864,000 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 \$15,930,000 for the Strengthening ANNHs program.

The purpose of this program is to improve and expand the capacity of institutions serving Alaska Native and Native Hawaiian students and low-income individuals. Funds may be used to plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; purchase library and other educational materials; and provide education or counseling services designed to improve the financial and economic literacy of students or their families.

*Strengthening Native American-Serving Non-Tribal Institutions.*—The Committee recommends \$3,864,000 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 \$31,854,000 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.

The Committee recognizes the importance of this investment which is a lifeline for the development of Tribal Colleges and Universities. The Committee also is aware that title III, part F of HEA mandatory funding supports nearly half of the funding available to Tribal Colleges and Universities and has been used for critical investments, including the development and implementation of career training programs, vitally needed facilities and laboratory modernization, information and technology maintenance and expansion, and student support services.

*Strengthening Masters Degree Programs at Historically Black Colleges and Universities.*—The Committee recommends \$8,657,000 for this program, authorized by section 723 of the HEA. This program provides grants to specified colleges and universities making a substantial contribution to graduate education opportunities at the masters level in mathematics, engineering, the physical or natural sciences, computer science, information technology, nursing, allied health, or other scientific disciplines.

*International Education and Foreign Language Studies*

The bill includes a total of \$72,164,000 for International Education and Foreign Language Studies programs. Funds are used to increase the number of experts in foreign languages and area or international studies to meet national security needs through visits and study in foreign countries.

*Domestic Programs.*—The Committee recommends \$65,103,000 for domestic program activities related to international education and foreign language studies under title VI of the HEA. Funds are used to support centers, programs, and fellowships. The Committee urges the Secretary to preserve the program's longstanding focus on activities and institutions that address the Nation's need for a strong training and research capacity in foreign languages and international studies, including increasing the pool of international experts in areas that are essential to national security and economic competitiveness.

*Overseas Programs.*—The Committee recommends \$7,061,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. Funding is provided for group, faculty, or doctoral dissertation research abroad as well as special bilateral projects. Grants focus on training American instructors and students to improve foreign language and area studies education in the United States.

*Model Comprehensive Transition and Postsecondary Programs for Students With Intellectual Disabilities*

The Committee recommendation includes \$11,800,000 for the Transition Programs for Students with Intellectual Disability [TPSID] Model Demonstrations and TPSID National Coordinating Center [NCC]. The Department awards competitive grants to institutions of higher education or consortia of institutions of higher education to enable them to create or expand high quality, inclu-

sive model comprehensive transition and postsecondary programs for students with intellectual disabilities. The program also supports an NCC.

Fiscal year 2020 funds will be used by the Department to hold a new competition to build on the important work that has been done to develop postsecondary opportunities for students with intellectual disabilities through model projects and the NCC, and to expand the work of the NCC to conduct research to identify effective strategies used by postsecondary programs for students with intellectual disabilities that lead to positive employment and independent living outcomes. The funds will also be used to gather, synthesize, and disseminate information about State and Federal policies that promote postsecondary education for students with intellectual disability and to develop capacity building partnerships within states addressing strategic planning for program development and oversight.

*Minority Science and Engineering Improvement*

The Committee recommends \$11,135,000 for the Minority Science and Engineering Improvement program. Funds are used to provide discretionary grants to institutions with minority enrollments greater than 50 percent to purchase equipment, develop curricula, and support advanced faculty training. Grants are intended to improve science and engineering education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

*Tribally Controlled Postsecondary Career and Technical Institutions*

The Committee recommends \$9,564,000 for tribally controlled postsecondary vocational institutions. This program provides grants for the operation and improvement of tribally controlled postsecondary vocational institutions to ensure continued and expanding opportunities for Indian students.

*Federal TRIO Programs*

The Committee recommends \$1,060,000,000 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 directs the Department to allocate any grant funding not needed for non-competitive continuation awards or for programs up for re-competition in fiscal year 2020 to provide inflationary increases for current grantees and to increase the number and size of new awards in the Student Support Services grant competition. The Committee directs the Department to include proposed funding levels for each of the TRIO programs in the operating plan required under section 516 of this act, and to brief the Committees on Appropriations of the House of Representatives and the Senate prior to issuing a Notice Inviting Applications.

The Committee does not support the fiscal year 2020 budget proposal to transform TRIO into a single State formula grant, which is an issue that is more appropriately considered as part of the reauthorization of HEA.

*Gaining Early Awareness and Readiness for Undergraduate Programs*

The Committee recommends \$360,000,000 for GEAR UP, which provides grants to States and partnerships of colleges, middle and high schools, and community organizations to assist cohorts or students in middle and high schools serving a high percentage of low-income students. Services provided help students prepare for and pursue a postsecondary education.

*Graduate Assistance in Areas of National Need and Javits Fellowships*

The Committee recommends \$23,047,000 to support the Graduate Assistance in Areas of National Need [GAANN] program. GAANN supports fellowships through 3-year competitive grants to graduate academic departments and programs in scientific and technical fields and other areas of national need as determined by the Secretary. Fellowship recipients must have excellent academic records and high financial need and must be pursuing doctoral degrees or the highest graduate degrees in their academic field. Each fellowship consists of a student stipend to cover living costs and an institutional payment to cover each fellow's tuition and other expenses. Institutions of higher education must match 25 percent of the grant amount.

*Teacher Quality Partnership Program*

The Committee recommends \$43,092,000 for the Teacher Quality Partnership [TQP] program. The TQP program helps improve the quality of teachers working in high-need schools and early childhood education programs by creating model teacher preparation and residency programs.

*Child Care Access Means Parents in Schools*

The Committee recommendation includes \$50,000,000 for the Child Care Access Means Parents in Schools program. This program provides competitive grants to institutions of higher education to establish or support campus-based child care programs, to

help support needs and participation of low-income parents in post-secondary education.

*Fund for the Improvement of Post-Secondary Education*

The Committee recommendation includes \$6,000,000 for the Fund for the Improvement of Post-Secondary Education.

*Open Textbook Pilot.*—The Committee recommendation includes \$6,000,000, an increase of \$1,000,000, to continue the Open Textbook Pilot and to fund a new grant competition in fiscal year 2020. The Committee encourages the Department to issue a notice inviting applications consistent with notice and comment procedures and allow for a 60-day application period. This funding should support a significant number of grant awards to institutions of higher education [IHE] as defined by 20 U.S.C. 1001, a group of IHEs, or State higher education agencies that lead the activities of (and serve as fiscal agent for) a consortium. Funding would be used to create new open textbooks and expand the use of open textbooks in courses that are part of a degree granting program, and particularly those with high enrollments. Allowable uses of funds should include professional development for faculty and staff, including relating to the search for and review of open textbooks; the creation or adaptation of open textbooks; development or improvement of tools and informational resources that support the use of open textbooks, including accessible instructional materials for students with disabilities; and research evaluating the efficacy of the use of open textbooks for achieving savings for students and the impact on instruction and student learning outcomes. The Secretary shall require that any open textbooks created with these funds shall be released to the public under a non-exclusive, royalty-free, perpetual, and irrevocable license to exercise any of the rights under copyright conditioned only on the requirement that attribution be given as directed by the copyright owner. Further, any tools, technologies, or other resources that are created, developed, or improved wholly or in part with these funds for use with any open textbook must be similarly licensed. Any eligible entity receiving a grant through the Open Textbooks Pilot, upon completion of the supported project, shall report to the Secretary regarding the effectiveness of the project in expanding the use of open textbooks and in achieving savings for students; the impact of the project on expanding the use of open textbooks at institutions of higher education outside of the institution receiving the grant; open textbooks created or adapted under the grant, including instructions on where the public can access each open textbook; the impact of the project on instruction and student learning outcomes; and all project costs, including the value of any volunteer labor and institutional capital used for the project. The Secretary shall make such reports publicly available.

HOWARD UNIVERSITY

Appropriations, 2019 .....	\$236,518,000
Budget estimate, 2020 .....	221,821,000
Committee recommendation .....	236,518,000

The Committee recommends an appropriation of \$236,518,000 for Howard University. Located in the District of Columbia, Howard

offers undergraduate, graduate, and professional degrees through 12 schools and colleges. The university also administers the Howard University Hospital. Federal funds from this account support approximately 38 percent of the university's operating costs. The Committee recommends, within the funds provided, not less than \$3,405,000 for the endowment program.

*Howard University Hospital.*—Within the funds provided, the Committee recommends \$27,325,000 for Howard University Hospital. The hospital provides inpatient and outpatient care, as well as training in the health professions. It also serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the university. The Federal appropriation provides partial funding for the hospital's operations.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriations, 2019 .....	\$435,000
Budget estimate, 2020 .....	435,000
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, 2019 .....	\$40,484,000
Budget estimate, 2020 .....	40,484,000
Committee recommendation .....	40,484,000

The Committee recommends \$40,484,000 for the HBCU Capital Financing Program. The HBCU Capital Financing Program makes capital available to HBCUs for construction, renovation, and repair of academic facilities by providing a Federal guarantee for private sector construction bonds. Construction loans will be made from the proceeds of the sale of the bonds.

The Committee recommendation includes \$20,150,000 for loan subsidy costs in guaranteed loan authority under this program (not including subsidy costs related to specific funding available for loan deferments described below). This will support an estimated \$212,100,000 in new loan volume in fiscal year 2020. In addition to that amount, the Committee recommendation includes \$20,000,000 specifically for loan deferments made to private HBCUs under this program with demonstrated financial need. Finally, the Committee recommendations includes \$334,000 for administrative expenses.

INSTITUTE OF EDUCATION SCIENCES

Appropriations, 2019 .....	\$615,462,000
Budget estimate, 2020 .....	521,563,000
Committee recommendation .....	615,462,000

The Committee recommends \$615,462,000 for the Institute of Education Sciences [IES]. This account supports education research, development, dissemination, and evaluation; data collection and analysis activities; and the assessment of student progress.

Under the Education Sciences Reform Act of 2002, Congress established IES to provide objective and valid research-driven knowledge that was free of political influence or bias so as to better inform effective education practices at the State and local levels. The act required IES, in carrying out its mission, “to compile statistics, develop products, and conduct research, evaluations, and wide dissemination activities in areas of demonstrated national need and ensure that such activities conform to high standards of quality, integrity, and accuracy and are objective, secular, neutral, and non-ideological and are free of partisan political influence.”

The Committee directs the Director to submit an operating plan within 90 days of enactment to the Committees on Appropriations of the House of Representatives and the Senate detailing how IES plans to allocate funding available to the Institute for research, evaluation, and other activities authorized under law.

The Committee continues to direct the Department to ensure that its employees, contractors, and grantees, including States that receive funds from Statewide Longitudinal Data System grants, adhere to the strictest and highest standards for protecting personally identifiable information.

RESEARCH, DEVELOPMENT, AND DISSEMINATION

The Committee recommends \$192,695,000 for education research, development, and national dissemination activities. Funds are available for obligation for 2 fiscal years. These funds support activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

STATISTICS

The Committee recommends \$109,500,000 for data gathering and statistical analysis activities at the National Center for Education Statistics [NCES].

NCES collects, analyzes, and reports statistics on education in the United States. Activities are carried out directly and through grants and contracts. The Center collects data on educational institutions at all levels, longitudinal data on student progress, and data relevant to public policy. NCES also provides technical assistance to SEAs, LEAs, and postsecondary institutions.

REGIONAL EDUCATIONAL LABORATORIES

The Committee recommends \$55,423,000 to continue support for the Regional Educational Laboratories program. Funds available in this bill will continue to support a network of 10 laboratories. The laboratories are responsible for promoting the use and development

of knowledge and evidence in broad-based systemic strategies to increase student learning and further school improvement efforts. The Committee urges IES to continue its efforts to strengthen the connections between practitioners and the research community, so that federally supported research is timely, relevant, and responsive to the needs of the field.

#### RESEARCH AND INNOVATION IN SPECIAL EDUCATION

The Committee recommends \$56,000,000 for research and innovation in special education conducted by the National Center for Special Education Research [NCSEER].

The Center addresses gaps in scientific knowledge to improve special education and early intervention services and outcomes for infants, toddlers, and children with disabilities. Funds provided to the Center are available for obligation for 2 fiscal years.

The Committee continues to believe that NCSEER should manage its appropriation to be able to conduct research and training grant competitions annually.

#### SPECIAL EDUCATION STUDIES AND EVALUATIONS

The Committee recommends \$10,818,000 for special education studies and evaluations.

This program supports competitive grants, contracts, and cooperative agreements to assess the implementation of IDEA. Funds are also used to evaluate the effectiveness of State and local efforts to deliver special education services and early intervention programs. Funds are available for obligation for 2 fiscal years.

#### STATEWIDE DATA SYSTEMS

The Committee recommendation includes \$32,281,000 for the Statewide Data Systems program.

This program supports competitive grants to SEAs to enable such agencies to design, develop, and implement Statewide, longitudinal data systems to manage, analyze, disaggregate, and use individual data for students of all ages. Early childhood, postsecondary, and workforce information systems may be linked to such systems or developed with program funds. The Committee believes the Department should continue its efforts to ensure every State has the base support necessary to develop effective systems. Funds are available for obligation for 2 fiscal years.

#### ASSESSMENT

The Committee recommends \$158,745,000 to provide support for the National Assessment of Educational Progress [NAEP], a congressionally mandated assessment created to measure and report the educational achievement of American students in a range of subjects and analyze trends over time.

Within the funds appropriated, the Committee recommends \$7,745,000 for the National Assessment Governing Board [NAGB], which is responsible for formulating policy for NAEP.

The Committee continues to support assessments for students in United States History, Civics, and Geography. The Committee directs NAGB to continue administering assessments in these three

areas, at least every 4 years, in accordance with the current NAEP schedule.

The Committee is concerned with recent and sudden changes to the proposed NAEP schedule, which includes significant changes from the schedule outlined in the President’s budget request. The Committee directs the Department and NAGB to provide a briefing to the Committees on Appropriations of the House of Representatives and the Senate within 30 days of enactment on the proposed changes and estimated funding needed to maintain the schedule outlined in the fiscal year 2020 budget request. The Committee expects requested funding levels to align with assessment schedules included in the budget request, and directs the Department and NAGB to coordinate accordingly.

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 2019 .....	\$430,000,000
Budget estimate, 2020 .....	447,000,000
Committee recommendation .....	430,000,000

The Committee recommends \$430,000,000 for program administration.

Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services required to award, administer, and monitor Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this account.

*Administrative Cost Caps and Indirect Costs.*—The Committee notes there are concerns with a recent government-wide change in guidance regarding the applicability of statutory administrative cost caps to indirect costs in grants awards. The Committee strongly encourages the Department to work with current and potential grantees to provide flexibility where possible. The Committee will work with the Department to address issues that may arise from this change in guidance.

*BIE Compliance ESEA.*—The Committee directs the Department to provide a report to the Committees on Appropriations of the House of Representatives and the Senate, Senate Committee on Health, Education, Labor, and Pensions, and House Committee on Education and Labor within 180 days of enactment on how it evaluates the Bureau of Indian Education’s compliance with ESEA.

*Competitive Grant Priorities for Rural Areas.*—The Committee continues to encourage the Department to continue efforts to ensure that competitive grants are reaching rural areas and States so that support and solutions developed with Federal funding are relevant to and available in such areas.

*Department of Interior Schools.*—The Committee commends the work being done by the Departments of Education and Interior to improve the lives of American Indian students through a quality education. However, the Committee remains concerned by the lack of progress in improving the long-documented issues facing Department of Interior schools. The Committee continues to strongly encourage the Departments of Education and Interior to continue to



work together to improve the quality of education opportunities offered to Indian youth.

*Disclosures of Foreign Gifts and Contracts.*—The Committee notes that section 117 of the HEA requires IHEs to disclose certain gifts from or contracts with foreign entities and the Department makes such information publicly available on its web site. The Committee strongly encourages the Department to engage with IHEs on any points of confusion regarding their requirements under section 117 and to provide guidance to IHEs to ensure they are aware of their responsibilities.

*Evidence-Based Grant Making.*—The Committee notes that the Secretary has the ability to use demonstrated evidence of effectiveness as part of the selection criteria through its Education Department General Administrative Regulations and believes that it should be used consistent with authorizations for all competitive grant programs. Further, non-competitive formula grant funds have a range of evidence requirements and preferences. The Committee directs the Department to enhance its technical assistance and support for the effective implementation of these formula requirements and preferences.

*Foundations for Evidence-Based Policymaking.*—The Committee applauds the recent enactment of the Foundations for Evidence-based Policymaking Act. Faithful execution of the law will enhance the evidence-building capacity of Federal agencies, strengthen privacy protections, improve secure access to data, and ultimately provide more and higher quality evidence to policymakers. The Committee requests that the Department provide an update on its implementation of the law and plans for the coming year in next and subsequent year annual CJs.

*GAO Report on Public School Facilities.*—The Committee is aware that the average age of a public school in the United States is almost 50 years. The Committee appreciates that GAO is complying with a directive to report on the condition of K–12 public school facilities in the United States and looks forward to the timely issuance of the report.

*GAO Report on Teacher Shortages.*—The Committee requests that GAO provide a report to the Committees on Appropriations of the House of Representatives and the Senate on trends and factors contributing to school districts challenges with teacher recruitment and retention. The report should include, but not be limited to, a review and analysis of challenges recruiting and retaining special education teachers, paraprofessionals, and teacher aids; the extent to which licensure requirements are waived or modified to address shortages; and geographic and demographic characteristics of districts facing the greatest challenges or shortages.

*Medicaid Services.*—The Committee recognizes that opportunities exist to streamline access to and improve the quality of special education services and that steps should be taken to reduce administrative barriers for providing health services in and in coordination with schools. The Committee strongly recommends that the Office of Special Education and Rehabilitative Services within the Department coordinate with CMS to develop trainings and provide technical assistance to assist with billing and payment administration for Medicaid services in schools.

*National Center for Information and Technical Support for Post-secondary Students with Disabilities.*—The Committee notes funding for this program has expired and the center is operating in fiscal year 2019 with prior-year unobligated balances. Pending any authorization changes, the Committee will work to continue funding for this program in fiscal year 2020.

*Performance Partnerships.*—The Committee recommendation continues authority for Performance Partnerships as included in prior appropriations acts. Performance Partnerships allow States and localities to demonstrate better ways of improving outcomes for disconnected youth by giving them additional flexibility in using discretionary funds across multiple Federal programs. The Committee also continues to encourage the administration to enhance its efforts working with existing and potential sites on the full range of flexibilities that could be employed to help better serve disconnected youth. Finally, the Committee continues to be interested in expanding Performance Partnerships to other populations and programs, and has requested reports from GAO to help explore this possibility.

*Pooled Evaluation Authority.*—The Committee requests that the Department provide a report to the Committee on the planned use of pooled evaluation funds under section 8601 of the ESEA, consistent with the required plan under such section, not later than 15 days prior to any transfer of funds.

*Reorganization Plans.*—The Committee recommendation continues all directives included in the Consolidated Appropriations Act, 2019 and the accompanying explanatory statement.

*Staffing Reports.*—The Committee requests the Department continue to provide a report not later than 30 days after the conclusion of each quarter detailing the number of full time equivalent employees and attrition by principal office and appropriations account.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2019 .....	\$125,000,000
Budget estimate, 2020 .....	125,000,000
Committee recommendation .....	125,000,000

The Committee recommends \$125,000,000 for the Office of Civil Rights [OCR].

OCR is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions that receive financial assistance from the Department. To carry out this responsibility, OCR investigates and resolves discrimination complaints, monitors desegregation and equal educational opportunity plans, reviews possible discriminatory practices by recipients of Federal education funds, and provides technical assistance to recipients of funds to help them meet these civil rights requirements.

*Seclusion and Restraint Data.*—The Committee is concerned with reports of false zeros in the Civil Rights Data Collection [CRDC] in the reporting of seclusion and restraint incidents. Accurate reporting of seclusion and restraint incidents in the CRDC is critical to understanding conditions for learning and the safety of students and teachers. The Department should take immediate steps in the ongoing 2017–2018 CDRC to improve the accuracy of the data. The

Committee strongly encourages the Assistant Secretary for the Office of Civil Rights to remind and clarify for all schools and school districts that they are only to report zero incidents of seclusion and restraint when no incidents have occurred and must leave cells blank for missing or incomplete data. Further, the Committee strongly encourages the Assistant Secretary to, as part of the quality assurance process, contact schools and school districts that already submitted data for the 2017–2018 CRDC and verify the accuracy of the data. Finally, the Committee directs the Assistant Secretary to monitor compliance with action plan requirements for missing data, and ensure plans are submitted and address all missing data.

*Staffing Levels.*—The Committee notes that OCR staffing levels have fallen to 499 in the second quarter of fiscal year 2019 despite increasing workloads and funding. Furthermore, this amount is significantly below the 625 level the Department indicated it would achieve in fiscal year 2019 in its fiscal year 2020 CJ. The Committee expects that the increased funding provided to OCR in recent years will allow it to effectively and timely investigate complaints; execute and accurately report the civil rights data collection; thoroughly monitor corrective actions of institutions and meet other critical workloads.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2019 .....	\$61,143,000
Budget estimate, 2020 .....	63,148,000
Committee recommendation .....	61,143,000

The Committee recommends \$61,143,000 for OIG.

OIG has the authority to investigate all departmental programs and administrative activities, including those under contract or grant, to prevent and detect fraud and abuse, and to ensure the quality and integrity of those programs. The Office investigates alleged misuse of Federal funds and conducts audits to determine 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 to prevent the implementation of programs of voluntary prayer and meditation in public schools.

Section 302. The bill continues a provision giving the Secretary authority to transfer up to 1 percent of any discretionary funds between appropriations.

Section 303. The bill continues a provision that allows the Republic of Palau to receive certain Federal funds.

Section 304. The bill continues a provision making evaluation funds pooled under section 8601 of the ESEA available for obligation from July 1, 2020 through September 30, 2021.

Section 305. The bill continues a general provision allowing certain institutions to continue to use endowment income for student scholarships.

Section 306. The bill continues a provision extending authorization of the National Advisory Committee on Institutional Quality and Integrity.

Section 307. The bill continues a provision extending authority to provide account maintenance fees to guarantee agencies.

Section 308. The bill continues a provision regarding servicing of Federal Perkins Loans.

Section 309. The bill modifies a provision rescinding discretionary unobligated balances from the Pell grant program.

Section 310. The bill modifies a provision rescinding fiscal year 2020 mandatory funding to pay for mandatory costs of increasing the maximum discretionary Pell award.

Section. 311. The bill modifies a provision regarding Public Service Loan Forgiveness.

Section. 312. The bill continues a provision regarding administrative costs for Public Service Loan Forgiveness.

Section. 313. The bill includes a new provision on Department of Education travel.

TITLE IV  
RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR  
SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriations, 2019 .....	\$8,250,000
Budget estimate, 2020 .....	9,400,000
Committee recommendation .....	8,250,000

The Committee recommends \$8,250,000 for the Committee for Purchase from People Who Are Blind or Severely Disabled, of which no less than \$1,250,000 shall be made available for the Office of Inspector General.

The Commission provides approximately 45,000 blind or severely disabled Americans with employment opportunities each year. The primary purpose of this program is to increase the employment opportunities for people who are blind or have other severe disabilities and, whenever possible, to prepare them to engage in competitive employment. Encompassing approximately 3,000,000,000 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 address concerns regarding the oversight of the central nonprofit agencies [CNA], the independent contracted organizations which administer the program. The Committee continues to direct the Commission to provide quarterly updates, no later than 60 days after the end of each quarter, in electronic format regarding the Commission's oversight of the CNAs.

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 \$1,083,958,000.

OPERATING EXPENSES

Appropriations, 2019 .....	\$786,629,000
Budget estimate, 2020 .....	30,105,000
Committee recommendation .....	787,629,000

The Committee recommends \$787,629,000 for the operating expenses of CNCS.

*Volunteers in Service to America [VISTA]*

The Committee recommends \$92,364,000 for VISTA. This program provides capacity building for small, community-based 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 \$208,117,000 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 \$425,010,000 for AmeriCorps State and National Grants, which provide funds to local and national organizations and agencies to address community needs in education, public safety, health, and the environment. Each of these organizations and agencies, in turn, uses its AmeriCorps funding to recruit, place, and supervise AmeriCorps members. AmeriCorps members receive a modest living allowance and other benefits proportional to their level of time commitment.

*Commission Investment Fund [CIF].*—The Committee recommendation includes no less than \$8,500,000, the same as the fiscal year 2019 level, for CIF, which provides funds to State commissions for training and technical assistance activities to expand the capacity of current and potential AmeriCorps programs, particularly in underserved areas.

*Community Development Financial Institutions [CDFIs].*—The Committee continues to note that CNCS has developed partnerships with several Federal agencies to help further the agency's goals and to support targeted human capital needs of their grantees, including partnerships with the Federal Emergency Management Agency, the Department of Education, the Department of Transportation, and the U.S. Forest Service. Given that "Economic Opportunity" is one of CNCS's five key focus areas, the Committee continues to encourage CNCS to engage with the CDFI Fund to explore whether there may be potential opportunities for collaboration on initiatives to support programs under the national service laws that train and place individuals at certified CDFIs.

*Fixed Amount Grants.*—The Committee continues to encourage CNCS to expand opportunities for AmeriCorps programs to utilize fixed amount grants, which could reduce unnecessary administrative burdens on current and potential AmeriCorps programs. The Committee encourages CNCS to increase the current maximum cost per member service year of fixed amount grants to make it more comparable to cost reimbursement grant levels and allow new AmeriCorps programs to be eligible to apply for full-time fixed amount grants, while also ensuring that fixed amount grantees

provide a comparable amount of matching funds and that there is sufficient oversight and accountability of fixed amount grantees.

*Professional Corps.*—The Committee continues to direct CNCS to include a determination of need by the local community among the factors that a professional corps program may use to demonstrate an inadequate number of professional in a community. Further, the Committee continues to strongly encourage CNCS to increase the maximum amount of operating funds per member service year a professional corps program may request as part of their grant application. The Committee continues to direct CNCS to provide professional corps programs flexibility in justifying the need for operating funds to ensure that these programs are able to provide high-quality services in all communities.

*Transformation and Sustainability Plan [TSP].*—The Committee notes there is concern with CNCS' TSP, particularly related to moving from a state office to regional office structure. The Committee directs CNCS to ensure that TSP does not create any degradation in services, technical assistance, or support for local community service programs, particularly those operating in underserved and rural areas, and to provide periodic briefings to the Committees on Appropriations of the House of Representatives and the Senate on steps taken to ensure that. Further, the Committee directs CNCS to provide a report with 30 days of enactment to the Committees on Appropriations of the House of Representatives and the Senate with information on the metrics used and factors considered in determining the new regions and the location of regional offices; a complete analysis of all costs and savings associated with the transition to regional offices, including any increased travel or training costs; a description of other field structures considered; and a detailed response to each of the risk factors identified by the Office of the Inspector General. Finally, the Committee encourages CNCS to evaluate and consider adding additional regional offices as appropriate if determined that would enhance support for local community service programs.

#### *National Civilian Community Corps [NCCC]*

The Committee recommendation includes \$32,000,000 for NCCC, a full-time, team-based residential program for men and women ages 18 to 24. Members are assigned to one of five campuses for a 10-month service commitment.

#### *Innovation, Demonstration, and Assistance Activities*

The Committee recommendation includes \$8,600,000 for innovation, demonstration, and assistance activities.

*Volunteer Generation Fund.*—Within the total, the Committee recommendation includes \$5,400,000 for the Volunteer Generation Fund authorized under section 198P of the SERVE America Act, the same as the comparable fiscal year 2019 funding level.

*National Days of Service.*—The Committee recommendation includes \$3,200,000, an increase of \$1,000,000, for National Days of Service including \$2,100,000 for the September 11th National Day of Service and Remembrance and \$1,100,000 for the Martin Luther King, Jr. National Day of Service.

*Evaluation*

The Committee recommendation includes \$4,000,000 for CNCS evaluation activities.

*State Commission Grants*

The Committee recommendation includes \$17,538,000 for State Commission Grants.

PAYMENT TO THE NATIONAL SERVICE TRUST

Appropriations, 2019 .....	\$206,842,000
Budget estimate, 2020 .....	
Committee recommendation .....	206,842,000

The Committee recommends an appropriation of \$206,842,000 for making payments to the National Service Trust.

The National Service Trust makes payments of Segal education awards, pays interest that accrues on qualified student loans for AmeriCorps participants during terms of service in approved national service positions, and makes other payments entitled to members who serve in the programs of CNCS.

SALARIES AND EXPENSES

Appropriations, 2019 .....	\$83,737,000
Budget estimate, 2020 .....	59,300,000
Committee recommendation .....	83,737,000

The Committee recommends an appropriation of \$83,737,000 for CNCS salaries and expenses. The salaries and expenses appropriation provides funds for staff salaries, benefits, travel, training, rent, equipment, and other operating expenses necessary for management of CNCS programs and activities.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2019 .....	\$5,750,000
Budget estimate, 2020 .....	4,258,000
Committee recommendation .....	5,750,000

The Committee recommends an appropriation of \$5,750,000 for the CNCS OIG. The OIG's goals are to increase organizational efficiency and effectiveness within the Corporation and to prevent fraud, waste, and abuse.

ADMINISTRATIVE PROVISIONS

The Committee recommendation includes the following general provisions for CNCS: requiring CNCS to make any significant changes to program requirements or policy through rule making (section 401); stipulating minimum share requirements (section 402); requiring that donations supplement and not supplant operations (section 403); aligning requirements regarding the use of Education Awards at GI bill-eligible institutions (section 404); allowing the required background check of certain applicants to be processed by States under terms of the National Child Protection Act (section 405); and allowing CNCS to fund 1,200 hour member service positions (section 406).



CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 2022 .....	\$445,000,000
Budget estimate, 2022 .....	.....
Committee recommendation, 2022 .....	445,000,000

The Committee recommends \$445,000,000 for the Corporation for Public Broadcasting [CPB] as an advance appropriation for fiscal year 2022.

The majority of these funds go directly to local public television and radio stations to support their programming. CPB funds also support the creation of content for radio, television, and other platforms; system support activities that benefit the entire public broadcasting community; and CPB's administrative costs. This funding supports America's local public television and radio stations and their mission of developing and ensuring universal access to noncommercial, high-quality programming and telecommunications services for the American public.

Technology and distribution systems have greatly evolved since Congress established the practice of funding public broadcasting interconnection. Recognizing technology's power in creating further cost efficiencies across the public media system, the Committee recommendation includes \$20,000,000 for continued support of CPB in replacing and upgrading the public broadcasting interconnection system and further investing in system-wide infrastructure and services that benefit the American people.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriations, 2019 .....	\$46,650,000
Budget estimate, 2020 .....	47,200,000
Committee recommendation .....	47,200,000

The Committee recommends \$47,200,000 for the Federal Mediation and Conciliation Service [FMCS], an increase of \$550,000 as requested in the fiscal year 2020 budget. FMCS provides mediation, conciliation, and arbitration services to labor and management organizations to prevent and minimize work stoppages and promote stable labor-management relationships. FMCS is also authorized to provide dispute resolution consultation and training to all Federal agencies.

Within the total, FMCS may utilize up to \$900,000 for labor-management partnership grants. These grants support innovative approaches to collaborative labor-management relationships to resolve potential problems, explore ways to improve productivity, and avert serious work stoppages.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2019 .....	\$17,184,000
Budget estimate, 2020 .....	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.

The Committee continues to direct FMSHRC to prioritize the allocation of resources and assignment of staff to reducing the time substantive cases on appeal are awaiting a decision.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM AND LIBRARIES: GRANTS AND ADMINISTRATION

Appropriations, 2019 .....	\$242,000,000
Budget estimate, 2020 .....	23,000,000
Committee recommendation .....	244,000,000

The Committee recommends \$244,000,000, an increase of \$2,000,000, 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 2019 appropriation	Fiscal year 2020 request	Committee recommendation
Library Services Technology Act [LSTA]:			
Grants to States .....	160,803,000	.....	161,803,000
Native American Library Services .....	5,063,000	.....	5,063,000
National Leadership: Libraries .....	13,406,000	.....	13,406,000
Laura Bush 21st Century Librarian .....	10,000,000	.....	10,000,000
Subtotal, LSTA .....	189,272,000	.....	190,272,000
Museum Services Act:			
Museums for America .....	22,899,000	.....	23,899,000
Native American/Hawaiian Museum Services .....	1,472,000	.....	1,472,000
National Leadership: Museums .....	8,113,000	.....	8,113,000
Subtotal, MSA .....	32,484,000	.....	33,484,000
African American History and Culture Act .....	2,231,000	.....	2,231,000
Administration .....	15,000,000	.....	15,000,000
Research, Analysis and Data Collection .....	3,013,000	.....	3,013,000
IMLS, Total .....	242,000,000	.....	244,000,000

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriations, 2019 .....	\$8,480,000
Budget estimate, 2020 .....	9,000,000
Committee recommendation .....	8,780,000

The Committee recommends \$8,780,000 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.

*Non-Emergency Medical Transportation [NEMT].*—Within the amount provided, the Committee provides \$300,000 for MACPAC to examine, to the extent data are available, the benefits of NEMT from State Medicaid programs on Medicaid beneficiaries, including beneficiaries with chronic diseases including ESRD, substance abuse disorders, pregnant mothers, and patients living in remote, rural areas, and to examine the benefits of improving local coordination of NEMT with public transportation and other federally-assisted transportation services. The Committee directs HHS to take no regulatory action on availability of NEMT service until the study is completed.

MEDICARE PAYMENT ADVISORY COMMISSION

SALARIES AND EXPENSES

Appropriations, 2019 .....	\$12,545,000
Budget estimate, 2020 .....	12,645,000
Committee recommendation .....	12,545,000

The Committee recommends \$12,545,000 for the Medicare Payment Advisory Commission, which provides independent policy and technical advice on issues affecting the Medicare program.

NATIONAL COUNCIL ON DISABILITY

SALARIES AND EXPENSES

Appropriations, 2019 .....	\$3,250,000
Budget estimate, 2020 .....	3,450,000
Committee recommendation .....	3,250,000

The Committee recommends \$3,250,000 for the National Council on Disability [NCD]. NCD is mandated to make recommendations to the President, Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research on issues of concern to individuals with disabilities. The Council gathers information on the implementation, effectiveness, and impact of the Americans with Disabilities Act and examines emerging policy issues as they affect persons with disabilities and their ability to enter or re-enter the Nation’s workforce and to live independently.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

Appropriations, 2019 .....	\$274,224,000
Budget estimate, 2020 .....	241,550,000
Committee recommendation .....	274,224,000

The Committee recommends \$274,224,000 for the National Labor Relations Board, which administers and enforces the National Labor Relations Act and protects employee and employer rights provided under that act.

ADMINISTRATIVE PROVISIONS

The Committee maintains language restricting the use of electronic voting (section 407).

NATIONAL MEDIATION BOARD

SALARIES AND EXPENSES

Appropriations, 2019 .....	\$13,800,000
Budget estimate, 2020 .....	13,800,000
Committee recommendation .....	13,800,000

The Committee recommends \$13,800,000 for the National Mediation Board [NMB], which mediates labor-management relations in the railroad and airline industries under the Railway Labor Act. The NMB mediates collective bargaining disputes, conducts elections to determine the choice of employee bargaining representatives, and administers arbitration of employee grievances.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2019 .....	\$13,225,000
Budget estimate, 2020 .....	13,225,000
Committee recommendation .....	13,225,000

The Committee recommends \$13,225,000 for the Occupational Safety and Health Review Commission [OSHRC]. OSHRC serves as a court to resolve disputes between OSHA and employers charged with violations of health and safety standards enforced by OSHA.

RAILROAD RETIREMENT BOARD

The Railroad Retirement Board [RRB] administers the retirement/survivor and unemployment/sickness insurance benefit programs for railroad workers and their families under the Railroad Retirement Act and Railroad Unemployment Insurance Act.

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriations, 2019 .....	\$19,000,000
Budget estimate, 2020 .....	16,000,000
Committee recommendation .....	16,000,000

The Committee recommends \$16,000,000 for the Dual Benefits Payments Account. This amount includes an estimated \$1,000,000 derived from income taxes on vested dual benefits. This appropriation provides for vested dual benefit payments to beneficiaries covered under both the railroad retirement and Social Security systems.

FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNTS

Appropriations, 2019 .....	\$150,000
Budget estimate, 2020 .....	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, 2019 .....	\$123,500,000
Budget estimate, 2020 .....	116,225,000
Committee recommendation .....	123,500,000

The Committee recommends \$123,500,000 for RRB’s costs associated with the administration of railroad retirement/survivor and unemployment/sickness benefit programs. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds that may be used by the Board for administrative expenses.

Since fiscal year 2018, the Committee has provided \$30,000,000 within the Limitation on Administration account for the implementation of information technology systems modernization efforts. The Committee directs RRB to provide a comprehensive update on the project status, including timelines to completion, total anticipated cost of development, funding obligations, and contracts no later than 60 days after enactment and quarterly updates thereafter.

The Committee notes the leadership of three new board members as of January 2, 2019, including the Chairman, a position that has been vacant for nearly 3 years. In the intervening time, RRB has cited challenges in IT and hiring capabilities in the annual CJs. To aid RRB’s new leadership, the Committee requests that GAO conduct a management review of RRB, including but not limited to: the financial management practices, regional office structure and workforce planning needs, and any other matters GAO considers relevant to its management review.

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, 2019 .....	\$11,000,000
Budget estimate, 2020 .....	11,000,000
Committee recommendation .....	11,000,000

The Committee recommends \$11,000,000 for 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, 2019 .....	\$11,000,000
Budget estimate, 2020 .....	11,000,000
Committee recommendation .....	11,000,000

The Committee recommends \$11,000,000 in mandatory funds for payments to Social Security trust funds. This account reimburses the Old Age and Survivors Insurance [OASI] and Disability Insurance [DI] trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of the interest for benefit checks issued but not negotiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs and they were properly charged to general revenues.

SUPPLEMENTAL SECURITY INCOME PROGRAM

Appropriations, 2019 .....	\$41,366,203,000
Budget estimate, 2020 .....	41,832,000,000
Committee recommendation .....	41,832,000,000

The Committee recommends \$41,832,000,000 in fiscal year 2020 mandatory funds for the SSI program. This is in addition to the \$19,700,000,000 provided in the fiscal year 2019 appropriations act for the first quarter of fiscal year 2020. In addition, the Committee recommends \$19,900,000,000 in advance funding for the first quarter of fiscal year 2021. 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 2020 program level of \$56,982,000,000 for Federal benefit payments. This will support an average monthly benefit of approximately \$593 for 7,900,000 recipients.

*Beneficiary Services*

The Committee recommendation includes \$45,000,000 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 \$101,000,000 in mandatory funds for research and demonstration projects conducted under sections 1110, 1115, and 1144 of the Social Security Act. These funds support a variety of research and demonstration projects designed to improve the disability process, promote self-sufficiency and assist individuals in returning to work, encourage savings and retirement planning through financial literacy, and generally provide analytical and data resources for use in preparing and reviewing policy proposals.

*Administrative Expenses*

The Committee recommendation includes \$4,404,000,000 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, 2019 .....	\$12,870,945,000
Budget estimate, 2020 .....	12,772,000,000
Committee recommendation .....	12,772,000,000

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 \$1,582,000,000 for program integrity activities, including CDRs, SSI redeterminations of non-medical eligibility, and Cooperative Disability Investigations units. This includes \$273,000,000 in base funding and \$1,309,000,000 in cap adjustment funding allowed under the Budget Control Act [BCA]. The Committee recommendation reflects the full amount allowed under the BCA. Combined, these activities are estimated to save approximately \$9,600,000,000 over 10 years for the Social Security, Medicare, and Medicaid programs by preventing waste, fraud, abuse, and improper payments.

*Administrative Law Judges.*—The Committee continues to expect that Administrative Law Judges be independent, impartial and selected based on qualifications that maintain a high standard for appointment.

*Continuing Disability Reviews [CDR].*—The Committee notes that after years of sustained funding, SSA eliminated its CDR backlog in fiscal year 2018 and expects to remain current on CDRs going forward. The Committee directs SSA to include in its next CDR Report to Congress an evaluation of its CDR prioritization models and specifically a detailed cost-benefit analysis of how it uses estimated savings in determining which beneficiaries receive a full-medical CDR.

*Disability Case Processing System.*—The Committee continues to note cost overruns in efforts to modernize the Disability Case Processing System [DCPS]. The Committee continues to encourage SSA to engage with States to explore all possible options for modernization of the case processing system, to align with the needs of each State. The Committee continues to request regular updates on the effort to upgrade DCPS, the cost and anticipated timeline of the project, and efforts by SSA to engage stakeholders, including any barriers to implementation.

*Disability Hearings Backlog.*—The Committee continues to strongly encourage SSA to work with ALJs and other stakeholders to evaluate and implement changes, as appropriate, to streamline and improve the efficiency of the disability adjudication process while maintaining the integrity of disability programs. The Committee directs SSA to include comprehensive information in its existing reports to Congress on the specific policies SSA has implemented, or has considered, to streamline the disability determination and adjudication process.

*Field Office Closures.*—The Committee remains concerned about decisions to close field offices that may not be in accordance with

law, regulations, and SSA procedures. While SSA's Inspector General reviews decisions to close field offices, the Acting Commissioner is directed to take every action possible to maintain operations at the offices under review. The Committee urges SSA to work to find an appropriate balance between in-person field office services and online services for beneficiaries. Further, the Committee continues to expect SSA to support front line operations. SSA Field Office services are critical to helping beneficiaries receive the benefits that they deserve, including providing advice on how to submit disability claims with appropriate and accurate information. The Committee understands that SSA is reviewing its field office consolidation policy and regional business processes in response to reports issued by the SSA Office of the Inspector General (A-05-18-50671 and A-03-18-50720). The Committee directs SSA to submit a plan to the Committees on Appropriations of the House of Representatives and the Senate to improve service delivery at field offices. Finally, the Committee strongly encourages SSA to ensure its policies and procedures for closing field offices include at least 120 days advance notice to the public, SSA employees, Congress, and other stakeholders, which should include a rationale for the proposed closure, and an evaluation of the effects on the public and SSA operations.

*Headache Disorders.*—The Committee recognizes that migraine is the second leading cause of global disability, and strongly encourages SSA to clarify how best to apply the current Blue Book Listing of Impairments to assess headache disorders-related impairments. The Committee believes this could be useful to claimants, representatives, and adjudicators at all levels of the disability determination process, providing detailed guidance regarding what evidence is useful and ensuring consistent decision-making. Further, the Committee commends SSA for agreeing to comply with SSA's Inspector General recommendation (A-01-15-50022) to ensure that all listings updates are less than 5 years old by the end of fiscal year 2020. The Committee further urges SSA to ensure that all listings are updated as needed to reflect medical and technological advances.

*Occupational Information System [OIS] and Medical Vocational Guidelines.*—The Committee notes that SSA recently completed the initial 3-year production data collection phase of OIS and in 2020 will complete the second year of the first 5-year update cycle. SSA estimates they will start using OIS in its disability determination process in 2020, which represents a significant step forward in modernizing and updating the disability insurance program for the 21st century. The Committee continues to direct SSA to include in its annual report on OIS sufficient details on its plans to fully implement OIS in coming years. However, the Committee is concerned that similar progress is not being made in updating medical vocational guidelines which are used to decide more than half of adult disability claims and is a central element, along with updating occupational information, in modernizing the disability determination process. The Committee directs SSA to provide a report to the Committees on Appropriations of the House of Representatives and the Senate within 90 days of enactment on its plan and



timetable for updating and modernizing medical vocational guidelines.

*Mail and Printing Systems.*—The Committee strongly encourages SSA to consider and evaluate modernization of its mail and printing systems and contracts that could result in budgetary savings while improving fraud prevention. The Committee requests a briefing within 60 days of enactment on SSA's current mailing and printing systems and contracts, including relating to Social Security Cards, and any ongoing efforts to modernize or otherwise improve such systems.

*Medicare Enrollment Information.*—The Committee encourages SSA to work with CMS to consider including information on Social Security Statements on Medicare enrollment rules, including clear and simple information on eligibility for Medicare benefits, late enrollment penalties, equitable relief, and other important or relevant policies as appropriate.

*Muscular Dystrophy.*—The Committee continues to note that SSA is included in the Muscular Dystrophy Coordinating Committee under the Muscular Dystrophy CARE Act and continues to expect SSA 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.

*Reconsiderations.*—The Committee directs SSA to provide regular written updates on the status of its reinstatement of the reconsideration phase of the disability determinations appeals process in ten States to the Committees on Appropriations of the House and Senate, Senate Aging Committee, Senate Finance Committee, and House Ways and Means Committee. SSA should provide these updates quarterly beginning no later than 90 days after enactment. These updates shall include: (1) an update on the current status of SSA's reinstatement of the reconsideration phase in each State and the agency's timeline for moving forward in each State; (2) information on any new hires made to implement these plans and any staff trainings provided relating to these plans; (3) the number of disability applications received each month in each State, the number of applications moving through each stage of disability determinations appeals process each month in each State and the number of favorable and unfavorable determinations made at each stage in each State; (4) the average and median wait times for determinations at each stage of the appeals process in each State and average and median wait times for the overall disability determinations process in each State; and (5) the number and percentage of individuals who chose not to pursue further appeals at each stage of the appeals process each month in each State. If available data indicates that wait times are increasing for any group of applicants in any of the 10 affected States, SSA shall include in its next update a plan for reversing this increase in wait times.

*Social Security Advisory Board.*—The Committee recommendation includes not less than \$2,600,000 for the Social Security Advisory Board. This board advises the Commissioner of Social Security and makes recommendations to Congress and the President on policies relating to the OASI, DI, and SSI programs.

*User Fees.*—Within the total for LAE, the Committee recommendation includes up to \$131,000,000 for administrative activities funded from user fees. This includes up to \$130,000,000 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.

*Video Hearings.*—The Committee notes there are concerns with SSA’s proposed rule for SSA to determine whether individuals will have their hearing in person or over video teleconference. The Committee directs SSA to provide a report to the Committees on Appropriations of the House of Representatives and the Senate within 90 days of enactment detailing the extent to which video hearing sites meet best practices outlined by the Administrative Conference of the United States in its Handbook on Best Practices for Using Video Teleconferencing in Adjudicatory Hearings, and outlining the process for a disability claimant to request an in-person hearing as a reasonable modification under section 504 of the Rehabilitation Act.

*Vocational Experts.*—The Committee directs SSA to provide an update within 90 days of enactment on its plan to ensure that vocational experts have the necessary qualifications and expertise.

*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 2019 levels, respectively. These programs provide valuable services to help Social Security disability beneficiaries return to work.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2019 .....	\$105,500,000
Budget estimate, 2020 .....	105,500,000
Committee recommendation .....	105,500,000

The Committee recommends \$105,500,000 for SSA’s OIG. This includes \$75,500,000 funded from the OASI and DI trust funds for those programs’ share of OIG’s expenses and \$30,000,000 funded from general revenues for the SSI program’s share of expenses.

## TITLE V

### GENERAL PROVISIONS

Section 501. The bill continues a provision authorizing transfers of unexpended balances.

Section 502. The bill continues a provision limiting funding to 1-year availability unless otherwise specified.

Section 503. The bill continues a provision limiting lobbying and related activities.

Section 504. The bill continues a provision limiting official representation expenses.

Section 505. The bill continues a provision clarifying Federal funding as a component of State and local grant funds.

Sections 506 and 507. The bill continues provisions limiting the use of funds for abortion.

Section 508. The bill continues a provision restricting human embryo research.

Section 509. The bill continues a provision limiting the use of funds for promotion of legalization of controlled substances.

Section 510. The bill continues a provision prohibiting the use of funds to promulgate regulations regarding the individual health identifier.

Section 511. The bill continues a provision limiting the use of funds to enter into or review contracts with entities subject to the requirement in section 4212(d) of title 38, United States Code, if the report required by that section has not been submitted.

Section 512. The bill continues a provision prohibiting the transfer of funds made available in this act to any department, agency, or instrumentality of the U.S. Government, except as otherwise provided by this or any other act.

Section 513. The bill continues a provision prohibiting Federal funding in this act for libraries unless they are in compliance with the Children's Internet Protection Act.

Section 514. The bill continues a provision maintaining a procedure for reprogramming of funds.

Section 515. The bill continues a provision prohibiting candidates for scientific advisory committees from having to disclose their political activities.

Section 516. The bill continues a provision requiring each department and related agency to submit an operating plan.

Section 517. The bill continues a provision requiring the Secretaries of Labor, Health and Human Services, and Education to submit a report on the number and amounts of contracts, grants, and cooperative agreements awarded by the Departments on a non-competitive basis.

Section 518. The bill continues a provision prohibiting SSA from processing earnings for work performed under a fraudulent social security number if based on a conviction for a violation under section 208(a)(6) or (7) of the Social Security Act.

Section 519. The bill continues a provision prohibiting SSA from establishing a totalization agreement with Mexico.

Section 520. The bill continues a provision requiring computer networks to block pornography.

Section 521. 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 522. The bill continues a provision related to reporting requirements for conference spending.

Section 523. The bill continues a provision related to advertisement costs.

Section 524. The bill continues a provision on Performance Partnerships.

Section 525. The bill continues a provision regarding reporting status of balances of appropriations.

Section 526. The bill continues a provision regarding funding for programs that carry out distribution of sterile needles or syringes.

Section 527. The bill includes a new provision on grant notifications.

Section 528. The bill includes a new provision requiring agencies to respond to Questions for the Record within 45 business days.

Section 529. The bill modifies a provision rescinding funds from the Children's Health Insurance Program State allotments.

Section 530. The bill modifies a provision rescinding funds from the Children's Health Insurance Program child enrollment contingency fund.

COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE  
STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee reports on general appropriations bills identify each Committee amendment to the House bill “which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session.”

The Committee is filing an original bill, which is not covered under this rule, but reports this information in the spirit of full disclosure.

The Committee recommends funding for the following programs and activities which currently lack authorization: Institute of Education Sciences; parts C and D of the Individuals with Disabilities Education Act; Nurse Education Loan Repayment; Education and Training Related to Geriatrics; Mental and Behavioral Health Training; Children’s Hospital Graduate Medical Education; Title XVII of the PHS Act; Ryan White CARE Act; Universal Newborn Hearing Screening; Organ Transplantation; Family Planning; Rural Health programs; Traumatic Brain Injury programs; Autism Collaboration, Accountability, Research, Education, and Support Act; Public Health Improvement Act; Healthy Start; Telehealth; Health Professions Education Partnership Act; Children’s Health Act; Women’s Health Research and Prevention Amendments of 1998; Birth Defects Prevention, Preventive Health Amendments of 1993; Substance Abuse and Mental Health Services programs; Low Income Home Energy Assistance Program; Refugee and Entrant Assistance programs (except for Victims of Trafficking); Head Start; Runaway and Homeless Youth programs; Adoption Incentives; Developmental Disabilities programs; Voting Access for Individuals with Disabilities; Native American Programs; Community Services Block Grant Act programs; National Institutes of Health; Assets for Independence; Alzheimer’s Disease Demonstration Grants; Office of Disease Prevention and Health Promotion; YouthBuild Transfer Act; Assistive Technology Act; Carl D. Perkins Career and Technical Education Improvement Act; Corporation for Public Broadcasting; National Council on Disability; Older Americans Act; Second Chance Act; Work Incentive Planning and Assistance; and Protection and Advocacy for Beneficiaries of Social Security.

COMPLIANCE WITH PARAGRAPH 7(c), RULE XXVI OF THE  
STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, on September 00, 2019, the Committee ordered favorably reported an original bill (S. 0000) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2020, 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 00–00, a quorum being present. The vote was as follows:

Yeas

Nays

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.

**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 2020: Subcommittee on Labor, HHS, Education, and Related Agencies:				
Mandatory .....	.....	.....	.....	.....
Discretionary .....	.....	.....	.....	.....
Security .....	.....	.....	NA	NA
Nonsecurity .....	.....	.....	NA	NA
Projections of outlays associated with the recommendation:				
2020 .....	.....	.....	.....	.....
2021 .....	.....	.....	.....	.....
2022 .....	.....	.....	.....	.....
2023 .....	.....	.....	.....	.....
2024 and future years .....	.....	.....	.....	.....
Financial assistance to State and local governments for 2020 .....	NA	.....	NA	.....

<sup>1</sup> Includes outlays from prior-year budget authority.

<sup>2</sup> 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, for healthcare fraud and abuse control, and for reemployment services and eligibility assessments and in accordance with subparagraphs (B), (C), and (E) of section 251(b)(2) of the BBEDCA of 1985, the Committee anticipates that the Budget Committee will provide, at the appropriate time, a 302(a) allocation for the Committee on Appropriations reflecting an upward adjustment of \$\_\_\_\_\_ in budget authority plus associated outlays. Also, pursuant to section 1001(b)(3)(B) of the 21st Century Cures Act (Public Law 114-255), \$\_\_\_\_\_ in budget authority and the resulting outlays do not count for the purposes of estimates under the Congressional Budget and Impoundment Control Act of 1974 or the Balanced Budget and Emergency Deficit Control Act of 1985.



COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2019 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL  
FOR FISCAL YEAR 2020  
[In thousands of dollars]

Item	2019 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or -)	
				2019 appropriation	Budget estimate
TITLE I—DEPARTMENT OF LABOR EMPLOYMENT AND TRAINING ADMINISTRATION Training and Employment Services					
Grants to States:					
Adult Training, current year					