

[FULL COMMITTEE PRINT]

115TH CONGRESS } HOUSE OF REPRESENTATIVES { REPORT
1st Session } 115-

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

, 2018.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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

R E P O R T

[To accompany H.R.]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for the Departments of Labor, Health and Human Services (except the Food and Drug Administration, the Agency for Toxic Substances and Disease Registry and the Indian Health Service), Education, Committee for Purchase from People Who Are Blind or Severely Disabled, Corporation for National and Community Service, Corporation for Public Broadcasting, Federal Mediation and Conciliation Service, Federal Mine Safety and Health Review Commission, Institute of Museum and Library Services, Medicaid and CHIP Payment and Access Commission, Medicare Payment Advisory Commission, National Council on Disability, National Labor Relations Board, National Mediation Board, Occupational Safety and Health Review Commission, Railroad Retirement Board, and the Social Security Administration for the fiscal year ending September 30, 2018, and for other purposes.

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SUMMARY OF ESTIMATES AND APPROPRIATIONS

The following table compares on a summary basis the appropriations, including trust funds for fiscal year 2018, the budget request for fiscal year 2018, and the Committee recommendation for fiscal year 2018 in the accompanying bill.

2018 LABOR, HHS, EDUCATION BILL [Discretionary funding in thousands of dollars]

Budget Activity	Fiscal Year—			2018 Committee compared to—	
	2017 Enacted	2018 Budget	2018 Committee	2017 Enacted	2018 Budget
Department of Labor	\$12,088,155	\$10,641,329	\$10,767,464	(1,320,691)	126,135
Department of Health and Human Services	78,118,630	63,029,369	77,576,400	(542,230)	14,547,031
Department of Education	68,239,195	62,889,423	65,823,945	(2,415,250)	2,934,522
Related Agencies	14,885,326	13,682,005	14,715,337	(169,989)	1,033,332

GENERAL SUMMARY OF THE BILL

For fiscal year 2018, the Committee recommends a total of \$157,938,000,000 in current year discretionary funding, including offsets and adjustments. The fiscal year 2018 recommendation is a decrease of \$5,047,000,000 below the fiscal year 2017 enacted level.

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

First and foremost among these priority areas, the Committee continues to build on the investment made last year in biomedical research by increasing funding for the National Institutes of Health (NIH) by \$1,100,000,000. This increase builds on the prior \$2,000,000,000 increase included in the Consolidated Appropriations Act, 2017 and continues funding from the 21st Century Cures Act. Within the total increase, the Committee provides an increase of \$80,000,000 to the Precision Medicine Initiative, which holds the promise of designing personalized, targeted cures and treatment. The Committee also includes an increase of \$400,000,000 to help find a cure for Alzheimer's disease and an increase of \$76,000,000 for the BRAIN initiative to help better understand how the brain functions and learns.

The Committee has also placed a high priority on combatting opioid addiction by including an additional \$500,000,000 for grants to States, as outlined in the 21st Century Cures Act. The Committee also continues support for programs addressing opioid addiction as authorized in the Comprehensive Addiction and Recovery Act.

To protect public health and the Nation in the event of a bioterrorism or other pandemic crisis, the Committee recommendation also includes increases to the Bioshield and the Biomedical Research and Advanced Development Authority (BARDA) programs

as well as a \$178,000,000 increase for detecting and preventing a pandemic flu outbreak. The recommendation also increases the Strategic National Stockpile by \$25,000,000 and includes language allowing the Secretary of Health and Human Services greater flexibility to respond to an imminent public health threat within the public health and social services emergency fund.

In the area of education, the Committee has included an increase of \$200,000,000 to assist local school districts in covering the cost of ensuring all children with disabilities have access to a free, appropriate, and public education. The Committee provides a total of \$500,000,000 for the new Student Support Services program created in the Every Student Succeeds Act. These funds can be used flexibly by school districts across the country to meet local challenges, whether those be in the area of counseling, special curriculum services, computer science or physical education needs as local demands may dictate. The recommendation also includes an increase of \$28,000,000 for charter schools.

The Committee includes robust increases for the TRIO, \$60,000,000, and GEAR UP, \$10,246,000, programs to ensure that students from disadvantaged backgrounds have access to a college program. The bill also provides sufficient funding to maintain the maximum Pell grant award at \$5,920 in the 2018–2019 academic year.

The Head Start program is increased by \$21,905,000 and the Child Care and Development Block Grant is increased by \$4,000,000 to continue investments in early childhood education. The Committee has also included \$250,000,000 within the Department of Health and Human Services for the Preschool Development Grants program.

These increases are offset by eliminating funding for programs that do not have a clear or effective Federal role, or that have large unobligated balances that are not needed in this fiscal year.

The Committee believes that public service is a public trust that requires Federal employees to place ethical principles above private gain. Federal employees are reminded that they shall not advance a personal agenda or give preferential treatment to any outside organization or individual within the government programs that they administer. Information that is received by the employee, including information from other employees, offices, or Congress should be handled in a professional and confidential manner in accordance with Code of Federal Regulations regarding the basic obligation of public service (5 CFR 2635.101).

The Committee directs each of the agencies funded by this Act to continue to report any funds derived by the agency from non-Federal sources, including user charges and fines, that are authorized by law, to be retained and used by the agency or credited as an offset in annual budget submissions.

TITLE I—DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

The Committee recommends \$3,042,720,000 for Training and Employment Services (TES). TES provides funding for Federal gov-

ernment job training and employment service programs authorized primarily by the Workforce Innovation and Opportunity Act of 2014 (WIOA). This recommendation is \$295,979,000 less than the fiscal year 2017 enacted level, and \$988,954,000 more than the fiscal year 2018 budget request.

Workforce Training.—The Committee continues to be concerned by the skills gap. According to Bureau of Labor Statistics data, employers are currently reporting over six million open positions. Employers are unable to fill many of these positions due to a lack of applicants with the required skills. The Committee believes this is an enormous missed economic opportunity. In the November 2016 Top Management and Performance Challenges Facing the U.S. Department of Labor, the Department of Labor Office of Inspector General (DOL–OIG) states that the Department has been challenged to assure that participants in its job training programs receive industry-recognized credentials and that participants obtain employment in the occupations they have been trained for. The Committee urges the Department to consider ways that job-training programs can be better targeted and improved within existing authorities in order to train participants for in-demand jobs and reduce the skills gap.

Governors’ Reserve Fund.—The Committee recommendation maintains the Governors’ Reserve Fund at the level authorized by WIOA. The Committee supports efforts by the Department of Labor to work with States to ensure that funds are used for authorized purposes in a timely manner and to minimize the accumulation of balances.

Apprenticeship.—The Committee provides \$35,000,000 for the Office of Apprenticeship Services. The Committee urges the Employment and Training Administration (ETA) to continue to expand apprenticeship options through outreach and increased employer engagement in registered apprenticeships. The bill provides no new funding for the Apprenticeship Grants program. The Committee encourages ETA to work with the authorizing committees of jurisdiction to enact an appropriate apprenticeship program authorization.

Licensing.—The Committee continues to support the Department’s efforts to address ways in which harmonizing licensing requirements across States can reduce barriers to labor market entry and mobility, including for dislocated workers, transitioning service members, and veterans.

Pay for Performance.—The Pay-for-Performance authority provided in WIOA is a promising, innovative approach that leverages data, evaluation, and evidence-based performance to improve workforce development outcomes. The Committee urges the Department to consider how this authority can be used to improve training and employment programs across the workforce development system.

Evaluation.—The Committee supports rigorous evaluation of the Department’s programs, particularly the workforce training programs authorized by WIOA. The Committee provides \$8,040,000 in direct appropriations for program evaluations and continues a general provision authorizing the transfer of up to 0.75 percent of appropriations from specific program accounts for purposes of evaluation.

Evaluations should be targeted in ways that will allow the Department to use the findings to improve program delivery and results. The Committee urges the Department to follow through on evaluation findings with evidence-based Congressional justifications.

Program Integrity.—The Committee continues to be concerned by the improper payment rate in the Unemployment Insurance (UI) program and urges the Department to use its authority and program integrity resources to help address this issue.

Information Technology (IT) Consortia.—The Committee remains concerned that serious challenges threaten the viability of the UI IT modernization projects being carried out by State consortia. The Committee directs the Department to continue to provide annual reports to the Committees on Appropriations of the House of Representatives and the Senate on the status of all consortia projects and to implement appropriate policies and procedures for assessing and funding projects by State consortia. In addition, the Committee directs the Department to include in the fiscal year 2019 Congressional Justification any necessary recommendations for language or direction that would be helpful to ensure the long-term viability of the consortia projects and ensure that funds being used for IT modernization projects are achieving the intended results.

Adult Employment and Training Activities.—For Adult Employment and Training Activities, the Committee recommends \$776,736,000, which is \$38,820,000 less than the fiscal year 2017 enacted level and \$286,366,000 more than the fiscal year 2018 budget request.

Youth Employment and Training Activities.—For Youth Employment and Training Activities, the Committee recommends \$831,842,000, which is \$41,574,000 less than the fiscal year 2017 enacted level and \$308,175,000 more than the fiscal year 2018 budget request.

Dislocated Worker Employment and Training Activities.—For Dislocated Worker Employment and Training Activities, the Committee recommends \$1,145,530,000 which is \$96,189,000 less than the fiscal year 2017 enacted level and \$413,045,000 more than the fiscal year 2018 budget request.

Of the total provided for Dislocated Worker Employment and Training Activities, \$1,015,530,000 is designated for State grants that provide core and intensive services, training, and supportive services for dislocated workers. In addition, States use these funds for rapid response assistance to help workers affected by mass layoffs and plant closures.

The remaining \$130,000,000 is available for the Dislocated Workers National Reserve (DWNR). The DWNR supports national emergency grants, technical assistance and demonstration projects as authorized by WIOA. The Committee recommendation eliminates advance appropriations for the DWNR by providing \$130,000,000 in current year funds and rescinding the advance provided in fiscal year 2017. No advance is provided for fiscal year 2019. The Committee recommendation includes up to \$66,000,000 to assist dislocated workers in the Appalachian region as requested in the fiscal year 2018 budget request. The Committee appreciates the Department's efforts to address severe dislocations of workers in the coal industry.

Native Americans.—For the Indian and Native American programs, the Committee recommends \$50,000,000, which is the same as the fiscal year 2017 enacted level and \$95,000 more than the fiscal year 2018 budget request.

Migrant and Seasonal Farmworkers.—For the National Farmworker Jobs program, the Committee recommends \$72,000,000, which is \$9,896,000 less than the fiscal year 2017 enacted level. The fiscal year 2018 budget request proposed no funding for this program.

The Committee encourages the Department to consider ways that the Migrant and Seasonal Farmworkers program can be used to help address shortages of workers in the agricultural sector.

YouthBuild.—For the YouthBuild program, the Committee recommends \$84,534,000, which is the same as the fiscal year 2017 enacted level and \$161,000 more than the fiscal year 2018 budget request.

Technical Assistance.—The Committee recommends no direct funding for technical assistance, which is \$2,500,000 less than the fiscal year 2017 and \$5,226,000 less than the fiscal year 2018 budget request. WIOA provides the authority to use DWNR funds for technical assistance and the Committee maintains a provision allowing the set-aside of up to 10 percent of such funds for technical assistance activities.

Reintegration of Ex-Offenders.—The Committee recommends \$82,078,000 for ex-offender retraining and reintegration activities, which is \$6,000,000 less than the fiscal year 2017 enacted level and \$4,167,000 more than the fiscal year 2018 budget request.

Workforce Data Quality Initiative.—The Committee recommends no funding for the Workforce Data Quality Initiative, which is \$6,000,000 less than the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request.

JOB CORPS

(INCLUDING TRANSFER OF FUNDS)

The Committee recommends \$1,688,155,000 for Job Corps, which is \$16,000,000 less than the fiscal year 2017 enacted level and \$239,711,000 more than the fiscal year 2018 budget request.

Operations.—For Job Corps Operations, the Committee recommends \$1,572,886,000, which is \$14,439,000 less than the fiscal year 2017 enacted level and \$231,568,000 more than the fiscal year 2018 budget request.

Construction, Rehabilitation, and Acquisition.—The Committee recommends \$83,000,000 for construction, rehabilitation, and acquisition activities of Job Corps centers, which is \$1,500,000 less than the fiscal year 2017 enacted level and \$8,143,000 more than the fiscal year 2018 budget request.

Administration.—The Committee recommends \$32,269,000 for the administrative expenses of the Job Corps program, which is \$61,000 less than the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request.

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

On March 31, 2017, the DOL–OIG issued a report entitled Review of Job Corps Center Safety and Security (Report Number 26–17–001–03–370). The DOL–OIG found that campuses audited had significant physical security weaknesses and that center management continued to underreport or misclassify incidents of student misconduct to Job Corps. The Consolidated Appropriations Act, 2017 and the fiscal year 2018 Committee recommendation includes additional funds for Job Corps construction. The Committee directs the Department to use these funds to address physical security weaknesses at Job Corps centers. The Committee directs the Department to review and make any necessary changes to the collection and processing of misconduct reports.

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

The Committee is concerned that a backlog in the procurement of Job Corps operations contracts has resulted in a number of unnecessary and costly bridge contracts in recent years. The Committee recognizes that fewer bridge contracts were reported in the most recent quarter and appreciates the efforts the Department has undertaken to reduce the backlog and need for such bridge contracts in the future.

The Committee is aware of challenges with respect to the recruitment of women participants in the Job Corps program. The Department is directed to submit a report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment of this Act providing detail on current outreach and recruitment activities, barriers to women's participation in the program, and ways that Job Corps recruitment policies can better target women. As part of the report, the Committee encourages ETA to work with HHS early childhood education programs to assess current partnerships and develop recommendations to improve or expand upon successful partnership models at Job Corps campuses to facilitate the participation of women with children.

The Committee encourages the Department to consider establishing a working group of Job Corps administrators, industry leaders and other relevant parties to identify ways in which the program can be better targeted to support the goals of training young Americans for in-demand jobs that benefit their communities, the economy, and help reduce poverty.

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

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

The Committee recommends transferring the Community Service Employment for Older Americans program to the Administration

for Community Living at the Department of Health and Human Services.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

The Committee recommends \$790,000,000 for Federal Unemployment Benefits and Allowances, which is \$59,000,000 less than the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request.

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

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

The Committee recommends \$2,830,903,000 for State Unemployment Insurance and Employment Service Operations. The total includes \$2,760,903,000 from the Employment Security Administration Account from the Unemployment Trust Fund and \$70,000,000 from the General Fund of the Treasury. These funds are used to support the administration of Federal and State unemployment compensation laws.

Unemployment Insurance Compensation.—For Unemployment Insurance (UI) Compensation, the Committee recommends \$2,665,775,000, which is \$21,825,000 less than the fiscal year 2017 enacted level and \$30,000,000 more than the fiscal year 2018 budget request. The total includes \$2,665,775,000 for State Operations and \$13,000,000 for National Activities.

The recommendation for State UI Operations includes \$160,000,000 to conduct in-person reemployment and eligibility assessments (REA), which is \$45,000,000 more than the fiscal year 2017 enacted level and \$30,000,000 more than the fiscal year 2018 budget request. The Committee supports the REA program as a means to reduce waste, fraud, abuse, to conduct eligibility assessments, and to refer beneficiaries to appropriate training options.

As in previous years, the recommendation provides contingency funding for increased workloads that States may face in the administration of UI. During fiscal year 2018, for every 100,000 increase in the total average weekly insured unemployment above 2,246,000, an additional \$28,600,000 shall be made available from the Unemployment Trust Fund.

Employment Service.—The Committee recommends \$19,818,000 for Employment Service National Activities, which is the same as the fiscal year 2017 enacted level and \$38,000 more than the fiscal year 2018 budget request.

Foreign Labor Certification.—The Committee recommends \$62,310,000 for the Foreign Labor Certification (FLC) program, which is the same as the fiscal year 2017 enacted level and \$118,000 more than the fiscal year 2018 budget request. The recommendation includes \$48,028,000 for Federal administration activities and \$14,282,000 for grants to States.

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

The Committee is concerned about previous delays in the processing of labor certifications in the H-2A, H-2B, and PERM programs. The Department is directed to use all appropriate resources and authorities to prevent any backlogs of applications in Foreign Labor Certification programs in fiscal year 2018.

The Committee is aware that there continues to be concern regarding the methodology for calculating H-2A wage rates prescribed in the Final Rule published by the Department of Labor on February 12, 2010. The Committee encourages the Department to review the wage methodology prescribed in the Final Rule and determine whether an alternate methodology could reduce disparate impacts on local areas.

One-Stop Career Centers/Labor Market Information.—The Committee recommends \$70,000,000 for One-Stop Career Centers and Labor Market Information, which is \$2,347,000 more than the fiscal year 2017 enacted level and \$2,476,000 more than the fiscal year 2018 budget request. The Committee expects the Department to use additional funds to ensure claimants have access to timely information on job openings and other appropriate labor market information.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

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

PROGRAM ADMINISTRATION

The Committee recommends \$156,348,000 for Program Administration, which is \$2,308,000 less than the fiscal year 2017 enacted level and \$2,083,000 more than the fiscal year 2018 budget request. The recommendation includes \$106,461,000 from the General Fund of the Treasury and \$49,887,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

The Committee recommends \$175,600,000 for the Employee Benefits Security Administration (EBSA). This recommendation is \$5,400,000 less than the fiscal year 2017 enacted level and \$8,326,000 less than the fiscal year 2018 budget request. The EBSA assures the security of retirement, health and other workplace-related benefits of working Americans.

The Committee understands there is concern regarding the amount of time it takes to complete audits of Association Health Plans and urges the Department to review its audit policies to determine if there are ways to reduce the burdens on plan administrators and complete audits in a timely manner.

PENSION BENEFIT GUARANTY CORPORATION

The Committee includes an obligation limitation for administrative expenses of \$424,417,000 for the Pension Benefit Guaranty Corporation (PBGC). The limitation is \$95,089,000 less than the fiscal year 2017 enacted level and \$98,500,000 less than the fiscal year 2018 budget request. The recommendation includes bill language that defines PBGC's discretionary authority to incur additional unforeseen and emergency administrative expenses related to its multiemployer plan insurance program. Congress established the PBGC to insure the defined-benefit pension plans of working Americans.

The Committee recommendation does not include \$98,500,000 for expenses related to the relocation of headquarters space, which was provided in the Consolidated Appropriations Act, 2017. The Committee expects the fiscal year 2019 budget request for PBGC to return to its base funding needs and that the consolidation of headquarters space will result in lower operating costs for PBGC in the future.

The Committee directs PBGC to submit a report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment of this Act that includes an evidence-based review and assessment of the Smaller Asset Manager Pilot Program. The report should include performance comparisons of pilot participants and non-pilot PBGC asset managers, after fees, relative to their portfolio benchmarks, and should identify best practices and lessons learned that could be applied at PBGC and other Federal pension and retirement benefit systems.

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

WAGE AND HOUR DIVISION

SALARIES AND EXPENSES

The Committee recommends \$217,500,000 for the Wage and Hour Division (WHD), which is \$10,000,000 less than the fiscal year 2017 enacted level and \$12,568,000 less than the fiscal year 2018 budget request.

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

The Committee continues to be concerned that the Establishing a Minimum Wage for Contractors regulation published by the Department of Labor in the Federal Register on October 7, 2014 (79 Fed. Reg. 60634 et seq.) disproportionately affects entities operating seasonal recreational services and equipment rental to the general public on Federal property or lands.

OFFICE OF LABOR-MANAGEMENT STANDARDS

SALARIES AND EXPENSES

The Committee recommends \$41,129,000 for the Office of Labor-Management Standards (OLMS), which is \$2,942,000 more than the fiscal year 2017 enacted level and \$5,505,000 less than the fiscal year 2018 budget request. The recommendation does not include funding for the proposed Electronic Labor Organization Reporting System (e.LORS) modernization project.

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

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

The Committee recommends \$94,500,000 for the Office of Federal Contract Compliance Programs (OFCCP), which is \$9,976,000 less than the fiscal year 2017 enacted level and \$6,500,000 more than the fiscal year 2018 budget request. The OFCCP ensures equal employment opportunity in the Federal contracting community through enforcement, regulatory work, outreach and education to workers and their advocates.

In September 2016, GAO issued a report entitled, “Equal Employment Opportunity: Strengthening Oversight Could Improve Federal Contractor Nondiscrimination Compliance” (GAO-16-750). In the report GAO found, among other things, that OFCCP does not have reasonable assurance that the methods used for selecting contractors for compliance reviews effectively target contractors that pose the greatest risk of non-compliance, that compliance assistance activities have declined by 30 percent since 2012 “as the agency refocused its activities on enforcement,” and that “many contractors told GAO they do not feel comfortable contacting OFCCP for assistance and hire third party support to help comply with federal nondiscrimination and affirmative action requirements.”

The Committee has raised concerns with these issues in recent years and appreciates that the Department agreed with the six recommendations GAO made in its report. The Committee directs OFCCP to submit a report to the Committees on Appropriations of the House of Representatives and the Senate within 160 days of enactment of this Act on its efforts and the status of implementing each of the GAO recommendations.

OFFICE OF WORKERS’ COMPENSATION PROGRAMS

SALARIES AND EXPENSES

The Committee recommends \$116,550,000 for the Office of Workers’ Compensation Programs (OWCP), which is \$1,051,000 less than the fiscal year 2017 enacted level and \$1,268,000 more than the fiscal year 2018 budget request. The recommendation includes \$114,377,000 in General Funds from the Treasury and the author-

ity to expend \$2,173,000 from the Special Fund established by the Longshore and Harbor Workers' Compensation Act.

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

The Committee supports the efforts of OWCP to reduce fraud and abuse related to the prescription of compound pharmaceuticals and opioids.

The Committee remains concerned about backlogs of claims in OWCP programs. The Committee directs OWCP to implement policies and consider other ways in which processing times can be brought more closely into alignment with agency goals.

SPECIAL BENEFITS

(INCLUDING TRANSFER OF FUNDS)

The Committee recommends \$220,000,000 for Special Benefits, which is the same as the fiscal year 2017 enacted level and the fiscal year 2018 budget request. These funds provide mandatory benefits under the Federal Employees' Compensation Act.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

The Committee recommends \$54,319,000 for Special Benefits for Disabled Coal Miners. This amount is in addition to the \$16,000,000 appropriated in fiscal year 2017 as an advance for the first quarter of fiscal year 2018. The total program level recommendation is \$70,319,000, which is \$10,000,000 less than the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request.

These funds provide mandatory benefits to coal miners disabled by black lung disease, to their survivors and eligible dependents, and for necessary administrative costs. The Committee recommendation also provides \$15,000,000 as an advance appropriation for the first quarter of fiscal year 2019. These funds ensure uninterrupted payments to beneficiaries.

ADMINISTRATIVE EXPENSES, ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION FUND

The Committee recommends \$59,846,000 for the Energy Employees Occupational Illness Compensation Program, which is the same as the fiscal year 2017 enacted level and the fiscal year 2018 budget request.

These funds provide mandatory benefits to eligible employees or survivors of employees of the Department of Energy (DOE); its contractors and subcontractors; companies that provided beryllium to DOE; atomic weapons employees who suffer from a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work in producing or testing nuclear weapons; and uranium workers covered under the Radiation Exposure Compensation Act.

BLACK LUNG DISABILITY TRUST FUND
(INCLUDING TRANSFER OF FUNDS)

The Committee recommends such sums as necessary for payment of benefits and interest on advances for the Black Lung Disability Trust Fund. The Committee recommends \$414,806,000 for the Black Lung Disability Trust Fund, which is \$42,121,000 more than the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request.

The Black Lung Disability Trust Fund pays black lung compensation, medical and survivor benefits, and administrative expenses when no mine operator can be assigned liability for such benefits, or when mine employment ceased prior to 1970. The Black Lung Disability Trust Fund is financed by an excise tax on coal, reimbursements from responsible mine operators, and short-term advances from the Treasury. The Emergency Economic Stabilization Act of 2008 authorized a restructuring of the Black Lung Disability Trust Fund debt and required that annual operating surpluses be used to pay down the debt until all remaining obligations are retired.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
SALARIES AND EXPENSES

The Committee recommends \$531,470,000 for the Occupational Safety and Health Administration (OSHA). This recommendation is \$21,317,000 less than the fiscal year 2017 enacted level and \$11,787,000 less than the fiscal year 2018 budget request. OSHA enforces the Occupational Safety and Health Act of 1970.

The Committee strongly supports the mission of OSHA to promote a safe and healthy workplace and protect workers from injury, illness, and death. The Committee supports the efforts of OSHA to adopt an approach that more effectively balances enforcement with education, training, and compliance assistance. Unfortunately, overreliance on enforcement in recent years has fostered a toxic environment between the agency and employers that is undermining the agency's goals for workplace safety and is at odds with Federal policies that support economic growth and job creation.

Safety and Health Standards.—The Committee recommends \$18,000,000 for Safety and Health Standards.

Federal Enforcement.—The Committee recommends \$194,250,000 for Federal Enforcement.

Whistleblower Programs.—The Committee recommends \$17,500,000 for Whistleblower Programs.

State Programs.—The Committee recommends \$100,850,000 for State Programs.

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

Compliance Assistance.—The Committee recommends \$131,851,000 for Federal and State compliance assistance programs. The total includes \$72,351,000 for Federal Assistance and \$59,500,000 for State Consultation Grants.

Training Grants.—No funding is provided for Training Grants.

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

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

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

National/Regional/Local Emphasis Programs.—The explanatory statement accompanying the fiscal year 2016 Consolidated Appropriations Act directed OSHA to notify the Committee on Appropriations of the House of Representatives and the Senate 10 days prior to the announcement of any new National, Regional or Local Emphasis Program including the circumstances and data used to determine the need for the launch of the new program. The Committee directs OSHA to continue to provide such notices in fiscal year 2018.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

The Committee recommends \$359,975,000 for the Mine Safety and Health Administration (MSHA), which is \$13,841,000 less than the fiscal year 2017 enacted level and \$15,197,000 less than the fiscal year 2018 budget request.

MSHA enforces the Federal Mine Safety and Health Act in underground and surface coalmines and metal/non-metal mines.

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

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

The Committee supports the efforts of MSHA to reemphasize compliance assistance programs that help mine operators to improve safety and comply with regulations without the threat of punitive enforcement.

The Committee appreciates the significant reductions in mining injury and illness rates that have been achieved in recent decades and remains a strong proponent for vigilant mine safety oversight. The Committee notes significant worker dislocations and mine closures as a result of economic conditions throughout the mining industry, and in coal mining in particular. The Committee continues to receive reports of inspectors exceeding necessary and appropriate levels of oversight to the point of significantly impeding mining operations. The Committee questions whether this strategy materially improves safety and if the costs outweigh the benefits of

such additional oversight. The Committee continues to support the efforts MSHA has undertaken to realign its resources and capacity to match where mining activity is currently occurring. MSHA has made progress in recent years but must accelerate the process, including reductions in force if necessary, in order to ensure sufficient industry oversight that meets and does not exceed statutory and regulatory requirements.

The Committee continues to support advances MSHA has made in mine rescue technology and communications. The Committee directs MSHA to assess its current mine rescue deployment capability and strategy and discuss ongoing operational and resource needs in the fiscal year 2019 Congressional Justification.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

The Committee recommends \$609,000,000 for the Bureau of Labor Statistics (BLS), which is the same as the fiscal year 2017 enacted level and \$1,158,000 more than the fiscal year 2018 budget request. The recommendation includes \$544,000,000 from the General Fund of the Treasury and \$65,000,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

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

Employment and Unemployment Statistics.—The Committee recommends \$203,878,000 for Employment and Unemployment Statistics.

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

Prices and Cost of Living.—The Committee recommends \$211,444,000 for Prices and Cost of Living.

Compensation and Working Conditions.—The Committee recommends \$82,880,000 for Compensation and Working Conditions.

Productivity and Technology.—The Committee recommends \$10,798,000 for Productivity and Technology.

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

OFFICE OF DISABILITY EMPLOYMENT POLICY

SALARIES AND EXPENSES

The Committee recommends \$36,800,000 for the Office of Disability Employment Policy (ODEP), which is \$1,403,000 less than the fiscal year 2017 enacted level and \$9,597,000 more than the fiscal year 2018 budget request. ODEP provides policy guidance and leadership to eliminate employment barriers to people with disabilities.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

(INCLUDING TRANSFER OF FUNDS)

The Committee recommends \$272,847,000 for Departmental Management, which is \$61,997,000 less than the fiscal year 2017 enacted level and \$12,989,000 more than the fiscal year 2017 budget request. The recommendation includes \$272,539,000 from the General Fund of the Treasury and \$308,000 from the Employment Security Administration Account in the Unemployment Trust Fund. The Departmental Management appropriation provides funds for the staff responsible for Departmental operations, management, and policy development.

Program Direction and Support.—The Committee recommends \$30,250,000 for Program Direction and Support.

Departmental Program Evaluation.—The Committee recommends \$8,040,000 for Departmental Program Evaluation.

Legal Services.—The Committee recommends \$122,445,000 for Legal Services.

International Labor Affairs.—The Committee recommends \$26,500,000 for International Labor Affairs (ILAB). The recommendation provides no funding for ILAB grants as requested in the fiscal year 2018 budget request and returns ILAB to its original mission of research, advocacy, and technical assistance.

Administration and Management.—The Committee recommends \$23,496,000 for Administration and Management.

Adjudication.—The Committee recommends \$33,561,000 for Adjudication.

Women's Bureau.—The Committee recommends \$11,466,000 for the Women's Bureau.

Civil Rights Activities.—The Committee recommends \$6,867,000 for Civil Rights Activities.

Chief Financial Officer.—The Committee recommends \$9,914,000 for the Chief Financial Officer.

The Committee directs the Department to submit its annual Operating Plan to the Committees on Appropriations of the House of Representatives and the Senate within the 45-day statutory deadline.

VETERANS EMPLOYMENT AND TRAINING

The Committee recommends \$284,051,000 for the Veterans Employment and Training (VETS) program, which is \$5,010,000 more than the fiscal year 2017 enacted level and \$4,456,000 more than the fiscal year 2018 budget request. The recommendation includes \$47,537,000 from the General Fund of the Treasury and \$236,514,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

The VETS program serves America's veterans and separating service members by preparing them for meaningful careers, providing employment resources and expertise, and protecting their employment rights.

The Committee continues to support the VETS program and encourages the Department to pursue opportunities to cooperation

with other Federal, State and private enterprises to help the country better serve its veterans.

The Committee includes funding for the initiation of the HIRE Vets Medallion Program authorized by the Honoring Investments in Recruiting and Employing American Military Veterans Act of 2017.

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

Transition Assistance Program.—The Committee recommends \$16,073,000 for the Transition Assistance Program.

Homeless Veterans' Reintegration Program.—The Committee recommends \$47,537,000 for the Homeless Veterans' Reintegration Program.

Federal Administration.—The Committee recommends \$42,027,000 for Federal Administration.

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

INFORMATION TECHNOLOGY MODERNIZATION

The Committee recommends \$20,769,000 for Information Technology (IT) Modernization, which is \$1,991,000 more than the fiscal year 2017 enacted level and \$8,953,000 less than the fiscal year 2018 budget request.

The Committee directs the Department to establish a multi-year IT modernization plan consistent with the Department's capacity to oversee effectively projects, within available appropriations, and to propose the plan and required funding in the fiscal year 2019 Congressional Justification.

The Committee directs the Department to assign a qualified project manager that is a full-time employee of the Department to each modernization project to ensure the all IT modernization projects are executed effectively, according to Departmental requirements, on time, and within budget.

OFFICE OF INSPECTOR GENERAL

The Committee recommends \$89,147,000 for the Department of Labor Office of Inspector General (DOL-OIG), which is \$1,426,000 more than the fiscal year 2017 enacted level and \$3,011,000 more than the fiscal year 2018 budget request. The recommendation includes \$83,487,000 from the General Fund of the Treasury and \$5,660,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

The DOL-OIG conducts audits of Department programs and operations in order to determine that they comply with the applicable laws and regulations, that they use resources effectively, and that they are achieving their intended results.

The Committee supports the DOL-OIG efforts to reduce improper payments in the UI program, and to reduce fraud and abuse in the Workers' Compensation programs related to the prescription of compound pharmaceuticals and opioids.

GENERAL PROVISIONS

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

(TRANSFER OF FUNDS)

Sec. 102. The Committee continues a provision providing the Secretary of Labor with the authority to transfer up to one percent of discretionary funds between appropriations, provided that no appropriation is increased by more than three percent by any such transfer.

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

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

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

(TRANSFER OF FUNDS)

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

(TRANSFER OF FUNDS)

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

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

Sec. 109. The Committee continues a provision relating to the Fair Labor Standards Act and certain insurance personnel conducting post-disaster activity.

(RESCISSION)

Sec. 110. The Committee continues a provision rescinding advance appropriations in the Dislocated Workers' National Reserve account.

Sec. 111. The Committee continues a provision relating to flexibility of H-2B nonimmigrant crossings.

Sec. 112. The Committee continues a provision relating to wage determinations in the H-2B program.

Sec. 113. The Committee continues a provision relating to the administration of the H-2B program.

Sec. 114. The Committee includes a new provision relating to the definition of the term "fiduciary."

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

The Committee recommends \$5,815,727,000 for health resources and services programs, which is \$397,620,000 below the fiscal year 2017 enacted level and \$276,893,000 above the fiscal year 2018 budget request. The Health Resources and Services Administration (HRSA) supports programs that provide health services to disadvantaged, medically underserved, and special populations; decrease infant mortality rates; assist in the education of health professionals; and provide technical assistance regarding the utilization of health resources and facilities.

PRIMARY HEALTH CARE

Health Centers

The Committee recommends \$1,491,422,000 for the Health Centers program, which is \$900,000 above the fiscal year 2017 enacted level and \$2,835,000 above the fiscal year 2018 budget request.

The Committee includes bill language providing up to \$99,893,000 for the Federal Tort Claims Act program, which is the same as the fiscal year 2017 enacted level and \$190,000 above the fiscal year 2018 budget request. The program provides medical malpractice liability protection to Federally supported health centers.

The Committee requests HRSA include an update in the fiscal year 2019 Congressional justification on the agency's efforts to implement the recommendations described in GAO Report (GAO-12-546) Health Center Program: Improved Oversight Needed to Ensure Grantee Compliance with Requirements.

In addition, the Committee allocates not less than \$15,000,000 for the establishment of a Health Center Audit, Compliance, and Oversight Office within the Bureau of Primary Health Care. The Committee expects the office to perform periodic audits and compliance reviews of all health center access points, with a goal of conducting a compliance or audit review for every access point location every five years. The office shall oversee Federally Qualified Health Centers, Health Center Program Look-Alikes, and Health Centers receiving a grant under section 330 of the Public Health Service Act. The office should provide uniform guidance to health center project officers, monitor project officer adherence to program guidance, and periodically assess whether program guidance is meeting program objectives. The office will also conduct independent compliance reviews, ensuring all health center access points have policies, procedures, and training to comply with applicable Federal laws. The office shall submit quarterly reports to the Committees on Appropriations of the House of Representatives and the Senate containing the results of all audits and compliance reviews of health center access points and oversight of health center project officers. The Committees directs HRSA to provide a briefing within 45 days of enactment of this Act on efforts to establish this office.

Tuberculosis.—The Committee supports the coordination between health centers and State and local Tuberculosis (TB) control programs to help ensure appropriate identification, treatment, and

prevention of TB among target populations. The Committee encourages HRSA to continue to implement the recommendations of the Tuberculosis Action Plan and recommends that the agency include an update of its progress in the fiscal year 2019 Congressional Justification.

Free Clinics Medical Malpractice

The Committee recommends \$100,000 for carrying out responsibilities under the Federal Tort Claims Act. This amount is \$900,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. The program provides medical malpractice coverage to individuals involved in the operation of free clinics in order to expand access to health care services to low-income individuals in medically underserved areas. A free clinic must apply, consistent with the provisions applicable to community health centers, to have those individuals “deemed” an employee of the Public Health Service, and therefore eligible for coverage.

HEALTH WORKFORCE

Health Professions

The Committee recommends \$748,236,000 for the Health Professions programs, which is \$90,459,000 below the fiscal year 2017 enacted level and \$365,605,000 above the fiscal year 2018 budget request. The Health Professions programs support grants for the development of the health workforce in fields challenged by a high need and insufficient supply of health professionals. Given that colleges and universities serve the dual role of training students and carrying out a majority of Federally-funded biomedical research, the Committee believes that they serve as an ideal setting to expose future clinicians to the evidence base that underlies their intended profession.

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

Budget Activity	FY 2018 Committee
Health Professions Training for Diversity	
Centers of Excellence	\$9,711,000
Faculty Loan Repayment	1,190,000
Scholarships for Disadvantaged Students	45,970,000
Workforce Information and Analysis	4,663,000
Primary Care Training and Enhancement	38,924,000
Oral Health Training Programs	36,673,000
Interdisciplinary, Community-based Linkages	
Area Health Education Centers	30,250,000
Geriatric Programs	34,737,000
Mental and Behavioral Health	9,916,000
Behavioral Health Workforce Education and Training	25,000,000
NURSE Corps Scholarship and Loan Repayment	83,135,000
Nursing Workforce Development	128,067,000

Training for Diversity

Centers of Excellence.—The Committee directs HRSA to provide continuation grants for activities authorized under section 736 of the Public Health Service Act.

Primary Care Training and Enhancement

Interprofessional Education.—The Committee is aware of the growing recognition that interprofessional clinical health programs represent the state of the art in health care. The Committee believes interprofessional clinical care teams that include physicians and physician assistants and other disciplines (such as nurses, oral health practitioners, behavioral health professionals, and allied health providers) can achieve better care, better population health, and lower costs. Further, the Committee shares HRSA's belief that health organizations and professionals should be trained for a contemporary practice environment focused on new and more efficient models of care that include interprofessional and team-based care. The Committee also believes that implementation of interprofessional practice requires health students and faculty, as well as staff at the clinic site, be prepared effectively to work side-by-side. In carrying out the various workforce programs authorized by Title VII and VIII of the Public Health Service Act, including the Primary Care Training and Enhancement Program, the Committee supports efforts by the Bureau of Health Workforce to include interprofessional education as a component in funding announcements, particularly with respect to programs that address student and faculty learning as well as clinical site readiness.

Integration of Primary Care and Oral Health Practice.—The Committee is aware that a number of medications (prescription drugs, over the counter drugs, and vitamins and minerals) can affect oral health. Many medications used to treat chronic diseases have adverse effects on oral health that patients and/or providers might not be aware of. The most common side effect is dry mouth, which can be brought on by more than 400 different prescription medications. Dry mouth raises the risk of tooth decay and gum disease. The Committee encourages HRSA to address the impact of medication on oral health as part of its ongoing efforts to promote oral health and primary care integration across the patient lifespan, additional focus would feature diabetic patients as a population of interest for primary care integration.

Rare Diseases.—The Committee encourages HRSA to examine programs to increase primary care physician's preparedness in the diagnosis of rare diseases.

Oral Health Training

The Committee recommends \$36,673,000 for Oral Health Training programs, which is the same as the fiscal year 2017 enacted level and \$36,673,000 above the fiscal year 2018 budget request. These programs serve to increase the number of medical graduates from minority and disadvantaged backgrounds and to encourage students and residents to choose primary care fields and practice in underserved urban and rural areas.

Within the funds provided, the Committee includes not less than \$10,000,000 for General Dentistry Programs and not less than \$10,000,000 for Pediatric Dentistry programs. The Committee directs HRSA to provide continuation funding for pre-doctoral and postdoctoral training grants initially awarded in fiscal year 2015.

Within the funds provided, the Committee provides not less than \$1,675,000 for the Dental Faculty Loan Repayment program authorized by section 748 of the Public Health Service Act. The Com-

mittee directs HRSA to provide continuation funding for grants initially awarded in fiscal years 2016 and 2017.

Area Health Education Centers

The Committee strongly supports Area Health Education Centers (AHEC) oral health projects that establish primary points of service and address the need to help patients find treatment outside of hospital emergency rooms. The Committee is aware that some State dental associations have already initiated programs to refer emergency room patients to dental networks. HRSA is encouraged to work with these programs.

The Committee is pleased with the national work of the AHEC program, which has worked to educate primary care health providers on emerging public health needs. The Committee encourages HRSA to engage additional Federal partners, external stakeholders, including current and former grantees of the program, to determine how the AHEC network can be used to continually educate primary care health professionals, especially concerning infectious diseases.

Mental and Behavioral Health

The Committee recommendation includes \$8,916,000 for the interprofessional Graduate Psychology Education (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. Recognizing the growing need for highly trained mental and behavioral health professionals to deliver evidence-based services to the rapidly aging population, the Committee encourages HRSA to invest in geropsychology training programs and to help integrate health service psychology trainees at Federally Qualified Health Centers. The GPE program is dedicated to the education and training of doctoral-level psychologists to provide supervised behavioral, mental health services to underserved populations, including older adults, children, the chronically ill, and veterans. HRSA should build on recent efforts to expand training to increase mental, behavioral health services for returning service members, veterans, and their families, with an emphasis on veterans reintegrating into rural civilian communities.

Behavioral Health Workforce Education and Training

The Committee recommends \$25,000,000 for the Behavioral Health Workforce Education and Training Grant Program. Eligible entities for this program shall include accredited programs that train Master's level social workers, psychologists, counselors, marriage and family therapists, psychology doctoral interns, as well as behavioral health paraprofessionals. The Committee directs HRSA to share information concerning pending grant opportunity announcements with State licensing organizations and all the relevant professional associations.

Nursing Workforce Development

The Committee recognizes the need for a highly educated nursing workforce to reflect the diversity of the populations it serves. The recruitment of culturally and economically diverse individuals positively impacts the classroom and professional practice environ-

ments. Exposure to other viewpoints and perspectives serves to advance collaboration that will translate into improved care delivery. The Title VIII Nursing Workforce Development Programs directly bolster this effort by supporting students from diverse and under-represented backgrounds in the nursing profession through recruitment and retention efforts. For example, in Academic Year 2014–2015, the Title VIII Nursing Workforce Diversity (NWD) Grants program supported 13,225 students and aspiring students, partnering with over 900 clinical training sites. Of these sites, 42 percent were located in medically-underserved areas. Title VIII programs like NWD offer a two-fold benefit: not only are the direct recipients provided financial assistance, but they also connect these clinicians with communities that vary in socioeconomic, racial/ethnic, and geographic backgrounds some that experience higher rates of health disparities. The Committee requests HRSA include in the fiscal year 2019 Congressional Justification information on the impact of Title VIII programs on workforce diversity.

The Committee is aware of provider shortages and recognizes that training postgraduate Nurse Practitioners in Federally Qualified Health Centers could address aspects of the primary care provider shortage. The Committee supports efforts to train Nurse Practitioners on a model of care consistent with both Institute of Medicine principles and the needs of vulnerable populations. The Committee believes a focus of the program should be training in the integration of primary care and behavioral health, since mental health issues and opioid and other illegal drug addiction remain healthcare priorities.

Children’s Hospitals Graduate Medical Education

The Committee recommends \$300,000,000 for the Children’s Hospitals Graduate Medical Education Payment program, which is the same as the fiscal year 2017 enacted level and \$5,000,000 more than the fiscal year 2018 budget request. The Children’s Hospitals Graduate Medical Education Payment program helps eligible hospitals maintain graduate medical education programs, which support the training of residents to care for the pediatric population and enhance the supply of primary care and pediatric medical and surgical subspecialties.

National Practitioner Data Bank

The Committee assumes \$18,000,000 for the National Practitioner Data Bank, which is \$814,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. The Committee recommendation and the fiscal year 2018 budget request assume that the data bank will be self-supporting. The Committee continues to include bill language to ensure that user fee collections cover the full costs of data bank operations.

MATERNAL AND CHILD HEALTH

Maternal and Child Health Block Grant

The Committee recommends \$641,700,000 for the Maternal and Child Health (MCH) Block Grant, which is the same as the fiscal year 2017 enacted level and \$25,287,000 below the fiscal year 2018 budget request. States use the block grant to improve access to

care for mothers, children, and their families; reduce infant mortality; provide pre- and post-natal care; support screening and health assessments for children; and provide systems of care for children with special health care needs.

Maternal Depression.—The Committee recognizes that over 400,000 women in the United States suffer from postpartum depression each year. Postpartum depression can affect mother-infant bonding and have longer-term effects on the development of children. The Committee supports efforts by HRSA to address the needs of mothers and children related to maternal depression.

Neonatal Abstinence Syndrome Effects on Maternal and Child Health.—The Committee is alarmed by the prevalence of Neonatal Abstinence Syndrome (NAS) and the resulting health and developmental impacts on children. The Committee requests an update in the fiscal year 2019 Congressional Justification on efforts undertaken by HRSA to address NAS.

Prenatal Screening.—Patient education materials related to non-invasive prenatal screening (NIPS) often lag behind fast-moving NIPS technological advancements and fail to reflect the most current clinical guidance. To ensure patients and providers are educated about evidence-based practices and their applications, as well as the underlying conditions for which a patient may require further diagnostic testing based on screening results, the Committee supports efforts by the Maternal and Child Health Bureau to convene a meeting of Federal and public stakeholders representing health care professionals, industry, and patient voices. The Committee encourages discussion on the purposes and definitions of NIPS, the status of provider best practices and guidance, and patient and industry needs related to information dissemination and standards for screenings. The goal of such a meeting is for stakeholders to establish consensus about next steps for provider and patient education. The Committee requests an update in the fiscal year 2019 Congressional Justification on efforts undertaken by HRSA to address prenatal screening.

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

Budget Activity	FY 2018 Committee
Set-aside for Oral Health	\$5,250,000
Set-aside for Epilepsy	3,642,000
Set-aside for Sickle Cell Disease	3,000,000
Set-aside for Fetal Alcohol Syndrome	477,000

Set-aside for Oral Health.—The Committee has included \$250,000 to continue demonstration projects to increase the implementation of integrating oral health and primary care practice. The projects should model the core clinical oral health competencies for non-dental providers that HRSA published and initially tested in its 2014 report, Integration of Oral Health and Primary Care Practice. The Committee expects the Chief Dental Officer to play a key role in the design, monitoring, oversight, and implementation of these projects.

Thalassemia.—HRSA has a long history of supporting thalassemia services. The thalassemia program has been instrumental in

aiding patients with this inherited blood disorder, especially as treatments and best practices have evolved over time. The Committee encourages HRSA to reconstitute this program in order to ensure the continued improvement of care and treatment options for patients with this complex and debilitating blood disorder.

Maternal and Child Health Programs

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

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

Budget Activity	FY 2018 Committee
Sickle Cell Anemia Program	\$4,455,000
Autism and Other Developmental Disorders	47,099,000
Heritable Disorders	13,883,000
Healthy Start	103,500,000
Universal Newborn Hearing	17,818,000
Emergency Medical Services for Children	20,162,000

Birthplace and Seamless Systems for Transfer of Care.—The Committee continues to note the rising rates for out of hospital births in the United States, and the subsequent importance of collaboration within an integrated maternity care system in order to achieve optimal mother-baby outcomes. The Committee believes that all women and families planning a home or birth center birth have a right to respectful, safe, and seamless consultation, referral, transport and transfer of care when necessary. The Committee encourages HRSA to work with its partners, including National organizations representing professionals who attend home, birthing center, and hospital births, to develop a strategy for facilitating ongoing inter-professional dialogue and cooperation and universal adoption of the Best Practice Guidelines for Transfer from Planned Home Birth to Hospital. The goal of this effort should be to achieve optimal mother-baby outcomes in all settings and with all providers. The Committee requests HRSA include information on this effort in the fiscal year 2019 Congressional Justification.

Breastfeeding Support and Safe Sleep Promotion.—The Committee is aware that 49 jurisdictions have selected the Title V National Performance Measure 4 on Breastfeeding and encourages HRSA to ensure incorporation and coordination of breastfeeding support within and among the Title V Maternal and Child Health Block Grant, the Healthy Start program, and the Maternal, Infant and Early Childhood Home Visiting Program. The Committee further encourages the integration of breastfeeding support and safe sleep promotion activities within these programs.

Vision.—One out of four children in the United States have some form of low vision and at least four million schoolchildren start the school year not being able to see clearly. Most of these cases of poor vision are due to refractive error, a condition that is easily corrected. The Committee supports efforts at HRSA to assist programs that identify and provide prescription eyeglasses to children from low-income families.

Autism and Other Developmental Disorders

The Committee recommends \$47,099,000 for Autism and Other Developmental Disorders; this funding level is the same as the fiscal year 2017 enacted level and \$47,099,000 above the fiscal year 2018 budget request. These programs seek to improve the health and well-being of children and adolescents with autism spectrum disorder and other developmental disabilities and to advance best practices for the early identification and treatment of autism and related developmental disabilities.

The Committee provides not less than \$31,317,485 for the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program to maintain the program's capacity to train professionals to screen, diagnose, and provide evidence-based interventions to individuals with autism spectrum disorder and other developmental disabilities as authorized by the Autism CARES Act. This funding will also enable the LEND network to assist in ongoing developmental monitoring, especially for children exposed to lead and other environmental toxins and for infants exposed to the Zika virus with its resulting complications. LEND programs provide a strong community link to services and support these newest members of the disability community and their families. In addition, the funding will allow these programs to develop innovative strategies to integrate and enhance existing investments, including translating research findings on interventions, development of guidelines, tools, and systems management approaches for training settings and promotion of life-course considerations, from developmental screening in early childhood, to transition to adulthood issues.

Heritable Disorders

The Committee provides \$13,883,000 for the Heritable Disorders program, which is the same as the fiscal year 2017 enacted level and \$13,883,000 above the fiscal year 2018 budget request. Newborn Screening is a complex public health system that relies on coordinated actions by stakeholders, including clinicians, hospitals, parents, labs, and public health professionals. HRSA's Heritable Disorders Program supports a number of activities that strengthen this system to ensure infants born in every State receive rapid identification, early intervention, and potentially life-saving treatment.

Pediatric Hospice Care.—The Committee recognizes the importance of pediatric hospice care. The Committee understands the unique conditions surrounding pediatric hospice care and grief support for families including the need to support family members, the recognition that child death can have more intense and longer grieving periods, and the need for development of best practices for

counseling, support, medication, and other factors impacting the end of life experience for children.

Recommended Uniform Screening Panel.—The Committee encourages HRSA to expand the Heritable Disorders program to support States with the implementation, education, and awareness of newborn screening for new conditions recently added to the Recommended Uniform Screening Panel, including Pompe, Mucopolysaccharidosis I, and X-linked adrenoleukodystrophy. The program will also disseminate National, regional and State education and training resources for parents, families and providers.

Severe Combined Immune Deficiency.—Within the amount for Heritable Disorders, the Committee provides \$2,000,000 to continue efforts to support wider implementation, education, and awareness of Newborn Screening for Severe Combined Immune Deficiency (SCID). The Committee supports HRSA’s efforts to address SCID and encourages the agency to continue the program in its current form.

Healthy Start

The Committee recommends \$103,500,000 for the Healthy Start program, which is the same as the fiscal year 2017 enacted level and \$24,803,000 below the fiscal year 2018 budget request. The program provides discretionary grants to communities with high rates of infant mortality to support primary and preventive health care services for mothers and their infants.

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

RYAN WHITE HIV/AIDS PROGRAM

Ryan White HIV/AIDS Program

The Committee provides \$2,318,781,000 for the Ryan White HIV/AIDS program, which is the same as the fiscal year 2017 enacted level and \$58,773,000 above the fiscal year 2018 budget request.

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

Within the total for the Ryan White HIV/AIDS program, the Committee provides the following amounts:

Budget Activity	FY 2018 Committee
Emergency Assistance	\$655,876,000

Budget Activity	FY 2018 Committee
Comprehensive Care Programs	1,315,005,000
AIDS Drug Assistance Program	900,313,000
Early Intervention Program	201,079,000
Children, Youth, Women, and Families	75,088,000
AIDS Dental Services	13,122,000
Education and Training Centers	33,611,000
Special Projects of National Significance	25,000,000

HEALTH CARE SYSTEMS

The Committee recommends \$100,518,000 for Health Care Systems, which is \$3,675,000 below the fiscal year 2017 enacted level and \$1,167,000 above the fiscal year 2018 budget request. The programs within Health Care Systems support National activities that enhance health care delivery in the United States. Activities include maintaining a National system to allocate and distribute donor organs to individuals awaiting transplant; building an inventory of cord blood units; maintaining a National system for the recruitment of bone marrow donors; operating the 340B drug discount program; and operating a national toll-free poison control hotline.

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

Budget Activity	FY 2018 Committee
Organ Transplantation	\$23,549,000
National Cord Blood Inventory	12,266,000
C.W. Bill Young Cell Transplantation Program	22,109,000
Office of Pharmacy Affairs	10,238,000
Poison Control Centers	18,846,000
National Hansen's Disease Program	11,653,000
Hansen's Payment to Hawaii	1,857,000

Organ Transplantation

Organ Donation Rates.—The Committee remains aware of the insufficient supply of donated organs to meet Nationwide need and of the existing variations among local communities in donation rates and procurement practices. The Committee directs HRSA to develop a comprehensive report with recommendations and initiatives that can be pursued to ensure that local communities adopt best practices to increase the supply of donated organs. The recommendations shall place special emphasis on assisting localities with low donation and procurement rates. HRSA shall provide this report within 120 days of enactment of this Act.

Organ Distribution Proposal.—The Committee understands that the Organ Procurement and Transplantation Network (OPTN) developed the “Redesigning Liver Distribution” proposal and released the proposal for public comment in 2016. The Committee understands the proposal received a large number of comments. The Committee encourages HRA to ensure stakeholders have sufficient time to address comments.

Costs of Liver Distribution Proposals.—The Committee is aware that OPTN is preparing a revised proposal for redesigning the distribution of livers for transplant in the United States. The Committee encourages the proposal to include the scope of financial

costs associated with the proposal, including estimates of the direct and indirect costs imposed on the Federal government, State governments, local governments, and public and private health insurers.

Positions at Organ Procurement and Transplantation Network.—The Committee appreciates the valuable role played by individuals in leadership positions and other voting positions at OPTN. The Committee expects HRSA to ensure OPTN policymaking committees and subcommittees are selected in a manner that provides equal representation with unbiased selection.

National Cord Blood Inventory

The Committee recommends \$12,266,000 for the National Cord Blood Inventory, which is the same as the fiscal year 2017 enacted level and \$1,021,000 more than the fiscal year 2018 budget request. The National Cord Blood Inventory program builds a genetically and ethnically diverse inventory of high-quality umbilical cord blood for transplantation.

C.W. Bill Young Cell Transplantation Program

The Committee recommends \$22,109,000 for the C.W. Bill Young Cell Transplantation program, which is the same as the fiscal year 2017 enacted level and \$42,000 more than the fiscal year 2018 budget request.

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

Office of Pharmacy Affairs

The Committee provides \$10,238,000 for the Office of Pharmacy Affairs (OPA), which is the same as the fiscal year 2017 enacted level and \$19,000 above the fiscal year 2018 budget request. The Office of Pharmacy Affairs oversees the 340B Drug Pricing Program, which requires drug manufacturers to provide discounts on outpatient prescription drugs to certain safety net health care providers.

The Committee recognizes that the 340B Drug Pricing program was designed to help safety net providers maintain, improve, and expand patient access to healthcare services generally. Since its enactment in 1992, the 340B program has lowered the cost of outpatient drugs to Government funded health clinics, as well as non-profit and public hospitals that serve a disproportionate share of low-income patients or rural communities.

The Committee is aware that the 340B statute requires HRSA to make 340B ceiling prices available to covered entities through a secure website and continues to be concerned that OPA has failed to meet deadlines to complete work on the secure website. The Committee urges OPA to complete the development of a secure website. The Committee directs OPA to include an update on the status of the secure website in the fiscal year 2019 budget request.

Poison Control Centers

The Committee recommends \$18,846,000 for Poison Control Centers, which is the same as the fiscal year 2017 enacted level and \$36,000 above the fiscal year 2018 budget request. The Committee recognizes the critical role of this proven National public health program and the value of its services to all citizens. In 2015, poison control centers managed 2.8 million calls, which is an average of approximately 8,000 calls per day. Of these calls, 47 percent related to exposures to children age five and under, and 22 percent came from health care facilities. Of the approximate 2.2 million poisonings reported in 2015, 67 percent were managed at the site of exposure, avoiding unnecessary visits to emergency departments.

RURAL HEALTH

The Committee recommends \$156,060,000 for Rural Health programs, which is the same as the fiscal year 2017 enacted level and \$81,665,000 more than the fiscal year 2018 budget request. Rural Health programs provide funding to improve access, quality, and coordination of care in rural communities; for research on rural health issues; for technical assistance and recruitment of health care providers; for screening activities for individuals affected by the mining, transport, and processing of uranium; for the outreach and treatment of coal miners and others with occupation-related respiratory and pulmonary impairments; and for the expansion of telehealth services.

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

Budget Activity	FY 2018 Committee
Rural Outreach Programs	\$65,500,000
Rural Health Research	9,351,000
Rural Hospital Flexibility Grants	43,609,000
State Offices of Rural Health	10,000,000
Black Lung Clinics	7,266,000
Radiation Exposure Screening and Education	1,834,000
Telehealth	18,500,000

Radiation Safety.—The Committee supports efforts to ensure information regarding exposure to radiation is up-to-date on all available options to protect surgical/interventional health care personnel and patients from radiation exposure.

Telehealth.—The Committee recognizes the growing importance of telehealth in delivering high-quality healthcare to medically underserved communities in both rural and urban areas. The Committee encourages the Secretary to establish a Telehealth Center of Excellence to test the efficacy of telehealth services in both urban and rural geographic locations.

FAMILY PLANNING

The Committee does not recommend funding for the Family Planning program, which is \$286,479,000 below the fiscal year 2017 enacted level and fiscal year 2018 budget request. The Family Planning program administers Title X of the Public Health Service Act.

PROGRAM MANAGEMENT

The Committee recommends \$151,993,000 for the cost of Federal staff and related activities to coordinate, direct, and manage the programs of HRSA, which is \$2,007,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request.

Chief Dental Officer.—The Committee is pleased that HRSA has restored the position of Chief Dental Officer (CDO) and looks forward to learning how the agency has ensured that the CDO is functioning with executive level authority with resources to oversee and lead HRSA oral health programs and initiatives. The Committee would like an update in the fiscal year 2019 Congressional Justification 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

The Committee estimates that \$268,000,000 will be released from the Vaccine Injury Compensation Trust Fund, which is \$28,000,000 more than the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request.

The National Vaccine Injury Compensation Program provides a system of compensation for individuals with vaccine-associated injuries or deaths. Funds for claims from vaccines administered on or after October 1, 1988 are generated by a per-dose excise tax on the sale of selected prescribed vaccines. The Vaccine Injury Compensation Trust Fund receives revenues raised by this tax. Trust funds made available will support the liability costs of vaccines administered after September 30, 1988.

The Committee recommends \$8,250,000 for administration of the program, which is \$500,000 more than the fiscal year 2017 enacted level and \$950,000 less than the fiscal year 2018 budget request.

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Committee recommends a program level of \$7,056,811,000 for the Centers for Disease Control and Prevention (CDC), which is \$198,350,000 below the fiscal year 2017 enacted level and \$1,026,210,000 above the fiscal year 2018 budget request. This level includes \$6,010,153,000 in discretionary budget authority, \$55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act (EEOICPA), \$840,600,000 in transfers from the Prevention and Public Health (PPH) Fund, and \$150,700,000 in PHS Act section 241 evaluation set-aside transfers. CDC works with State, local, and Tribal health authorities and other non-governmental health-related organizations to understand, control, and reduce public health problems.

IMMUNIZATION AND RESPIRATORY DISEASES

The Committee recommends \$744,350,000 for Immunization and Respiratory Diseases (IRD), which includes \$470,700,000 in discretionary budget authority, and \$273,650,000 in transfers from the PPH Fund. This level is \$50,000,000 below the fiscal year 2017 en-

acted level and \$43,522,000 above the fiscal year 2018 budget request level.

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

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

Budget Activity	FY 2018 Committee
Section 317 Immunization Program	\$556,792,000
<i>National Immunization Survey</i>	12,864,000
Influenza Planning and Response	187,558,000

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

The Committee recommends \$1,117,278,000 for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases (STD), and Tuberculosis (TB) Prevention, which is the same as the fiscal year 2017 enacted level and \$183,278,000 above the fiscal year 2018 budget request.

CDC provides National leadership and support for HIV prevention research and the development, implementation, and evaluation of evidence-based HIV prevention programs serving persons affected by, or at risk for, HIV infection. Activities include surveillance, epidemiologic and laboratory studies, and prevention activities. CDC provides funds to State, local, and Tribal health departments and community-based organizations to develop and implement integrated community prevention plans.

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

Budget Activity	FY 2018 Committee
Domestic HIV/AIDS Prevention and Research	\$788,712,000
<i>HIV Prevention by Health Departments</i>	397,161,000
<i>HIV Surveillance</i>	119,861,000
<i>Activities to Improve Program Effectiveness</i>	103,208,000
<i>National, Regional, Local, Community, and Other Organizations</i>	135,401,000
<i>School Health-HIV</i>	33,081,000
Viral Hepatitis	34,000,000
Sexually Transmitted Infections	152,310,000
Tuberculosis	142,256,000

Hepatitis B.—The Committee is concerned that even though the hepatitis B vaccine is more than 90 percent effective, there are over 50,000 new hepatitis B virus (HBV) infections each year and more than 10 deaths each day due to this disease in the U.S. As a result of the opioid epidemic, infection with HBV has spiked in many parts of the nation with, for example, acute HBV infections increasing 114 percent from 2006 to 2013 in three states that have suffered from widespread opioid overuse (Kentucky, Tennessee, and West Virginia). The Committee notes that the link between HBV

infection and primary liver cancer is well-established, with up to 60 percent of global liver cancer cases caused by HBV. Many of these liver cancer cases are preventable with early detection of, treatment of, and vaccination for HBV. An innovative public health effort to reduce HBV-related disease burden would move the U.S. into a global leadership position likely to benefit U.S. relations with countries in Asia, Africa, and other global regions where HBV infection and its severe complications are endemic.

Latent TB Infection.—The Committee notes with concern that there are up to 13 million individuals in the U.S. with latent TB infection. The diagnosis and treatment of individuals with latent TB infection at highest risk of progression to active TB would prevent future cases of this airborne infectious disease. The Committee acknowledges that only by addressing latent TB infection can the U.S. achieve TB elimination. The Committee recognizes the vital role of CDC’s Division of TB Elimination to address TB and urges support to ensure that State and local TB programs have adequate resources to effectively identify and treat latent TB infection cases.

Liver Health.—The Committee commends CDC for its efforts to increase national awareness of viral hepatitis B and C, and requests that CDC support liver health and wellness activities in an effort to reduce morbidity and mortality for persons infected with viral hepatitis who develop liver disease, cirrhosis, liver failure, and liver cancer.

EMERGING AND ZOO NOTIC INFECTIOUS DISEASES

The Committee recommends \$551,522,000 for Emerging and Zoonotic Infectious Diseases (EZID), which includes \$499,522,000 in discretionary appropriations and \$52,000,000 in transfers from the PPH Fund. This level is \$33,400,000 below the fiscal year 2017 enacted level and \$37,522,000 above the fiscal year 2018 budget request. The EZID programs support the prevention and control of infectious diseases through surveillance, outbreak investigation and response, research, and prevention.

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

Budget Activity	FY 2018 Committee
Core Infectious Diseases	\$362,950,000
<i>Emerging Infectious Diseases</i>	125,000,000
<i>Lab Safety and Quality</i>	8,000,000
<i>Antibiotic Resistance Initiative</i>	163,000,000
<i>All Other Infectious Diseases</i>	29,840,000
<i>Vector-borne Diseases</i>	26,410,000
<i>Lyme Disease</i>	10,700,000
<i>Prion Disease</i>	0
<i>Chronic Fatigue Syndrome</i>	0
Food Safety	54,000,000
National Health Care Safety Network	21,000,000
Quarantine	31,572,000
Advanced Molecular Detection	30,000,000
Epidemiology and Laboratory Capacity	40,000,000
Healthcare-Associated Infections	12,000,000

Combating Antibiotic-Resistant Bacteria.—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 develop a national capacity to identify and catalog microbial genome sequences, paying attention to antibiotic-resistant microbes. CDC is encouraged to continue to pursue research opportunities in the area of antimicrobial stewardship in diverse healthcare settings and encourage regional collaborations to study the most effective strategies to improve antibiotic prescribing and stewardship.

Lyme Disease Activities.—Lyme disease can be found in at least 80 countries around the globe and is endemic in many regions. In the U.S., Lyme disease is the most common disease transmitted from animals to humans. CDC estimated in 2013 that only 10 percent of Lyme disease cases were being reported annually. The Committee encourages CDC to expand activities related to developing sensitive and more accurate diagnostic tools and tests for Lyme disease and evaluating the development of a national reporting system.

Sepsis.—The Committee encourages CDC to increase its public awareness, outreach, and education efforts on sepsis, including health provider outreach and other related activities to improve diagnosis and treatment of sepsis. The Committee requests an update in the fiscal year 2019 Congressional Justification on activities to improve public awareness of sepsis.

Tick-Borne Disease Resources and Guide.—The Committee encourages CDC to ensure transparency on its website of its physician education programs regarding Lyme disease, including scientific resources and schedules; to solicit input from the treating physician community at large regarding such education programs; and to include the broad spectrum of scientific viewpoints. The Committee also encourages CDC to provide a written rationale for the selection of Lyme and tick-borne disease treatment guidelines it displays on its website and to intensify surveillance of *Borrelia* infections in non-endemic/non-high incidence areas.

Vector-Borne Diseases.—Vector-borne diseases, such as Lyme disease, West Nile Virus, and Zika, have high human consequences and are a growing threat to public health. The impacts of these diseases and the effectiveness of programs for surveillance, prevention, and control should be better gauged and understood. Therefore, the Committee directs CDC to include goals and performance indicators for each high-priority vector-borne disease in its annual Congressional Justification. Additionally, within 90 days of enactment, the Committee directs CDC to submit a report to the Committees on Appropriations of the House of Representatives and the Senate, that: (1) Compares funding for high priority vector-borne diseases to the burden of disease as defined by Disability Adjusted Life Years (DALYs), and (2) Includes estimates for the burden of each high-priority vector-borne disease on the U.S. economy, including direct medical costs, indirect medical costs, nonmedical costs, and productivity losses.

Vector Control Guidelines.—The Committee requests that CDC maintain an online guide for use by States and local communities with a full scope of vector control options, tools, and other factors State and local jurisdictions may consider as they develop plans to carry out vector control activities to control Zika and other related

diseases carried by insects. The Committee encourages CDC to update the guidelines annually.

Zika.—The Committee continues to support CDC’s preparedness and response efforts to control outbreaks of Zika virus infection. The Committee strongly encourages CDC to invest in innovative vector control technologies to enhance current vector-borne disease control efforts, including those discussed by the World Health Organization’s Vector Control Advisory Group, which outlines new and existing vector control tools for use in response to Zika virus outbreaks. The Committee also notes CDC’s report of research from Brazil showing that some infants exposed to Zika who were born without microcephaly nevertheless did develop it later or developed other neurological problems. Therefore, the Committee expects CDC to continue to work closely with the vector control unit in Puerto Rico and to address not only basic surveillance and research but also the use of new approaches to limit the spread of infected *Aedes Aegypti* mosquitoes through innovative vector control technologies which can be effective in environments and locations not amenable to traditional pesticides.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

The Committee recommends \$1,041,646,000 for Chronic Disease Prevention and Health Promotion (CDPHP), which includes \$703,696,000 in discretionary appropriations and \$337,950,000 in transfers from the PPH Fund. This level is \$73,950,000 below the fiscal year 2017 enacted level and \$89,396,000 above the fiscal year 2018 budget request level. The CDPHP programs provide support for State, Tribal, and community programs on surveillance, prevention research, evaluation, and health promotion.

The Committee recommendation for CDPHP maintains most of the existing program line items as they were funded in fiscal year 2017 and does not provide funding for the America’s Health Block Grant proposed in the budget request. Chronic diseases, such as Alzheimer’s disease, diabetes, heart disease, and stroke, are the leading causes of death and disability in the U.S. and account for 86 cents of every dollar spent on health care. Many of these conditions are largely preventable through improved nutrition and physical activity. Recent large-scale pilots have shown that as much as \$2,650 per year per senior can be saved by investing in public health programs like the National Diabetes Prevention Program and similar studies have shown hospitalizations can be reduced and save as much as \$945 per year per adult by scaling programs that control arthritis pain through evidence-based physical activity programs. A robust investment in the prevention and control of chronic diseases is essential to curb health spending and improve health and quality of life for millions of Americans, who are at risk of, living with, or have survived a chronic condition.

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

Budget Activity	FY 2018 Committee
Tobacco	\$155,000,000
Nutrition, Physical Activity, and Obesity	49,920,000
<i>High Obesity Rate Counties</i>	<i>10,000,000</i>
School Health	15,400,000
Health Promotion	14,025,000

Budget Activity	FY 2018 Committee
<i>Glaucoma</i>	3,300,000
<i>Visual Screening Education</i>	525,000
<i>Alzheimer's Disease</i>	3,500,000
<i>Inflammatory Bowel Disease</i>	750,000
<i>Interstitial Cystitis</i>	850,000
<i>Excessive Alcohol Use</i>	3,000,000
<i>Chronic Kidney Disease</i>	2,100,000
Prevention Research Centers	25,461,000
Heart Disease and Stroke	136,037,000
Diabetes	144,129,000
National Diabetes Prevention Program	25,000,000
Cancer Prevention and Control	356,674,000
<i>Breast and Cervical Cancer</i>	210,000,000
<i>WISEWOMAN</i>	21,120,000
<i>Breast Cancer Awareness for Young Women</i>	4,960,000
<i>Cancer Registries</i>	49,440,000
<i>Colorectal Cancer</i>	43,294,000
<i>Comprehensive Cancer</i>	19,675,000
<i>Johanna's Law</i>	5,500,000
<i>Ovarian Cancer</i>	8,000,000
<i>Prostate Cancer</i>	13,205,000
<i>Skin Cancer</i>	2,125,000
<i>Cancer Survivorship Resource Center</i>	475,000
Oral Health	18,500,000
Safe Motherhood/Infant Health	44,000,000
<i>Preterm Birth</i>	2,000,000
Other Chronic Diseases	25,500,000
<i>Arthritis</i>	11,000,000
<i>Epilepsy</i>	8,500,000
<i>National Lupus Patient Registry</i>	6,000,000
Racial and Ethnic Approaches to Community Health	0
Million Hearts	4,000,000
National Early Child Care Collaboratives	4,000,000
Hospitals Promoting Breastfeeding	8,000,000
Good Health and Wellness in Indian Country	16,000,000

Chronic Obstructive Pulmonary Disease.—The Committee understands that chronic obstructive pulmonary disease (COPD) is the third leading cause of death in the U.S., leading to the death of over 145,000 Americans each year. The Committee commends CDC for working with the National Heart, Lung, and Blood Institute on the development of the National Action Plan for COPD. The Committee expects CDC to implement the public health recommendations identified in the plan.

Chronic Pain.—According to the Institute of Medicine, 100 million Americans are burdened with chronic pain, which costs the U.S. economy more than \$560 billion annually in direct healthcare costs and lost productivity. Longitudinal comparisons of pain data to identify trends, subpopulations at risk, and the health consequences of pain in terms of morbidity, mortality, and disability are critical in order to address this issue. The Committee directs CDC to collect epidemiological data to clarify the incidence and prevalence of various pain syndromes differentiated by patient age, comorbidities, socio-economic status, race, and gender. The Committee directs CDC to collect resource utilization data of medical and social services; on direct healthcare costs of pain treatment, both traditional and alternative; on the effectiveness of evidence-based treatment approaches; and on indirect costs (i.e., missed work, public and private disability, reductions in productivity). Finally, the Committee directs CDC to report these pain statistics to Congress and publish annually.

Epilepsy.—Close to three million individuals in the U.S. have epilepsy and, while new cases are most common among young children, the onset of epilepsy can occur at any age. The Committee encourages CDC to support telehealth and educational training programs for rural and under-served areas that reach school nurses, childcare personnel, first responders, and care providers for seniors, to recognize and respond appropriately to seizures caused by epilepsy or result from trauma and other acute chronic illness.

Good Health and Wellness in Indian Country.—The Committee recommendation includes \$16,000,000 for awards to Tribes and Tribal Organizations to comprehensively address the leading causes of death and associated risk factors while incorporating culturally-driven wellness practices under the Good Health and Wellness in Indian Country program. The Committee also directs CDC to provide funding at not less than the fiscal year 2017 level within CDPHP for the Comprehensive Approach to Good Health and Wellness in Indian Country cooperative agreement.

Heart Disease and Stroke Prevention.—Largely preventable, cardiovascular disease, including heart disease and stroke, continues to inflict the highest burden on our Nation's health and economy. Yet, effective evidence-based prevention initiatives are not fully implemented and death rates are starting to rise. The Committee increases support for CDC's heart disease and stroke prevention activities within State, local, and Tribal public health departments, and for enhanced surveillance and research to target high-burden populations and guide public health strategies.

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

Inflammatory Bowel Disease.—The Committee commends CDC for its commitment to the study of Inflammatory Bowel Disease (IBD) epidemiology and is concerned by the results of the recent Morbidity and Mortality Weekly Report study "Prevalence of Inflammatory Bowel Disease Among Adults Aged 18 Years", which demonstrates that IBD affects 3.3 million Americans, twice as many as originally thought. The Committee is particularly concerned that IBD is increasingly recognized in minority and under-served communities, yet there are gaps in our knowledge about IBD in these populations. The Committee expects CDC to include a focus on these groups in its existing IBD epidemiology study.

Johanna's Law.—The Committee strongly encourages CDC to take steps to integrate components of the Inside Knowledge Campaign and Know: BRCA, to the extent possible, to ensure coordination of public health messages related to ovarian cancer, leveraging of resources, and maximizing economies of scale.

Million Hearts 2022.—The Committee continues to support Million Hearts 2022 to capitalize on the solid foundation, best practices, evidence, shared tools, and progress made on this public-private initiative to prevent heart attacks and strokes. Funding will

allow for mobilization of communities and the healthcare sector to implement evidence-based interventions to prevent heart disease and stroke in areas with the highest burden by implementing the ABCS: Aspirin when appropriate, Blood pressure control, Cholesterol management, and Smoking cessation; supporting innovative strategies to increase physical activity; using cardiac rehabilitation; and developing innovative, scalable approaches to improve cardiovascular health.

National Early Child Care Collaboratives Program.—The Committee recognizes the importance of the early years and particularly early child care and education settings in promoting healthy habits. The Committee is aware that the National Early Child Care Collaboratives (NECCC) program has produced statistically significant improvements in adoption of best practices for healthy eating, physical activity, reduced screen time, and breastfeeding support. The Committee encourages CDC to build on the success of the NECCC program to provide training and technical assistance to early care and education providers to improve healthy eating and physical practices, including testing approaches to strengthen family engagement. Funds support technical assistance to integrate healthy eating and physical activity into State and local systems initiatives. The Committee encourages the NECCC to service a mix of rural, suburban, and urban areas, including areas with high childhood obesity rates.

National Lupus Patient Registry.—The Committee continues to support research efforts under the National Lupus Patient Registry program and acknowledges that there has been significant progress to understand better the epidemiology of lupus. However, the Committee recognizes that challenges still remain and encourages CDC to focus on studies related to the natural history and pathogenesis of pediatric lupus to understand better the lifetime burden of disease in children and young adults. The Committee also encourages the continuing development of lupus self-management programs by current lupus registry cohorts and national voluntary health organizations for adults with lupus to improve quality of life and health outcomes.

Oral Health.—The Committee has provided additional funding for the Division of Oral Health to continue distributing new water-line safety guidelines to dentist offices and clinics, to conduct follow up research where needed, and to work with professional organizations to educate dentists and dental students of such guidelines.

Ovarian Cancer.—The Committee continues to support the Ovarian Cancer Control Initiative to advance ovarian cancer prevention, early detection, risk assessment, and access to care. The Committee commends the CDC for its work to evaluate existing risk assessment tools, which can be used to help identify patients with a genetic predisposition to ovarian and other cancers, and identify which of these existing tools are valid, reliable, and the most user-friendly for providers and patients. The Committee requests that the Secretary of HHS present the findings of this review and provide recommendations with respect to how CDC can support the deployment of the tools found to have the greatest value and utility in the fiscal year 2019 Congressional Justification.

Psoriasis and Psoriatic Arthritis.—The Committee recognizes the growing body of evidence linking psoriatic disease, which impacts

more than eight million Americans, to other comorbidities such as cardiovascular disease, mental health and substance abuse challenges, kidney disease, and other conditions. The Committee also recognizes the low rate of diagnosis of psoriatic arthritis and the high percentage of patients with psoriatic disease who do not treat or who undertreat their disease. The Committee directs the CDC to develop an action plan not later than 180 days after the enactment of this Act as to how it can leverage existing programs and resources, including the Prevention Research Centers and projects supported by the CDC's Arthritis program, to build upon the agency's Public Health Agenda for Psoriasis and Psoriatic Arthritis to address diagnosis, treatment and public health self-management needs of this patient population.

Pulmonary Hypertension Program.—The Committee is concerned that most Pulmonary Hypertension (PH) patients are not diagnosed until the condition has reached a catastrophic stage, which leads to significant disability, greatly increased mortality, and the need for costly and dramatic medical interventions, such as heart-lung transplantation. Considering the availability of effective therapies for early-stage PH, CDC is encouraged to support education, awareness, and epidemiology activities that promote early and accurate diagnosis of PH.

Safe Motherhood and Infant Health.—The Committee continues to support activities within this line related to maternal and infant health, such as State-Based Perinatal Collaboratives and the Pregnancy Risk Assessment Monitoring System, at the fiscal year 2017 enacted level. The Committee recommendation does not include funding for the teen pregnancy prevention cooperative agreement.

Type 1 Diabetes and Diabetic Ketoacidosis.—The Committee is concerned about the increase in type 1 diabetes and the risk of diabetic ketoacidosis, and encourages the CDC to work with the States to educate parents, providers, and schools on this risk.

BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

The Committee recommends \$137,560,000 for Birth Defects and Developmental Disabilities (NCBDDD), which is the same as the fiscal year 2017 enacted level and \$37,560,000 above the fiscal year 2018 budget request. This program supports the prevention of and collects, analyzes, and makes available data on the incidence and causes of birth defects and developmental disabilities.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2018 Committee
Child Health and Development	\$65,800,000
<i>Birth Defects</i>	19,000,000
<i>Fetal Death</i>	900,000
<i>Fetal Alcohol Syndrome</i>	11,000,000
<i>Folic Acid</i>	3,150,000
<i>Infant Health</i>	8,650,000
<i>Autism</i>	23,100,000
Health and Development for People with Disabilities	56,660,000
<i>Disability & Health incl. Child Development</i>	24,000,000
<i>Tourette Syndrome</i>	2,000,000
<i>Early Hearing Detection and Intervention</i>	10,760,000
<i>Muscular Dystrophy</i>	6,000,000
<i>Attention Deficit Hyperactivity Disorder</i>	1,900,000
<i>Fragile X</i>	2,000,000

Budget Activity	FY 2018 Committee
<i>Spina Bifida</i>	6,000,000
<i>Congenital Heart Failure</i>	4,000,000
Blood Disorders	15,100,000
<i>Public Health Approach to Blood Disorders</i>	4,400,000
<i>Hemophilia Activities</i>	3,500,000
<i>Hemophilia Treatment Centers</i>	5,100,000
<i>Thalassemia Blood Disorders</i>	2,100,000

Blood Safety Monitoring.—Patients who receive regular blood transfusions are at increased risk for transmission of blood-borne infectious diseases. Facing an increase in infectious diseases that have a known or potential risk of transmission via blood transfusion, patients with thalassemia, anemia, and other diseases that impact blood production often face a lack of information about transmission modes and rates of infectious diseases, including new or emerging viruses like the Zika virus. Given the increased threat to patients who are reliant on blood transfusions, and the increased prevalence of blood-borne viruses like babesia, the Committee urges CDC to provide specific information to assist blood centers in responding to emerging infectious diseases that may be transmitted by blood transfusion.

Congenital Heart Disease.—The Committee commends NCBDDD for its leadership in addressing Congenital Heart Disease (CHD) and adult CHD surveillance efforts and requests a report in the fiscal year 2019 Congressional Justification on CDC surveillance and research efforts regarding CHD across the lifespan, age-specific prevalence, and factors associated with those patients who may have dropped out of appropriate specialty care.

Duchenne Muscular Dystrophy.—The Committee expects NCBDDD to continue its work to update, evaluate, and disseminate the revised Duchenne care standards; to expand surveillance of Duchenne via the MD STARnet, to develop a Duchenne newborn screening program; and to support refinement of an International Classification of Disease (ICD 10) code for Duchenne and Becker Muscular Dystrophy.

Fragile X and Associated Disorders.—The Committee commends CDC's efforts to identify and define the population impacted by Fragile X (FX) and all conditions associated with the gene mutation with the goal of understanding the public health impact of these conditions. The Committee acknowledges the significant progress made by the NCBDDD Fragile X Clinical and Research Consortium in growing its FORWARD Database and Patient Registry, and is pleased that a new grant was awarded in 2015 to continue and expand upon this important work. The Committee also 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 Fragile X, to in turn better inform the development of outcome measures and biomarkers for new drug treatments under development. The Committee believes even more robust natural history data will lead to improved outcome measures and urges increased focus on this effort. Given the connections among Fragile X, the FX protein, and autism, the prospect of targeted treatments for both conditions, the overlapping public health impacts and current budgetary constraints, the Committee urges the NCBDDD to explore cross-divisional funding op-

portunities to accelerate data-driven public health research to reduce the public health burdens of both FX and autism.

Hereditary Hemorrhagic Telangiectasia Pilot.—The Committee recommends \$100,000 within the Hemophilia Treatment Centers line to support the second year of a two-year pilot program that enables up to three existing Federally-funded Hemophilia Treatment Centers across the country to serve as specialty centers for the evaluation and management of Hereditary Hemorrhagic Telangiectasia.

National Spina Bifida Program.—The Committee recognizes that Spina Bifida is the most common permanently disabling birth defect in the U.S. While Spina Bifida and related neural tube defects are largely preventable through education and adequate daily folic acid consumption, there are an estimated 166,000 individuals living with all forms of this complex birth defect. The Committee commends the work of the National Spina Bifida Program (NSBP) and its support of the Spina Bifida Clinical Care Monitoring and Tracking Program, which provides input into research priorities for the National Spina Bifida Patient Registry. Further, the Committee commends the NSBP for serving as a model for programs assisting other individuals living with similar complex conditions and encourages the CDC to continue to work with a National patient advocacy organization that disseminates information to clinicians, parents, and families living with Spina Bifida.

Preterm Birth Perinatal Collaboratives.—Preterm birth affects more than 500,000 babies each year in the U.S. and is the leading cause of neonatal mortality. The Committee commends CDC for funding six State-based Perinatal Collaboratives that focus on improving birth outcomes and improving maternal health and safety using known prevention strategies such as reducing early elective deliveries.

Tuberous Sclerosis Complex.—The Committee encourages CDC to take into consideration tuberous sclerosis complex (TSC) as a possible cause of autism, epilepsy, and cardiac rhabdomyomas in its surveillance network.

PUBLIC HEALTH SCIENTIFIC SERVICES

The Committee recommends \$479,397,000 program level for Public Health Scientific Services (PHSS), which includes funds for the National Center for Health Statistics. The total program level includes \$328,697,000 in discretionary budget authority and \$150,700,000 from PHS Act section 241 evaluation set-aside transfers. The Committee recommendation is \$10,000,000 below the fiscal year 2017 enacted level and \$19,397,000 above the fiscal year 2018 budget request.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2018 Committee
Health Statistics	\$155,397,000
Surveillance, Epidemiology, and Informatics	279,000,000
<i>Laboratory Training and Oversight</i>	5,000,000
Public Health Workforce	45,000,000

Hydrocephalus.—The Committee encourages CDC to collect information on the incidence rates and prevalence of hydrocephalus, in-

cluding available information on children and adults, and to identify any changes over time with respect to the incidence and prevalence of hydrocephalus.

ENVIRONMENTAL HEALTH

The Committee recommends \$159,750,000 for Environmental Health (EH), which includes \$142,750,000 in discretionary appropriations and \$17,000,000 in transfers from the PPH Fund. This level is \$56,000,000 below the fiscal year 2017 enacted level and \$2,750,000 above the fiscal year 2018 budget request. The EH program focuses on preventing disability, disease, and death caused by environmental factors through laboratory and field research.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2018 Committee
Environmental Health Laboratory	\$56,150,000
<i>Newborn Screening Quality Assurance Program</i>	8,400,000
<i>Newborn Screening /Severe Combined Immunodeficiency Diseases</i>	1,250,000
Environmental Health Activities	32,600,000
<i>Environmental Health Activities</i>	14,000,000
<i>Safe Water</i>	8,600,000
<i>Amyotrophic Lateral Sclerosis (ALS) Registry</i>	10,000,000
<i>Climate Change</i>	0
Environmental and Health Outcome Tracking Network	25,000,000
Asthma	29,000,000
Childhood Lead Poisoning	17,000,000

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

Lead Poisoning Prevention.—The Committee commends CDC for funding nearly 60 childhood lead poisoning prevention programs to develop, implement, and evaluate lead poisoning prevention activities. The Committee encourages CDC to require that States receiving funding for lead prevention report all blood tests in a standardized format through the National Notifiable Diseases Surveillance System.

National Asthma Control Program.—The Committee continues to support the work of the National Asthma Control Program, recognizing that asthma is one of the most common and costly health conditions in the U.S. Twenty-five million Americans have asthma, including six million children. The Committee understands that better coordination of public health and health systems interventions are necessary to reduce the burden caused by asthma, and encourages CDC to continue its collaboration with payers and health systems.

Newborn Screening Quality Assurance Program.—The Committee is aware that State laboratories need specialized support to begin screening for additional newborn conditions and recognizes CDC's expertise in working with laboratories to implement accurate new-

born screening tests. The Committee continues to support State laboratories through the Newborn Screening Quality Assurance Program as they implement screening for new disorders. This program will also support evaluation of testing methods for new conditions, expansion of CDC's quality assurance materials, and critical infrastructure and development of tests for rare conditions.

INJURY PREVENTION AND CONTROL

The Committee recommends \$286,059,000 for Injury Prevention and Control, which is the same as the fiscal year 2017 enacted level and \$69,894,000 above the fiscal year 2018 budget request. The program supports intramural research, injury control research centers, extramural research grants, and technical assistance to State, local, and Tribal health departments to prevent premature death and disability and to reduce human suffering and medical costs caused by injury and violence.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2018 Committee
Intentional Injury	\$97,730,000
<i>Domestic Violence and Sexual Violence</i>	32,700,000
<i>Child Maltreatment</i>	7,250,000
<i>Youth Violence Prevention</i>	15,100,000
<i>Domestic Violence Community Projects</i>	5,500,000
<i>Rape Prevention</i>	44,430,000
National Violent Death Reporting System	16,000,000
Unintentional Injury	8,800,000
<i>Traumatic Brain Injury</i>	6,750,000
<i>Elderly Falls</i>	2,050,000
Injury Prevention Activities	28,950,000
Prescription Drug Overdose	112,000,000
Illicit Opioid Use Risk Factors	13,579,000
Injury Control Research Centers	9,000,000

Childhood Lead Poisoning Prevention.—The Committee encourages CDC to collaborate with the Department of Education to improve awareness of educational intervention strategies for children with elevated blood lead levels. The CDC and the Department of Education are expected to implement prioritization initiatives and provide technical assistance that informs educators, parents, and State and local education agencies about the severity and symptoms of lead poisoning and intervention strategies for children with elevated blood lead levels. The Committee requests an update on the CDC's strategy and its outcomes on this topic in the fiscal year 2019 Congressional Justification.

Gun Research.—The Committee continues a general provision to prevent funds from being used to advocate for or promote gun control.

Rape Prevention.—The Committee directs CDC to allocate at least 75 percent of funds appropriated to the Rape Prevention and Education program to State and territory health departments through formula grants that support State and local rape prevention activities.

Using Data to Prevent Opioid-Related Overdosing.—The Committee continues to be very concerned about the high rate of opioid abuse and overdosing and understands that with data, forecasting of overdosing risk by geographic region can be provided. The Com-

mittee encourages CDC to begin using data to provide such forecasts that public health officials can use to intervene and prevent overdoses.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

The Committee recommends \$325,200,000 for the National Institute for Occupational Safety and Health (NIOSH), which is \$10,000,000 below the fiscal year 2017 enacted level and \$125,200,000 above the fiscal year 2018 budget request. NIOSH conducts applied research, develops criteria for occupational safety and health standards, and provides technical services to government, labor, and industry, including training for the prevention of work-related diseases and injuries. This appropriation supports surveillance, health hazard evaluations, intramural and extramural research, instrument and methods development, dissemination, and training grants.

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

Budget Activity	FY 2018 Committee
National Occupational Research Agenda	\$116,000,000
<i>Agricultural, Forestry, and Fishing</i>	25,500,000
Education and Research Centers	29,000,000
Personal Protective Technology	20,000,000
Mining Research	59,500,000
National Mesothelioma Registry and Tissue Bank	1,100,000
Other Occupational Safety and Health Research	99,600,000

Total Worker Health.—The agreement provides funding in the Other Occupational Safety and Health Research line to continue to support the Total Worker Health program at no less than the fiscal year 2017 level.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM

The Committee recommends \$55,358,000 in mandatory funding for CDC to administer the Energy Employees Occupational Illness Compensation Program (EEOICPA), which is the same as the fiscal year 2017 enacted level and the fiscal year 2018 budget request. EEOICPA provides compensation to employees or survivors of employees of Department of Energy facilities and private contractors who have been diagnosed with a radiation-related cancer, beryllium-related disease, or chronic silicosis as a result of their work. NIOSH estimates occupational radiation exposure for cancer cases, considers and issues determinations for adding classes of workers to the Special Exposure Cohort, and provides administrative support to the Advisory Board on Radiation and Worker Health.

GLOBAL HEALTH

The Committee recommends \$435,121,000 for Global Health (GH), which is the same as the fiscal year 2017 enacted level and \$85,121,000 above the fiscal year 2018 budget request. Through its GH activities, CDC coordinates, cooperates, participates with, and provides consultation to other nations, Federal agencies, and international organizations to prevent and contain diseases and envi-

ronmental health problems and to develop and apply health promotion activities. In cooperation with ministries of health and other appropriate organizations, CDC tracks and assesses evolving global health issues and identifies and develops activities to apply CDC's technical expertise to be of maximum public health benefit.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2018 Committee
Global AIDS Program	\$128,421,000
Global Immunization Program	224,000,000
<i>Polio Eradication</i>	<i>174,000,000</i>
<i>Other Global/Measles</i>	<i>50,000,000</i>
Parasitic Diseases and Malaria	24,500,000
Global Disease Detection and Emergency Response	48,400,000
Global Public Health Capacity Development	9,800,000

Global Health Security and Global Health Research.—The Committee supports CDC's work to protect American and global health security through the Center for Global Health, the National Center for Emerging and Zoonotic Infectious Diseases, and other programs that detect, prevent, and respond to infectious disease and other health threats. As emerging infectious diseases like Ebola and Zika represent perpetual challenges for our health system, the Committee supports continued and enhanced work in health research, innovation, capacity building for disease research, detection, and surveillance, and robust monitoring and evaluation systems at home and abroad.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

The Committee recommends \$1,450,000,000 for Public Health Preparedness and Response (PHPR), which is \$45,000,000 above the fiscal year 2017 enacted level and \$184,000,000 above the fiscal year 2018 budget request. CDC distributes grants to State, local, Tribal, and territorial public health agencies. The PHPR supports capabilities and infrastructure upgrades to respond to all potential hazards, including acts of terrorism, infectious disease outbreaks, or natural disasters. Funds are used for needs assessments, response planning, support training, strengthening epidemiology and surveillance, and upgrades for laboratory capacity and communications systems. Activities support the establishment of procedures and response systems, and build the infrastructure necessary to respond to a variety of disaster scenarios.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2018 Committee
State and Local Preparedness and Response Capability	\$688,200,000
<i>Public Health Emergency Preparedness Cooperative Agreement</i>	<i>680,000,000</i>
<i>Academic Centers for Public Health Preparedness</i>	<i>8,200,000</i>
CDC Preparedness and Response	161,800,000
<i>BioSense</i>	<i>23,000,000</i>
<i>All Other CDC Preparedness and Response</i>	<i>138,800,000</i>
Strategic National Stockpile (SNS)	600,000,000

Procurement of Medical Countermeasures.—The Committee continues to have concerns over the consistency in acquisition and replenishment of vaccines and medical countermeasures (MCMs) that are procured for emergency response under Federal contracts. Because these MCMs, in many cases, have few or no commercial market applications, procurement requires special planning, development, and contract execution so that private industry will continue to invest in their development. The Committee strongly encourages CDC to take steps to ensure that the procurement process for MCMs is efficient, consistent, and aligned with the mission of the Strategic National Stockpile.

BUILDINGS AND FACILITIES

(INCLUDING TRANSFER OF FUNDS)

The Committee recommends \$10,000,000 for CDC buildings and facilities, which is the same as the fiscal year 2017 enacted level and \$10,000,000 below the fiscal year 2018 budget request. In addition, the Committee continues the language from fiscal year 2017 to allow CDC to retain unobligated funds in the Individual Learning Accounts from departed employees to support the replacement of the underground and surface coal mine safety and health research facility.

CDC-WIDE ACTIVITIES AND PROGRAM SUPPORT

The Committee recommends \$263,570,000 for CDC-Wide Activities and Program Support, which includes \$103,570,000 in discretionary funds and \$160,000,000 in transfers from the PPH Fund. This level is \$10,000,000 below the fiscal year 2017 enacted level and \$158,570,000 above the fiscal year 2018 budget request. This activity supports several crosscutting areas within CDC. Included is CDC’s leadership and management function, which funds the CDC Office of the Director.

Within the total, the Committee recommends the following amounts:

Budget Activity	FY 2018 Committee
Preventive Health and Health Services Block Grant	\$160,000,000
Public Health Leadership and Support	103,570,000

Preventive Health and Health Services Block Grant

The Committee does not concur with the Administration’s proposed elimination of the Preventive Health and Health Services Block Grant and funds this program at the fiscal year 2017 enacted level of \$160,000,000. The Committee expects CDC to provide these flexible funds to State public health agencies to work with local and Tribal public health agencies to address the most critical public health needs.

NATIONAL INSTITUTES OF HEALTH

The Committee recommends \$35,184,000,000 for the National Institutes of Health (NIH), which is \$1,100,000,000 above the fiscal year 2017 enacted level and \$8,580,443,000 above the fiscal year 2018 budget request. This level includes \$34,359,557,000 in discre-

tionary appropriations and \$824,443,000,000 in PHS Act section 241 evaluation set-aside transfers. Within the total discretionary appropriations, the Committee recommendation includes \$496,000,000 in budget authority authorized in the 21st Century Cures Act.

The mission of NIH is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. NIH conducts and supports research to understand the basic biology of human health and disease; apply this understanding towards designing new approaches for preventing, diagnosing, and treating disease and disability; and ensure that these approaches are widely available.

The recommendation provides an increase of \$400,000,000 for Alzheimer's disease research; an increase of \$30,000,000 for combating antibiotic-resistant bacteria; an increase of \$80,000,000 for the "All of Us" research program (formerly called the Precision Medicine Initiative); an increase of \$76,000,000 for the Brain Research through Application of Innovative Neurotechnologies (BRAIN) Initiative; an increase of \$8,000,000 for regenerative medicine; and increases to every Institute and Center (IC) to support innovative research to advance fundamental knowledge and speed the development of new therapies and diagnostics to improve the health of all Americans. The Committee also continues to support the Cancer Moonshot Initiative with a total of \$300,000,000 in fiscal year 2018.

The Committee expects the 3.2 percent increase of funds over the fiscal year 2017 enacted level to support an increase in the number of new and competing Research Project Grants (RPGs), with a focus on early-stage investigators and investigators seeking first-time renewals. The Committee encourages NIH to restore extramural support to at least 90 percent of all NIH funding and to continue to focus on basic research. The Committee expects NIH to support an increased number of Ruth L. Kirschstein National Research Service Awards and to provide a stipend level increase to training grantees that is consistent with any fiscal year 2018 Federal employee pay raise. The Committee continues to provide in bill language specific funding levels for Clinical and Translational Science Awards, Institutional Development Awards (IDeA), the Cures Acceleration Network, the Common Fund (CF), and the follow-on to the National Children's Study.

While the Committee appreciates the Secretary's efforts to find efficiencies in NIH research spending, the Administration's proposal to drastically reduce and cap reimbursement of facilities and administrative (F&A) costs to research institutions is misguided and would have a devastating impact on biomedical research across the country. To ensure that NIH can continue supporting both direct and F&A costs as is their current practice, the bill includes a new general provision directing NIH to continue reimbursing institutions for F&A costs according to the rules and procedures described in 45 CFR 75 (with the exception of existing waivers for training grants). This provision also prohibits funds in this Act from being used to implement any further caps on F&A cost reimbursements.

The Committee recognizes that there are opportunities to reduce the administrative burden on research institutions through legislative, regulatory, and administrative means, so that NIH can support more researchers who can in turn spend more time on science and less time on paperwork. The National Academies of Sciences, Engineering, and Medicine 2016 publication “Optimizing the Nation’s Investment in Academic Research: A New Regulatory Framework for the 21st Century” put forth several recommendations for reducing burden on institutions and investigators. The Committee directs NIH to identify the most appropriate and potentially impactful recommendations and submit a plan to the Committees on Appropriations of the House of Representatives and the Senate within 90 days of enactment of this Act outlining concrete steps to achieving these goals. NIH should consult with academic and independent research institutions, investigators who receive NIH grants, the HHS Office of Cost Allocation, the Office of Management and Budget, and other relevant stakeholders in developing this plan.

NATIONAL CANCER INSTITUTE (NCI)

Mission.—NCI conducts and supports basic and applied cancer research in early detection, diagnosis, prevention, treatment, and rehabilitation. NCI provides training support for research scientists, clinicians and educators, and maintains a national network of cancer centers, clinical cooperative groups, and community clinical oncology programs, along with cancer prevention and control initiatives and outreach programs to translate rapidly basic research findings into clinical practice.

Cancer Moonshot.—The Committee recommendation directs NIH to transfer \$300,000,000 from the NIH Innovation Account to NCI to support the Cancer Moonshot initiative. These funds were authorized in the 21st Century Cures Act.

Gastric Cancer.—The Committee continues to be concerned about the deadly outcomes of gastric cancer, particularly among young adults. The five-year survival rate for stomach cancer is 30 percent. The Committee encourages NCI to consider developing a scientific framework, as specified by the Recalcitrant Cancer Research Act of 2012, for advancing stomach cancer research.

Heavy Ion Cancer Therapy and Research.—The Committee supports NIH’s continued exploration of advanced therapeutic cancer research, specifically heavy ion irradiation technology. Heavy ion technology will introduce a novel treatment option to cancer patients that is currently not available in the U.S. The Committee notes that the U.S. stands to be a world leader in this advanced research. The Committee encourages NIH to explore further the development of a state of the art heavy ion research facility in the U.S. Furthermore, the Committee encourages NIH to work with the Departments of Defense and Energy, and other applicable Federal agencies to equip the first U.S. heavy ion research center. The Committee urges NIH to capitalize on the expertise and potential of recently awarded heavy ion facility planning grant recipients in order to foster a multidisciplinary approach and advance heavy ion research that would produce novel, cutting edge treatments for cancer patients.

Hepatitis B.—The Committee notes that liver cancer is the second deadliest cancer in the U.S., with a five-year survival rate less than 18 percent. According to the CDC, unlike other cancers, the rates of liver cancer deaths and incidence are rising. To increase the five-year survivability of liver cancer, the Committee urges that NCI issue targeted calls for proposals and create an ad hoc special emphasis panel to review liver cancer applications. The Committee also notes that the link between hepatitis B infection and primary liver cancer is well-established with up to 60 percent of global liver cancer cases caused by the hepatitis B virus (HBV) and, therefore, urges close collaboration with NIAID and NIDDK on issues related to HBV research.

Immunotherapy for Childhood Cancers.—Recent NIH studies demonstrate that a new cancer immunotherapy method to specifically attack tumor cells that have mutations unique to a patient's cancer could be effective against a wide range of cancers. The Committee encourages NCI to continue to explore further new interventions, such as immunotherapy, as a promising new treatment strategy for children with cancer.

Glyphosate.—The Committee directs NIH to provide an update within 60 days of enactment of this Act on research related to whether glyphosate causes cancer in humans.

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

Melanoma.—Given the significant advances in melanoma research, in biology, molecular profiling, targeted therapies, immunology, vaccines, and other areas, and with added Congressional support to achieve Cancer Moonshot goals in five years, the Committee requests that NCI update the Committee on advances in melanoma research in the fiscal year 2019 Congressional Justification.

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 combating other forms of cancer, pancreatic cancer remains the only major cancer with a five-year survival rate in the single digits, at nine 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 (P.L. 112–239), calling for the development of a scientific framework for certain recalcitrant cancers. The Committee requests an update on pancreatic cancer research in the fiscal year 2019 Congressional Justification.

Pediatric Oncology Research.—The Committee encourages NCI to continue its important investments in pediatric oncology research, including clinical studies for children with brain tumors, the important pediatric preclinical testing program evaluating new agents for treating pediatric malignancies, and development of the novel pediatric Molecular Analysis for Therapy Choice (MATCH) study.

The Committee requests an update in the fiscal year 2019 Congressional Justification on the progress of these important programs.

Precision Oncology.—The Committee recognizes the potential for significant advancements in cancer treatments from the NCI MATCH trial. It remains the central pillar of precision medicine research focused on oncology for cancers that are unresponsive to standard interventions. The Committee urges NCI to continue to expand precision oncology trials. NCI should also continue to focus on launching the important pediatric-MATCH trial as pediatric oncology mechanisms are very different from mutations seen in adults. NCI shall provide an update on these activities in the fiscal year 2019 Congressional Justification.

Regional Clinical Trial Networks.—The Committee encourages NCI to coordinate with other ICs to leverage existing platforms and consider new approaches in conjunction with communities to identify clinical research and fosters enhanced participation in clinical trials by community members. The Committee encourages that the resulting model include robust collaboration with industry partners, the identification of best practices, and methods to efficiently implement clinical studies in the regional networks.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)

Mission.—NHLBI provides leadership for a national research program in diseases of the heart, blood vessels, lungs, and blood, in blood resources, and in sleep disorders through support of basic, clinical, and population-based research.

Lung Disease.—Lung disease is the third leading cause of death in the U.S., with a rising morbidity and mortality burden among all Americans, including older Americans. The Committee urges the institute to collaborate with the National Institute on Aging to study the impact of the lungs' vulnerability to systemic disease and aging.

Lymphangioleiomyomatosis (LAM).—The Committee remains very interested in efforts to find a cure for LAM, a progressive and often fatal lung disease in women. The Committee supports both intramural and extramural research on LAM and urges NHLBI to use all available mechanisms as appropriate, including Translational Program Project Grants, to stimulate a broad range of clinical and basic research. The Committee commends NIH for supporting multicenter LAM trials and encourages additional support of such trials.

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

Sickle Cell Disease Research.—The Committee understands the burden sickle cell disease places on more than 100,000 Americans. Additionally, Federal research spending on sickle cell disease has historically been eclipsed by other medical conditions that affect fewer Americans. The Committee encourages NHLBI to consider an increased focus on innovation in treatment of sickle cell disease

and continue support for highly meritorious research on sickle cell disease.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH
(NIDCR)

Mission.—The mission of NIDCR is to improve the Nation's oral, dental, and craniofacial health through research and research training. NIDCR accomplishes its mission by performing and supporting basic and clinical research; conducting and funding research training and career development programs to ensure that there is an adequate number of talented, well prepared, and diverse investigators; and coordinating and assisting relevant research and research-related activities.

Biomaterials.—The Committee is pleased that NIDCR is exploring approaches to prevent dental caries with probiotic therapy, and in the development of biomaterials. The Committee encourages NIDCR to increase its investment in the development of new and improved biomaterials for use in clinical settings to enhance the prevention and treatment of caries.

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

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

Glomerular Diseases.—The Committee encourages continued support for the Cure Glomerulonephropathy (CureGN) initiative, which has enrolled over 1,500 clinical research subjects working towards furthering the understanding of rare forms of kidney diseases.

Inflammatory Bowel Disease.—The Committee is pleased by NIDDK's support of research into inflammatory bowel disease (IBD) and urges the Institute to provide support for research on the environmental triggers and epigenetics of IBD as well as interventions for the rising prevalence of IBD to both pediatric and adult patients.

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

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

Pediatric Kidney Disease.—The Committee is encouraged by the current multicenter pediatric kidney disease research funded by NIDDK. While important strides have been made, further research is critical to the validation of new prognostic indicators, novel diagnostic biomarkers, and therapeutics necessary to better understand and treat kidney disease as children mature from newborns and ul-

timately transition to adulthood. The Committee urges the NIDDK to work collaboratively with other NIH institutes, including the NICHD, NHLBI, and NIMHD, to advance further multidisciplinary research for children and young adults with kidney disease and its complex co-morbidities. The Committee requests that NIDDK report back in the fiscal year 2019 Congressional Justification on the steps taken to advance this type of collaborative research.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE
(NINDS)

Mission.—NINDS supports and conducts basic, translational, and clinical neurological research and research training to increase understanding of the brain and improve the prevention and treatment of neurological and neuromuscular disorders. The NINDS mission encompasses over 600 disorders, including stroke, head and spinal cord injury, epilepsy, multiple sclerosis, and neurodegenerative disorders such as Parkinson’s disease.

BRAIN Initiative.—The Committee recommendation includes bill language transferring \$43,000,000 from the NIH Innovation Account to NINDS to support the BRAIN Initiative. These funds were authorized in the 21st Century Cures Act.

Brain Aneurysm Research.—The Committee is concerned that an estimated one out of every 50 individuals in the U.S. has a brain aneurysm and an estimated 30,000 Americans suffer a brain aneurysm rupture each year, with little to no warning. Ruptured brain aneurysms are fatal in about 40 percent of cases. The Committee requests a report from NINDS regarding its annual funding level for brain aneurysm research funding over the past five years, including the types of grants supported.

Duchenne Muscular Dystrophy.—The Committee is aware of stakeholder efforts to achieve validated and qualified biomarkers for Duchenne Muscular Dystrophy. The Committee supports these activities and urges NINDS to work with other Institutes and with the Food and Drug Administration to provide the necessary guidance and to assemble a workshop of all stakeholders to advance this work. The Committee is also concerned about a lack of access to Federally-funded data, such as imaging and biomarker data, which could support qualification of an MRI imaging biomarker and directs NIH to ensure all Federally-funded Duchenne investigators are in full compliance with the data sharing requirements included in the 21st Century Cures Act. The Committee also remains optimistic about the potential for additional Duchenne treatments using exon skipping splicing and encourages NIH to work with other Federal agencies to convene a workshop on exon skipping in Duchenne and other neuromuscular diseases.

Dystonia.—The Committee encourages NINDS to continue to expand the dystonia research portfolio. NINDS is encouraged to work with stakeholders in support of a comprehensive state of the science conference to examine evolving mechanisms for scientific opportunities in dystonia research.

Headache Disorders.—The Committee encourages NIH to prioritize fundamental, translational, and clinical research on headache disorders over the next decade. The World Health Organization has found that migraines are the third most prevalent global disorder and the seventh leading cause of global disability.

Hydrocephalus Research.—The Committee encourages NIH, under the direction of NINDS, to conduct a scientific workshop on hydrocephalus research. The Committee requests that a key agenda item of the workshop be a discussion of future needs for hydrocephalus research, and that NIH report back to the Committee in the fiscal year 2019 Congressional Justification on this and other findings and recommendations of the workshop.

Myotonic Dystrophy.—The Committee recognized there are significant gaps in our scientific understanding of the causes of myotonic dystrophy and there are still no FDA approved treatments for this inherited genetic disorder that can cause multiple organ systems to fail or severely disrupt their function that affects approximately 100,000 Americans. The Committee encourages the NIH to fund efforts to recruit young researchers to this field and stimulate more high quality research proposals to advance this critical scientific field. Myotonic dystrophy research holds significant promise for major advances across many neurodegenerative diseases, particularly other triplet repeat expansion diseases.

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

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

Traumatic Brain Injury.—The Committee understands regenerative medicine research and the use of adult stem cells may play an important role in the treatment of Traumatic Brain Injury (TBI). The Committee strongly encourages NINDS to work with the National Institute of Aging to support a robust and coordinated portfolio of TBI research with a focus on how to leverage regenerative medicine research and the use of adult stem cells in the treatment of TBI. The Committee requests an update in the fiscal year 2019 Congressional Justification on efforts in these specific areas of TBI research.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

Mission.—NIAID supports and conducts basic, applied, and clinical research, and research training programs in infectious, immunologic, and allergic diseases. NIAID-supported research includes research on HIV/AIDS, malaria, tuberculosis, sexually transmitted infections, neglected tropical diseases, emerging and re-emerging infectious diseases, asthma, allergic and autoimmune diseases, and transplantation. The goals of NIAID research are to in-

crease the understanding of disease pathogenesis and the immune system, to improve disease diagnosis, to develop new and improved drugs to treat such diseases, and to develop new and improved vaccines and other approaches to prevent such diseases, many of which significantly affect public health.

Antimicrobial Resistance.—The Committee recommendation includes an increase of \$30,000,000 within NIAID for combating antimicrobial resistance. The Committee continues to support research on mechanisms of drug resistance, bacterial pathogenesis, and infection control; developing new or repurposing existing antimicrobials; and exploring approaches to prevention including bacterial vaccines and other strategies. The Committee encourages NIH to coordinate with CDC to determine how data in the CDC resistant pathogens database can be leveraged to improve future research. The Committee requests an update in the fiscal year 2019 Congressional Justification on how NIAID is working with CDC and other Federal partners in this field of research.

Autoimmune Neuropathies.—The Committee is pleased that NIAID and NINDS are working on a state of the science of autoimmune neuropathies research into conditions like Guillain-Barré syndrome and chronic inflammatory demyelinating polyneuropathy, and encourages them to work with stakeholders on the importance of the patient perspective.

Hepatitis B.—The Committee notes that infection with hepatitis B virus (HBV) is a serious public health threat and is associated with approximately 887,000 deaths each year worldwide, making it a leading cause of death in the world. In the U.S., one in 20 Americans has been infected with HBV and up to 2.2 million are chronically infected. Left undiagnosed and untreated, one in four of those with chronic HBV infection will die prematurely from cirrhosis, liver failure, and/or liver cancer. With hepatitis C now curable and study of the entire HBV lifecycle now possible, NIAID is urged to intensify its current efforts to find a cure for HBV. To meet this goal, the Committee urges NIAID to issue targeted calls for HBV research proposals in fiscal year 2018, focused on therapeutic development and the many critical research opportunities identified by the scientific community.

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

Microbicides.—The Committee recognizes that with NIH and United States Agency for International Development (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.

Neglected Tropical Diseases.—One-sixth of the world's population suffers from one or more neglected tropical diseases (NTDs). In the U.S., we have seen Chikungunya, Dengue, and Chagas disease emerge. Research conducted by NIH is a key component to ensur-

ing there are tools to treat, control, and eventually eradicate many neglected diseases. The Committee urges NIH to continue its investment in malaria and NTD research, including work in late-stage and translational research for NTDs, and to work with other agencies to foster research and ensure that basic discoveries are translated into solutions.

Tick-Borne Diseases.—The Committee encourages NIH to intensify research on Lyme and tick-borne diseases, including research that will increase understanding of the full range of Lyme disease processes and the physiology of *Borrelia burgdorferi* and *Borrelia mayonii*, including the mechanisms of persistent infection such as persisters and potential treatment protocols for identified mechanisms of persistence. The Committee also encourages NIH to intensify research efforts focused on the development of more sensitive and accurate diagnostic tests for Lyme and tick-borne diseases, including next generation polymerase chain reaction and new testing methodologies such as proteomics and metabolomics.

Translational Vaccinology.—The Committee notes a very promising area in the field of vaccine and immunology is translational vaccinology, in which researchers are able to translate the science of vaccine design and development into the assessment of current and novel, experimental vaccines through pre-clinical and clinical trials. The Committee strongly encourages NIAID to support a robust portfolio of extramural, highly meritorious translational vaccine research that focus on an interdisciplinary approach to this research. The Committee requests NIAID provide an update in the fiscal year 2019 Congressional Justification on expansion opportunities for interdisciplinary translational vaccinology research.

Tuberculosis.—According to the World Health Organization (WHO), Tuberculosis (TB) is the leading global infectious disease killer, accounting for the deaths of 1.8 million people annually and the continued spread of drug resistant TB is a serious global health problem. There is an urgent need to develop faster point-of-care diagnostics; shorter, safer, and more tolerable treatments; and effective vaccines for all populations, including for drug resistant TB. The Committee urges the Institute to prioritize the development of new TB diagnostic, treatment, and prevention tools.

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

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS)

Mission.—NIGMS supports research and research training in the basic biomedical sciences. Institute grantees, working in such fields as cell biology, biophysics, genetics, developmental biology, pharmacology, physiology, biological chemistry, bioinformatics, and computational biology study normal biological processes to better understand what goes wrong when disease occurs. In this way, NIGMS supports the development of new knowledge, theories, and technologies that can then be applied to the disease-targeted studies supported by other NIH components. NIGMS-supported basic research advances also find applications in the biotechnology and pharmaceutical industries. The Institute's training programs help

develop scientists needed in industry and academia and increase the diversity of the biomedical workforce.

Institutional Development Awards.—The Committee has provided \$373,641,000 for the IDeA program, \$40,000,000 above the fiscal year 2017 enacted level. IDeA supports high-quality research and investigators throughout the country in States in which the success rate for NIH grants has been historically low.

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

Mission.—The NICHD conducts and supports basic, translational, and clinical research on the reproductive, developmental, and behavioral processes that determine and maintain—and rehabilitation that restores and improves—the health and well-being of children, adults, families, and populations.

National Breastfeeding Research Consortium.—The Committee is aware of the substantial amount of research showing that breastfeeding can contribute significantly to health and the prevention of childhood obesity and chronic conditions. The Committee supports the Surgeon General’s Call to Action to Support Breastfeeding and its recommendations for the development of a national consortium on breastfeeding research. The Committee is also aware of the newly established Task Force on Research Specific to Pregnant Women and Lactating Women, as mandated by the 21st Century Cures Act, which is being led by NICHD. The Committee recommends that the required Task Force Report to the HHS Secretary be submitted prior to the establishment of the Breastfeeding Consortium so that the findings can be incorporated into the Consortium’s deliberations.

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

Rehabilitation Research.—The Committee recognizes the significant challenges faced by patients with neurological impairments who live in rural areas, where access to assistive devices, medical advice, and community resources can be limited. Proper rehabilitation, with the help of patient “navigators,” is critical to improving patients’ quality of life and preventing further, and more costly, health problems. Therefore, the Committee urges the NIH, acting through the trans-NIH Rehabilitation Coordinating Committee that is chaired by the National Center for Medical Rehabilitation Research at NICHD, to provide greater support for research efforts that involve the combination of patient navigators and assistive health technology, particularly in underserved rural settings.

Research on the Long-Term and Developmental Health Effects of Zika.—The Committee recognizes the unique nature of NICHD research into how the Zika virus infection affects pregnancy and the long-term and developmental health effects on children exposed to the Zika virus. The Committee urges NICHD to prioritize invest-

ment into long-term and developmental health effects of the Zika virus as the fight against the virus continues.

Task Force on Research in Pregnant Women and Lactating Women.—The Committee looks forward to an update on the work of the Task Force on Research in Pregnant Women and Lactating Women, and continues to encourage and support the important work of the Task Force to ensure that consumers and health care professionals have up-to-date and accurate information on the safety and efficacy of drugs that women are taking while pregnant or breastfeeding.

NATIONAL EYE INSTITUTE (NEI)

Mission.—NEI conducts and supports basic and clinical research, research training, and other programs with respect to blinding eye diseases, visual disorders, and mechanisms of visual function, preservation of sight, and the special health problems and needs of individuals who are visually-impaired or blind.

3-D Retina Organoid Challenge.—The Committee directs NIH to provide an update on the 3-D Retina Organoid Challenge authorized in the Consolidated Appropriations Act, 2016.

Blepharospasm.—The Committee encourages NEI to expand research on blepharospasm, a form of dystonia.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (NIEHS)

Mission.—The mission of NIEHS is to prevent and reduce the burden of human illness and disability by understanding how the environment influences the development and progression of human disease. In addition, NIEHS is responsible for the research of the National Toxicology Program whose mission is to coordinate toxicity testing across the Federal government and to evaluate substances of public health concern.

NATIONAL INSTITUTE ON AGING (NIA)

Mission.—NIA supports and conducts biomedical, social and behavioral research with respect to the aging process and the diseases and other special problems and needs of older Americans.

Alzheimer's Disease.—In recognition that Alzheimer's disease poses a serious threat to the nation's long-term health and economic stability, the Committee recommends an increase of \$400,000,000 within NIA to support a total of at least \$1,791,000,000 on Alzheimer's disease research. NIA should continue to address the research goals set forth in the National Plan to Address Alzheimer's disease, as well as the recommendations from the Alzheimer's Disease Research Summit in 2015. Additionally, the Committee encourages NIA to continue support for additional Alzheimer's Disease Centers in States with high patient incidences of Alzheimer's disease. Preference shall be given to centers demonstrating collaborative work among basic scientists and clinical scientists to expedite new treatment protocols, particularly among underrepresented areas.

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

Mission.—NIAMS conducts and supports basic and clinical research and on the more than 100 forms of arthritis; osteoporosis and other bone diseases; muscle biology and muscle diseases; orthopedic disorders, such as back pain and sports injuries; and numerous skin diseases.

Alopecia Areata Research.—The Committee recognizes NIAMS for leadership on recent research breakthroughs that could potentially lead to effective treatments for alopecia areata and related conditions, and encourages NIAMS to continue to support research in this area.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION
DISORDERS (NIDCD)

Mission.—NIDCD funds and conducts research in human communication. Included in its program areas are research and research training in the normal and disordered mechanisms of hearing, balance, smell, taste, voice, speech and language. The Institute addresses special biomedical and behavioral problems associated with people who have communication impairments or disorders. In addition, NIDCD is actively involved in health promotion and disease prevention, and supports efforts to create devices that substitute for lost and impaired sensory and communication functions.

Spasmodic Dysphonia.—The Committee encourages NIDCD to expand research on spasmodic dysphonia, a form of dystonia.

NATIONAL INSTITUTE OF NURSING RESEARCH (NINR)

Mission.—NINR supports and conducts scientific research and research training to reduce the burden of illness and disability; improve health-related quality of life; enhance end-of-life and palliative care; and establish better approaches to promote health and prevent disease.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA)

Mission.—NIAAA supports research to generate new knowledge to answer crucial questions about why people drink; why some individuals are vulnerable to alcohol dependence or alcohol-related diseases and others are not; the relationship between genetic and environmental factors involved in alcoholism; the mechanisms whereby alcohol produces its disabling effects, including organ damage; how to prevent alcohol abuse and associated damage, especially in the underage population; and how alcoholism treatment can be improved. NIAAA addresses these questions through a program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems.

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

Mission.—NIDA-supported science addresses questions about drug abuse and addiction, which range from its causes and consequences to its prevention and treatment. NIDA research explores how drugs of abuse affect the brain and behavior and develops effective prevention and treatment strategies.

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

Drug Treatment in the Justice System.—The Committee understands that providing evidence-based treatment for substance use disorders offers a valuable opportunity to interrupt the substance use/criminal justice system cycle for people struggling with substance use disorders. Untreated substance use disorder renders prior criminal offenders particularly vulnerable to recidivism and continued health problems, preventing them from being able to find stable employment, jeopardizing public health and safety, and taxing justice and health system resources. When combined with therapy, medication assisted treatment (MAT) has consistently been shown to be more effective in treating substance use disorder than abstinence. The Committee applauds NIDA's focus on adult and juvenile justice populations in its research around substance use disorder treatment. The Committee supports this important work and asks for a progress report on those efforts, including information on the use and success of MAT in the juvenile justice system.

Marijuana Research.—The Committee is concerned that States are changing public policies related to marijuana without the benefit of scientific research to help guide those decisions. NIDA is encouraged to continue supporting a full range of research on the effects of marijuana and its components, including research focused on policy change and implementation across the country.

Neonatal Abstinence Syndrome.—The Committee recognizes the importance of research on prevention, identification, and treatment of prenatal opioid exposure and Neonatal Abstinence Syndrome. The Committee encourages NIDA to ensure that the review process includes appropriate focus on geographic locations where the problem is particularly acute. The Committee encourages NIH, based on appropriate scientific review, to support meritorious research opportunities in Appalachia and at institutions that have unique opportunities to study innovative care models.

Opioid Misuse and Addiction.—The Committee continues to be extremely concerned about the epidemic of prescription opioids, heroin, and synthetic opioid use, addiction, and overdose in the U.S. Approximately 144 people die each day in this country from opioid overdose, making it one of the most common causes of non-disease-related deaths for adolescents and young adults. This crisis has been exacerbated by the availability of fentanyl and its analogs into many communities. The Committee appreciates the important role that research can and should play in the various Federal initiatives aimed at this crisis. The Committee urges NIDA to (1) continue funding research on medication development to alleviate pain, especially the development of medications with reduced abuse liability; (2) as appropriate, work with private companies to fund innovative research into such medications; and (3) report on what

is known regarding the transition from opioid analgesics to heroin and synthetic opioid abuse and addiction within affected populations.

Raising Awareness and Engaging the Medical Community in Drug Abuse and Addiction Prevention and Treatment.—Education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including healthcare providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be pleased with the NIDAMeD initiative, targeting physicians-in-training, including medical students and resident physicians in primary care specialties (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 drug abuse screening and treatment into their clinical practices.

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

Mission.—NIMH is responsible for basic and clinical research to improve diagnosis, treatments, and overall quality of care for persons with mental illnesses. Disorders of high priority to NIMH include schizophrenia; depression and manic-depressive illness; obsessive-compulsive disorder; anxiety disorders and other mental and behavioral disorders that occur across the lifespan, which include childhood mental disorders such as autism and attention-deficit/hyperactivity disorder; eating disorders; and other illnesses. NIMH supports and conducts fundamental research in neuroscience, genetics, and behavioral science. In addition to laboratory and controlled clinical studies, NIMH supports research on the mental health needs of special populations and health services research.

BRAIN Initiative.—The Committee recommendation includes bill language transferring \$43,000,000 from the NIH Innovation Account to NIMH to support the BRAIN Initiative. These funds were authorized in the 21st Century Cures Act.

Adolescent and Young Adult Brain Development.—The Committee recognizes and supports the NIH Adolescent Brain and Cognitive Development (ABCD) Study. The Committee recognizes that an individual's brain continues to develop into his or her mid-twenties. However, little is known about the dramatic brain development that takes place during adolescence and how the various experiences people are exposed to during this time interact with each other and their biology to affect brain development and, ultimately, social, behavioral, health, and other outcomes. The ABCD study addresses this knowledge gap.

Improving the Treatment of Mental Illness.—The Committee shares the concern of the NIMH National Advisory Mental Health Council that over the past decade the NIMH research portfolio has increasingly become focused on basic neuroscience research at the expense of research focused on finding ways to ease the burden of those currently suffering from devastating mental conditions. Therefore, the Committee urges NIMH to diversify its research portfolio to better balance basic neuroscience and applied research

to increase the development of more effective treatments for people suffering from mental conditions now.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE (NHGRI)

Mission.—NHGRI provides leadership for the development of resources and technology to accelerate genome research and its application to human health. NHGRI-supported activities include basic and translational research to understand the sequence and function of both human and non-human genomes, human genetic variation, and the genetic and environmental basis of disease. Also central to NHGRI research goals are training programs and a strong focus on the ethical, legal, and social implications of genomic science and medicine.

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING
(NIBIB)

Mission.—The NIBIB mission is to improve human health by leading the development and accelerating the application of biomedical technologies. The Institute is committed to integrating the engineering and physical sciences with the life sciences to advance basic research and medical care.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES
(NIMHD)

Mission.—NIMHD conducts and supports research, training, and other programs aimed at reducing the disproportionately high incidence and prevalence of disease, burden of illness and mortality experienced by certain American populations, including racial and ethnic minorities and other groups, such as the urban and rural poor, with disparate health status.

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

Health Disparities and Pediatric Kidney Disease.—The Committee recognizes that health disparities play a significant role in kidney disease in children, from the incidence and progression of kidney disease in children, to the long-term health outcomes, such as access to kidney transplant, access to living donors and disparate transplant survival. Children of minority populations are disproportionately impacted by kidney disease, and NIMHD's work in this area is critical to defining the basis for these health disparities and developing mechanisms to address them. The Committee requests that NIMHD catalog the research being conducted in this area and report back on the research currently underway and research gaps in this area of study in the fiscal year 2019 Congressional Justification.

NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE
MEDICINE (NCCAM)

Mission.—NCCAM was established to stimulate, develop, and support rigorous and relevant research of high quality and open, objective inquiry into the safety and effectiveness of complementary and alternative medicine (CAM) practices and to train individuals

to apply the tools of exacting science to CAM systems and modalities in order to provide health care professionals and the American public with reliable information about these practices.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)

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

Clinical and Translational Science Awards.—The Committee remains deeply concerned over the broad utilization of resources it specifically allocated for the Clinical and Translational Science Awards (CTSA) hubs and has provided NCATS with direct instructions regarding the number of awards. As investment in the CTSA program continues, NCATS is directed to ensure the level of support for CTSA institutions is maintained to appropriately reflect the additional resources provided by the Committee. Further, NCATS is directed to maintain the number of CTSA hubs at no fewer than 64 institutions.

Hereditary Angioedema.—The Committee applauds the Office of Rare Diseases Research for their efforts to facilitate research into Hereditary Angioedema (HAE) and encourages continued collaboration with other Institutes and Centers (ICs) to advance our scientific understanding and spur the further development of innovative treatment options for patients.

Pediatric Rare Diseases.—The Committee is encouraged by the work of the Rare Diseases Clinical Research Network (RDCRN) across a range of rare diseases. The burden of pediatric rare diseases is especially difficult for families navigating multiple research opportunities and clinical service needs. The Committee encourages NCATS to work with RDCRN members to create a pediatric rare disease center of excellence model.

JOHN E. FOGARTY INTERNATIONAL CENTER (FIC)

Mission.—FIC was established to improve the health of the people of the U.S. and other nations through international collaborations in the biomedical sciences. In support of this mission, the FIC pursues the following four goals: (1) mobilize international research efforts against global health threats; (2) advance science through international cooperation; (3) develop human resources to meet global research challenges; and (4) provide leadership in international science policy and research strategies.

Recent 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 and health system strength-

ening to help developing countries to eventually advance their own research and health solutions and tools. FIC has developed important partnerships in countries, including countries unfriendly to the U.S., to not only fight malaria, neglected tropical diseases, and other infectious diseases, but also to have the capabilities to help the U.S. detect and treat infectious diseases that are not endemic to the U.S. before they travel to the U.S., thus protecting Americans here at home. The Committee urges FIC to continue this important work building relationships with scientists abroad to foster a stronger and more effective science workforce and health 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 (NLM)

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

OFFICE OF THE DIRECTOR (OD)

Mission.—The OD provides leadership to the NIH research enterprise and coordinates and directs initiatives that crosscut NIH. OD is responsible for the development and management of intramural and extramural research and research training policy, the review of program quality and effectiveness, the coordination of selected NIH-wide program activities, and the administration of centralized support activities essential to the operations of NIH.

Common Fund.—The Committee recommends \$695,580,000 for the Common Fund (CF), including \$12,600,000 provided to support the Gabriella Miller Kids First Research Act for the fourth year of the ten-year Pediatric Research Initiative. NIH is expected to continue the longstanding CF policy for projects to be short-term, high-impact awards, with no projects receiving funding for more than 10 years.

The Committee urges the Director to use a portion of the \$10,000,000 made available to the Director's Discretionary Fund (DDF) to support additional pediatric research. The Committee requests a quarterly report on DDF obligations for each activity supported. The report should include a description of the program, which ICs are to provide continuation costs, and how this research serves a high priority for pediatric diseases. The quarterly reports shall be posted on the NIH website within 30 days after being released to the Committee on Appropriations of the House of Representatives and the Senate.

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

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

The mission of DPCPSI is to coordinate and facilitate trans-NIH research initiatives and emerging areas of scientific opportunities and public health challenges. The Division houses these NIH offices: the Office of Research on Women's Health; the Office of AIDS Research; the Office of Dietary Supplements; the Office of Behavioral and Social Sciences Research; the Office of Disease Prevention; and the Office Research Infrastructure Programs.

The Committee directs the Director of DPCPSI to develop a trans-NIH strategic approach to improve coordination and facilitation of trans-NIH research with measurable objectives. The Director should also take specific steps with the ICs to strengthen to reduce duplication and increase effectiveness and efficiency of research.

Office of Research on Women's Health

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

Office of AIDS Research

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

Office of Dietary Supplements

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

Office of Behavioral and Social Sciences Research

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

Office of Science Education

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

Office of Disease Prevention

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

Office of Research Infrastructure Programs

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

Multi-institute Research Issues

Addressing Hispanic Research Issues.—The Committee is encouraged by NIH's efforts seeking to address health disparity research issues impacting the U.S. Hispanic population across various ICs. The Committee recognizes that the longitudinal Study of Latino Health research program being conducted by NHLBI, as well as the collaborative research efforts at NIMHD, are providing impor-

tant progress in measuring more precisely the risk factors and outcomes and determining effective interventions among U.S. Hispanics. The Committee urges NIH to fill out key gaps in its translational research portfolio to include children and youth and reproductive-age young women, as well as older populations, in high-density areas to allow for broader research cohorts.

Adolescents and Medication-Assisted Treatment.—The Committee applauds the ongoing coordinated efforts at NIH to understand and address substance use and substance use disorders among adolescents and young adults as a specific population. As part of those efforts, the Committee also encourages NIH to examine the effectiveness of medication assisted treatment in adolescents struggling with substance use disorder, and identify any barriers to treatment as well as potential unintended consequences.

Adolescents and Young Adults.—The Committee encourages an NIH-wide emphasis on understanding and addressing substance use and substance use disorders among adolescents and young adults as a specific population. The Committee encourages NIH to identify and coordinate its efforts in this area and provide an update in the fiscal year 2019 Congressional Justification on these actions.

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

Angelman Syndrome.—The Committee recognizes the promising scientific gains made in the pursuit of treatments for Angelman Syndrome. The Committee applauds the significant contributions of the Angelman Syndrome Natural History Study, funded by NIH, and the private partners working diligently to advance the growing body of Angelman Syndrome research towards practical treatments. Because Angelman Syndrome is a single-gene disorder, specifically caused by a deleted UBE3A gene, the Committee believes that with recent advances in medical therapeutics and technology, the disorder is curable today. Further research in this area holds great promise for both Angelman Syndrome and forms of autism also linked to misexpression of the UBE3A gene. With two innovative new treatments poised for clinical trials, the Committee urges NIH to dedicate available resources to Angelman Syndrome research, and specifically to advance research in the roles of the UBE3A gene in brain functions. In this challenging budget environment, the Committee also believes public-private partnerships should be further encouraged as translational research progresses in the areas of Angelman Syndrome, autism, and UBE3A related disorders.

Basic Biomedical Research.—The purpose of basic research is to discover the nature and mechanics of disease and identify potential therapeutic avenues likely to lead to the prevention and treatment of human disease. Without this early scientific investigation, future development of treatments and cures would be impossible. Basic

biomedical research must remain a key component of both the intramural and extramural research portfolio at the NIH. The Committee encourages NIH to take actions to ensure the percentage of funding in the extramural research program on basic research does not fall below 55 percent of NIH resources.

Bilateral Renal Agenesis.—The Committee requests NIH conduct a state of the science report on bilateral renal agenesis research, possible treatments, and related dialysis for preemies and newborns, and provide an update in the fiscal year 2019 Congressional Justification.

Cerebral Cavernous Angioma Research.—The Committee urges NIH to expand and strengthen NINDS programs regarding research and related activities for cavernous angioma by including basic, clinical, and translational research as well as promoting training programs for medical and allied health clinicians and scientists, increasing outreach and awareness, and sharing clinical and other surveillance information. The Committee also encourages NIH and FDA to work with patient advocacy organizations to research and promote effective treatments. The Committee is aware of patient advocacy groups asking NIH to conduct clinical trials. The Committee urges NIH to continue to work with these organizations on this request.

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

Chimpanzee Sanctuary Support.—The Committee commends NIH for their decision to relocate all Federally-owned chimpanzees to the federal sanctuary system. The Committee supports NIH's careful consideration for their welfare, including their health and social grouping. The Committee is pleased to see that NIH intends to continue transferring chimpanzees to the federal sanctuary system in fiscal year 2017 and strongly encourages further progress towards finding both cost-effective and humane care for all Federally-owned and -supported chimpanzees in their retirement. The Committee is aware of the suggestion that a change in transportation methods or a system expansion could facilitate earlier completion of the retirement effort. Therefore, the Committee directs NIH to develop a plan that addresses impediments in the rate of transportation of chimpanzees to the sanctuary system and explores the need for expansion, taking into account age and health of chimpanzees as well as any expansion and facility costs. This plan should also include details on how NIH plans to meet the goal of retiring all the NIH-owned chimpanzees to the Federal sanctuary system as rapidly as possible, but no later than within five years. The NIH shall report back to the Committee with this plan within 120 days of enactment of this act.

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

Coordination with the Department of Energy (DOE) and National Laboratories to Implement 21st Century Cures Act.—NIH is encouraged enter into collaborative research programs, as appropriate, with DOE, the National Laboratories, and others determined to be appropriate, to utilize the broader scientific and technological capabilities of DOE and the National Laboratories relevant to the successful implementation of the 21st Century Cures Act (P.L. 114–255).

Fragile X.—The Committee commends NIH for the NICHD-led effort that has resulted in significant progress in mapping the molecular, physiological, biological and genetic connections among Fragile X (FX), the FX protein, and autism. Increased focus on basic science is needed to identify additional targetable mechanisms of the disease. The Committee acknowledges that recently concluded drug trials were unable to demonstrate and measure positive clinical outcomes when compared to a placebo. The Committee urges the Director to support expanded natural history studies to supplement the CDC's efforts, and to focus on validating outcome measures and biomarkers that bridge the mouse model and humans with the disease across the full spectrum of CGG repeat expansion in males and females. The Committee endorses the creation of a Clinical Trial Network that builds upon the already established consortium of FX clinics to accelerate the development of specialized outcome measures. This will ensure that, as additional targetable mechanisms of the disease are identified, clinical trials can promptly follow. Given the inextricable connection between the FX protein and autism, the Committee urges the Director and his counterparts at each institute with Fragile X and autism portfolios to explore ways to create greater efficiency and synergy among these two research tracks to accelerate translational research toward a better understanding of both conditions and to shorten the time to bring effective treatments for both conditions to market. The Committee commends the NIH for its previous work to create and update the NIH Research Plan on Fragile X Syndrome and Associated Disorders.

Gut Microbiome.—The Committee commends the Office of the Director’s partnership with NIDDK on the Human Microbiome project and urges expanded investigation into the manipulation of the microbiome to improve scientific understanding of functional gastrointestinal disorders, including Irritable Bowel Syndrome.

National Children’s Study (NSC) Follow-On.—The Committee continues to recognize the importance of investigating the effects of environmental exposures on child health and development. The National Children’s Study (NCS)/Environmental Influences on Child Health Outcomes (ECHO) Project has the potential to increase greatly understanding of this critical determinate of health across the lifespan. The Committee is pleased that NIH has established an External Scientific Board for NCS/ECHO that reports directly to the NIH Director, and encourages greater communication about to the program’s progress toward goals, milestones, and projected funding estimates with both external stakeholders and Congress. The Committee directs NIH to provide an update in the fiscal year 2019 Congressional Justification including a summary of progress made to date, an analysis of the composition of the funded cohort studies, and the short- and long-term goals of the study.

Neurofibromatosis.—The Committee supports efforts to increase funding and resources for Neurofibromatosis (NF) research and treatment at multiple NIH Institutes, including NCI, NINDS, NIDCD, NHLBI, NICHD, NIMH, NCATS, and NEI. Children and adults with NF are at significant risk for the development of many forms of cancer; the Committee encourages NCI to increase its NF research portfolio in fundamental basic science, translational research and clinical trials focused on NF. The Committee also encourages the NCI to support NF centers, NF clinical trials consortia, NF preclinical mouse models consortia and NF-associated tumor sequencing efforts. Because NF causes brain and nerve tumors and is associated with cognitive and behavioral problems, the Committee urges NINDS to continue to aggressively fund fundamental basic science research on NF relevant to nerve damage and repair. Based on emerging findings from numerous researchers worldwide demonstrating that children with NF are at significant risk for autism, learning disabilities, motor delays, and attention deficits, the Committee encourages NINDS, NIMH and NICHD to expand their investments in laboratory-based and clinical investigations in these areas. Since NF2 accounts for approximately 5 percent of genetic forms of deafness, the Committee encourages NIDCD to expand its investment in NF2 basic and clinical research. Since NF1 can cause vision loss due to optic gliomas, the Committee encourages NEI to expand its investment in NF1 basic and clinical research. The Committee requests an update on efforts to address these research efforts in the FY19 Congressional Justification.

Neurogenic Bladder and Kidney Disease.—The Committee encourages NIA, NIDDK, NICHD, and NINDS to study the causes and care of the neurogenic bladder and kidney disease in order 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.

Pediatric Precision Medicine.—The Committee is encouraged by the enormous potential of precision medicine for all populations, including children, since much of adult health is rooted in the earliest years. The Committee is aware that, at an All of Us Research Program stakeholder briefing, NIH announced plans to develop a working group to address inclusion of the pediatric population and has also indicated plans to host a pediatric stakeholder convening. The Committee requests an update within 30 days of enactment of this Act on the status and timeline for the working group to release recommendations regarding pediatric enrollment in the All of Us Research Program and the expected timeline for beginning enrollment of children in the program. The Committee expects NIH to ensure that the research cohort includes a sufficient number of children to make meaningful studies possible.

Pregnancy-Related Research.—Each year, approximately four million women give birth in the U.S. Pregnancy research is essential to learning more about the health and development of both mother and baby, yet this research lags behind disease or organ-specific research. The U.S. is ranked 47th globally for its maternal mortality rate, and unlike any other industrialized country, its rates are on the rise. As maternal mortality and maternal morbidity increases, health care costs rise, and pregnancy presents a greater need for improved research and clinical guidance, the need to understand how to manage pregnancy better to prevent poor outcomes and to have evidence-based guidelines for management of high-risk pregnancies is imperative. The Committee requests that NIH conduct a state of the science report on pregnancy research and provide an update in the fiscal year 2019 Congressional Justification. The Committee requests the following additional information from the NIH as it relates to research in pregnancy, for each of the last three years: the number of clinical research awards, including all Institutes and Centers, addressing questions related to pregnancy; within NICHD, what is the proportion of the total NICHD budget spent on clinical research involving pregnancy; and how might NIH better address questions related to pregnancy across the ICs.

Trisomy 21.—The Committee continues to recognize that the presence of a third copy of human chromosome 21, which causes Down syndrome, predisposes individuals to significant immune system dysregulation. This dysregulation is associated with the occurrence of Alzheimer's disease as individuals with Down syndrome age and the high incidence of autoimmune disease as well as protections against most solid tumor cancers and cardiovascular disease. These findings present a rich research opportunity and, based on the NIH's recently released report on the Feasibility of a Multi-Year Study on Trisomy 21 in Humans, the Committee encourages NIH to pursue a multi-year, trans-NIH research initiative examining immune system dysregulation and trisomy 21, with the aim of yielding scientific learnings that could significantly improve the health of individuals with Down syndrome as well as millions of typical individuals.

Undiagnosed Illnesses.—The Committee urges the Undiagnosed Disease Network (UDN) to continue efforts to enhance access to pa-

tients, caregivers, and other stakeholders as well as make information obtained through the UDN available to Federal agencies and health-related agencies.

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

Valley Fever.—The Committee commends NIH and CDC on launching a Randomized Control Trial (RCT) to identify an effective treatment for Valley Fever. The Committee requests an update on the status of the RCT, and continues to support efforts to develop early diagnostic tests, increase awareness of this disease among medical professionals and the public, and develop a vaccine.

Young Investigators.—The Committee expects NIH to report on actions it has taken to lower the median age at which investigators receive their first R01 awards annually in the fiscal year 2019 Congressional Justification. In addition, the NIH shall provide an update on the concrete steps it is taking to lower the median age at which individuals receive their first R01 award within 60 days of enactment of this Act.

BUILDINGS AND FACILITIES

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

The Committee notes NIH has a significant backlog of maintenance and repairs. The Committee requests NIH and HHS develop a coordinated plan to address the backlog with the Office of Management and Budget in the fiscal year 2019 Congressional Justification.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Committee recommends \$3,458,934,000 for the Substance Abuse and Mental Health Services Administration (SAMHSA), which is \$306,086,000 below the fiscal year 2017 enacted program level and \$68,101,000 above than the fiscal year 2018 budget request program level.

The Committee includes bill language directing the Secretary to exempt the Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant as a source for the Public Health Service Act section 241 evaluation set-aside in fiscal year 2018.

The Committee does not include the requested bill language allowing the Assistant Secretary for Mental Health and Substance Use to transfer three percent or less of funds between any of the SAMHSA accounts.

American Indians and Alaska Natives continue to face significant behavioral health problems, and have significantly limited access to behavioral health services. The Committee is aware that State authorities must have meaningful and timely Tribal consultation as they undertake their block grant planning process. The Committee strongly encourages SAMHSA to ensure States engage meaningfully with their Tribal populations. The Committee would also support information from States on how block grant funds have been used to support Indian Tribes and/or Tribal organizations within their borders and to what extent States have consulted with Tribes on the disbursement of block grant funds.

The Committee directs SAMHSA, where statute allows, when issuing new funding opportunity announcements, to include as eligible applicants, States, political subdivisions of States such as local government or communities, Indian Tribes or tribal organizations, health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service, or other public or nonprofit private entities. It is important to the Committee that all of these entities have the opportunity to compete for funding. While States play a critical role, in many cases Tribal governments, nonprofit organizations, or local communities are better positioned to target resources to those most in need. The Committee encourages SAMHSA to provide outreach and technical assistance to these entities to ensure they are able to compete for new grant announcements.

MENTAL HEALTH

The Committee provides \$949,707,000 for Mental Health, which is \$231,330,000 below the fiscal year 2017 enacted program level and \$37,360,000 above the fiscal year 2018 budget request program level.

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

Budget Activity	FY 2018 Committee
Capacity:	
Seclusion and Restraint	\$1,147,000
Mental Health First Aid	14,963,000
National Child Traumatic Stress Network	48,887,000
Children and Family Programs	7,229,000
Consumer and Family Network Grants	4,954,000
Mental Health System Transformation and Health Reform	3,779,000
Project LAUNCH	23,605,000
Primary and Behavioral Health Care Integration	49,877,000
Suicide Prevention:	
National Strategy for Suicide Prevention	11,000,000
<i>Zero Suicide</i>	<i>9,000,000</i>
<i>American Indian and Alaska Native Set-Aside</i>	<i>2,000,000</i>
Suicide Lifeline	7,198,000
Garrett Lee Smith-Youth Suicide Prevention:	
State Grants	35,427,000
Campus Grants	6,488,000
American Indian and Alaska Native Suicide Prevention	2,931,000
Tribal Behavioral Health Grants	15,000,000
Homeless Prevention Programs	30,696,000
Minority AIDS	4,206,000
Criminal and Juvenile Justice Programs	4,269,000
Assisted Outpatient Treatment	15,000,000

Budget Activity	FY 2018 Committee
Science and Service:	
Garrett Lee Smith-Suicide Prevention Resource Center	5,988,000
Consumer and Consumer Support Technical Assistance Centers	1,918,000
Primary and Behavioral Health Care Integration Technical Assistance	1,991,000
Minority Fellowship Program	8,059,000
Disaster Response	1,953,000
Homelessness	2,296,000

Mental Health First Aid.—The Committee is pleased with the progress of the Mental Health First Aid program including training more than 740,000 Americans to recognize the signs and symptoms of common mental disorders. 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. Any qualified community mental health education program should be considered as eligible for funding under the Mental Health First Aid program.

Mental Health Block Grant

The Committee recommends a total of \$421,039,000 for the Mental Health Block Grant, which is \$141,532,000 below the fiscal year 2017 enacted program level and \$5,500,000 above the fiscal year 2018 budget request program level. The block grant provides funds to States to support mental illness prevention, treatment, and rehabilitation services. Funds are allocated according to a statutory formula among the States that have submitted approved annual plans.

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

Children's Mental Health

The Committee recommends \$119,026,000 for the Children's Mental Health program, which is the same as the fiscal year 2017 enacted level and \$226,000 above the fiscal year 2018 budget request. Funding for this program supports grants and technical assistance for community-based services for children and adolescents with serious emotional, behavioral, or mental disorders. The program assists States and local jurisdictions in developing integrated systems of community care.

Pediatric Psychiatric Beds.—The Committee understands there is a shortage of psychiatric beds, particularly pediatric psychiatric beds, which help treat children with mental health and substance abuse issues. The Committee recommends SAMHSA review the best practices of pediatric psychiatric programs and provide an update in the fiscal year 2019 Congressional Justification on this topic.

Projects for Assistance in Transition from Homelessness

The Committee recommends \$64,635,000 for the Projects for Assistance in Transition from Homelessness (PATH) program, which is the same as the fiscal year 2017 enacted level and \$123,000 above the fiscal year 2018 budget request. The PATH program supports grants to States and territories for assistance to individuals suffering from severe mental illness and/or substance abuse disorders and who are homeless or at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.

Protection and Advocacy for Individuals with Mental Illness

The Committee recommends \$36,146,000 for the Protection and Advocacy for Individuals with Mental Illness program, which is the same as the fiscal year 2017 enacted level and \$69,000 above the fiscal year 2018 budget request. This program serves to ensure that the rights of mentally ill individuals are protected while they are patients in all public and private facilities or while they are living in the community. Funds are allocated to States according to a formula based on population and relative per capita incomes.

SUBSTANCE ABUSE TREATMENT

The Committee recommends \$2,211,506,000 for Substance Abuse Treatment programs, which is \$1,000,000 less than the fiscal year 2017 enacted program level and \$15,071,000 more than the fiscal year 2018 budget request program level.

State Targeted Response to the Opioid Crisis.—The Committee includes \$500,000,000 for the second year of continuation funding as authorized under section 1003 of the 21st Century Cures Act. Consistent with the authorization, the Committee recommends States be given flexibility within the existing grant to direct resources in accordance with local needs. SAMHSA should permit States to allocate funds for prevention, training, treatment, recovery, and other public health related activities at levels based on the conditions of each State.

The Committee is aware of the significant challenge presented by opioid abuse, and believes that addressing the opioid crisis requires that states coordinate efforts among myriad agencies and organizations. Regional collaborations involving hospital systems, institutions of higher education, local government, and the judiciary can drive best practices and have shown success in identifying solutions for opioid abuse. Therefore, the Committee encourages SAMHSA to utilize such regional collaborative stakeholder teams.

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

Budget Activity	FY 2018 Committee
Capacity:	
Opioid Treatment Programs and Regulatory Activities	\$8,724,000
Screening, Brief Intervention and Referral to Treatment	30,000,000
<i>PHS Evaluation Funds</i>	<i>2,000,000</i>
Targeted Capacity Expansion-General	67,192,000

Budget Activity	FY 2018 Committee
<i>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction</i>	56,000,000
Pregnant and Postpartum Women	19,931,000
Recovery Community Services Program	2,434,000
Children and Families	29,605,000
Treatment Systems for Homeless	36,386,000
Minority AIDS	65,570,000
Criminal Justice Activities	78,000,000
Building Communities of Recovery	3,000,000
Science and Service:	
Addiction Technology Transfer Centers	9,046,000
Minority Fellowship Program	3,539,000

Screening, Brief Intervention and Referral to Treatment

The Committee provides \$30,000,000 for Screening, Brief Intervention and Referral to Treatment, which is the same as the fiscal year 2017 enacted program level, and \$16,804,000 below the fiscal year 2018 budget request program level. Within this amount, the Committee provides \$1,000,000 for grants to pediatric health care providers in accordance section 9016 of the 21st Century Cures Act (P.L. 114–255). Grants should focus on screening for underage drinking, opioid use, and other drug use. 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.

Targeted Capacity Expansion

The Committee recommends \$67,192,000 for Targeted Capacity Expansion activities. Of this amount, \$56,000,000 is for services that address prescription drug abuse and heroin use in high-risk communities. SAMHSA should target States with the highest rates of admissions and that have demonstrated a dramatic increase in admissions for the treatment of opioid use disorders. The Center for Substance Abuse Treatment is directed to include as an allowable use medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids and heroin and prioritize treatment regimens that are less susceptible to diversion for illicit purposes.

Pregnant and Postpartum Women

The Committee provides \$19,931,000 for Pregnant and Postpartum Women, which is the same as the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. Addiction to opioids has risen dramatically over the past few years. Especially important are pregnant women at risk for opioid dependence and opioid exposure during pregnancy, and infants born with neonatal abstinence syndrome. The Government Accountability Office conducted a review of programs and stated in a 2015 report “the program gap most frequently cited was the lack of available treatment programs for pregnant women.” Substance abuse treatment that supports the family as a unit has proven effective for maintaining maternal sobriety and child well-being. There is a need for increased availability of outpatient treatment options that are responsive to women’s complex responsibilities, often as the primary or sole caregivers for their families. Reauthor-

ized as part of the Comprehensive Addiction and Recovery Act (P.L. 114–198), the Pregnant and Postpartum Women program supports residential treatment programs for pregnant and postpartum women with substance use disorders, including opioids. These programs provide substance use disorder treatment to women in residential facilities, and allow women to bring their minor children. Congress authorized the program to use funds for pilot programs to address service delivery gaps for pregnant and postpartum women, including services in non-residential settings, and to encourage new approaches and models of service delivery across the continuum of care.

Criminal Justice Activities

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

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

Minority AIDS

Viral Hepatitis Screening.—The Committee commends SAMHSA for encouraging grantees to screen for viral hepatitis including the use of innovative strategies like rapid testing. The Committee notes the disproportionate impact of viral hepatitis among minority populations and the co-infection rate among individuals with HIV/AIDS. The Committee encourages SAMHSA to continue its work with grantees to incorporate hepatitis screening into programmatic activities and requests a report on the implementation of hepatitis screening activities in the fiscal year 2019 Congressional Justification.

Substance Abuse Prevention and Treatment Block Grant

The Committee recommends a program level of \$1,858,079,000 for the Substance Abuse Prevention and Treatment Block Grant, which is the same as the fiscal year 2017 enacted program level and \$3,382,000 above the fiscal year 2018 budget request program level. The Substance Abuse Prevention and Treatment Block Grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. The Committee recognizes the critical role the block grant plays in State systems across the country.

Handheld Analyzers.—The Committee understands the role played by handheld drug analyzers, particularly for police officers and other first responders. These instruments can identify various drugs and assist first responders in treatment referral. They also keep officers safe by minimizing the exposure to toxic drugs, while reducing the overall cost and backlog of cases at crime labs. The

Committee encourages SAMHSA to work with the relevant stakeholders to clarify the policy of block grant funds and handheld analyzers.

Peer Recovery Support Services.—The Committee values the role of peer recovery support services to individuals and families impacted by substance use disorder treatment. The Committee requests information in the fiscal year 2019 Congressional Justification on the amount of funds from the Substance Abuse Prevention and Treatment Block Grant used for peer recovery support services.

Pregnant Women.—The Committee remains concerned about the lack of treatment options for pregnant women and women with dependent children. States are required to allocate a portion of their block grant funds to support treatment for this population. The Committee requests information in the fiscal year 2019 Congressional Justification on the amount of funds from the Substance Abuse Prevention and Treatment Block Grant used for pregnant women and women with dependent children, including information on how States are implementing these requirements, funding level by State, and information on availability of treatment, and barriers to treatment.

SUBSTANCE ABUSE PREVENTION

The Committee recommends \$165,373,000 for the Substance Abuse Prevention programs, which is \$57,846,000 below the fiscal year 2017 enacted level and \$15,670,000 above the fiscal year 2018 budget request.

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

Budget Activity	FY 2018 Committee
Capacity:	
Strategic Prevention Framework	\$64,000,000
<i>Strategic Prevention Framework Rx</i>	10,000,000
Grants to Prevent Prescription Drug and Opioid Overdose Related Deaths	12,000,000
First Responder Training	12,000,000
<i>Rural Focus</i>	6,000,000
Minority AIDS	28,843,000
Federal Drug-Free Workplace	4,894,000
Sober Truth on Preventing Underage Drinking	
National Adult-Oriented Media Public Service Campaign	1,000,000
Community Based Coalition Enhancement Grants	5,000,000
Interagency Coordinating Committee to Prevent Underage Drinking	1,000,000
Tribal Behavioral Health Grants	15,000,000
Science and Service:	
Center for the Application of Prevention Technologies	7,493,000
Science and Service Program Coordination	4,072,000
Minority Fellowship Program	71,000

Federal Drug Free Workplace.—The Committee is concerned that the Secretary of Health and Human Services has yet to release technical guidelines for the use of hair testing as a Federally accepted drug testing method, in accordance with section 5402 of the Fixing America's Surface Transportation Act (P.L.114-94). The Committee believes these guidelines pose tremendous safety implications due to hair testing's many advantages over currently recognized testing methods, including providing employers with a longer detection window than the standard urinalysis, as well as being

easier to collect and harder to adulterate. Therefore, the Committee strongly encourages the Secretary to expeditiously produce the technical guidelines for the use of hair testing as a Federally accepted drug testing method. The Committee requests an update on this effort in the fiscal year 2019 Congressional Justification.

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

Strategic Prevention Framework.—The Committee directs SAMHSA to provide continuation grants for Strategic Prevention Framework activities in fiscal year 2018.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

The Committee provides \$132,348,000 for Health Surveillance and Program Support, which is \$15,910,000 below the fiscal year 2017 enacted program level and the same as the fiscal year 2018 budget request program level.

The Committee provides the following amounts for Health Surveillance and Program Support:

Budget Activity	FY 2018 Committee
Health Surveillance	\$33,842,000
<i>PHS Evaluation Funds</i>	22,428,000
Program Support	73,043,000
Public Awareness and Support	11,572,000
Performance and Quality Information Systems	12,893,000
Agency-Wide Initiatives.	
<i>PHS Evaluation Funds</i>	998,000

National Survey on Drug Use and Health.—The Committee provides level funding for the National Survey on Drug Use and Health.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

HEALTHCARE RESEARCH AND QUALITY

The Committee recommends \$300,000,000 in discretionary funds for the Agency for Healthcare Research and Quality (AHRQ), which is \$24,000,000 below the fiscal year 2017 enacted level and \$300,000,000 above the fiscal year 2018 budget request. Within the total for AHRQ, the agreement includes the following amounts:

Budget Activity	FY 2018 Committee
Patient-Centered Health Research	\$0
Prevention/Care Management	11,649,000
Health Information Technology (IT)	16,500,000
<i>Health IT to Improve Quality</i>	14,500,000
Patient Safety Research	70,276,000

Budget Activity	FY 2018 Committee
Healthcare-Associated Infections (HAI) Prevention	36,000,000
Combating Antibiotic-Resistant Bacteria (non-add within HAI)	10,000,000
Section 933 Grants	10,000,000
Patient Safety and Medical Errors	19,000,000
Patient Safety Organizations	5,276,000
Crosscutting Activities Related to Quality, Effectiveness and Efficiency Research	68,731,000
Health Services Contract/IAA Research	12,000,000
Investigator-Initiated Research Grants	25,731,000
Medical Expenditure Panel Survey	66,000,000
Program Management	66,844,000

The Committee notes that the findings from research conducted and supported by AHRQ provide evidence to improve the quality, safety, accessibility, and affordability of health care. It is in the Nation's interest to ensure this work is being supported and managed effectively and efficiently, and in a way that avoids unnecessary duplication with other Federal agencies and/or the private sector. The Committee directs AHRQ to enter into an agreement with the National Academy of Public Administration to conduct a study and make recommendations for how the Federal government should best manage this important research, including the optimal organizational location and means of avoiding unnecessary overlap with other stakeholders.

Patient-Reported Outcomes in Children.—Patient-reported outcomes play a major role in assessing the type and quality of care being received by patients. While patient-reported outcome measures are being advanced as an important component of clinical decision-making, there is little evidence to guide pediatric providers with respect to implementation and application of these measures, particularly as children move from early childhood through adolescence and to adulthood. The Committee requests that AHRQ report back on the state of patient reported outcomes in children with kidney disease and how the agency intends to advance the scientific application of these measures toward improving health outcomes in kidney patients as they mature from newborns to young adults in the fiscal year 2019 Congressional Justification.

Bibliography of Peer-Reviewed Tick-Borne Diseases Literature.—The Committee encourages AHRQ to assemble a bibliography of peer-reviewed tick-borne diseases literature, appropriately organized for use by the scientific community, treating physicians, and the public. The bibliography should include literature relating to possible mechanisms of persistent infection with *Borrelia burgdorferi* or other types of *Borrelia*.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

The Committee recommends \$284,798,384,000 for the Federal share of Medicaid costs, which is \$22,794,417,000 above the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. This amount does not include \$125,219,452,000, which was provided as advance funding for the first quarter of fiscal year 2018. In addition, the Committee recommends an advance appropriation of \$134,847,759,000 for program costs in the first quarter of fiscal year 2019.

The Committee continues bill language providing indefinite budget authority for unanticipated costs in fiscal year 2018. Federal Medicaid grants reimburse States for a portion of their expenditures in providing health care for individuals whose income and resources fall below specified levels. Subject to certain minimum requirements, States are provided certain limited authority within the law to set eligibility, coverage, and payment levels.

PAYMENTS TO THE HEALTH CARE TRUST FUNDS

The Committee recommends \$323,497,300,000 for the Payments to the Health Care Trust Funds account. This amount is \$24,309,600,000 above the fiscal year 2017 enacted level and equal to the fiscal year 2018 budget request.

This account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare Part B benefits, and Medicare drug benefits and administration, as well as other reimbursements to the Federal Hospital Insurance Trust Fund for benefits and related to administrative costs, which have not been financed by payroll taxes or premium contributions. The Committee continues bill language providing indefinite authority to pay the general revenue portion of the Medicare Part B premium match and providing resources for the Medicare Part D drug benefit program in the event that the annual appropriation is insufficient.

PROGRAM MANAGEMENT

The Committee makes available \$3,451,141,000 in trust funds for Federal administration of the Medicare and Medicaid programs, which is \$218,603,000 below the fiscal year 2017 enacted level and \$136,855,000 below the fiscal year 2018 budget request.

Program Operations

The Committee recommends \$2,341,274,000 for Program Operations to support activities used to administer the Medicare program, fund beneficiary outreach and education, maintain information technology (IT) infrastructure needed to support various claims processing systems, and continue programmatic improvements.

Adult Immunization Quality Measures.—The Committee is aware that the Centers for Medicare & Medicaid Services (CMS) is working to close gaps in quality measures to improve care delivery and patient outcomes, including reducing racial and ethnic health disparities. Adult immunization quality measures are one area where more work is needed, as noted in a 2014 National Quality Forum (NQF) report entitled *Priority Setting for Healthcare Performance Measurement: Addressing Performance Measure Gaps for Adult Immunization*. The Committee recommends CMS work with relevant partners, such as NQF, to address the current gaps in adult immunization quality measures and ensure the quality measures reflect current immunization practice standards as well as the Advisory Committee on Immunization Practice recommendations for adult immunization. The Committee requests a report from CMS no later than 12 months following enactment of this Act on the steps the agency has taken to improve quality measures applicable to adult immunization under Medicare and Medicaid, including an

action plan to enable widespread adoption across healthcare settings.

Agents Used for Cosmetic Purposes or Hair Growth.—The Committee recognizes that recently passed legislation eliminated Federal Medicaid matching funds for prescription drugs used for cosmetic purposes or hair growth unless they are determined to be medically necessary. The Committee encourages CMS to include autoimmune conditions that cause hair loss, such as alopecia areata and thyroid disease, within these medically necessary coverage criteria.

Ambulatory Surgical Centers.—CMS is directed to submit a report to the Committees on Appropriations of the House of Representatives and Senate, and the authorizing committees of jurisdiction, on any increased cost to the Medicare program and its beneficiaries due to the migration of procedures from ambulatory surgical centers (ASCs) to higher cost settings. The report will evaluate volume changes over the past ten years to identify procedures that are migrating from ASCs to higher cost settings and make specific recommendations that CMS can implement to reverse this trend.

Chronic Obstructive Pulmonary Disease.—Chronic Obstructive Pulmonary Disease (COPD) is the third leading cause of death and fourth most costly condition with respect to hospital readmissions. Respiratory therapists are educated and trained in all aspects of pulmonary medicine and play a critical role in the treatment of COPD patients. The Committee encourages CMS to conduct an analysis of the most recent claims data of services provided to Medicare beneficiaries with COPD in the emergency department, inpatient and physician office settings, and long-term care facilities to determine the role of respiratory therapists in improved health outcomes, reduced readmissions, and potential cost savings. The Committee requests an update on this effort in the fiscal year 2019 Congressional Justification.

Colorectal Cancer Screening.—The Committee recognizes the inequity in beneficiary cost sharing for screening colonoscopies. The Committee urges CMS to align its interpretation of the colorectal cancer screening cost-sharing requirements for Medicare beneficiaries with the policy of colorectal cancer cost-sharing requirements for other Federally funded health programs. The Committee encourages CMS to conduct an analysis of recent scientific literature on the efficacy of colorectal cancer screening. The Committee requests an update on this topic in the fiscal year 2019 Congressional Justification.

Critical Access Hospitals.—The Committee continues to note concerns about the proposal to eliminate Critical Access Hospitals (CAH) status from facilities located less than 10 miles from another hospital and reducing the reimbursement rate from 101 to 100 percent. Changes to the reimbursement for CAH can affect their ability to provide proper care to local residents. The Committee supports efforts by CMS to address concerns from CAH.

Diabetic Retinal Exams.—According to the CDC, diabetes-related blindness costs the nation about \$500 million annually. The Committee recognizes that as more Medicare beneficiaries are diagnosed with diabetes, diabetic retinopathy remains a concern. Experts recommend that all individuals diagnosed with diabetes

should be examined for eye health yet failure to receive annual diabetic retinal exams (DREs) is prevalent due to a variety of reasons. The Committee urges CMS to update its policy to make DREs more accessible to diabetic patients in primary care settings.

Electrodiagnostic (EDX) Patient Care.—The Committee thanks CMS for providing additional guidance on actions taken in response to the recommendations in the 2014 OIG Report: Questionable Billing for Medicare Electrodiagnostic Tests. The Committee notes that utilization of the codes for EDX testing continue to increase and that identified efforts to curb rampant fraud and abuse are exclusively focused on physicians with high utilization rates, and do not capture the full scope of the problem. The Committee remains interested in comprehensive solutions from CMS that advance quality care and cost savings by ensuring patients do not receive inadequate or unnecessary EDX tests.

Evaluation and Management Codes.—Over 90 percent of the care provided by infectious disease (ID) physicians is considered evaluation and management (E&M). These face-to-face encounters continue to be undervalued by current payment systems that much more generously reward procedures. This has created a significant compensation disparity between ID physicians and specialists who provide more procedure-based care, as well as primary care physicians who provide similar or identical E&M services but who have received payment increases simply because their specialty enrollment designations as “primary care physicians.” The Committee requests CMS, as part of its ongoing effort to improve valuation and payment accuracy, research the necessary documentation that would more precisely describe the cognitive work in the office visits of ID physicians. The Committee requests an update on this topic in the fiscal year 2019 Congressional Justification.

Home Health Care.—The Committee is aware that the current requirement that home health plans be certified solely by a physician has resulted in problems with access to home health care. The Committee acknowledges CMS’ efforts to limit the requirements placed on the certifying physician. The Committee requests an update in the fiscal year 2019 Congressional Justification on the face-to-face encounter performed by an allowed non-physician practitioner (working in collaboration with/under the supervision of the certifying physician or the acute/post-acute-care physician).

Hospital Rating System.—The Committee is concerned with the implementation of CMS’s Hospital Star Rating System. While the Committee supports the goals of transparency for patients, it is concerned with how CMS measures factors in determining these ratings. The Committee requests CMS provide details on the methodology used to determine the ratings in the fiscal year 2019 budget request. The Committee encourages CMS to solicit feedback from the stakeholder community regarding the methodology and factors used to determine ratings.

Long Term Care Hospitals.—The Committee recognizes the challenges faced by Long Term Care Hospitals (LTCHs). The Committee encourages continued discussion and analysis on payment methodologies that permit flexibility for LTCHs to meet the needs of their patients and community.

Medication Diversion.—The Committee understands the important role of medication-assisted treatment for beneficiaries with

opioid use disorder. At the same time, there are reports from several authorities of rising rates of diversion of these Food and Drug Administration-approved medications. The Committee directs CMS to evaluate diversion data from the Drug Enforcement Administration and State sources to determine the scope of this problem and to include in the fiscal year 2019 Congressional Justification options to reduce diversion.

National Health Expenditures.—The Committee requests CMS include information in its fiscal year 2019 Congressional Justification explaining the methodology for including data in the National Health Expenditure (NHE) database. In addition, the Committee requests an analysis of how CMS-published data compares to other comparable information on health expenditures, such as industry surveys.

Out of Network Emergency Care.—The Committee is concerned the Center for Consumer Information and Insurance Oversight (CCIIO) has not provided sufficient clarity on how to determine the “Usual, Customary & Reasonable” (UCR) amount in its final rule for patient protections (80 Fed. Reg. 72191). Therefore, the Committee requests CCIIO publish guidance, which may come in the form of Frequently Asked Questions, clarifying what constitutes the UCR amount using a transparent and fair standard, such as an independent unbiased charge database.

Patient Matching.—The Committee recognizes that a lack of a patient matching system for Medicare beneficiaries results in duplicate procedures and poses a significant patient safety risk. The Committee is aware that a number of patient matching systems are currently being used in the commercial sector, but one has yet to be adopted in Medicare. The Committee requests a report not less than 12 months after the date of enactment of this Act on the impact on care improvement, reduction in costs, estimated saved lives or reduction in errors, and improvements in patient safety if hospitals were required to use a patient matching system as a requirement for participation in the Medicare program.

Readmission Rates.—The Committee continues to support CMS efforts to reduce readmission rates among high-risk seniors living in communities challenged by poverty, poor health literacy, health disparities or non-compliance with treatment regimens. In particular, flexible, community-based multi-payer arrangements have encouraged health and social service providers to combine efforts in tailoring services to these at-risk populations. The Committee continues to encourage CMS to work with community-based organizations to help identify best practices and transition them to Medicare’s value-based purchasing initiatives.

Recovery Audit Contractors.—The Committee values the role played by Recovery Audit Contractors (RACs) in the identification and prevention of improper Medicare payments. However, some audit processes have resulted in prolonged delays in payment to providers. The Committee encourages efforts by CMS to provide oversight to ensure RACs are operating consistent with CMS issued guidance.

Risk Corridors.—The Committee continues bill language prohibiting use of the Program Management appropriation from being available for risk corridor payments.

Rural Health Clinics.—The Committee encourages CMS to engage States and other stakeholders on outstanding issues of payment recoupment, as it relates to CMS-designated Rural Health Clinics. The Committee also requests an update in the fiscal year 2019 Congressional Justification on the study requested in House Report 114–699 under this heading.

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

Federal Administration

The Committee recommends \$712,533,000 for Federal Administration activities related to the Medicare and Medicaid programs, which is \$20,000,000 below the fiscal year 2017 enacted level and \$10,000,000 below the fiscal year 2018 budget request. The Federal Administration funding supports CMS staff, along with operating and administrative expenses for planning, developing, managing, and evaluating healthcare financing programs and policies.

Health Insurance Exchange Transparency.—The Committee continues to include bill language requiring 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 Bid Review, Management and 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 Marketplace Activities. Cost information should be provided for each fiscal year since the enactment of the Patient Protection and Affordable Care Act (Public Law 111–148). CMS is also required to include the estimated costs for fiscal year 2019.

HEALTH CARE FRAUD AND ABUSE CONTROL ACCOUNT

The Committee provides \$745,000,000 to the Health Care Fraud and Abuse Control Account (HCFAC). This includes a base amount of \$311,000,000 and an additional \$434,000,000 through a discretionary budget cap adjustment authorized under section 251(b) of the Balanced Budget and Emergency Deficit Control Act of 1985. The HCFAC funds support activities conducted by CMS, the HHS Office of Inspector General, and the Department of Justice. This level is \$20,000,000 above the fiscal year 2017 enacted level and \$6,000,000 below the fiscal year 2018 budget request.

This funding is in addition to other mandatory funding provided through authorizing legislation. The funding will provide resources to continue efforts for Medicaid program integrity activities, for safeguarding the Medicare prescription drug benefit and the Medicare Advantage program, and for program integrity efforts carried out by the Department of Justice.

The Committee continues to include bill language to ensure the Secretary funds the Senior Medicare Patrol Program administered

by the Administration for Community Living from funds provided to this account.

The Committee expects all recipients of funds from the Health Care Fraud and Abuse Control Account, the Centers for Medicare & Medicaid Services, the Department of Health and Human Services Office of Inspector General, and the Department of Justice, to use funds for efforts to address fraud and abuse as described in section 1128C of the Social Security Act.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

The Committee recommends \$2,995,400,000 for the Child Support Enforcement and Family Support programs, which is \$15,231,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. The Committee also recommends \$1,400,000,000 in advance funding, as requested, for the first quarter of fiscal year 2019 to ensure timely payments for Child Support Enforcement programs. These programs support State-administered programs of financial assistance and services for low-income families to promote their economic security and self-sufficiency.

LOW INCOME HOME ENERGY ASSISTANCE

The Committee recommends \$3,390,304,000 for the Low Income Home Energy Assistance Program, which is the same as the fiscal year 2017 enacted level and \$3,390,304,000 above the fiscal year 2018 budget request. Within the amount available for formula grants, the Committee recommends up to \$2,988,000 for technical assistance, training, and monitoring of program activities.

REFUGEE AND ENTRANT ASSISTANCE

The Committee recommends \$1,022,811,000 for Refugee and Entrant Assistance programs, which is \$651,880,000 below the fiscal year 2017 enacted level and \$433,944,000 below the fiscal year 2018 budget request.

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

The Committee recognizes the responsibilities of the Federal government for the care of unaccompanied children while in Federal custody. The Committee supports policies that are in the best interest of the child while in the custody of the U.S. Department of Homeland Security and when subsequently transferred to the Department of Health and Human Services Office of Refugee Resettlement (ORR). The Committee expects ORR to coordinate closely with U.S. Immigration and Customs Enforcement (ICE) on the transfer to ICE of unaccompanied children who turn 18 while in ORR custody.

Within the total, the Committee recommends the following:

Budget Activity	FY 2018 Committee
Transitional and Medical Services	\$320,000,000
Victims of Trafficking	18,755,000
Refugee Support Services	175,321,000
Unaccompanied Children	498,000,000
Victims of Torture	10,735,000

Healthcare Costs Related to Illegal Immigration.—The Committee requests an update to the report submitted to Congress by the Department of Health and Human Services pursuant to this heading as it appeared in the explanatory statement accompanying division H of the Consolidated Appropriations Act, 2016 (P.L. 114–113).

National Human Trafficking Training and Assistance Center.—The Committee directs the Administration for Children and Families to increase funding for the National Human Trafficking Hotline.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT
BLOCK GRANT

The Committee recommends \$2,860,000,000 for the discretionary portion of the Child Care and Development Fund, the Child Care and Development Block Grant, which is \$4,000,000 above the fiscal year 2017 enacted level and \$99,000,000 above the fiscal year 2018 budget request. The Child Care and Development Block Grant provides funds according to a formula to States, territories, and Tribes to provide financial assistance to help low-income working families and families engaged in training or education activities access child care and to improve the quality of child care for all children.

SOCIAL SERVICES BLOCK GRANT

The Committee recommends \$1,700,000,000 for the Social Services Block Grant, which is the same as the fiscal year 2017 enacted level and \$1,700,000,000 above the fiscal year 2018 budget request. States receive grants by formula. States have the flexibility to determine what services and activities are supported, provided they are targeted at a broad set of goals, including reducing or eliminating poverty, achieving or maintaining self-sufficiency, and preventing neglect, abuse, or exploitation of children and adults.

CHILDREN AND FAMILIES SERVICES PROGRAMS

The Committee recommends \$11,181,500,000 for Children and Families Services programs, which is \$112,868,000 below the fiscal year 2017 enacted level and \$977,207,000 above the fiscal year 2018 budget request. The Children and Families Services programs fund activities serving children, youth, families, the developmentally disabled, Native Americans, victims of child abuse and neglect and domestic violence, and other vulnerable populations.

The Committee recommends the following amounts:

Budget Activity	FY 2018 Committee
Programs for Children, Youth, and Families:	
Head Start	\$9,275,000,000
Preschool Development Grants	250,000,000

Budget Activity	FY 2018 Committee
Runaway/Homeless Youth	101,980,000
Abuse of Runaway Youth Prevention	17,141,000
State Child Abuse Prevention	25,310,000
Discretionary Child Abuse Prevention	33,000,000
Community-based Child Abuse Prevention	39,764,000
Child Welfare Services	268,735,000
Child Welfare Training	17,984,000
Adoption Opportunities	39,100,000
Adoption Incentives	37,943,000
Social Services/Income Maintenance Research	6,512,000
Native American Programs	52,050,000
Community Services:	
Community Services Block Grant	600,000,000
Rural Community Facilities	7,500,000
Domestic Violence Hotline	8,750,000
Family Violence/Battered Women's Shelters	151,000,000
Independent Living Training Vouchers	43,257,000
Disaster Human Services Case Management	1,864,000
Program Direction	204,610,000

Head Start

The Committee recommends \$9,275,000,000 for the Head Start program, which is \$21,905,000 above the fiscal year 2017 enacted level and \$106,905,000 above the fiscal year 2018 budget request. Within the total for Head Start, the Committee recommends a cost-of-living adjustment and includes \$25,000,000 for the Designation Renewal System. Within the total for Head Start, the Committee recommends \$640,000,000 for Early Head Start-Child Care Partnership grants, which is the same as the fiscal year 2017 enacted level and \$5,000,000 above the fiscal year 2018 budget request.

The Committee is concerned about closures and consolidations of Head Start centers that have resulted from a number of re-competitions across the country in recent years. The Committee strongly encourages HHS to consider the consequences of Head Start program closures, reductions, and consolidations have on the ability of children and families to access Head Start services, particularly in rural areas. Transportation barriers can lead to increased absenteeism and missed work for families. In the event of a Head Start center closure, reduction, or consolidation, the Committee encourages the Office of Head Start to work with the local grantees to consider the impact on children, and encourage grantees to provide transportation for children who are displaced to a new Head Start center that is more than 15 miles from the center in which they were enrolled during the previous school year.

Preschool Development Grants

The Committee recommends \$250,000,000 for Preschool Development Grants, which is the same as the fiscal year 2017 enacted level and \$250,000,000 above the fiscal year 2018 budget request. This program provides grants to States to build State and local capacity to provide preschool for 4-year-olds from low-and moderate-income families. Research confirms that high-quality preschool improves school readiness and long-term academic success of children by supporting their academic and social-emotional skills. Support for this grant is an important step to building a globally competitive 21st century workforce.

Child Abuse Discretionary Activities

Infant-Toddler Court Teams.—The Committee continues funding to for a National resource center to preserve, disseminate, and amplify the work of the Quality Improvement Center (QIC) for Research-based Infant-Toddler Court Teams by providing training and technical assistance in support of such court teams' efforts across the country. This funding should help to build upon and continue the work of sites established through the QIC initiative, which have brought together the court system, child welfare agencies, health professionals, and community leaders to improve current practices in the child welfare system and make better-informed decisions on behalf of the child.

Native American Programs

The Committee recommends \$52,050,000 for Native American Programs, which is the same as the fiscal year 2017 enacted level and \$2,145,000 above the fiscal year 2018 budget request.

Within the total, the Committee recommendation includes \$12,000,000 for Native American language preservation activities, including the requested \$3,000,000 for Generation Indigenious, which focuses on improving Native American language instruction across the educational continuum. The Committee provides not less than \$4,000,000 for language immersion programs as authorized by section 803C(b)(7)(A)–(C) of the Native American Programs Act, as amended by the Esther Martinez Native American Language Preservation Act of 2006. The Committee strongly encourages the Administration for Children and Families (ACF) to give priority to grantees with rigorous immersion programs.

Community Services Programs

Community Services Block Grant.—The Committee recommends \$600,000,000 for the Community Services Block Grant, which is \$115,000,000 below the fiscal year 2017 enacted level and \$600,000,000 more than the fiscal year 2018 budget request.

Community Economic Development Grants.—Due to funding constraints, the Committee does not recommend funding for Community Economic Development (CED) grants.

Rural Community Facilities.—The Committee recommends \$7,500,000 for the Rural Community Facilities program, which is the same as the fiscal year 2017 enacted level, and \$7,500,000 more than the fiscal year 2017 budget request. Grantees work with small communities on drinking water and wastewater issues.

Family Violence Prevention and Battered Women's Shelters

The Committee recommends \$151,000,000 for the Family Violence Prevention and Battered Women's Shelters programs, which is the same as the fiscal year 2017 enacted level and the fiscal year 2018 budget request. The Family Violence Prevention and Services Act programs provide funding to support the prevention of incidents of family violence, domestic violence, and dating violence, and provide the immediate shelter and supportive services for adult and youth victims (and their dependents).

PROMOTING SAFE AND STABLE FAMILIES

The Committee recommends \$325,000,000 in mandatory funds for the Promoting Safe and Stable Families program, which is the same as the fiscal year 2017 enacted level and \$20,000,000 below the fiscal year 2018 budget request. The Committee also recommends \$59,765,000 in discretionary funds for this program, which is the same as the fiscal year 2017 enacted level and the fiscal year 2018 budget request. This program enables each State to operate a coordinated program of family preservation services, community-based family support services, time-limited reunification services, and adoption promotion and support services. States receive funds based on their share of children in all States receiving food stamp benefits.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

The Committee recommends \$6,225,000,000 for payments to States for foster care and adoption assistance, which is \$461,000,000 more than the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. The Committee also recommends an advance appropriation of \$2,700,000,000 for the first quarter of fiscal year 2018 to ensure timely completion of first quarter grant awards.

Within the total, the Committee recommends \$5,537,000,000 for the Foster Care program, which is \$545,000,000 above the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. This program provides funds to States for foster care maintenance payments for children living in foster care. These funds also reimburse States for administrative costs to manage the program and training for staff and parents.

Within the total, the Committee recommends \$2,867,000,000 for Adoption Assistance, which is \$87,000,000 more than the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. This program provides funds to States to subsidize families who adopt children with special needs, such as older children, a member of a minority or sibling group, or children with physical, mental, and emotional disabilities. In addition, the program provides training for adoptive parents and State administrative staff. This annually appropriated entitlement provides alternatives to long, inappropriate stays in foster care by developing permanent placements with families.

Within the total, the Committee recommends \$181,000,000 for the Kinship Guardianship Assistance program, which is \$29,000,000 more than the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. This program provides subsidies to a relative taking legal guardianship of a child for whom being returned home or adoption are not appropriate permanency options.

Finally, within the total, the Committee recommends \$140,000,000 for the Independent Living program, which is the same as the fiscal year 2017 enacted level and the fiscal year 2018 budget request. This program assists foster children age 16 or older make successful transitions to independence. Funds support a variety of services, including educational assistance, career exploration, vocational training, job placement, life skills training, home man-

agement, health services, substance abuse prevention, preventive health activities, and room and board. Each State receives funds based on the number of children on whose behalf the State receives Federal Foster Care Payments.

ADMINISTRATION FOR COMMUNITY LIVING

AGING AND DISABILITY SERVICES PROGRAMS

The Committee recommends a total program level of \$2,237,224,000 for the Administration for Community Living (ACL), which is \$243,409,000 above the fiscal year 2017 enacted program level and \$385,774,000 above the fiscal year 2018 budget request. The Committee recommends funding for the Senior Medicare Patrol Program, and provides this funding under the Health Care Fraud and Control Abuse Account.

Home and Community-Based Supportive Services

The Committee recommends \$350,224,000 for Home and Community-Based Supportive Services, which is the same as the fiscal year 2017 enacted level and \$3,161,000 above the fiscal year 2018 budget request. This program provides formula grants to States and territories to fund a wide range of social services that enable seniors to remain independent in their homes for as long as possible.

Preventive Health Services

The Committee recommends \$19,848,000 for Preventive Health Services, which is the same as the fiscal year 2017 enacted level and \$38,000 above the fiscal year 2018 budget request. This program funds activities that help seniors remain healthy and avoid chronic diseases.

Protection of Vulnerable Older Americans

The Committee recommends \$20,658,000 for activities to protect vulnerable older Americans, which is the same as the fiscal year 2017 enacted level and \$39,000 above the fiscal year 2018 budget request. These programs provide grants to States for protection of vulnerable older Americans through the Long-Term Care Ombudsman and Prevention of Elder Abuse and Neglect programs.

Family Caregiver Support Services

The Committee recommends \$150,586,000 for the National Caregiver Support program, which is the same as the fiscal year 2017 enacted level and \$286,000 above the fiscal year 2018 budget request. This program supports a multifaceted support system in each State for family caregivers.

Native American Caregiver Support Services

The Committee recommends \$7,556,000 for the Native American Caregiver Support program, which is the same as the fiscal year 2017 enacted level and \$39,000 above the fiscal year 2018 budget request. This program provides grants to tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disabilities.

Congregate and Home-Delivered Nutrition Services

The Committee recommends a total of \$837,753,000 for senior nutrition. The Committee recommends \$450,342,000 for Congregate Nutrition Services, which is the same as the fiscal year 2017 enacted level and \$2,852,000 above the fiscal year 2018 budget request. The Committee recommends \$227,342,000 for Home-Delivered Meal Services, which is the same as the fiscal year 2017 enacted level and \$1,430,000 above the fiscal year 2018 budget request. The Committee recommends \$160,069,000 for the Nutrition Services Incentives program, which is the same as the fiscal year 2017 enacted level and \$304,000 above the fiscal year 2018 budget request. These programs help older Americans remain healthy and independent in their communities by providing meals and related services in a variety of settings (including congregate facilities such as senior centers) and via home-delivery to older adults who are homebound due to illness, disability, or geographic isolation.

Native American Nutrition and Supportive Services

The Committee recommends \$31,208,000 for Native American Nutrition and Supportive Services, which is the same as the fiscal year 2017 enacted level and \$109,000 above the fiscal year 2018 budget request. This program provides grants to Tribes to promote the delivery of nutrition and home and community-based supportive services to Native American, Alaskan Native, and Native Hawaiian elders.

Aging Network Support Activities

The Committee recommends \$9,961,000 for the Aging Network Support Activities, which is the same as the fiscal year 2017 enacted level and \$19,000 above the fiscal year 2018 budget request. This program supports activities that expand public understanding of aging and the aging process.

Holocaust Survivor's Assistance.—Within funding for the Aging Network Support Activities, the Committee provides not less than \$3,000,000 for Holocaust Survivor's Assistance. This program provides supportive services for aging Holocaust survivors living in the United States.

Alzheimer's Disease Services

The Committee recommends \$19,500,000 for the Alzheimer's Disease Services programs, which is the same as the 2016 enacted program level and \$10,000 above the fiscal year 2018 budget request. These programs provide competitive matching grants to a limited number of States to encourage program innovation and coordination of public and private services for people with Alzheimer's disease and their families.

Lifespan Respite Care

The Committee recommends \$3,360,000 for Lifespan Respite Care, which is the same as the fiscal year 2017 enacted level and \$6,000 above the fiscal year 2018 budget request. The program focuses on easing the burdens of caregiving by providing grants to eligible State organizations to improve the quality of, and access to, respite care for family caregivers.

Elder Falls

The Committee recommends \$5,000,000 for the Elder Falls program, which is the same as the fiscal year 2017 enacted level and the fiscal year 2018 budget request. Fall prevention grants support the promotion and dissemination of prevention tools delivered in community settings.

Chronic Disease Self-Management Program

The Committee recommends \$5,000,000 for Chronic Disease Self-Management program, which is \$3,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. This program supports grants to States for low-cost, evidence-based prevention models that use state-of-the-art techniques to help those with chronic conditions address issues related to the management of their disease.

Elder Rights Support Activities

The Committee recommends \$11,874,000 for Elder Rights Support Activities, which is \$2,000,000 below the fiscal year 2017 enacted level and \$23,000 above the fiscal year 2018 budget request. This program supports efforts that provide information, training, and technical assistance to legal and aging services organizations towards the end of preventing and detecting elder abuse and neglect.

Aging and Disability Resource Centers

The Committee recommends \$6,119,000 for Aging and Disability Resource Centers, which is the same as the fiscal year 2017 enacted level and \$12,000 above the fiscal year 2018 budget request. These centers provide information, counseling and access for individuals to learn about the services and support options available to seniors and the disabled so they may retain their independence.

Senior Community Service Employment Program

The Committee transfers the Senior Community Service Employment Program (SCSEP) from the Department of Labor to the Administration for Community Living. The Committee recommends \$300,000,000 for the administrative and operational costs of SCSEP, which is \$100,000,000 below the fiscal year 2017 enacted level and \$300,000,000 above the fiscal year 2018 budget request. This program supports low-income seniors in community service positions.

State Health Insurance Program

Due to funding constraints, the Committee recommends no funding for the State Health Insurance program, which is \$47,115,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. Other Federal programs provide similar services.

Paralysis Resource Center

The Committee recommends \$6,700,000 for the Paralysis Resource Center, which is the same as the fiscal year 2017 enacted level and \$6,700,000 above the fiscal year 2018 budget request. The Paralysis Resource Center offers activities and services aimed at

increasing independent living for people with paralysis and related mobility impairments, and supporting integration into the physical and cultural communities in which they live.

Limb Loss Resource Center

The Committee recommends \$2,500,000 for the Limb Loss Resource Center, which is the same as the fiscal year 2017 enacted level and \$2,500,000 above the fiscal year 2018 budget request. The Limb Loss Resource Center supports a variety of programs and services for those living with limb loss, including a national peer support program, educational events, training for consumers and healthcare professionals, and information and referral services.

Traumatic Brain Injury

The Committee recommends \$9,321,000 for the Traumatic Brain Injury program, which is the same as the fiscal year 2017 enacted level and \$6,159,000 above the fiscal year 2017 budget request. The program provides grants to States for the development of a comprehensive, coordinated family and person-centered service system at the state and community level for individuals who sustain a traumatic brain injury.

Developmental Disabilities State Councils

The Committee recommends \$73,000,000 for State Councils on Developmental Disabilities, which is the same as the fiscal year 2017 enacted level and \$73,000,000 above the fiscal year 2018 budget request. The State Councils work to develop, improve and expand the system of services and supports for people with developmental disabilities.

Partnerships for Innovation, Inclusion, and Independence

The Committee does not consolidate the State Councils on Developmental Disabilities, State Independent Living Councils, and State Advisory Boards on Traumatic Brain Injury. The Committee recognizes the unique role played by each program and believes consolidation into one program will not serve the needs of people living with a disability.

Developmental Disabilities Protection and Advocacy

The Committee recommends \$38,734,000 for Developmental Disabilities Protection and Advocacy, which is the same as the 2017 enacted level and \$74,000 above the fiscal year 2018 budget request. This formula grant program provides funding to States to establish and maintain protection and advocacy systems to protect the legal rights of persons with developmental disabilities.

The Committee recognizes that the Americans with Disabilities Act (ADA) encourages states to administer services for people with intellectual/developmental disabilities (I/DD) “in the most integrated setting appropriate to the needs of qualified individuals with disabilities.” As a result of enactment of the ADA and the Supreme Court decision in *Olmstead v. L.C.* (1999), there has been a National trend towards deinstitutionalization, whereby individuals have been encouraged to move out of State-run and other Federally-funded, certified facilities and into residential settings in their respective communities. However, the Committee is aware that

many family members and legal guardians of individuals residing in these facilities have been pressured to move their loved ones into the community against their wishes. The Committee is concerned about the adequacy of community-based housing and the lack of specialized care and support services available in them, the pace of transfer, higher rates of abuse and mortality in community settings, and the adequacy of opportunities for residents to express views and preferences throughout the process.

The Committee fully supports the ADA's goal of enabling people with I/DD to receive services "in the most integrated setting appropriate to the[ir] needs." However, the Committee also notes that Olmstead held that the ADA does not condone or require removing individuals from institutional settings when they are unable to handle or benefit from a community-based setting and that the ADA does not require the imposition of community-based treatment on patients who do not desire it. Congress endorsed the same principle in the Developmental Disabilities (DD) Act of 2000. The Committee strongly urges the DD Act programs (state developmental disabilities councils, protection and advocacy systems and university centers for excellence in developmental disabilities) to continually consult with parents and guardians of those individuals within these facilities. The Committee urges the Administration on Community Living to monitor this matter and to include an update on the efforts to ensure compliance with bill language requiring notification in the fiscal year 2019 Congressional Justification.

The Committee strongly urges the Department to ensure that DD Act programs properly account for the needs and desires of patients, their families, and caregivers, and the importance of affording patients the proper setting for their care, into their enforcement of the ADA.

Voting Access for Individuals with Disabilities

The Committee recommends \$4,963,000 for Voting Access for Individuals with Disabilities program, which is the same as the fiscal year 2017 enacted level and \$9,000 above the fiscal year 2018 budget request.

The Voting Access for Individuals with Disabilities program authorized by the Help America Vote Act provides formula grants to ensure full participation in the electoral process for individuals with disabilities, including registering to vote, casting a vote, and accessing polling places.

Developmental Disabilities Projects of National Significance

The Committee recommends \$7,600,000 for Developmental Disabilities Projects of National Significance, which is \$2,400,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. This program funds grants and contracts that develop new technologies and demonstrate innovative methods to support the independence, productivity, and integration of the disabled into the community.

University Centers for Excellence in Developmental Disabilities

The Committee recommends \$38,619,000 for University Centers for Excellence in Developmental Disabilities, which is the same as

the fiscal year 2017 enacted level and \$73,000 above the fiscal year 2018 budget request.

Independent Living

The Committee recommends \$101,183,000 for the Independent Living program, of which \$22,878,000 is for the Independent Living State Grants program and \$78,305,000 is for the Centers for Independent Living program. This funding level is the same as the fiscal year 2017 enacted level and \$23,027,000 above the fiscal year 2018 budget request. Independent Living programs maximize the leadership, empowerment, independence and productivity of individuals with disabilities.

National Institute on Disability, Independent Living, and Rehabilitation Research

The Committee recommends \$103,970,000 for the National Institute on Disability, Independent Living, and Rehabilitation Research, which is the same as the fiscal year 2017 enacted level and \$8,843,000 above the fiscal year 2018 budget request. The National Institute on Disability, Independent Living, and Rehabilitation Research serves to generate knowledge and promote its effective use to enhance the abilities of people with disabilities to perform activities of their choice in the community and to expand society's capacity to provide full opportunities for its citizens with disabilities.

Assistive Technology

The Committee recommends \$34,000,000 for Assistive Technology, which is the same as the fiscal year 2017 enacted level and \$2,061,000 above the fiscal year 2018 budget request. Of this amount, the Committee provides \$2,000,000 for competitive grants to support existing and new alternative financing programs that provide for the purchase of assistive technology (AT) devices. The Committee intends for this funding to support the expansion of existing programs and the creation of new programs that allow greater access to affordable financing to help people with disabilities purchase the specialized technologies required to live independently, to succeed at school and work and to live active and productive lives. Programs that have previously received funding are eligible to compete but must report on how the prior funding has been used, including the number of loans extended and individuals served, funding leveraged, and asset development programs created. The Committee intends for applicants to incorporate credit-building activities into their programs, including financial education and information about other possible funding sources. Successful applicants must emphasize consumer choice and control and build programs that will provide financing for the full array of AT devices and services and ensure that all people, regardless of type of disability or health condition, age, level of income, and residence have access to the program. Assistive Technology programs maximize the ability of individuals with disabilities of all ages and their family members, guardians, advocates, and authorized representatives to obtain AT devices and AT services.

Program Administration

The Committee recommends \$37,987,000 for Program Administration, which is \$2,076,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. This funding supports Federal administrative costs associated with administering ACL programs.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

The Committee recommends a program level total of \$350,346,000 for General Departmental Management, which is \$175,111,000 below the fiscal year 2017 enacted level and \$11,620,000 below the fiscal year 2018 budget request. Of the funds provided, \$57,465,000 shall be derived from evaluation set-aside funds available under section 241 of the Public Health Service Act, which is \$7,363,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request.

This appropriation supports activities that are associated with the Secretary's roles as policy officer and general manager of the Department of Health and Human Services. The Office of the Secretary also implements administration and Congressional directives, and provides assistance, direction and coordination to the headquarters, regions, and field organizations of the department. In addition, this funding supports the Office of the Surgeon General and several other health promotion and disease prevention activities that are centrally administered.

Office of the Assistant Secretary for Health

Breastfeeding.—The Committee recognizes the importance of breast milk in improving health outcomes for babies and mothers and requests HHS to report to the Committee on the impact of recommended breastfeeding rates on health outcomes and healthcare costs. The report should examine the impact of clinically recommended breastfeeding rates on associated Medicaid expenditures, urgent care costs, and direct and indirect medical costs, including workplace productivity and employee retention. The Committee also directs the Secretary to ensure that pregnant women have access to guidance on nutritional advice based on the latest scientific research on the health and cost benefits of human milk.

Chronic Fatigue Syndrome (CFS).—The Committee supports the CFS Advisory Committee and encourages HHS agencies to partner with the medical community and other stakeholders to ensure access to clinical care and expert medical providers and Food and Drug Administration approved treatments to better address the needs of over one million Americans suffering from CFS.

Embryo Adoption Awareness Campaign.—The Committee recommends \$1,000,000 for the Embryo Adoption Awareness Campaign, the same as the fiscal year 2017 enacted level and the budget request. These funds will be used to educate Americans about the existence of frozen human embryos (resulting from in-vitro fertilization), which may be available for donation/adoption to help other couples build their families. The Committee includes bill language permitting these funds also to be used to provide medical and administrative services to individuals adopting embryos,

deemed necessary for such adoptions, consistent with the Code of Federal Regulations.

Evidence-Based Programming.—The Committee is concerned about the uneven capacity of HHS operating divisions to apply and to build evidence that will improve program effectiveness. The Committee believes that ASPE can play a central role in improving evaluation and evidence-based policymaking across the Department by helping all HHS components develop capacity to meet the standards set forth in the Administration on Children and Families' Evaluation Policy. The Committee encourages ASPE to help operating divisions adopt cost-effective approaches to building evidence through use of innovative grant designs that support partnerships between service delivery projects and researchers; by leveraging emerging opportunities to use linked data to measure performance and conduct comprehensive, rigorous evaluations at a reasonable cost; and by partnering with philanthropic organizations that focus on improving the use of rigorous research to inform policy.

Global Health.—The Committee requests an update on how the CDC, Food and Drug Administration (FDA), Biomedical Advanced Research and Development Authority (BARDA), and NIH—including the National Center for Advancing Translational Science—jointly coordinate global health research activities with specific measurable metrics used to track progress and collaboration toward shared health goals.

Indian Hospital Facilities.—The Committee continues to be concerned by the poor quality of facilities operated by HHS in Indian country. The Committee is aware that funding from the Non-recurring Expenses Fund has been planned for facility upgrades in these hospitals, and strongly supports this effort. The Committee directs the Secretary to prioritize obligations for these facilities and expects obligation of such funds as quickly as possible in order to continue progress on improving these structures. The Committee requests an update within 45 days of enactment of this Act on all obligations from the Nonrecurring Expenses Fund.

Opioid Response.—The Committee believes that the Federal response to the opioid epidemic will be most effective if resources made available through the Comprehensive Addiction and Recovery Act and related programs are directed to strategies that are backed by strong evidence or to innovative and promising approaches that will be rigorously evaluated to learn their impact. In implementing new and existing programs that address the opioid epidemic, HHS is urged to utilize evidence-based policymaking principles, tools, and program designs such as those disseminated by the Evidence-Based Policymaking Collaborative. The Committee encourages HHS to collaborate with outside researchers and philanthropic organizations that focus on improving the use of rigorous research to inform policy.

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

Sexual Risk Avoidance.—The Committee provides \$20,000,000 in budget authority for sexual risk avoidance programs, which is \$5,000,00 above the fiscal year 2017 level and the fiscal year 2018 budget request.

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

Vector-Borne Disease Research.—A number of agencies across the Federal government are engaged in various facets of vector-borne disease research and control. In an effort to foster greater coordination, collaboration and transparency across agency lines, the Committee encourages the Secretary to establish a coordinating office to facilitate and expedite the government's response to vector-borne disease threats, including combating the spread of disease through innovative vector control technologies.

Office of Minority Health

The Committee provides \$45,250,000 for the Office of Minority Health (OMH), which is \$11,420,000 below the fiscal year 2017 enacted level and \$11,312,000 below the budget request. The OMH works with U.S. Public Health Service agencies and other agencies of the Department to address the health status and quality of life for racial and ethnic minority populations in the United States. OMH develops and implements new policies; partners with States, Tribes, and communities through cooperative agreements; supports research, demonstration, and evaluation projects; and disseminates information.

Hepatitis.—The Committee continues to be concerned about the HIV/AIDS epidemic in the African American and Hispanic communities, and is aware of the concurrent high co-infection rate for hepatitis C. The Committee commends OMH for their advancements in the treatment and management of hepatitis. The Committee asks that the agency provide the Committee with a report that outlines the progress in continuing encouragement of community partnerships that promote awareness and outreach to improve testing, diagnosis, and treatment no later than 60 days after enactment of this Act.

Lupus.—The agreement continues to provide \$2,000,000 for Lupus activities at OMH. The Committee continues to support the OMH National Health Education Lupus Program. The action plan will focus on fostering public-private and community partnerships, evaluating current minority clinical trial education and participation programs, and creating a research plan for new clinical trial education models in lupus. The Committee is encouraged by the re-

search conducted by the OMH National Health Education Lupus Program and encourages OMH to optimize that research and utilize other resources in development to further support populations at highest risk; more specifically Hispanics, Native Americans, Asians and African Americans. The Committee recommends collaborating with the lupus community to expand the development of linguistically and culturally appropriate tools, resources and materials for these adults and children with lupus, their caregivers and health care providers.

Office of Women's Health

The Committee includes \$25,712,000 for the Office of Women's Health, which is \$6,428,000 below the fiscal year 2017 enacted level and the 2018 budget request.

Faith Based Center

The Committee includes \$1,299,000 for the Faith Based Center, the same as fiscal year 2017 enacted level and the fiscal year 2018 budget request.

OFFICE OF MEDICARE HEARINGS AND APPEALS

The Committee provides \$112,381,000 for the Office of Medicare Hearings and Appeals, which is \$5,000,000 above the fiscal year 2017 enacted level and \$4,796,000 below the fiscal year 2018 budget request. This Office supports hearings at the administrative law judge level, the third level of Medicare claims appeals.

Medicare Appeals Backlog.—The Committee is concerned with the size of the Medicare Appeals Backlog. The Committee supports the Office of Medicare Hearings and Appeals to take administrative actions that will reduce the number of cases awaiting a hearing with an Administrative Law Judge.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

The Committee provides \$38,381,000 for the Office of the National Coordinator for Health Information Technology (ONC), which is \$21,986,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. ONC is the principal Federal entity charged with coordination of Nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information.

Patient Data Matching.—The Committee is aware that a challenge inhibiting the safe and secure electronic exchange of health information is the lack of a consistent approach to matching patient data. The Committee encourages ONC to engage with stakeholders on private-sector led initiatives to develop a coordinated strategy that will promote patient safety by accurately identifying patients to their health information.

Prescription Drug Monitoring.—The Committee understands that the spread of the prescription drug epidemic throughout the Nation has made the creation, implementation, and use of State prescription drug monitoring programs (PDMPs) and their ability to operate in concert with electronic health record (EHR) and electronic prescribing (e-prescribing) systems more important than ever. The Committee encourages ONC to continue its support for pilot pro-

grams to find usability challenges among PDMP, EHR, and e-prescribing systems; develop and award challenge awards to private entities for health information technology innovation; and offer targeted technical assistance to help medical professionals use PDMP, EHR, and e-prescribing systems. The Committee further encourages ONC to collaborate and coordinate its efforts with partner agencies such as the Centers for Disease Control and Prevention and the Bureau of Justice Assistance in the Department of Justice.

OFFICE OF INSPECTOR GENERAL

The Committee recommends \$80,000,000 for the Office of Inspector General (OIG), which is the same as the fiscal year 2017 enacted level and \$11,915,000 above the fiscal year 2018 budget request. In addition, within the Health Care Fraud and Abuse Control (HCFAC) program discretionary appropriations for fiscal year 2018, the Committee provides the OIG with \$82,132,000. Mandatory appropriations for this office also are contained in the HCFAC program and the Health Insurance Portability and Accountability Act of 1996.

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

OFFICE FOR CIVIL RIGHTS

The Committee provides \$38,798,000 for the Office for Civil Rights (OCR), which is the same as the fiscal year 2017 enacted level and \$6,268,000 above the 2018 budget request. The OCR is responsible for enforcing civil rights statutes that prohibit discrimination in health and human services programs. OCR implements the civil rights laws through a compliance program designed to generate voluntary compliance among all HHS recipients.

The Committee is concerned about reports of continued discrimination against persons with disabilities in organ transplant programs. Despite the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act prohibiting discrimination on the basis of disability in organ transplantation, a number of States have found it necessary to enact laws to address continued barriers to receiving this lifesaving care. These barriers are reported to include medical professionals and transplant centers refusing to approve organ transplants for people with disabilities who may need help in order to follow complicated post-transplant treatment plans, or deciding that people with disabilities should be given a lower priority on waiting lists to receive an organ transplant. In coordination with HRSA, the Committee urges the Office for Civil Rights (OCR) to develop and issue guidance that clarifies the obligations of ADA- and Section 504-covered entities participating in the transplant process to provide equal access to their programs to individuals with disabilities. In developing such guidance, the Committee encourages OCR to consider prohibiting such covered entities from, among other things, denying medical services related to organ

transplantation, refusing to refer an individual to a transplant center or other related specialist for the purpose of evaluation or receipt of an organ transplant, and refusing to place an individual on an organ transplant waiting list, or placement of the individual at a lower-priority position on the list than the position at which he or she would have been placed if not for his or her disability.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

The Committee provides for retirement pay and medical benefits of Public Health Service Commissioned Officers, for payments under the Retired Serviceman's Family Protection Plan, and for medical care of dependents and retired personnel. Total costs are estimated to be \$618,689,000 for fiscal year 2018, which is \$11,719,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

The Committee provides \$1,739,258,000 for the Public Health and Social Services Emergency Fund to support a comprehensive program to prepare for and respond to the health and medical consequences of all public health emergencies, including bioterrorism, and support the cybersecurity efforts of the Department of Health and Human Services. This amount is \$221,300,000 above the fiscal year 2017 enacted level and \$76,642,000 above the 2018 budget request.

The Committee does not include the authority requested in the budget to create a Federal Emergency Response Fund. However, the Committee recognizes the benefit of allowing some flexibility to allow HHS to move more quickly in the event of a public health emergency. To address this issue, the Committee provides enhanced transfer authority to make it easier for HHS to direct resources where they are needed in the case of a public health emergency, such as an influenza pandemic.

National Ebola Training and Education Center.—The Committee supports the continued efforts of the National Ebola Training and Education Center (NETEC). Supplemental funds to support NETEC were provided in P.L. 113–235.

Office of the Assistant Secretary for Preparedness and Response

The Committee provides \$1,424,928,000 for activities administered by the Office of the Assistant Secretary for Preparedness and Response (ASPR). This amount is \$28,300,000 above the fiscal year 2017 enacted level and \$55,883,000 above the fiscal year 2018 budget request. ASPR is responsible for coordinating national policies and plans for medical and public health preparedness and for administering a variety of public health preparedness programs, including the National Disaster Medical System, the Hospital Preparedness Cooperative Agreement Grants Program, Project BioShield, and the Office of Biomedical Advanced Research and Development Authority.

Biomedical Advanced Research and Development Authority (BARDA)

The Committee provides \$520,000,000 for BARDA, which is \$8,300,000 above fiscal year 2017 enacted level and the fiscal year 2018 budget request. In addition, the Committee provides \$530,000,000 for Project BioShield, which is \$20,000,000 above the fiscal year 2017 enacted level and the fiscal year 2018 budget request. The funds support acquisitions of medical countermeasures (MCMs) to address Chemical, Biological, Radiological, and Nuclear (CBRN) threats.

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

Pathogen Reduction Technology.—The Committee commends BARDA for taking the critical steps of supporting FDA-approved pathogen reduction technology in U.S. blood centers to ensure the safety of blood products being provided to patients and specifically for patients at risk for exposure to emerging pathogens. The Committee urges BARDA to continue funding the development of pathogen reduction technology.

The Committee recommends \$250,000,000 for the ASPR’s pandemic influenza program, which is \$178,000,000 above the fiscal year 2017 enacted level and \$43,137,000 above the fiscal year 2018 budget request. This funding supports research and development of next-generation influenza MCMs, preparedness testing and evaluation, and stockpiling.

GENERAL PROVISIONS

PREVENTION AND PUBLIC HEALTH FUND

The Committee continues a provision that directs the transfer of the Prevention and Public Health (PPH) Fund. In fiscal year 2018, the level appropriated for the fund is \$840,600,000 after accounting for sequestration. The agreement includes bill language in section 225 of this Act that requires that funds be transferred within 45 days of enactment of this Act to the following accounts, for the following activities, and in the following amounts:

Agency	Budget Activity	FY 2018 Agreement
CDC	Breast Feeding Grants (Hospitals Promoting Breastfeeding)	\$8,000,000
CDC	Diabetes	72,000,000
CDC	Epidemiology and Laboratory Capacity Grants	40,000,000
CDC	Healthcare Associated Infections	12,000,000
CDC	Heart Disease and Stroke Prevention Program	107,950,000
CDC	Good Health and Wellness in Indian Country	16,000,000
CDC	Million Hearts Program	4,000,000
CDC	Preventive Health and Health Services Block Grant	160,000,000
CDC	Tobacco	126,000,000
CDC	Section 317 Immunization Grants	273,650,000

Agency	Budget Activity	FY 2018 Agreement
CDC	Lead Poisoning Prevention	17,000,000
CDC	Early Care Collaboratives	4,000,000

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

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

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

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

(TRANSFER OF FUNDS)

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

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

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

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

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

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

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

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

(TRANSFER OF FUNDS)

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

(TRANSFER OF FUNDS)

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

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

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

(TRANSFER OF FUNDS)

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

Sec. 218. The Committee continues the Biomedical Advanced Research and Development Authority ten year contract authority.

Sec. 219. The Committee continues a provision relating to publicly accessible information regarding uses of funds under section 4002 of Public Law 111–148.

Sec. 220. The Committee continues language requiring HHS to include certain information concerning the number of full-time Federal employees and contractors working on the Affordable Care Act in the fiscal year 2018 budget request.

Sec. 221. The Committee continues specific report requirements for CMS's marketplaces activities in the fiscal year 2018 budget request.

Sec. 222. The Committee continues certain Congressional notification requirements.

Sec. 223. The Committee continues a provision prohibiting CMS Program Management account from being used to support risk corridor payments.

Sec. 224. The Committee continues a provision requiring HHS to submit an analysis of the impact of section 2713 of the PHS Act on discretionary programs.

Sec. 225. The Committee continues language directing the spending of the Prevention and Public Health fund.

Sec. 226. The Committee includes a new provision prohibiting funds from being used for Title X family planning activities.

Sec. 227. The Committee continues a provision relating to breast cancer screening.

Sec. 228. The Committee includes a new provision relating to indirect cost negotiated rates.

Sec. 229. The Committee includes a new provision prohibiting funds from being used for the Navigators program.

TITLE III—DEPARTMENT OF EDUCATION

EDUCATION FOR THE DISADVANTAGED

The Committee recommends \$15,953,790,000 for the Education for the Disadvantaged programs, which is \$190,000,000 below the fiscal year 2017 enacted level and \$393,768,000 below the fiscal year 2018 budget request. Of the total amount available, \$5,035,990,000 is appropriated for fiscal year 2018 for obligation on or after July 1, 2018 and \$10,841,177,000 is appropriated for fiscal year 2018 for obligation on or after October 1, 2018. This appropriation account includes compensatory education programs authorized under title I and subpart 2 of part B of title II of the Elementary and Secondary Education Act of 1965 (ESEA) and section 418A of the Higher Education Act.

Grants to Local Educational Agencies

For fiscal year 2018, the Committee recommends \$15,459,802,000 for Title I grants to Local Educational Agencies (LEAs, or school districts), which is the same as the fiscal year 2017 enacted level and \$421,656,000 below the fiscal year 2018 budget request. Title I grants provide supplemental education funding for activities that offer extra academic support to help students from low-income families and in high-poverty schools to meet State academic standards.

Of the amounts provided for Title I programs, \$6,459,401,000 is available for Basic Grants to LEAs, which is the same as the fiscal year 2017 enacted level and \$28,344,000 above the fiscal year 2018 budget request. Basic grants are awarded to school districts with at least 10 low-income children who make up more than two percent of the school-age population.

Within the amount for Title I Basic Grants, up to \$5,000,000 is made available to the Secretary of Education on October 1, 2017, to obtain annually-updated LEA-level poverty data from the Bureau of the Census.

The Committee recommends \$1,362,301,000 for Title I Concentration Grants, which is the same as the fiscal year 2017 enacted level and the fiscal year 2018 budget request. Concentration Grants target funds to school districts in which the number of low-income children exceeds 6,500 or 15 percent of the total school-age population.

The Committee recommends \$3,819,050,000 for Title I Targeted Grants, which is the same as the fiscal year 2017 enacted level and \$275,000,000 above the fiscal year 2018 budget request. Targeted Grants provide higher payments to school districts with high numbers or percentages of low-income students.

The Committee recommends \$3,819,050,000 for Title I Education Finance Incentive Grants (EFIGs), which is the same as the fiscal year 2017 enacted level and \$275,000,000 above the fiscal year 2018 budget request. EFIGs provide payments to States and school districts that incorporate “equity” and “effort” factors to improve the equity of State funding systems.

The Committee is aware of the budget request proposal to include up to \$1,000,000,000 for grants to local educational agencies to implement weighted per-pupil funding systems, including open enrollment systems that allow students to enroll in a public school selected by their parents. However, the Committee notes that such

a program has not been authorized. Accordingly, the Committee has not provided funding for such a program within this bill. Funding for this approach will be considered should it be authorized in law.

Comprehensive Literacy Development Grants

The Committee recommends no funding for Comprehensive Literacy Development Grants, which is \$190,000,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. The Committee notes that the current cohort of grantees will complete projects in fiscal year 2017, so program termination will not impact funding for any existing grantees.

Innovative Approaches to Literacy

The Committee recommends \$27,000,000 for Innovative Approaches to Literacy, the same as the 2017 enacted level and \$27,000,000 above the fiscal year 2018 budget request. This program provides competitive grants to support school libraries.

State Agency Programs: Migrant

The Committee recommends \$374,751,000 for the State Agency Program for Migrant Education, which is the same as the fiscal year 2017 enacted level and \$712,000 above the fiscal year 2018 budget request. This program supports special educational and related services for children of migrant agricultural workers and fishermen, including: (1) supplementary academic education; (2) remedial or compensatory instruction; (3) English for limited English proficient students; (4) testing; (5) guidance counseling; and (6) other activities to promote coordination of services across States for migrant children whose education is interrupted by frequent moves.

State Agency Programs: Neglected and Delinquent

For the State Agency Program for Neglected and Delinquent Children, the Committee recommends \$47,614,000, which is the same as the fiscal year 2017 enacted level and \$91,000 above the fiscal year 2018 budget request. This formula grant program supports educational services for children and youth under age 21 in State-run institutions, attending community day programs, and in correctional facilities. A portion of these funds is provided for projects that support the successful re-entry of youth offenders into postsecondary and vocational programs.

Special Programs for Migrant Students

The Committee recommends \$44,623,000 for the Special Programs for Migrant Students, which is the same as the fiscal year 2017 enacted level and \$85,000 above the fiscal year 2018 budget request. These programs make grants to colleges, universities, and nonprofit organizations to support educational programs designed for students who are engaged in migrant and other seasonal farm work. The High School Equivalency Program (HEP) recruits migrant students age 16 and over and provides academic and support services to help those students obtain a high school equivalency certificate and subsequently to gain employment or admission to a postsecondary institution or training program. The College Assist-

ance Migrant Program (CAMP) provides tutoring and counseling services to first-year, undergraduate migrant students and assists those students in obtaining student financial aid for their remaining undergraduate years. The Committee recommendation assumes the allocation of funds between HEP and CAMP as proposed by the Administration.

IMPACT AID

The Committee recommends \$1,333,603,000 for Federal Impact Aid programs, which is \$5,000,000 above the fiscal year 2017 enacted level and \$97,168,000 above the fiscal year 2018 budget request. This account supports payments to school districts affected by Federal activities, such as those that educate children whose families are connected with the military or who live on Indian land.

Basic Support Payments

The Committee recommends \$1,194,233,000 for Basic Support Payments to LEAs, which is \$5,000,000 above the fiscal year 2017 enacted level and \$28,221,000 above the fiscal year 2018 budget request. Basic Support Payments compensate school districts for lost tax revenue and are made on behalf of Federally-connected children, such as children of members of the uniformed services who live on Federal property.

Payments for Children with Disabilities

The Committee recommends \$48,316,000 for Payments for Children with Disabilities, which is the same as the fiscal year 2017 enacted level and \$92,000 above the fiscal year 2018 budget request. These payments compensate school districts for the increased costs of serving Federally-connected children with disabilities.

Facilities Maintenance

The Committee recommends \$4,835,000 for Facilities Maintenance, which is the same as the fiscal year 2017 enacted level and \$9,000 above the fiscal year 2018 budget request. These capital payments are authorized for maintenance of certain facilities owned by the Department.

Construction

The Committee recommends \$17,406,000 for the Construction program, which is the same as the fiscal year 2017 enacted level and \$33,000 above the fiscal year 2018 budget request. This program provides competitive grants for building and renovating school facilities to school districts that educate Federally-connected students or have Federally-owned land.

Payments for Federal Property

The Committee recommends \$66,813,000 for Payments for Federal Property, which is the same as the fiscal year 2017 enacted level and \$66,813,000 above the fiscal year 2018 budget request. Funds are awarded to school districts to compensate for lost tax revenue as the result of Federal acquisition of real property since 1938.

SCHOOL IMPROVEMENT PROGRAMS

The Committee recommends \$2,261,064,000 for School Improvement Programs, which is \$2,147,503,000 below the fiscal year 2017 enacted level and \$1,563,833,000 above the fiscal year 2018 budget request. The School Improvement account includes programs authorized under Titles I, II, IV, VI, and VII of the ESEA; the McKinney-Vento Homeless Assistance Act; Title IV–A of the Civil Rights Act; section 203 of the Educational Technical Assistance Act of 2002; and section 105 of the Compact of Free Association Amendments Act of 2003.

Supporting Effective Instruction State Grants

The Committee recommends no funding for Supporting Effective Instruction State Grants, which is \$2,055,830,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. This program duplicates activities that may be supported with other funds, has not demonstrated success in contributing to improved teacher quality and makes formula-based allocations to school districts that often are too small to have a meaningful impact on student outcomes.

Supplemental Education Grants

The Committee recommends \$16,699,000 for Supplemental Education Grants to the Federated States of Micronesia and the Republic of the Marshall Islands, which is the same as the fiscal year 2017 enacted level and \$32,000 above the fiscal year 2018 budget request. The Compact of Free Association Amendments Act of 2003 (P.L. 108–188) authorizes these entities to receive funding for general education assistance. The Committee recommendation includes a consolidated amount for Supplemental Education Grants because the underlying statute determines the allocation between Micronesia and the Marshall Islands.

21st Century Community Learning Centers

The Committee recommends \$1,000,000,000 for 21st Century Community Learning Centers, which is \$191,673,000 below the fiscal year 2017 enacted level and \$1,000,000,000 above the fiscal year 2018 budget request. This program awards formula grants to States, which in turn distribute funds on a competitive basis to local school districts, nonprofit organizations, and other public entities. Funds may be used to provide activities that complement and reinforce the regular school-day program for participating students and may also fund local activities that are included as part of an expanded learning time program. The Committee notes that \$1,000,000,000 is the level authorized for this program by the ESSA.

State Assessments

The Committee recommends \$369,100,000 for State Assessments, which is the same as the fiscal year 2017 enacted level and \$8,181,000 below the fiscal year 2018 budget request. Funds are available to develop and implement academic standards and assessments. The program includes a set-aside for audits to identify and eliminate low-quality or duplicative assessments.

Education for Homeless Children and Youth

The Committee recommends \$77,000,000 for the Education for Homeless Children and Youth program, which is the same as the fiscal year 2017 enacted level and \$7,133,000 above the fiscal year 2018 budget request. The Committee recognizes that without an education, these at-risk children and youth are unlikely to obtain the skills they need to become productive adults contributing to the economy and their communities. Grants are allocated to States in proportion to the total each State receives under the Title I program.

Training and Advisory Services

The Committee recommends \$6,575,000 for Training and Advisory Services authorized by Title IV–A of the Civil Rights Act, which is the same as the fiscal year 2017 enacted level and \$12,000 above the fiscal year 2018 budget request. Title IV–A authorizes technical assistance and training services for school districts to address problems associated with desegregation on the basis of race, sex, or national origin. The Department awards three-year grants to regional Equity Assistance Centers (EACs) located in each of the 10 Department of Education regions. The EACs provide services to school districts upon request. Typical activities include disseminating information on successful education practices and legal requirements related to nondiscrimination on the basis of race, sex, and national origin in educational programs.

Education for Native Hawaiians

The Committee recommends \$33,397,000 for the Education for Native Hawaiian program, which is the same as the fiscal year 2017 level and \$33,397,000 above the fiscal year 2018 budget request. Funds are used to provide competitive awards for supplemental education services to the Native Hawaiian population. The Committee does not include bill language allowing these funds to be used for construction.

Alaska Native Education Equity

The Committee recommends \$32,453,000 for the Alaska Native Education Equity program, which is the same as the fiscal year 2017 level and \$32,453,000 above the fiscal year 2018 budget request. Funds are used to provide competitive awards for supplemental education services to the Alaska Native population. The Committee does not include bill language allowing these funds to be used for construction.

Rural Education

The Committee recommends \$175,840,000 for Rural Education programs, which is the same as the fiscal year 2017 enacted level and \$334,000 above the fiscal year 2018 budget request. There are two programs to assist rural school districts with improving teaching and learning in their schools: the Small, Rural Schools Achievement program, which provides funds to rural districts that serve a small number of students; and the Rural and Low-Income Schools program that provides funds to rural districts that serve concentrations of poor students, regardless of the number of students served

by the district. Funds appropriated for Rural Education shall be divided equally between these two programs.

Comprehensive Centers

The Committee recommends \$50,000,000 for Comprehensive Centers, which is the same as the fiscal year 2017 enacted level and \$1,347,000 above the fiscal year 2018 budget request. This grant program currently supports 22 comprehensive centers, including 15 regional centers that provide training, technical assistance, and professional development to build State capacity to provide high-quality education to all students. The remaining seven centers specialize in particular content areas. The Committee includes bill language directing the Secretary to ensure that the Bureau of Indian Education (BIE) has access to services provided under this section.

Student Support and Academic Enrichment State Grants

The Committee recommends \$500,000,000 for Student Support and Academic Enrichment (SSAE) State Grants, which is \$100,000,000 above the fiscal year 2017 enacted level and \$500,000,000 above the fiscal year 2018 budget request. The ESSA eliminated several narrowly-focused competitive grant programs and replaced them with this new formula grant program. States and school districts have flexibility to focus these resources on locally-determined priorities to provide students with access to a well-rounded education, including rigorous coursework, and to improve school conditions and the use of technology.

STEM and Computer Science Education.—The Committee notes that funds available under this program may be used by States and school districts to provide or strengthen instruction in STEM fields, including computer science. The Committee recognizes the importance of funding Pre K–12 computer science education to address national security, and ensure American competitiveness. Supporting education in the science, technology, engineering, arts, and mathematics fields, particularly computer science, is critical to ensure that our nation continues to lead in innovation. As computer science is a basic skill in the 21st century global economy, the Committee encourages the Department to support Pre K–12 computer science education to schools across the country.

Non-Cognitive Factors.—The Committee notes that programs designed to support non-cognitive factors such as critical thinking skills, social skills, work ethic, problem solving, and community responsibility are an eligible use of funds under SSAE grants supporting a well-rounded education.

INDIAN EDUCATION

The Committee recommends \$164,939,000 for Indian Education, which is the same as the fiscal year 2017 enacted level and \$21,274,000 above the fiscal year 2018 budget request. This account supports programs authorized by part A of title VI of the ESEA.

Grants to Local Educational Agencies

The Committee recommends \$100,381,000 for Grants to Local Educational Agencies, which is the same as the fiscal year 2017 en-

acted level and \$191,000 above the fiscal year 2018 budget request. This program provides assistance through formula grants to school districts and schools supported or operated by the Bureau of Indian Education. The purpose of this program is to improve elementary and secondary school programs that serve Indian students, including preschool children. Grantees must develop a comprehensive plan and ensure that the programs they carry out will help Indian students reach the same challenging standards that apply to all students. This program supplements the regular school program to help Indian children sharpen their academic skills, bolster their self-confidence, and participate in enrichment activities that would otherwise be unavailable.

Special Programs for Indian Children

The Committee recommends \$57,993,000 for Special Programs for Indian Children, which the same as the fiscal year 2017 enacted level and \$20,072,000 above the fiscal year 2018 budget request. These programs make competitive awards to improve the quality of education for American Indian students. The program also funds the American Indian Teacher Corps and the American Indian Administrator Corps to recruit and support American Indians as teachers and school administrators.

National Activities

The Committee recommends \$6,565,000 for National Activities, which is the same as the fiscal year 2017 enacted level and \$1,011,000 above the fiscal year 2018 budget request. Funds under this authority support (1) research, evaluation and data collection to provide information about the educational status of Indian students and the effectiveness of Indian education programs; (2) grants to support Native language immersion schools and programs; and (3) grants to tribes for education administrative planning, development, and coordination.

State-Tribal Education Partnership.—The Committee recommends continued funding for the State-Tribal Education Partnership (STEP) program. This program makes grants to tribes to build capacity to assume certain State responsibilities for the administration of ESEA programs. Indian educators have long called for Tribal-State-Federal partnerships to involve Indian Tribes in educating their students and to improve American Indian education outcomes. STEP programs have, and will continue to, assist State and Tribal governments to continue delivering the highest quality education for Indian students.

Language Immersion Program.—Within the total for National Activities, the Committee continues funding for a Native American and Alaska Native Language Immersion Program, the same as the fiscal year 2018 budget request. This program, which was authorized in ESSA, will make grants to maintain and promote the use of Native languages, support Native language education and development, and provide professional development to teachers.

INNOVATION AND IMPROVEMENT

The Committee recommends \$747,904,000 for Innovation and Improvement programs, which is \$139,671,000 below the fiscal year 2017 enacted level and \$460,122,000 below the fiscal year 2018

budget request. This appropriation account includes programs authorized under portions of Titles II and IV of the ESEA.

Education Innovation and Research

The Committee recommends no funding for the Education Innovation and Research program. This amount is \$100,000,000 below the fiscal year 2017 enacted level and \$370,000,000 below the fiscal year 2018 budget request. This program makes competitive grants to support the replication and scaling-up of evidence-based education innovations. Given budget constraints, the Committee has chosen instead to focus resources on core formula grant programs.

The Committee is aware of the budget request proposal to include up to \$250,000,000 for grants to local educational agencies to implement a program of awarding scholarships to students from low-income families to attend a private school selected by their parents. However, the Committee notes that such a program has not been authorized. Accordingly, the Committee has not provided funding for such a program within this bill. Funding for this approach will be considered should a program be authorized.

Teacher and School Leader Incentive Grants

The Committee recommends \$200,000,000 for the Teacher and School Leader Incentive Grants program, which is the same as the fiscal year 2017 enacted level and \$437,000 above the fiscal year 2018 budget request. This program provides grants to States, school districts, and partnerships to develop, implement, improve, or expand human capital management systems or performance-based compensation systems in schools.

American History and Civics Academies

The Committee recommends no funding for American History and Civics Academies, \$1,815,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. This program reaches only a very limited number of teachers and students since an academy may select no more than 300 teachers or students for participation.

American History and Civics National Activities

The Committee recommends \$1,700,000 for American History and Civics National Activities, the same as the fiscal year 2017 enacted level and \$1,700,000 above the fiscal year 2018 budget request. The Committee recognizes the importance of improving the quality of instruction in American history, civics, and geography, particularly for schools in underserved rural and urban communities. In recognition of the fact that no one size fits all in effective education, and that a variety of approaches are required to meet the range of student and community needs, these competitive grants will support multiple grantees in making available a menu of innovative, effective approaches to teaching American history, civics and government, and geography. These validated approaches will be available to schools and school districts for their consideration and voluntary use, based on the approach that best meets the needs of the students and community.

Supporting Effective Educator Development

The Committee recommends \$42,000,000 for the Supporting Effective Educator Development (SEED) grant program, \$23,000,000 below the fiscal year 2017 level and the same as the fiscal year 2018 budget request. SEED provides competitive grants to Institutions of Higher Education (IHEs), national nonprofit organizations, BIE, and partnerships to support alternative certification and other professional development and enrichment activities for teachers, principals, and other school leaders. Funds are included to support fully continuation costs for grants made in prior years.

School Leader Recruitment and Support

The Committee recommends no funding for School Leader Recruitment and Support, which is \$14,500,000 below the fiscal year 2017 level and the same as the budget request. This program supports a small number of grantees and has minimal national impact. While school leadership is important, other Federal funds are available to support improved leadership in high-need schools.

Charter Schools Grants

The Committee recommends \$370,000,000 for Charter Schools Grants, which is \$27,828,000 above the fiscal year 2017 enacted level and \$130,000,000 below the fiscal year 2018 budget request.

In exchange for a commitment to increase student achievement, charter schools are exempt from many statutory and regulatory requirements. The Charter Schools Grants program awards grants to State Educational Agencies (SEAs) or, if a State's SEA chooses not to participate, to charter school developers to support the development and initial implementation of public charter schools. State Facilities Incentive Grants and Credit Enhancement for Charter School Facilities awards help charter schools obtain adequate school facilities. These programs work in tandem to support the development and operation of charter schools.

The Committee recommends an allocation of funds within this program that aligns with ESSA.

Magnet Schools Assistance

The Committee recommends \$96,463,000 for the Magnet Schools Assistance program, which is \$1,184,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. This program makes competitive grants to support the establishment and operation of magnet schools that are a part of a court-ordered or Federally-approved voluntary desegregation plan.

Ready to Learn Programming

The Committee recommends \$25,741,000 for Ready to Learn Programming, which is the same as the fiscal year 2017 enacted level and \$25,741,000 above the fiscal year 2018 budget request. This program supports the development and distribution of educational video programming for preschool and elementary school children and their parents, caregivers, and teachers.

Arts in Education

The Committee recommends no funding for Arts in Education, \$27,000,000 below the fiscal year 2017 level and the same as the

fiscal year 2018 budget request. This program provides competitive grants to support professional development and the development of instructional materials and programming that integrate the arts into the curricula. States and school districts may use funds from the SSAE grants to support arts education.

Javits Gifted and Talented Education

The Committee recommends \$12,000,000 for the Javits Gifted and Talented Education Program, which is the same as the fiscal year 2017 enacted level and \$12,000,000 above the fiscal year 2018 budget request. This program has limited impact, and the Department can support research on gifted and talented education through other Institute of Education Science programs.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

The Committee recommends \$138,000,000 for Safe Schools and Citizenship Education programs, which is \$13,254,000 below the fiscal year 2017 enacted level and \$3,143,000 above the fiscal year 2018 budget request. This appropriation account includes programs authorized under parts of Title IV of the ESEA.

Promise Neighborhoods

The Committee recommends \$60,000,000 for Promise Neighborhoods, which is \$13,254,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. Promise Neighborhoods supports grants to nonprofit, community-based organizations for the development of comprehensive neighborhood programs designed to combat the effects of poverty and improve educational outcomes for children and youth, from birth through college.

School Safety National Activities

The Committee recommends \$68,000,000 for School Safety National Activities, which is the same as the fiscal year 2017 enacted level and \$6,857,000 below the fiscal year 2018 budget request. This program includes a variety of competitive grants that aim to increase students' safety and well-being.

Full-Service Community Schools

The Committee recommends \$10,000,000 for Full-Service Community Schools, which is the same as the fiscal year 2017 level and \$10,000,000 above the fiscal year 2018 budget request. This program makes competitive grants to support school-based comprehensive services for students, families, and communities.

ENGLISH LANGUAGE ACQUISITION

The Committee recommends \$737,400,000 for the English Language Acquisition program, which is the same as the fiscal year 2017 enacted level and \$1,402,000 above the fiscal year 2018 budget request. Of this amount provided for the 2018–2019 academic year, funds are appropriated for obligation on or after July 1, 2018 and available through September 30, 2018.

This program provides formula grants to States to serve Limited English Proficient (LEP) students. Grants are based on each State's share of the National LEP and recent immigrant student popu-

lation. Funds under this account also support professional development to increase the pool of teachers prepared to serve LEP students as well as evaluation activities. The bill continues language to calculate all State awards based on a three-year average of data from the American Community Survey.

The Committee is interested in information on the effectiveness of English Learner (EL) programs in delivering adequate services and accommodations to qualified students and requests the Department to include information on outcomes in English language acquisition and proficiency levels in math and reading nationwide, disaggregated, to the extent possible, by the major race and ethnicity categories in the Decennial Census, in the fiscal year 2019 Congressional Justification.

SPECIAL EDUCATION

The Committee recommends \$13,251,691,000 for programs authorized under the Individuals with Disabilities Education Act (IDEA) for children with disabilities. This is \$187,333,000 above the fiscal year 2017 enacted level and \$309,565,000 above the fiscal year 2018 budget request. Of the total amount available, \$1,864,818,000 is available for obligation on July 1, 2018, and \$11,164,824,000 is available for obligation on October 1, 2018. These grants help States and localities pay for a free appropriate education for 6.7 million students with disabilities aged 3 through 21 years.

Grants to States

The Committee recommends \$12,202,848,000 for Part B Grants to States, which is \$200,000,000 above the fiscal year 2017 enacted level and \$312,646,000 above the fiscal year 2018 budget request. This program provides formula grants to assist States in meeting the costs of providing special education and related services to children with disabilities. States generally transfer most of the funds to LEAs; however, they can reserve some funds for program monitoring, technical assistance, and other related activities. In order to be eligible for funds, States must make free appropriate public education available to all children with disabilities.

The Committee continues to include bill language excluding any amount by which a State's allocation is reduced for failure to meet the maintenance of effort threshold from being used to calculate the State's allocation under section 611(d) of the IDEA in subsequent years. The Committee also continues to include bill language directing the Secretary to distribute any reduction in a State's allocation under said section to all other States based on the formula established under section 611(d), excluding those States that are penalized.

Preschool Grants

The Committee recommends \$368,238,000 for Preschool Grants, which is the same as the fiscal year 2017 enacted level and \$700,000 above the fiscal year 2018 budget request. These funds provide additional assistance to States to help them make free, appropriate public education available to children with disabilities ages three through five.

Grants for Infants and Families

The Committee recommends \$458,556,000 for Grants for Infants and Families, which is the same as the fiscal year 2017 enacted level and \$872,000 above the fiscal year 2018 budget request. These funds provide additional assistance to States to help them make free, appropriate public education available to children with disabilities from birth through age two.

IDEA National Activities

The Committee recommends \$222,049,000 for the IDEA National Activities program, which is \$12,667,000 below the fiscal year 2017 enacted level and \$4,653,000 below the fiscal year 2018 budget request. The IDEA National Activities programs support State efforts to improve early intervention and education results for children with disabilities.

State Personnel Development.—The Committee recommends \$38,630,000 for State Personnel Development, which is the same as the fiscal year 2017 enacted level and \$2,921,000 below the fiscal year 2018 budget request. This program supports grants to States to assist with improving personnel preparation and professional development related to early intervention and educational and transition services that improve outcomes for students with disabilities. Funds are included to fully support continuation costs for grants made in prior years.

Technical Assistance and Dissemination.—The Committee recommends \$44,261,000 for Technical Assistance and Dissemination, which is \$12,667,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. This program provides funding for technical assistance, demonstration projects, and information dissemination. These funds support efforts by State and local educational agencies, IHEs, and other entities to build State and local capacity to make systemic changes and improve results for children with disabilities. Funds are included to fully support continuation costs for grants made in prior years.

Personnel Preparation.—The Committee recommends \$83,700,000 for Personnel Preparation, which is the same as the fiscal year 2017 enacted level and \$159,000 above the fiscal year 2018 budget request. This program supports competitive awards to help address State-identified needs for qualified personnel to work with children with disabilities, and to ensure that those personnel have the necessary skills and knowledge to serve children with special needs. Awards focus on addressing the need for leadership and personnel to serve low-incidence populations. Funds are included to fully support continuation costs for grants made in prior years.

Parent Information Centers.—The Committee recommends \$27,411,000 for Parent Information Centers, which is the same as the fiscal year 2017 enacted level and \$52,000 above the fiscal year 2018 budget request. This program makes awards to parent organizations to support Parent Training and Information Centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents and parents of children who may be inappropriately identified. Technical assistance is also provided

under this program for developing, assisting, and coordinating centers receiving assistance under this program.

Educational Technology, Media, and Materials.—The Committee recommends \$28,047,000 for Educational Technology, Media, and Materials, which is the same as the fiscal year 2017 enacted level and \$1,943,000 below the fiscal year 2018 budget request. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of educational value to children with disabilities. The Committee recognizes the ongoing progress made with the tools and services provided under this program that have allowed more than 440,000 students with disabilities free access to more than 515,000 books in digitally accessible formats. The Committee strongly encourages continued effort to expand this program's reach to K–12 students in underserved areas.

REHABILITATION SERVICES

The Committee recommends \$3,562,582,000 for Rehabilitation Services, which is \$26,993,000 above the fiscal year 2017 enacted level and \$426,000 below the fiscal year 2018 budget request. The programs in this account are authorized by the Rehabilitation Act of 1973 and the Helen Keller National Center Act.

Vocational Rehabilitation State Grants

The Committee recommends \$3,452,931,000 for Vocational Rehabilitation (VR) State Grants, which is \$54,377,000 above the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request.

This program supports basic vocational rehabilitation services through formula grants to the States. These grants support a wide range of services designed to help persons with physical and mental disabilities prepare for and engage in gainful employment to the extent of their capabilities. Emphasis is placed on providing vocational rehabilitation services to persons with the most significant disabilities. The Committee's recommendation provides the cost-of-living adjustment for Vocational Rehabilitation Grants to States, as authorized.

Client Assistance State Grants

The Committee recommends \$13,000,000 for Client Assistance State Grants, which is the same as the fiscal year 2017 enacted level and \$25,000 above the fiscal year 2018 budget request. Client Assistance State Grants support services for eligible individuals and applicants of the VR State Grants program, and other programs, projects, and services funded under the Rehabilitation Act. These formula grants are used to help persons with disabilities overcome problems with the service delivery system and improve their understanding of services available to them under the Rehabilitation Act.

Training

The Committee recommends \$29,388,000 for the Training program, which is the same as the fiscal year 2017 enacted level and \$743,000 below the fiscal year 2018 budget request. The program supports long-term and short-term training, in-service personnel

training, and training of interpreters for deaf persons. Projects in a broad array of disciplines are funded to ensure that skilled personnel are available to serve the vocational needs of persons with disabilities. Funds are included to fully support continuation costs for grants made in prior years.

Demonstration and Training Programs

The Committee recommends \$5,796,000 for Demonstration and Training Programs, which is the same as the fiscal year 2017 enacted level and \$11,000 above the fiscal year 2018 budget request. These programs authorize competitive grants to public and private organizations to support demonstrations, direct services, and related activities for persons with disabilities.

Protection and Advocacy of Individual Rights

The Committee recommends \$17,650,000 for Protection and Advocacy of Individual Rights, which is the same as the fiscal year 2017 enacted level and \$34,000 above the fiscal year 2018 budget request. Grants are awarded to entities that have the authority to pursue legal, administrative, and other appropriate remedies to protect and advocate for the rights of persons with disabilities.

Supported Employment State Grants

The Committee recommends no funding for Supported Employment State Grants, which is \$27,548,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. These formula grants assist States in developing collaborative programs with public agencies and nonprofit agencies for training and post-employment services leading to supported employment. Because supported employment is now an integral part of the vocational rehabilitation State grants program, there is no longer a need for a separate funding stream to ensure the provision of these services. This elimination will therefore reduce unnecessary administrative burden. The Committee expects State vocational rehabilitation agencies to continue to provide supported employment services in fiscal year 2018 to approximately the same number of individuals as they did previously.

Independent Living Services for Older Individuals Who Are Blind

The Committee recommends \$33,317,000 for Independent Living Services for Older Individuals Who Are Blind, which is the same as the fiscal year 2017 enacted level and \$63,000 above the fiscal year 2018 budget request. Funds are distributed to States according to a formula based on the population of individuals who are 55 or older, and provide support for services to persons 55 years old or over whose severe visual impairment makes gainful employment extremely difficult to obtain, but for whom independent living goals are feasible.

Helen Keller National Center

The Committee recommends \$10,500,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults, which is \$164,000 above the fiscal year 2017 enacted level and \$184,000 above the fiscal year 2018 budget request. These funds are used for the operation of a National center that provides intensive services

for deaf-blind individuals and their families at Sands Point, New York, and a network of ten regional offices that provide referral, counseling, transition services, and technical assistance to service providers.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

The Committee recommends \$224,447,000 for Special Institutions for Persons with Disabilities, which is \$7,725,000 above as the fiscal year 2017 enacted level and \$8,137,000 above the fiscal year 2018 budget request.

AMERICAN PRINTING HOUSE FOR THE BLIND

The Committee recommends \$26,431,000 for the American Printing House for the Blind, which is \$1,000,000 above the fiscal year 2017 enacted level and \$1,048,000 above the fiscal year 2018 budget request. This funding subsidizes the production of educational materials for legally blind persons enrolled in pre-college programs. The Printing House, which is chartered by the Commonwealth of Kentucky, manufactures and maintains an inventory of educational materials in accessible formats that are distributed free of charge to schools and States based on the number of blind students in each State. The Printing House also conducts research and field activities to inform educators about the availability of materials and how to use them.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

The Committee recommends \$70,016,000 for the National Technical Institute for the Deaf, which is the same as the fiscal year 2017 enacted level and \$133,000 above the fiscal year 2018 budget request. Congress established the National Technical Institute for the Deaf in 1965 to provide a residential facility for postsecondary technical training and education for deaf persons with the purpose of promoting the employment of these individuals. The Institute also conducts applied research and provides training in various aspects of deafness. The Secretary of Education administers these activities through a contract with the Rochester Institute of Technology in Rochester, New York.

GALLAUDET UNIVERSITY

The Committee recommends \$128,000,000 for Gallaudet University, which is \$6,725,000 above the fiscal year 2017 enacted level and \$6,956,000 above the fiscal year 2018 budget request.

Gallaudet is a private, non-profit educational institution Federally chartered in 1864 providing elementary, secondary, undergraduate, and continuing education for deaf persons. In addition, the University offers graduate programs in fields related to deafness for deaf and hearing students, conducts research on deafness, and provides public service programs for deaf persons.

CAREER, TECHNICAL, AND ADULT EDUCATION

The Committee recommends \$1,720,686,000 for Career, Technical, and Adult Education programs, which is the same as the fiscal year 2017 enacted level and \$244,245,000 above the fiscal year 2018 budget request. This account includes vocational education

programs authorized by the Carl D. Perkins Career and Technical Education Act of 2006 and the Adult Education and Family Literacy Act (AEFLA).

Career and Technical Education: State Grants

The Committee recommends \$1,117,598,000 for Career and Technical Education: State Grants, which is the same as the fiscal year 2017 enacted level and \$168,099,000 above the fiscal year 2018 budget request. Funds are made available for obligation on October 1, 2018.

State Grants support a variety of career and technical education programs developed in accordance with the State plan. The Act focuses Federal resources on institutions with high concentrations of low-income students. The populations assisted by State Grants range from secondary students in pre-vocational courses to adults who need retraining to adapt to changing technological and labor markets. Funding for State Grants will continue support for state-of-the-art career and technical training to approximately 6 million students in secondary schools and more than 4 million students in community and technical colleges.

National Programs

The Committee recommends \$7,421,000 for National Programs, which is the same as the fiscal year 2017 enacted level and \$19,986,000 below the fiscal year 2018 budget request. This authority supports the conduct and dissemination of research in career and technical education. It also includes support for the National Centers for Research and Dissemination in Career and Technical Education and other discretionary research.

Adult Basic and Literacy Education State Grants

The Committee recommends \$581,955,000 for Adult Basic and Literacy Education State Grants, which is the same as the fiscal year 2017 enacted level and \$96,106,000 above the fiscal year 2018 budget request. State formula grants, authorized under the AEFLA, support programs to enable all adults to acquire basic literacy skills, to enable those who so desire to complete secondary education, and to make available to adults the means to become more employable, productive, and responsible citizens.

Adult Education National Leadership Activities

The Committee recommends \$13,712,000 for National Leadership Activities, which is the same as the fiscal year 2017 enacted level and \$26,000 above the fiscal year 2018 budget request. This program supports applied research, development, dissemination, evaluation, and program improvement efforts to strengthen the quality of adult education services.

STUDENT FINANCIAL ASSISTANCE

The Committee recommends \$24,198,210,000 for Student Financial Assistance programs, which is the same as the fiscal year 2017 enacted level and \$1,265,584,000 above the fiscal year 2018 budget request.

Pell Grants

The Committee recommends \$22,475,352,000 for the Pell Grant program, which is the same as the fiscal year 2017 enacted level and \$42,726,000 above the fiscal year 2018 budget request. These funds will support Pell grants to students for the 2018–2019 academic year.

The Pell Grant program costs have come in below estimates for the past few years, resulting in a surplus of funding for the program. Because of this surplus, the Congressional Budget Office estimates that the budget authority provided in this bill is sufficient to maintain the discretionary portion of the maximum Pell Grant award at \$4,860. Combined with mandatory funding streams, the maximum Pell Grant in 2018–2019 will be maintained at \$5,920.

Pell Grants help to ensure access to higher educational opportunities for low-and middle-income students by providing need-based financial assistance. Grants are determined according to a statutory formula, which considers income, assets, household size, and the number of family members in college, among other factors. Pell Grants are the foundation of Federal postsecondary student aid programs.

Federal Supplemental Educational Opportunity Grants

The Committee recommends \$733,130,000 for this program, which is the same as the fiscal year 2017 enacted level and \$733,130,000 above the fiscal year 2018 budget request. Supplemental Educational Opportunity Grants (SEOG) provide funds to postsecondary institutions for need-based grants of up to \$4,000 to undergraduate students, with priority given to students who are Pell-eligible. Approximately 71 percent of dependent recipients have annual family incomes under \$30,000 and nearly 76 percent of independent SEOG recipients have annual family incomes under \$20,000. Institutions must contribute a 25 percent match toward their SEOG allocation.

Federal Work-Study

The Committee recommends \$989,728,000 for the Federal Work-Study program, which is the same as the fiscal year 2017 enacted level and \$489,728,000 above the fiscal year 2018 budget request. Federal Work-Study funds are provided through institutions to students who work part-time. The funds assist with paying for the cost of education. Approximately 3,300 colleges and universities receive funding, according to a statutory formula, and may allocate it for job location and job development centers. Work-study jobs must pay at least the Federal minimum wage and institutions must provide 25 percent of student earnings.

Within the total funding level for the Federal Work-Study program, the Committee recommends \$8,390,000 for the Work Colleges program, which is the same as the fiscal year 2017 enacted level. The Work Colleges program is authorized under section 448 of the HEA and supports institutions that require all resident students to participate in a work-learning program.

STUDENT AID ADMINISTRATION

The Committee recommends \$1,697,711,000 for the Student Aid Administration (SAA), which is \$120,857,000 above the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. Programs administered under this account include Pell Grants, campus-based programs, Teacher Education Assistance for College and Higher Education grants, and Federal student loan programs.

Salaries and Expenses.—Within the total provided for Student Aid Administration, the Committee recommends \$680,711,000 for salaries and expenses, which \$15,932,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request.

Loan Servicing Activities.—Within the total provided for SAA, the Committee recommends \$1,017,000,000 for Loan Servicing Activities, which is \$136,789,000 above the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request.

HIGHER EDUCATION

The Committee recommends \$2,038,126,000 for Higher Education programs, which is \$17,313,000 below the fiscal year 2017 enacted level and \$492,821,000 above the fiscal year 2018 budget request.

Strengthening Institutions

The Committee recommends \$86,534,000 for the Part A, Strengthening Institutions program, which is the same as the fiscal year 2017 enacted level and 86,534,000 above the fiscal year 2018 budget request. This program provides competitive grants for general operating subsidies to institutions with low average educational and general expenditures per student and significant percentages of low-income students. Funds may be used for faculty and academic program development, management, joint use of libraries and laboratories, acquisition of equipment, and student services.

Strengthening Hispanic-Serving Institutions

The Committee recommends \$107,795,000 for the Hispanic-Serving Institutions program, which is the same as the fiscal year 2017 enacted level and \$205,000 above the fiscal year 2018 budget request. The Hispanic-Serving Institutions program provides operating subsidies to schools that serve at least 25 percent Hispanic students. Funds may be used for faculty and academic program development, management, joint use of libraries and laboratories, acquisition of equipment, and student services.

Promoting Postbaccalaureate Opportunities for Hispanic Americans

The Committee recommends \$9,671,000 for the Promoting Postbaccalaureate Opportunities for Hispanic Americans program, which is the same as the fiscal year 2017 enacted level and \$18,000 above the fiscal year 2018 budget request. This program provides expanded post baccalaureate educational opportunities for the academic attainment of Hispanic and low-income students. In addi-

tion, it expands academic offerings and enhances program quality at IHEs educating the majority of Hispanic college students.

Strengthening Historically Black Colleges and Universities

The Committee recommends \$244,694,000 for Strengthening Historically Black Colleges and Universities (HBCUs), which is the same as the fiscal year 2017 enacted level and \$465,000 above the fiscal year 2018 budget request. This program provides operating subsidies to accredited, historically black colleges and universities that were established prior to 1964, with the principal mission of educating black Americans. Funds are distributed through a formula grant based on the enrollment of Pell Grant recipients, number of graduates, and the number of graduates entering graduate or professional schools in which blacks are underrepresented.

Strengthening Historically Black Graduate Institutions

The Committee recommends \$63,281,000 for the Strengthening Historically Black Graduate Institutions program, which is the same as the fiscal year 2017 enacted level and \$120,000 above the fiscal year 2018 budget request. The program provides five-year grants to 18 postsecondary institutions that are specified in section 326(e)(1) of the Higher Education Act. Institutions may use funds to build endowments, provide scholarships and fellowships, and to assist students with the enrollment and completion of post baccalaureate and professional degrees.

Strengthening Predominantly Black Institutions

The Committee recommends \$9,942,000 for the Strengthening Predominantly Black Institutions (PBIs) program, which is the same as the fiscal year 2017 enacted level and \$19,000 above the fiscal year 2018 budget request. This program provides grants to PBIs to increase their capacity to serve the academic needs of students.

Strengthening Asian American and Native American Pacific-Islander-Serving Institutions

The Committee recommends \$3,348,000 for the Asian American Pacific Islander program, which is the same as the fiscal year 2017 enacted level and \$6,000 above the fiscal year 2018 budget request. This program provides grants to undergraduate institutions that have an undergraduate student enrollment of at least 10 percent Asian American or Native American Pacific Islander.

Strengthening Alaska Native and Native Hawaiian-Serving Institutions

The Committee recommends \$13,802,000 for the Strengthening Alaska Native and Native Hawaiian-Serving Institutions program, which is the same as the fiscal year 2017 enacted level and \$26,000 above the fiscal year 2018 budget request, to provide competitive grants to improve capacity to serve Alaska Native and Native Hawaiian students.

Native American Serving Non-Tribal Institutions

The Committee recommends \$3,348,000 for the Native American Serving Non-Tribal Institutions program, which is the same as the

fiscal year 2017 enacted level and \$6,000 above the fiscal year 2018 budget request. This program makes grants to IHEs at which enrollment is at least 10 percent Native American students and that are not Tribally-Controlled Colleges or Universities.

Strengthening Tribally Controlled Colleges and Universities

The Committee recommends \$27,599,000 for the Strengthening Tribally Controlled Colleges and Universities (TCCUs) program, which is the same as the fiscal year 2017 enacted level and \$52,000 above the fiscal year 2018 budget request. This program makes grants to TCCUs to increase their capacity to serve the academic needs of students.

International Education and Foreign Language Studies

Domestic Programs.—The Committee recommends \$65,103,000 for the Domestic Programs of the International Education and Foreign Languages Studies program, which is the same as the fiscal year 2017 enacted level and \$65,103,000 above the fiscal year 2018 budget request. Authorized by title VI of the Higher Education Act, these programs include National resource centers, foreign language and area studies fellowships, undergraduate international studies and foreign language programs, international research and studies projects, business and international education projects, international business education centers, language resource centers, American overseas research centers, and technological innovation and cooperation for foreign information access.

Overseas Programs.—The Committee recommends no funding for the Overseas Programs, which is \$7,061,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. Funding for these programs support group projects, faculty research, special bilateral research, and doctoral dissertation research conducted abroad. The U.S. Department of State funds similar programs that can continue to support these activities.

Postsecondary Programs for Students with Intellectual Disabilities

The Committee recommends \$11,800,000 for Postsecondary Programs for Students with Intellectual Disabilities, which is the same as the fiscal year 2017 level and \$22,000 above the fiscal year 2018 budget request. This program supports grants to create model transition programs into higher education for students with intellectual disabilities.

Minority Science and Engineering Improvement

The Committee recommends \$9,648,000 for the Minority Science and Engineering Improvement Program, which is the same as the fiscal year 2017 enacted level and \$18,000 above the fiscal year 2018 budget request. This program awards grants to improve mathematics, science, and engineering programs at institutions serving primarily minority students and to increase the number of minority students who pursue advanced degrees and careers in those fields.

Tribally Controlled Postsecondary Career and Technical Institutions

The Committee recommends \$8,286,000 for this program, which is the same as the fiscal year 2017 enacted level and \$16,000 above the fiscal year 2018 budget request. This program provides competitive grants to Tribally controlled postsecondary career and technical institutions to provide career and technical education to Native American students.

Federal TRIO Programs

The Committee recommends \$1,010,000,000 for TRIO programs, which is \$60,000,000 above the fiscal year 2017 enacted level and \$201,711,000 above the fiscal year 2018 budget request. The TRIO programs provide a variety of outreach and support services to encourage low-income, often first-generation college students to enter and complete college. Discretionary grants of up to four or five years are awarded competitively to IHEs and other nonprofit organizations. At least two thirds of the eligible participants in TRIO must be low-income, first-generation college students.

The Committee intends that funds be allocated in the same ratio as they were allocated during fiscal year 2017.

Gaining Early Awareness and Readiness for Undergraduate Programs

The Committee recommends \$350,000,000 for Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP), which is \$10,246,000 above the fiscal year 2017 enacted level and \$131,000,000 above the fiscal year 2018 budget request. GEAR UP provides grants to States and partnerships of low-income middle and high schools, IHEs, and community organizations to target entire grades of students and give them the skills, encouragement, and scholarships to pursue successfully postsecondary education.

In addition to making continuation awards to existing grantees, the Committee directs the Department to conduct a new grant competition for this program in fiscal year 2018. The Department is strongly encouraged to publish the notice inviting applications as soon as possible.

The Committee continues bill language allowing the Department to maintain the GEAR UP evaluation set-aside at 1.5 percent to work with the GEAR UP community and grantees to standardize data collection, including through the use of third-party data systems.

Graduate Assistance in Areas of National Need

The Committee recommends \$5,775,000 for the Graduate Assistance in Areas of National Need program, which is \$22,272,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. This program duplicates the efforts of other Federally-funded programs that support fellowships in these disciplines within the Department and other agencies. The Committee recommendation will enable the Department to fund fully the continuation costs of current awards. This program operates at a high per student cost, \$50,000 per student, and as a result, the program supports only a limited number of graduate students.

Teacher Quality Partnership Grants

The Committee recommends no funding for Teacher Quality Partnerships, which is \$43,092,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. The Department has determined that the authority for this program is overly restrictive and does not provide States, school districts and institutions of higher education the flexibilities needed to make meaningful design changes to teacher preparation, recruitment and induction to meet their needs. Other Federal and State programs may provide funding for these activities. Existing authority will enable grantees to close out existing projects and draw down grant funds already awarded in prior years.

Child Care Access Means Parents in School

The Committee recommends no funding for the Child Care Access Means Parents in School program, which is \$15,134,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. This program makes competitive grants to colleges and universities to support or establish a campus-based childcare program primarily serving the needs of low-income students enrolled at the institution. Given budget constraints, the Committee chose to reduce investment in narrowly focused grant programs such as this one.

HOWARD UNIVERSITY

The Committee recommends \$221,821,000 for Howard University, which is the same as the fiscal year 2017 enacted level and \$422,000 above the fiscal year 2018 budget request. Howard University is a "Research I" university located in the District of Columbia. Howard University provides undergraduate liberal arts, graduate and professional instruction to over 10,000 students from all 50 States.

Within the amount provided, the Committee recommends \$27,325,000 for the Howard University Hospital, which is the same as the fiscal year 2017 enacted level and \$52,000 above the fiscal year 2018 budget request. The hospital serves as a major acute and ambulatory care center for the District of Columbia, and functions as a major teaching facility.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

The Committee recommends \$434,000 for the Federal administration of the College Housing and Academic Facilities Loan program, the Higher Educational Facilities Loans program, and the College Housing Loans program, which is the \$1,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. Previously, these programs helped to ensure that postsecondary institutions were able to make necessary capital improvements to maintain and increase their ability to provide a high-quality education. Since 1994, no new loans have been made, and the Department's role has been to manage the outstanding loans.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING
PROGRAM ACCOUNT

The Committee recommends \$20,445,000 for the HBCU Capital Financing program, which \$39,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. Funds are available through September 30, 2018. This program is authorized under part D of Title III of the HEA and makes capital available for repair and renovation of facilities at historically black colleges and universities. In exceptional circumstances, capital provided under the program can be used for construction or acquisition of facilities.

Within the total provided for this program, the Committee recommendation includes \$333,000 for the administrative expenses to carry out the program and \$20,112,000 for loan subsidy costs that will be sufficient to guarantee up to \$313,513,000 in new loans in fiscal year 2018. Funds will also be used to continue technical assistance services to help HBCUs improve their financial stability and access to capital markets.

INSTITUTE OF EDUCATION SCIENCES

The Committee recommends \$605,267,000 for the Institute of Education Sciences, which is the same as the fiscal year 2017 enacted level and \$11,572,000 below the fiscal year 2018 budget request. This account supports education research, statistics, dissemination, evaluation, and assessment activities.

The Committee recognizes the lack of publicly available research indicating the specific educational needs of students with elevated blood lead levels. The Committee encourages the Department to collaborate with the CDC to improve awareness of educational intervention strategies for children with elevated blood lead levels. The Department and the CDC are expected to implement prioritization initiatives and provide technical assistance that informs educators, parents, and State and local education agencies about the severity and symptoms of lead poisoning and intervention strategies for children with elevated blood lead levels. The Committee requests an update on the Department's strategy and its outcomes on this topic.

Research, Development, and Dissemination

The Committee recommends \$187,500,000 for Research, Development, and Dissemination, which is the same as the fiscal year 2017 enacted level and \$7,129,000 below the fiscal year 2018 budget request. This budget account supports research, development, and National dissemination activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

Statistics

The Committee recommends \$109,500,000 for the activities of the National Center for Education Statistics (NCES), which is the same as fiscal year 2017 enacted level and \$2,287,000 below the fiscal year 2018 budget request. Statistics activities are authorized under title I of the Education Sciences Reform Act of 2002. The

Center collects, analyzes, and reports statistics on all levels of education in the United States. Activities are carried out directly and through grants and contracts and include projections of enrollments, teacher supply and demand, and educational expenditures. NCES also provides technical assistance to State and local educational agencies and postsecondary institutions.

Regional Educational Laboratories

The Committee recommends \$54,423,000 for Regional Educational Laboratories, which is the same as the fiscal year 2017 enacted level and \$103,000 above the fiscal year 2018 budget request. This program support a network of ten laboratories that promote the use and development of knowledge and evidence to increase student learning and further school improvement efforts. Funds are included to support fully continuation costs for grants made in prior years.

Research in Special Education

The Committee recommends \$54,000,000 for Research in Special Education, which is the same as the fiscal year 2017 enacted level and \$103,000 above the fiscal year 2018 budget request. This program supports competitive awards to produce and advance the use of knowledge to improve services and results for children with disabilities. The program focuses on producing new knowledge, integrating research and practice, and improving the use of knowledge.

Special Education Studies and Evaluations

The Committee recommends \$10,818,000 for Special Education Studies and Evaluations, which is the same as the fiscal year 2017 enacted level and \$21,000 above the fiscal year 2018 budget request. This program awards competitive grants, contracts and cooperative agreements to assess the implementation of the IDEA and the effectiveness of State and local efforts to provide special education and early intervention programs and services to infants, toddlers, and children with disabilities.

Statewide Data Systems

The Committee recommends \$32,281,000 for Statewide Data Systems, which is the same as the fiscal year 2017 enacted level and \$2,192,000 below the fiscal year 2018 budget request. Competitive grants under this authority are made to SEAs to help them manage, analyze, disaggregate and use student data consistent with the ESEA.

Assessment

The Committee recommends \$156,745,000 for Assessment, which is the same as the fiscal year 2017 enacted level and \$191,000 below the fiscal year 2018 budget request. This amount includes \$7,745,000 for the National Assessment Governing Board (NAGB), which is the same as the fiscal year 2017 enacted level and \$474,000 below the fiscal year 2018 budget request.

The National Assessment of Educational Progress (NAEP) is the only nationally representative and continuing survey of educational ability and achievement of American students. The primary goal of the Assessment is to determine and report the status and trends

of the knowledge and skills of students, subject by subject. Subject areas assessed in the past have included reading, writing, mathematics, science, and history, as well as citizenship, literature, art, and music. The NAEP is operated by contractors through competitive awards made by the NCES. The NAGB formulates the policy guidelines for the program.

DEPARTMENTAL MANAGEMENT

The Committee recommends \$598,756,000 for Departmental Management, which is \$1,000,000 below the fiscal year 2017 enacted level and \$7,184,000 below the fiscal year 2018 budget request. These activities are authorized by the Department of Education Organization Act (P.L. 96–88) and include costs associated with the management and operation of the Department as well as separate costs associated with the Office for Civil Rights and the Office of Inspector General.

Program Administration

The Committee recommends \$431,000,000 for Program Administration, which is \$1,000,000 below the fiscal year 2017 enacted level and \$7,000,000 below the fiscal year 2018 budget request. These funds support the staff and other costs of administering programs and activities at the Department. Items include personnel compensation, health, retirement, and other benefits as well as travel, rent, telephones, utilities, postage fees, data processing, printing, equipment, supplies, technology training, consultants, and other contractual services.

Absenteeism.—The Committee notes the need to support evidence-based strategies to address chronic absenteeism, and the need to expand the reach of attendance-focused activities that have been found to be more likely to decrease the percentage of students who miss twenty or more days of school each year. Students who are chronically absent, on average, score lower than students with better attendance on the National Assessment for Educational Progress, regardless of race or socioeconomic status. Students who are chronically absent in preschool, kindergarten, and 1st grade are much less likely to read at grade level by the 3rd grade. Additional studies demonstrate the connection between chronic absenteeism, low academic achievement and high dropout rates and suggest that attendance may predict a student's academic progress as effectively as test scores. The Committee notes that chronic absenteeism programs that use school, family, and community partnership practices can significantly decrease chronic absenteeism.

Education Costs Related to Illegal Immigration.—The Committee requests an update to the report submitted to Congress by the Department of Education on this topic as it appeared in the explanatory statement accompanying division H of the Consolidated Appropriations Act, 2016 (P.L. 114–113).

Physical Education.—The Committee believes that physical education is a foundation for healthy, active lifestyles and an important part of a well-rounded public education. The Department is encouraged to provide guidance to States and school districts on all available funding for physical education under ESSA.

Physician Assistant (PA) Education Access.—The Committee encourages the Secretary of Education to investigate the impact that

lower Federal Direct Unsubsidized Stafford Loan borrowing limits for PA students has on access to physician assistant education, overall student loan debt upon graduation, and impact on PA graduate employment in underserved and rural communities.

Puerto Rico.—The Committee understands that Puerto Rico is facing additional technical assistance needs as it works to restructure its education system, and encourages the Department to work closely with Puerto Rico to identify and address those needs.

Science, Technology, Engineering, and Math (STEM).—The Committee recognizes the benefits and advantages of a diverse workforce and encourages the Department of Education to increase diversity in the STEM workforce and pipeline by working to assist small and disadvantaged businesses, minority serving institutions, and underserved communities in developing greater diversity. The Committee supports robust investments in STEM training for teachers, internship opportunities in STEM industries such as biotechnology, and creating clear education pathways in STEM between K–12, community colleges, and four-year institutions.

The Committee encourages the Secretary of Education to study the feasibility of creating a database for schools, which would document employees of educational institutions who have been convicted of sexual assault and make such information available to the public.

Youth Deradicalization.—As defense, security, law enforcement and diplomatic efforts work together to combat extremism and terror at home and abroad, the effectiveness of our counter-terrorism policy and prevention efforts also need to continuously evolve. Domestically, the public education system may be a key point for intervention within the United States, but there is a gap in research or guidance from Federal agencies on the most effective methods, practices, programs, curriculum, modules, methodologies and holistic approaches to combating radicalization and extremist ideology influence on youth and students. In order to inform instruction, teachers, administrators and communities, such research could help assess and implement preventative measures to combat the growing impact of extremist and radical organizations on youth, school climate, safety and quality. The Committee believes the National Academy of Education may be well suited to conduct exploratory research to identify the best practices and most effective intervention models to combat the influence of extremist organizations and radicalization of youth in schools.

OFFICE FOR CIVIL RIGHTS

The Committee recommends \$108,500,000 for the Office for Civil Rights, which is the same as the fiscal year 2017 enacted level and \$1,703,000 below the fiscal year 2018 budget request. The Office for Civil Rights is responsible for enforcing laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions that receive funds from the Department. These laws extend to 50 State educational agencies, 18,200 LEAs, and nearly 7,200 IHEs, including proprietary schools. They also extend to 80 State rehabilitation agencies, libraries, museums, and other institutions receiving Federal funds.

OFFICE OF INSPECTOR GENERAL

The Committee recommends \$59,256,000 for the Office of Inspector General, which is the same as the fiscal year 2017 enacted level and \$1,887,000 below the fiscal year 2018 budget request. This Office has authority to inquire into all program and administrative activities of the Department as well as into related activities of grant and contract recipients. It conducts audits and investigations to determine compliance with applicable laws and regulations, to check alleged fraud and abuse, efficiency of operations, and effectiveness of results.

GENERAL PROVISIONS

Sec. 301. The Committee continues a provision that prohibits funds in this Act from being used for the transportation of students or teachers in order to overcome racial imbalances or to carry out a plan of racial desegregation.

Sec. 302. The Committee continues a provision that prohibits funds in this Act from being used to require the transportation of any student to a school other than the school, which is nearest the student's home in order to comply with Title VI of the Civil Rights Act of 1964.

Sec. 303. The Committee continues a provision that prohibits funds in this Act from being used to prevent the implementation of programs of voluntary prayer and meditation in public schools.

(TRANSFER OF FUNDS)

Sec. 304. The Committee continues a provision providing the Secretary of Education with the authority to transfer up to one percent of discretionary funds between appropriations, provided that no appropriation is increased by more than three percent by any such transfer. This transfer authority is available only to meet emergency needs, and may not be used to create any new program or fund a project or activity that is not otherwise funded in this Act. All transfers are subject to notification to the Committees on Appropriations of the House of Representatives and the Senate.

Sec. 305. The Committee continues to include a provision that permits Palau to continue participating in Department of Education and other programs pending formal ratification of a new compact agreement.

Sec. 306. The Committee amends a provision allowing ESEA funds consolidated for evaluation purposes to be available from July 1, 2018 through September 30, 2018.

Sec. 307. The Committee includes a provision allowing certain institutions to continue to use endowment income for student scholarships.

Sec. 308. The Committee continues to include a provision extending the authorization of the National Advisory Committee on Institutional Quality and Integrity.

Sec. 309. The Committee continues to include a provision extending the authority to provide account maintenance fees to guaranty agencies for Federal student loans.

Sec. 310. The Committee modifies a provision to rescind \$3,270,844,000 from the Pell Grant program surplus.

TITLE IV—RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

SALARIES AND EXPENSES

The Committee recommends \$8,000,000 for the Committee for Purchase From People Who Are Blind or Severely Disabled (referred to as the AbilityOne Commission), which is the same as the fiscal year 2017 enacted level and \$1,883,000 above the fiscal year 2018 budget request. The Committee believes oversight is necessary to ensure the program is operating in accordance with statutory requirements that blind or other severely disabled individuals provide at least 75 percent of hours or direct labor required for the production or provision of the products or services to Federal government agencies. To ensure the AbilityOne Commission maintains its oversight capacity, the Committee continues bill language requiring the AbilityOne Commission to establish written agreements with any central nonprofit agencies (CNA). The written agreements ensure the AbilityOne Commission can conduct appropriate audit, oversight, and reporting functions in accordance with standard Federal procurement policies.

Committee For Purchase From People Who Are Blind or Severely Disabled—Requested Reports.—The Committee for Purchase From People Who Are Blind or Severely Disabled shall submit in an electronic format quarterly reports, due at the end of each calendar month after the end of the fiscal year quarter, to the Committees on Oversight and Government Reform and Education and the Workforce of the House of Representatives, Committees on Homeland Security and Governmental Affairs and Health, Education, Labor, and Pensions of the Senate, and Committees on Appropriations of the House of Representatives and the Senate. The first report (Report 1) will include information on fees charged by a CNA. The report shall include the following:

1. Each fee charged pursuant to section 51–3.5 of title 41, Code of Federal Regulations
2. Each organization charged a fee pursuant to section 51–3.5 of title 41, Code of Federal Regulations
3. For each fee charged, for each Government order, please include the following information:
 - a. name of the nonprofit agency,
 - b. description of product or service ordered,
 - c. ordering government agency,
 - d. order price (total), and
 - e. contract award ID associated with any order, where applicable.

The second report (Report 2) will include information on CNA Expenditures. Each CNA designated pursuant to section 8503(c) of title 41, United States Code shall submit, in an electronic format, a report on expenditures, due at the end of each calendar month after the end of the fiscal year quarter, to the Committees on Oversight and Government Reform and Education and the Workforce of the House of Representatives, Committees on Homeland Security and Governmental Affairs and Health, Education, Labor, and Pensions of the Senate, and Committees on Appropriations of the

House of Representatives and the Senate. The report shall include the total amount obligated by the CNA in the previous quarter for each of the following:

1. Employee salaries (total), including executive salaries,
2. Employee benefits, including executive benefits,
3. Executive salaries,
4. Executive benefits,
5. Total travel expenses,
6. Executive travel,
7. Lobbying,
8. Advertising and promotion,
9. CNA reserve level, and
10. Funds spent to support the efforts of the Committee For Purchase From People Who Are Blind or Severely Disabled, including a description of the activities, services, and products supplied to the Committee For Purchase From People Who Are Blind or Severely Disabled.

Office of Inspector General.—The Committee recommends not less than \$1,250,000 for the Office of Inspector General.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

OPERATING EXPENSES

The Committee recommends \$1,030,358,000 to the Corporation for National and Community Service (Corporation) to carry out activities authorized under the Domestic Volunteer Service Act of 1973 and the National and Community Service Act of 1990. This funding level is the same as the fiscal year 2017 enacted level and \$895,366,000 above the fiscal year 2018 budget request.

Volunteers in Service to America (VISTA)

The Committee recommends \$92,364,000 for VISTA, which is the same as the fiscal year 2017 enacted level and \$87,454,000 above the fiscal year 2018 budget request. This program provides capacity building for small, community-based organizations with a mission of combating poverty. VISTA members raise resources, recruit and organize volunteers, and establish and expand programs in housing, employment, health, and economic development activities.

National Senior Volunteer Corps

The Committee recommends \$202,117,000 for the National Senior Volunteer Corps programs, which is the same as the fiscal year 2017 enacted level and \$201,766,000 above the fiscal year 2018 budget request. Senior Corps is a collection of programs that connect Americans older than the age of 55 with opportunities to contribute their job skills and expertise to community projects and organizations. The breakout of funding by program is as follows:

National Senior Volunteer Corps	FY 2018 Committee
Foster Grandparents Program	\$107,702,000
Senior Companion Program	45,512,000
Retired Senior Volunteer Program	48,903,000

AmeriCorps State and National Grants

The Committee recommends \$386,010,000 for AmeriCorps State and National Grants, which is the same as the fiscal year 2017 enacted level and \$383,669,000 above the fiscal year 2018 budget request. This program provides funds to local and national organizations and agencies to address community needs in education, public safety, health, and the environment.

Innovation, Assistance, and Other Activities

The Committee recommends \$5,000,000 for this program, which is the same as the fiscal year 2017 enacted level and \$5,000,000 above the fiscal year 2018 budget request.

Evaluation

The Committee recommends \$4,000,000 for this program, which is the same as the fiscal year 2017 enacted level and \$4,000,000 above the fiscal year 2018 budget request. These funds support research on program effectiveness.

National Civilian Community Corps

The Committee recommends \$30,000,000 for this program, which is the same as the fiscal year 2017 enacted level and \$5,913,000 above the fiscal year 2018 budget request. This program supports residential, team-based service opportunities for individuals aged 18–24.

State Commission Administrative Grants

The Committee recommends \$16,538,000 for this program, which is the same as the fiscal year 2017 enacted level and \$16,538,000 above the fiscal year 2018 budget request. Funds are used for formula grants to support State oversight of service programs.

PAYMENT TO THE NATIONAL SERVICE TRUST

The Committee recommends \$206,842,000 for payments to the National Service Trust, which is the same as the fiscal year 2017 enacted level and \$206,842,000 above the fiscal year 2018 budget request. The National Service Trust makes payments for Segal education awards, pays interest that accrues on qualified student loans for AmeriCorps participants during terms of service in approved national service positions, and makes other payments entitled to members who serve in the programs of the Corporation.

SALARIES AND EXPENSES

The Committee recommends \$81,737,000 for Salaries and Expenses, which is the same as the fiscal year 2017 enacted level and \$17,998,000 below the fiscal year 2018 budget request.

OFFICE OF INSPECTOR GENERAL

The Committee recommends \$5,750,000 for the Office of Inspector General, which is the same as the fiscal year 2017 enacted level and \$2,182,000 above the fiscal year 2018 budget request.

ADMINISTRATIVE PROVISIONS

Sec. 401. The Committee continues bill language that combines separate matching requirements for AmeriCorps grants.

Sec. 402. The Committee continues bill language related to National Service Trust minimum share requirements.

Sec. 403. The Committee continues bill language related to donations.

Sec. 404. The Committee continues bill language related to veterans.

Sec. 405. The Committee continues bill language related to criminal history background checks.

CORPORATION FOR PUBLIC BROADCASTING

The Committee recommends \$445,000,000 for the Corporation for Public Broadcasting for fiscal year 2020. This appropriation will fund content development, community services, and other local station and system needs for the Corporation for Public Broadcasting (CPB). The Committee does not provide funding for the public broadcasting interconnection system. The Committee recommendation is \$50,000,000 below the fiscal year 2017 enacted level and \$445,000,000 more than the fiscal year 2018 budget request.

The Committee values the contributions of public television and radio stations in serving the needs of their local communities. National organizations should continue to invest in high quality, national, diverse programming to be made available to locally-owned and operated stations. In fulfilling the mission of the Public Broadcasting Act, CPB should encourage Federally funded content distributed through National organizations to focus on rural American, civic discourse and engagement, and life-long learning. This content should reflect America's increasing diversity, including age, ethnicity, race, gender, socio-economic background, geography, and points of view. Local television and radio stations, in the interest of best serving their communities, should continue to have discretion on what content to broadcast from the National organizations.

National Minority Consortia.—According to the Public Broadcasting Act, one of the greatest priorities of public broadcasting is to address the needs of unserved and underserved audiences, particularly children and minorities. Programming that reflects the histories and perspectives of diverse racial and ethnic communities is a core value and responsibility of public broadcasting, therefore the Committee supports continued investment in the National Minority Consortia to help accomplish this goal.

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

The Committee recommends \$46,650,000 for the Federal Mediation and Conciliation Service, which is the same as the fiscal year 2017 enacted level and \$2,005,000 less than the fiscal year 2018 budget request.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION
SALARIES AND EXPENSES

The Committee recommends \$17,134,000 for the Federal Mine Safety and Health Review Commission, which is \$50,000 less than the fiscal year 2017 enacted level and \$81,000 more than the fiscal year 2018 budget request.

INSTITUTE FOR MUSEUM AND LIBRARY SERVICES
OFFICE OF MUSEUM AND LIBRARY SERVICES: GRANTS AND
ADMINISTRATION

The Committee recommends \$231,000,000 for the Institute of Museum and Library Services (IMLS), which is the same as the fiscal year 2017 enacted level and \$208,000,000 above the fiscal year 2018 budget request. Within the total for IMLS, the Committee recommends the following amounts:

Budget Activity	This Bill
Library Services Technology Act:	
Grants to States	\$155,863,000
Native American Library Services	4,063,000
National Leadership: Libraries	13,092,000
Laura Bush 21st Century Librarian	10,000,000
Museum Services Act:	
Museums for America	21,149,000
21st Century Museum Professionals	0
Conservation Project Support	0
Native American/Hawaiian Museum Services	972,000
National Leadership: Museums	7,741,000
African American History and Culture Act:	
Museum Grants for African American History and Culture	1,407,000
Museum and Library Services Act General Provisions:	
Research, Analysis and Data Collection	1,713,000
Program Administration	14,000,000

Library Services and Technology

The Grants to State Library Agencies program provides funds to State Library Administrative Agencies using a population-based formula.

Program Administration

The Committee recommends \$14,000,000 for Program Administration, which is the same as the fiscal year 2017 enacted level. These funds provide administrative and management support for all programs administered by IMLS. The Committee also includes \$1,713,000 for IMLS' activities in policy, research, and data collection, including functions formerly conducted by the National Commission on Libraries and Information Science.

MEDICARE PAYMENT ADVISORY COMMISSION
SALARIES AND EXPENSES

The Committee recommends \$12,175,000 for the Medicare Payment Advisory Commission, which is \$250,000 more than the fiscal year 2017 enacted level and \$120,000 less than the fiscal year 2018 budget request.

The Medicare Payment Advisory Commission (MedPAC) is an independent agency tasked with advising the U.S. Congress on issues affecting the Medicare program. In addition to advising the Congress on payments to private health plans participating in Medicare and providers in Medicare's traditional fee-for-service program, MedPAC is also responsible for providing analysis on access to care, quality of care, and other issues affecting Medicare.

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

The Committee provides \$7,500,000 for the Medicaid & CHIP Payment and Access Commission, which is \$265,000 less than the fiscal year 2017 enacted level and \$1,200,000 below the fiscal year 2018 budget request.

The Committee supports the unique role played by the Medicaid and CHIP Payment and Access Commission (MACPAC) in providing nonpartisan policy and data analysis on a wide array of issues affecting Medicaid and the State Children's Health Insurance Program. In addition to the analysis, MACPAC is also responsible for making recommendations to ensure the programs continue to serve low-income and other vulnerable populations, including an examination of the budget consequences. The Committee encourages MACPAC to include in their policy recommendations additional specific recommended policy changes to the program that can result in savings to accompany any policy changes that may entail additional costs. Recognizing the wide array of State practices and States' unique partnership role in running the Medicaid program, the Committee also encourages MACAPAC to consider how it may serve as a resource in highlighting State innovations in delivery system reforms, cost-containment strategies, care coordination best practices, and other efforts to run an efficient and effective State Medicaid program.

NATIONAL COUNCIL ON DISABILITY

SALARIES AND EXPENSES

The Committee recommends \$3,200,000 for the National Council on Disability, which is \$50,000 below the fiscal year 2017 enacted level and \$11,000 below the fiscal year 2018 budget request.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

The Committee recommends \$249,000,000 for the National Labor Relations Board, which is \$25,224,000 less than the fiscal year 2017 enacted level and \$9,000,000 less than the fiscal year 2018 budget request.

ADMINISTRATIVE PROVISIONS

Sec. 406. The Committee continues a provision relating to electronic voting for purposes of collective bargaining.

Sec. 407. The Committee includes a new provision relating to jurisdiction over Indian tribes.

Sec. 408. The Committee includes a new provision relating to joint-employer standards.

NATIONAL MEDIATION BOARD

SALARIES AND EXPENSES

The Committee recommends \$13,500,000 for the National Mediation Board, which is \$300,000 above the fiscal year 2017 enacted level and \$295,000 below the fiscal year 2018 budget request.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

The Committee recommends \$12,875,000 for the Occupational Safety and Health Review Commission, which is \$350,000 below the fiscal year 2017 enacted level and \$260,000 above the fiscal year 2018 budget request.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

The Committee recommends \$22,000,000 for dual benefits, which is \$3,000,000 below the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. This appropriation is authorized by the Railroad Retirement Act of 1974 to fund vested dual benefits received by railroad retirees who, under prior law, would have become covered by both the railroad retirement system and the Social Security system because railroad retirement was not fully coordinated with social security from 1937 to 1974. The Committee includes a provision permitting a portion of these funds to be derived from income tax receipts on dual benefits as authorized by law. The Railroad Retirement Board estimates that approximately \$1,000,000 may be derived in this manner.

FEDERAL PAYMENT TO THE RAILROAD RETIREMENT ACCOUNTS

The Committee recommends \$150,000 for the interest earned on unnegotiated checks, which is the same as the fiscal year 2017 enacted level and the fiscal year 2018 budget request.

LIMITATION ON ADMINISTRATION

The Committee recommends a consolidated limitation of \$113,500,000 on the expenditure of Railroad Retirement and Railroad Unemployment Trust Funds for administrative expenses of the Railroad Retirement Board (RRB), which is the same as the fiscal year 2017 enacted level and \$2,275,000 above the fiscal year 2018 budget request.

The Committee maintains its position that the financial statements and audit of the National Railroad Retirement Investment Trust should remain separate from the financial statements and audit of the RRB. The Committee notes that the Railroad Retirement and Survivors' Improvement Act of 2001 mandates that the Trust function independently from the RRB. Further, the Act specifically requires a separate audit of the Trust by a nongovernmental auditor and requires that the results of this audit be included in the Trust's Annual Management Report to Congress. The

Committee expects that the Trust shall be administered and audited solely in conformance with the Railroad Retirement and Survivors' Improvement Act of 2001.

LIMITATION ON THE OFFICE OF INSPECTOR GENERAL

The Committee recommends authority to expend \$10,000,000 from the Railroad Retirement and Railroad Unemployment Insurance Trust Funds for the Office of Inspector General, which is equal to the fiscal year 2017 enacted level and \$1,563,000 above the fiscal year 2018 budget request.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

The Committee recommends \$11,400,000 for mandatory payments necessary to compensate the Old Age and Survivors Insurance (OASI) Trust Fund and the Disability Insurance (DI) Trust Fund, which is the same as the fiscal year 2017 enacted level and the fiscal year 2018 budget request. This appropriation provides reimbursement to the Social Security trust funds for non-trust fund activities.

SUPPLEMENTAL SECURITY INCOME PROGRAM

The Committee recommends \$38,591,635,000 for the Supplemental Security Income (SSI) program, which is \$5,026,528,000 below the fiscal year 2017 enacted level and \$35,109,000 above the fiscal year 2018 budget request. The Committee recommends \$19,500,000,000 in advance funding for the first quarter of fiscal year 2019, as requested.

Research and Demonstration

Within the appropriation for SSI, the Committee recommends \$101,000,000 for research and demonstration activities, which is \$43,000,000 more than the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request.

The Committee does not include bill language extending the period of availability for research and demonstrations. The Committee requests, as part of the fiscal year 2019 Congressional Justification, for each research or demonstration project the total cost obligated to date.

Administration

Within the appropriation for SSI, the Committee recommends \$5,095,635,000, which is \$66,208,000 above the fiscal year 2017 enacted level and \$35,109,000 above the fiscal year 2018 budget request level for payment to the Social Security trust funds for SSI's share of the base administrative expenses of the Social Security Administration (SSA).

LIMITATION ON ADMINISTRATIVE EXPENSES

The Committee recommends \$10,538,945,000 for the Limitation on Administrative Expenses (LAE) account to be funded from the Social Security and Medicare trust funds, which is the same as the fiscal year 2017 enacted level and \$64,055,000 below the fiscal year

2018 budget request. The LAE funds support SSA operational costs to administer the Old Age and Survivors Insurance (OASI), Disability Insurance (DI), and Supplemental Security Income programs, and to support the Centers for Medicare and Medicaid Services in administering their programs.

Pilot Program Metrics.—Pilot programs are valuable opportunities to evaluate the effects of programmatic changes, but require a well thought out design that includes appropriate measures to evaluate the pilot's effectiveness. For instance, the Social Security Advisory Board found, despite beginning the Single Decision Maker pilot in 1999, the Social Security Administration (SSA) is unable to determine if it was effective due to a lack of quality data. The Committee is concerned with the SSA's consistent struggle to capture useful metrics to evaluate the performance of its pilot programs and expects that, prior to undertaking any new pilots, the SSA will ensure that it has developed a research design that includes adequate metrics to determine the pilot's effectiveness. For any new pilot launched in the prior fiscal year, or proposed in the current or budget year, the Committee directs the SSA to include in the fiscal year 2019 Congressional Justification a description of the pilot and what measures SSA will use to determine its effectiveness.

Information Technology.—The Committee continues to request the plan referenced under this heading in House Report 114–699.

Reducing Social Security Number Use.—Social Security numbers (SSNs) are valuable targets for identity theft because of their regular use by both the Federal government and the private sector as a unique identifier. Despite this, the Social Security Administration (SSA) still mails full SSNs on approximately 233 million notices or forms of correspondence each year. While the SSA has committed to removing SSNs from its mailings whenever possible, it has not provided a timeframe to do so. The Committee appreciates the SSA's stated commitment to reducing the use of SSNs on mailed documents and requires additional information to monitor progress. The Committee directs the SSA to provide a report within 60 days of enactment of this Act to the House of Representatives Committee on Appropriations Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies and to the Committee on Ways and Means Subcommittee on Social Security, that includes the title and identification number of each document used by the SSA containing a full SSN, the most recent date this document was updated, and either a justification for why the use of a full SSN is necessary for inclusion on that document or the projected date on which the full SSN will be removed from the document.

Report on Medical Listings.—SSA employs medical listings to make disability determinations, many of which have not been updated. The Committee continues direction for SSA to provide a report within 60 days of enactment to the House of Representatives Committee on Appropriations Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies and the Committee on Ways and Means Subcommittee on Social Security regarding the number of years since the last update and when the agency expects to conduct all of the updates for all medical listings.

Report on LAE Expenditures.—The Committee continues to request the report referenced under this heading in House Report 114–699 as part of the fiscal year 2019 Congressional Justification.

Social Security Advisory Board

The Committee recommends that not less than \$2,300,000 of the LAE funding be available for the Social Security Advisory Board, which is the same as the fiscal year 2017 enacted level and the fiscal year 2018 budget request.

The Committee requests the Social Security Advisory Board include additional information regarding the work of the Social Security Advisory Board in developing recommendations to improve SSA’s quality of service to the public in the fiscal year 2019 Congressional Justification. The Committee does not include bill language providing the Social Security Advisory Board reception and representation authority.

User Fees

In addition to the other amounts provided, the Committee recommends \$119,000,000 for administrative activities funded from user fees. Of this amount, \$118,000,000 is derived from fees collected from States that request SSA to administer State SSI supplementary payments.

Continuing Disability Reviews and Redeterminations

The Committee recommends \$1,735,000,000 for program integrity activities. In the wake of multiple large-scale disability fraud cases, the Committee believes that successful program integrity activities are vital to maintaining the public’s support for benefit payments to recipients deserving of assistance.

OFFICE OF THE INSPECTOR GENERAL

(INCLUDING TRANSFER OF FUNDS)

The Committee recommends \$105,500,000 for the Office of Inspector General, of which the bill provides authority to expend \$75,500,000 from the OASI and DI trust funds. This funding level is the same as the fiscal year 2017 enacted level and the fiscal year 2018 budget request.

TITLE V—GENERAL PROVISIONS

(TRANSFER OF FUNDS)

Sec. 501. The Committee continues a provision allowing the Secretaries of Labor, Health and Human Services, and Education to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations to be used for the same purposes and for the same periods of time for which they were originally appropriated.

Sec. 502. The Committee continues a provision prohibiting the obligation of funds beyond the current fiscal year unless expressly so provided.

Sec. 503. The Committee continues a provision prohibiting funds from being used to support or defeat legislation.

Sec. 504. The Committee continues a provision limiting the amount available for official reception and representation expenses for the Secretaries of Labor and Education, the Director of the Federal Mediation and Conciliation Service, and the Chairman of the National Mediation Board.

Sec. 505. The Committee continues a provision requiring grantees receiving Federal funds to clearly state the percentage of the total cost of the program or project that will be financed with Federal money.

Sec. 506. The Committee continues a provision prohibiting the use of funds for any abortion.

Sec. 507. The Committee continues a provision providing exceptions to section 506 and a provision prohibiting funds from being made available to a Federal agency or program, or to a State or local government, if such agency, program or government discriminates against institutional or individual health care entities because they do not provide, pay for, provide coverage of, or refer for abortions.

Sec. 508. The Committee continues a provision prohibiting use of funds for certain research involving human embryos.

Sec. 509. The Committee continues a provision prohibiting use of funds for any activity that promotes the legalization of any drug or substance included in schedule I of the schedules of controlled substances.

Sec. 510. The Committee continues a provision prohibiting use of funds to promulgate or adopt any final standard providing for a unique health identifier until legislation is enacted specifically approving the standard.

Sec. 511. The Committee continues a provision related to annual reports to the Secretary of Labor.

Sec. 512. The Committee continues a provision prohibiting transfer of funds made available in this Act except by authority provided in this Act or another appropriations Act.

Sec. 513. The Committee continues a provision to limit funds in the bill for public libraries to those that comply with the requirements of the Children's Internet Protection Act.

Sec. 514. The Committee continues a provision regarding procedures for reprogramming of funds.

Sec. 515. The Committee continues a provision pertaining to appointments to scientific advisory committees.

Sec. 516. The Committee continues a provision requiring each department and related agency funded through this Act to submit an operating plan within 45 days of enactment, detailing any funding allocations that are different than those specified in this Act, the accompanying detailed table, or budget request.

Sec. 517. The Committee continues a provision requiring the Secretaries of Labor, Health and Human Services, and Education to submit a quarterly report to the Committees on Appropriations of the House of Representatives and the Senate containing certain information on noncompetitive contracts, grants, and cooperative agreements exceeding \$500,000 in value.

Sec. 518. The Committee continues a provision prohibiting the use of funds to process claims for credit for quarters of coverage based on work performed under a Social Security number that was not the claimant's number, where the performance of such work

under such number has formed the basis for a conviction of the claimant of a violation of section 208(a)(6) or (7) of the Social Security Act.

Sec. 519. The Committee continues a provision prohibiting the use of funds to implement a Social Security totalization agreement with Mexico.

Sec. 520. The Committee continues a provision related to needle exchange.

Sec. 521. The Committee continues a provision prohibiting the use of funds for the downloading or exchanging of pornography.

Sec. 522. The Committee continues a provision that prohibits funding from going to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.

Sec. 523. The Committee continues a provision relating to reporting requirements for conference expenditures.

Sec. 524. The Committee continues a provision relating to disclosure of U.S. taxpayer funding for programs used in advertising.

Sec. 525. The Committee continues a provision relating to performance partnership pilots.

Sec. 526. The Committee continues provision requesting quarterly reports on the status of balances of appropriations from the Departments of Labor, Health and Human Services and Education and the Social Security Administration.

Sec. 527. The Committee includes a new provision prohibiting use of funds to implement, administer, enforce or further the provisions of Public Law 111-148 and portions of public Law 111-152 with certain exceptions.

Sec. 528. The Committee includes a new provision prohibiting use of funds for research on fetal tissue obtained from an induced abortion.

Sec. 529. The Committee includes a new provision restricting funding to certain health care entities.

(RESCISSION)

Sec. 530. The Committee rescinds \$560,000,000 from the non-recurring expenses fund.

(RESCISSION)

Sec. 531. The Committee rescinds \$15,000,000 provided under section 3403 [Independent Payment Advisory Board] of Public Law 111-148.

Sec. 532. The Committee modifies a provision relating to the Child Enrollment Contingency Fund.

(RESCISSION)

Sec. 533. The Committee rescinds \$323,000,000 in unused funds provided under section 1101(g) [Pre-Existing Condition Insurance Program] of Public Law 111-148.

(RESCISSION)

Sec. 534. The Committee rescinds \$88,613,000 in unused funds provided under section 2105(a)(3) [Children's Health Insurance Program Performance Bonus Payment] of the Social Security Act.

(RESCISSION)

Sec. 535. The Committee rescinds \$3,945,905,000 in unused funds provided under section 301(b)(3) [Children’s Health Insurance Program allotments] of Public Law 114–10.

Sec. 536. The Committee includes a new provision relating to conscience protection with respect to health care entities that refuse to participate in abortions.

SPENDING REDUCTION ACCOUNT

Sec. 537. The Committee includes a Spending Reduction Account.

HOUSE OF REPRESENTATIVES REPORTING REQUIREMENTS

The following materials are submitted in accordance with various requirements of the Rules of the House of Representatives:

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the following is a statement of general performance goals and objectives for which this measure authorizes funding: The Committee on Appropriations considers program performance, including a program’s success in developing and attaining outcome-related goals and objectives, in developing funding recommendations.

RESCISSION OF FUNDS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following lists the rescissions of unexpended balances included in the accompanying bill:

RESCISSIONS RECOMMENDED IN THE BILL

Account	Amount
Department of Labor	
Dislocated Workers National Reserve	\$200,000,000
Department of Health and Human Services	
Nonrecurring Expenses Fund	560,000,000
Independent Payment Advisory Board	15,000,000
Preexisting Condition Insurance Program	323,000,000
Children’s Health Insurance Program	3,945,905,000
Performance Bonus Payments	88,046,000
Department of Education	
Pell Grants	3,270,844,000

TRANSFER OF FUNDS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following lists the transfers of unexpended balances included in the accompanying bill:

TITLE I

Language is included under “Job Corps” permitting the transfer of funds for Job Corps Center construction, rehabilitation and acquisition to meet the operational needs of Job Corps Centers or to achieve administrative efficiencies.

Language is included under "Special Benefits" which provides for the transfer of such sums as necessary from the "Postal Service" account.

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of Labor, Office of Workers' Compensation Program, Salaries and Expenses."

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of Labor, Departmental Management, Salaries and Expenses."

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of Labor, Departmental Management, Office of Inspector General."

Language is included under "Black Lung Disability Trust Fund" which provides for the transfer of funds to the "Department of the Treasury."

Language is included under "Departmental Management, Salaries and Expenses" authorizing the transfer of funds available for program evaluation to any other account within the Department to carry out evaluation activities.

A general provision is included that allows not to exceed one percent of any discretionary appropriations to be transferred between an appropriation of the Department of Labor, provided that no such appropriation is increased by more than three percent by such transfer.

A general provision is included that authorizes the transfer of funds from the "Employment and Training Administration" for technical assistance services to grantees to "Program Administration."

A general provision is included that provides for the transfer of up to 0.75 percent of funds from each appropriation to carry out evaluations of any of the programs or activities from "Training and Employment Services", "Job Corps", "Community Service Employment for Older Americans," "State Unemployment Insurance and Employment Service Operations", "Employee Benefits Security Administration", "Office of Workers' Compensation Programs", "Wage and Hour Division", "Office of Federal Contract Compliance Programs", "Office of Labor-Management Standards", "Occupational Safety and Health Administration", "Mine Safety and Health Administration", "Office of Disability Employment Policy, "Bureau of International Affairs" and Women's Bureau" within the Departmental Management, Salaries and Expenses" account, and "Veterans Employment and Training" for use by the Office of the Chief Evaluation Officer.

TITLE II

Language is included under "Centers for Disease Control and Prevention, Buildings and Facilities" to allow the transfer of prior year unobligated Individual Learning Account funds to be transferred to this account to carry out the purpose of this account.

Language is included under "Administration for Children and Families—Refugee and Entrant Assistance" permitting transfers pursuant to a general provision to increase an appropriation under this heading by ten percent.

Language is included under “Administration for Community Living, Aging and Disability Services Programs” for transfer to the Secretary of Agriculture to carryout section 311 of the Older Americans Act of 1965.

Language is included under “Public Health and Social Services Emergency Fund” to provide enhanced transfer authority to this account to address public health emergencies.

A general provision is included that allows not to exceed one percent of any discretionary funds to be transferred between appropriation accounts of the “Department of Health and Human Services”, provided that no appropriation account is increased by more than three percent by such transfer.

A general provision is included that allows the transfer of up to three percent among the institutes and centers of the “National Institutes of Health” from amounts identified as pertaining to the human immunodeficiency virus.

A general provision is included that allows the transfer of funding determined to be related to the human immunodeficiency virus to the “Office of AIDS Research”.

A general provision is included that transfers one percent of the amount made available for “National Research Service Awards” at the “National Institutes of Health” to the “Health Resources and Services Administration”.

A general provision is included to direct the transfer of the “Prevention and Public Health Fund” as specified in the committee report accompanying this Act.

TITLE III

A general provision is included that allows not to exceed one percent of any discretionary funds to be transferred between appropriation accounts of the Department of Education, provided that no appropriation account is increased by more than three percent by such transfer.

TITLE IV

Language is included under Payment to the National Service Trust authorizing the transfer of funds from the “Corporation for National and Community Service, Operating Expenses” to support the activities of national service participants.

Language is included under “Social Security Administration” authorizing the transfer of up to three percent of the Social Security Administration’s “Limitation on Administration Expenses’” account to be available for purposes of the Office of Inspector General.

TITLE V

A general provision is included that allows the Secretaries of Labor, Health and Human Services, and Education to transfer balances of prior appropriation to accounts corresponding to current appropriations.

DISCLOSURE OF EARMARKS AND CONGRESSIONALLY DIRECTED
SPENDING ITEMS

Neither the bill nor the report contains any Congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

COMPLIANCE WITH RULE XIII, CL. 3(E) (RAMSEYER RULE)

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

CHANGES IN THE APPLICATION OF EXISTING LAW

Pursuant to clause 3(f)(1)(A) of rule XIII of the Rules of the House of Representatives, the following statements are submitted describing the effect of provisions in the accompanying bill that directly or indirectly change the application of existing law.

TITLE I—DEPARTMENT OF LABOR

Language is included under “Employment and Training Administration” providing that allotments to outlying areas are not required to be made through the Pacific Region Educational Laboratory as provided by section 127 of the Workforce Innovation and Opportunity Act (WIOA).

Language is included under “Employment and Training Administration” providing amounts made available for dislocated workers may be used for State activities or across multiple local areas where workers remain dislocated.

Language is included under “Employment and Training Administration” providing that technical assistance projects may provide assistance to new entrants in the workforce and incumbent workers.

Language is included under “Employment and Training Administration” providing that the Secretary of Labor may reserve not more than 10 of funds to provide technical assistance activities related to the transition to WIOA.

Language is included under “Employment and Training Administration” providing that the Department of Labor may take no action to limit the number or proportion of eligible applicants receiving related assistance services in the migrant and seasonal farmworkers programs.

Language is included under “Job Corps” providing that amounts made available for construction and rehabilitation may include acquisition and maintenance of major items of equipment.

Language is included under “Job Corps” providing authority to transfer up to 15 percent of construction and rehabilitation funds for operational needs with prior written notice to the Committee and that any such transfers are available for obligation through June 30, 2019.

Language is included under “Job Corps” providing that no funds from any other appropriation may be used for meal services at Job Corps.

Language is included under “Federal Unemployment Benefits and Allowances” providing that funding may be available beyond the current year in accordance with section 245(c) of the Trade Act of 1974.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing for reemployment services and referrals to training for all claimants of unemployment insurance for ex-service members, for improper payment reviews, and for unemployment claimants most likely to exhaust their benefits.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing for additional administrative funds from the Unemployment Trust Fund if unemployment claims exceed certain levels.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing authority for States to use funds to assist other States to carry out authorized activities in cases of a major disaster declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that the Department of Labor may make payments on behalf of States for the use of the National Directory of New Hires.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that the Department of Labor may make payments from funds appropriated for States’ grants on behalf of States to the entity operating the State Information Data Exchange System.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that the Department of Labor may make payments from funds appropriated for States’ grants on behalf of States to the entity operating the Unemployment Insurance Integrity Center of Excellence.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that appropriations for establishing a national one-stop career system may be obligated in contracts, grants or agreements with States or non-State entities.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that States awarded grants to support national activities of the Federal-State unemployment insurance system may award subgrants to other States.

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that funds available for integrated Unemployment Insurance and Employment Service automation may be used by States notwithstanding cost allocation principles prescribed under the Office of Management and Budget “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.”

Language is included under “State Unemployment Insurance and Employment Service Operations” providing that the Department of Labor may reallocate funds among States participating in a consortium.

Language is included under “State Unemployment Insurance and Employment Service Operations” allowing the Secretary to collect fees, to remain available until September 30, 2019, for the costs as-

sociated with additional data collection, analyses, and reporting services related to the National Agricultural Workers Survey.

Language is included under “Pension Benefit Guarantee Corporation” providing for additional administrative funds if participants with plans terminated during the period exceed a certain level.

Language is included under “Pension Benefit Guarantee Corporation” providing that obligations may exceed amounts provided for unforeseen and extraordinary pretermination expenses or unforeseen and extraordinary multiemployer program expenses if approved by the Office of Management and Budget.

Language is included under “Special Benefits” providing that the Department of Labor may use authority to reimburse an employer who is not the employer at the time of injury for portions of the salary of a re-employed, disabled beneficiary.

Language is included under “Special Benefits” providing that balances of reimbursements unobligated on September 30, 2017 shall remain available until expended.

Language is included under “Special Benefits” providing that funds shall be transferred to the appropriation from entities required under 5 U.S.C. 8147(c) as determined by the Department of Labor.

Language is included under “Special Benefits” providing that funds transferred from entities under 5 U.S.C 8147(c), specified amounts may be used by the Department of Labor for maintenance and data and communications systems, workload processing, roll disability management and medical review, and program integrity with remaining amounts paid into the Treasury.

Language is included under “Special Benefits” providing that the Secretary may prescribe regulations requiring identification for the filing benefit claims.

Language is included under “Administrative Expenses, Energy Employees Occupational Illness Compensation Fund” providing that the Secretary may prescribe regulations for requiring identification for the filing benefit claims.

Language is included under “Occupational Safety and Health Administration” providing that up to a certain amount of fees collected from the training institute may be retained and used for related training and education.

Language is included under “Occupational Safety and Health Administration” providing that fees collected from Nationally Recognized Testing Laboratories may be used to administer laboratory recognition programs that insure safety of equipment used in the workplace.

Language is included under “Occupational Safety and Health Administration” that prohibits enforcement on farming operations of 10 or fewer employees or of an employer with 10 or fewer employees that is below the national average in specific injury categories except under specific exclusions.

Language is included under “Mine Safety and Health Administration” providing that funds made available for State assistance grants may be used for the purchase and maintenance of equipment required by the Coal Mine Dust rule.

Language is included under “Mine Safety and Health Administration” providing that a specific amount may be collected by the

National Mine Health and Safety Academy and made available for mine safety and health education and training.

Language is included under “Mine Safety and Health Administration” providing that a specific amount may be collected from the approval and certification of equipment and materials and made available for other such activities.

Language is included under “Mine Safety and Health Administration” providing that the Department of Labor may accept lands, buildings, equipment, and other contributions from public and private sources for cooperative projects.

Language is included under “Mine Safety and Health Administration” providing that the Department of Labor may promote health and safety education and training through cooperative agreements with States, industry and safety associations.

Language is included under “Mine Safety and Health Administration” providing that the Department of Labor may recognize the Joseph A. Holmes Safety Association as the principal safety association and may provide funds or personnel as officers in local chapters or the national organization.

Language is included under “Mine Safety and Health Administration” providing that the Department of Labor may use appropriated funds to provide for costs associated with mine rescue and survival operations in the event of a major disaster.

Language is included under “Departmental Management—Salaries and Expenses” providing that the Bureau of International Labor Affairs may operating international labor activities through grants, subgrants or other arrangements.

Language is included under “Departmental Management—Salaries and Expenses” providing that funds available for program evaluation may be used to administer grants for evaluation purposes under certain conditions.

Language is included under “Departmental Management—Salaries and Expenses” providing that funds available to the Women’s Bureau may be used for grants to service and promote the interests of women in the workplace.

Language is included under “Departmental Management—Salaries and Expenses” providing that certain amounts made available to the Women’s Bureau shall be used for grants authorized by the Women in Apprenticeship and Nontraditional Occupations Act.

Language is included under “Veterans Employment and Training” providing that up to three percent of States’ grants may be used for federal expenditures for data systems and contract support.

Language is included under “Veterans Employment and Training” providing that funds may be used for support specialists providing intensive services to wounded servicemembers.

Language is included under “Veterans Employment and Training” providing that Department of Labor may reallocate up to three percent of funds provided among appropriated accounts.

Language is included under “Veterans Employment and Training” providing that the HIRE Vets Medallion Award Fund shall be available to the Secretary for expenses of the HIRE Vets Medallion Award Program.

Language is included under “Veterans Employment and Training” providing that funds made available to assist homeless veterans may be awarded through September 30, 2018.

Language is included under “Veterans Employment and Training” providing that authorized services to veterans may also be provided to veterans recently released from incarceration.

Language is included under “General Provisions” prohibiting the use of Job Corps funds to pay the salaries and bonuses at a rate in excess of Executive Level II.

Language is included under “General Provisions” authorizing the transfer of up to one percent of discretionary funds between programs, projects, or activities as long as the transfer does not increase any program, project, or activity by more than three percent and no new program, project, or activity is created by such transfer.

Language is included under “General Provisions” prohibiting the use funds for procurement of goods or services rendered by forced or indentured child labor.

Language is included under “General Provisions” prohibiting the use of any funds appropriated for grants solicited after January 15, 2014, under section 414(c) of the American Competitiveness and Workforce Improvement Act of 1998, for purposes other than competitive grants for training individuals over the age of 16 who are not currently enrolled in school in the occupations and industries for which employers are using H-1B visa to hire foreign workers.

Language is included under “General Provisions” prohibiting the use of any funds appropriated for Employment and Training Administration programs to be used to pay the salaries and bonuses at a rate in excess of Executive Level II except under specific exclusions.

Language is included under “General Provisions” providing that the Department of Labor may transfer funds from the Employment and Training Administration to Program Administration when it is determined that services will be more efficiently performed and that the Department may transfer certain amounts to Program Administration to conduct program integrity activities.

Language is included under “General Provisions” providing that the Department of Labor may transfer funds from specified accounts to the “Office of the Chief Evaluation Officer” for program evaluations.

Language is included under “General Provisions” providing that the Department of Labor may use the performance accountability system in effect prior to July 1, 2016 for purposes of implementing section 147 of the WIOA.

Language is included under “General Provisions” regarding the application of certain Fair Labor Standards Act requirements pertaining to the evaluation of claims following a major disaster.

Language is included under “General Provisions” rescinding advance appropriations for the Dislocated Workers National Reserve.

Language is included under “General Provisions” providing flexibility of crossing for H-2B nonimmigrant workers in the seafood industry.

Language is included under “General Provisions” providing requirements for the determination of prevailing wages in the H-2B nonimmigrant workers program.

Language is included under “General Provisions” prohibiting the use of any funds to enforce certain administrative requirements under the H-2B nonimmigrant workers program.

Language is included under “General Provisions” providing that the regulation regarding the definition of the term fiduciary has no effect.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

Language is included under “Health Resources and Services Administration—Health Workforce” overriding the proportional funding requirements in the Public Health Service Act for sections 736, 747, 751, and 762.

Language is included under “Health Resources and Services Administration—Health Workforce” providing that fees collected for the disclosure of information under the information reporting requirement program authorized by section 1921 of the Social Security Act shall be sufficient to recover the full costs of the operation program and shall remain available until expended to carry out that Act.

Language is included under “Center for Disease Control and Prevention—Public Health Preparedness and Response” permitting CDC to operate and maintain an aircraft.

Language is included under “Center for Disease Control and Prevention—Buildings and Facilities” providing the use of funds to support acquisition, renovation, or replacement, of the National Institute Occupational Safety and Health’s underground and surface coal mining research capacity.

Language is included under “Center for Disease Control and Prevention—Buildings and Facilities” providing funds from former employees with existing Individual Learning Accounts unobligated to be available to support acquisition, renovation, or replacement, of the National Institute for Occupational Safety and Health’s underground and surface coal mining research capacity.

Language is included under “Substance Abuse and Mental Health Services Administration—Mental Health” that allows SAMHSA to provide technical assistance to communities that do not receive grants but want to implement systems of care model programs.

Language is included under “Substance Abuse and Mental Health Services Administration—Mental Health” requiring states to spend 10 percent of the Mental Health Block Grant for programs for individuals with early serious mental illness.

Language is included under “Substance Abuse and Mental Health Services Administration—Mental Health” exempting the Mental Health Block Grant from the evaluation set-aside in section 241 of the Public Health Service Act.

Language is included under “Substance Abuse and Mental Health Services Administration Substance Abuse Treatment” exempting the Substance Abuse Prevention and Treatment Block Grant from the evaluation set-aside in section 241 of the Public Health Service Act.

Language is included under “Centers for Medicare and Medicaid Services—Program Management” prohibiting the collection of fees

from qualified health plans offered through an Exchange established under Public Law 111–148.

Language is included under “Centers for Medicare and Medicaid Services—Health Care Fraud and Abuse Control Account” providing funds to support the cost of the Senior Medicare Patrol program.

Language is included under “Administration for Children and Families Refugee and Entrant Assistance” permitting a 10 percent transfer.

Language is included under Administration for Community Living establishing an assistive technology alternative financing program.

Language is included under Administration for Community Living prohibiting the use of the funds provided in the bill to pursue legal action on behalf of a protection and advocacy system described in section 103 of the Protection and Advocacy for Individuals with Mental Illness Act unless public notice has been provided within 90 of instituting action to the named person or their legal guardian.

Language is included under Administration for Community Living waiving the public notice requirement for individuals without a guardian, who are not competent to consent, who are wards of the State or subject to public guardianship.

Language is included under “General Departmental Management” for competitive grants that implement education in sexual risk avoidance using medically accurate information, evidence-based approaches and teach benefits of healthy relationships, goal setting and resisting sexual coercion and other youth risk behaviors.

Language is included under “Public Health and Social Services Emergency Fund” to provide enhanced transfer authority to this account to address public health emergencies.

Section 201 limits the amount available for official reception and representation expenses.

Section 202 limits the salary of an individual through an HHS grant or other extramural mechanism to not more than the rate of Executive Level II.

Section 203 prohibits the Secretary from using evaluation set-aside funds until the Committees on Appropriations of the House of Representatives and the Senate receive a report detailing the planned use of such funds.

Section 204 reduces the PHS evaluation set-aside to 2.4 percent.

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

Section 206 continues the 60 day flexibility for National Health Service Corps contract terminations.

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

Section 208 states that no provider of services under Title X shall be exempt from any state law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Section 209 provides conscience protections to participants in the Medicare Advantage program who chose not to provide, pay for, provide coverage of, or provide referrals for abortions.

Section 210 prohibits funds from being used to advocate or promote gun control.

Section 211 permits funding for HHS international HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad to be spent under the State Department Basic Authorities Act of 1956.

Section 212 relates to certain international health activities.

Section 213 provides the Director of NIH, jointly with the Director of the Office of AIDS Research, the authority to transfer up to three percent of human immunodeficiency virus funds.

Section 214 makes NIH funds available for human immunodeficiency virus research available to the Office of AIDS Research.

Section 215 grants authority to the Office of the Director of the NIH to enter directly into transactions in order to implement the NIH Common Fund for medical research and permitting the Director to utilize peer review procedures, as appropriate, to obtain assessments of scientific and technical merit.

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

Section 217 transfers one percent of the funding made available for National Institutes of Health National Research Service Awards to the Health Resources and Services Administration and Agency for Healthcare Research and Quality.

Section 218 continues the Biomedical Advanced Research and Development Authority ten year contract authority.

Section 219 requires HHS to provide details on its public website related to how the Prevention and Public Health Funds are used.

Section 220 requires HHS to include certain information concerning the number of full-time federal employees and contractors working on the ACA in the fiscal year 2019 budget request.

Section 221 includes specific report requirements for CMS's marketplaces activities in the fiscal year 2019 budget request.

Section 222 continues certain Congressional notification requirements.

Section 223 prohibits CMS Program Account from being used to support risk corridor payments.

Section 224 requires HHS to submit an analysis of the impact of section 2713 of the PHS Act on discretionary programs.

Section 225 directs the spending of the Prevention and Public Health fund.

Section 226 prohibits funds from being used for Title X family planning activities.

Section 227 continues a provision relating to breast cancer screening.

Section 228 requires the NIH to continue to use existing indirect cost negotiated rates.

Section 229 prevents funding of the Navigator program.

TITLE III—DEPARTMENT OF EDUCATION

Language is included under “General Provisions” allowing ESEA funds consolidated for evaluation purposes to be available from July 1, 2018 through September 30, 2019.

Language is included under “General Provisions” allowing certain institutions to continue to use endowment income for student scholarships.

Language is included under “General Provisions” extending the authorization of the National Advisory Committee on Institutional Quality and Integrity.

Language is included under “General Provisions” extending the authority to provide account maintenance fees to guaranty agencies for Federal student loans.

TITLE IV—RELATED AGENCIES

Language is included under “Federal Mediation and Conciliation Service—Salaries and Expenses” providing that fees charged for special training and other services and be retained and used for authorized purposes, that fees for arbitration services may only be used for training agency personnel, and that the Director may accept gifts and services in aid of any projects under the Director’s jurisdiction.

Language is included under “National Labor Relations Board—Salaries and Expenses” prohibiting the use of funds for organizing or assisting in the organization of agricultural workers or for investigations, hearings, directives, or orders related to bargaining units of agricultural workers including employees involved in the maintenance and operations of ditches, canals, reservoirs and waterways for agricultural purposes.

Language is included under “National Labor Relations Board—Administrative Provisions” prohibiting the use of electronic voting in representation elections.

Language is included under “National Labor Relations Board—Administrative Provisions” prohibiting the exertion of jurisdiction related to Indian Tribes.

Language is included under “National Labor Relations Board—Administrative Provisions” prohibiting the application of a new “joint-employer” standard.

Language is included under “The Committee for Purchase from People Who are Blind or Severely Disabled” requiring that written agreements, with certain oversight provisions, be in place in order for authorized fees to be charged by certified nonprofit agencies.

TITLE V—GENERAL PROVISIONS

Section 501 permits the Secretaries of Labor, Health and Human Services, and Education to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations to be used for the same purpose and for the same periods of time for which they were originally appropriated.

Section 502 prohibits the obligation of funds beyond the current fiscal year unless expressly so provided.

Section 503 prohibits funds from being used to support or defeat legislation.

Section 504 limits the amount available for official reception and representation expenses for the Secretaries of Labor and Education, the Director of the Federal Mediation and Conciliation Service, and the Chairman of the National Mediation Board.

Section 505 requires grantees receiving Federal funds to clearly state the percentage of the total cost of the program or project that will be financed with Federal money.

Section 506 prohibits the use of funds for any abortion.

Section 507 provides exceptions to section 506 and a provision prohibiting funds from being made available to a Federal agency or program, or to a State or local government, if such agency, program or government discriminates against institutional or individual health care entities because they do not provide, pay for, provide coverage of, or refer for abortions.

Section 508 prohibits use of funds for certain research involving human embryos.

Section 509 prohibits use of funds for any activity that promotes the legalization of any drug or substance included in schedule I of the schedules of controlled substances.

Section 510 prohibits use of funds to promulgate or adopt any final standard providing for a unique health identifier until legislation is enacted specifically approving the standard.

Section 511 prohibits funds to be obligated or expended on a contract with an entity that has not submitted a report on qualified veteran employees as required under 38 U.S.C. 4212(d).

Section 512 prohibits any transfer of funds made available in this Act except by the authority provided in this Act or another appropriations Act.

Section 513 limits funds in the bill for public libraries to those that comply with the requirements of the Children's Internet Protection Act.

Section 514 dictates the procedures for the reprogramming of any funds provided in the bill.

Section 515 continues a provision pertaining to appointments to federal scientific advisory committees to prevent the disclosure of information like political affiliation of candidates for appointment.

Section 516 requires each department and related agency funded through this Act to submit an operating plan within 45 days of enactment, detailing any funding allocations that are different than those specified in this Act, the accompanying detailed table, or budget request.

Section 517 requires the Secretaries of Labor, Health and Human Services, and Education to submit a quarterly report to the Committees on Appropriations of the House of Representatives and the Senate containing certain information on noncompetitive contracts, grants, and cooperative agreements exceeding \$500,000 in value.

Section 518 prohibits use of funds to process claims for credit for quarters of coverage based on work performed under a Social Security number that was not the claimant's number, where the performance of such work under such number has formed the basis for a conviction of the claimant of a violation of section 208(a)(6) or (7) of the Social Security Act.

Section 519 prohibits use of funds to implement a Social Security totalization agreement with Mexico.

Section 520 prohibits federal funds for the purchase of syringes or sterile needles, but allows communities with rapid increases in cases of HIV and Hepatitis to access federal funds for other activities, including substance use counseling and treatment referrals.

Section 521 prohibits the use of funds for the downloading or exchanging of pornography.

Section 522 prohibits funding from going to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.

Section 523 directs certain reporting requirements for conference expenditures.

Section 524 requires disclosure of U.S. taxpayer funding for programs used in advertising.

Section 525 authorizes performance partnership pilots.

Section 526 requires quarterly reports on the status of balances of appropriations from the Departments of Labor, Health and Human Services and Education and the Social Security Administration.

Section 527 prohibits the use of funds to implement, administer, enforce or further the provisions of Public Law 111-148 and portions of Public Law 111-152 with certain exceptions.

Section 528 prohibits funds for research on fetal tissue obtained from an induced abortion.

Section 529 restricts funding to certain health care entities.

Section 532 delays obligations in the Child Enrollment Contingency Fund.

APPROPRIATIONS NOT AUTHORIZED BY LAW

Pursuant to clause 3(f)(1)(B) of rule XIII of the Rules of the House of Representatives, the following table lists the appropriations in the accompanying bill which are not authorized by law for the period concerned:

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
DEPARTMENT OF LABOR ETA:				
Reintegration of Ex-Offenders (transition activities authorized by Second Chance Act, 2007).	FY 2010	\$20,000,000	\$15,000,000	\$82,078,000
VETERANS' EMPLOYMENT AND TRAINING SERVICE:				
Homeless Veterans Program	FY 2015	50,000,000	38,109,000	47,537,000
DEPARTMENT OF HEALTH AND HUMAN SERVICES:				
HRSA:				
Nursing Education Loan Repayment	FY 2007	Such Sums	31,055,000	83,135,000
Faculty Loan Repayment	FY 2014	5,000,000	1,187,000	1,190,000
Scholarships for Disadvantaged Students.	FY 2014	Such Sums	44,857,000	45,970,000
National Center for Workforce Analysis.	FY 2014	7,500,000	4,651,000	4,663,000
Primary Care Training and Enhancement.	FY 2014	Such Sums	36,831,000	38,924,000
Oral Health Training Programs	FY 2012	25,000,000	31,928,000	36,673,000
Area Health Education Centers	FY 2014	125,000,000	30,250,000	30,250,000
Education & Training—Geriatrics.				
(Workforce Development)	FY 2014	10,800,000	33,237,000	34,737,000
(Career Incentive Awards)	FY 2013	10,000,000
Mental & Behavioral Health Education.	FY 2013	35,000,000	7,896,000	9,916,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Nursing Workforce Development. (Nurse Education, Practice, Retention, and Quality Grants).	FY 2014	Such Sums	37,913,000	128,067,000
(Nurse Faculty Loan Program)	FY 2014	Such Sums	24,500,000	
Sickle Cell	FY 2009	Such Sums	10,000,000	4,455,000
Healthy Start	FY 2013	Formula	100,746,000	103,500,000
Emergency Relief—Part A	FY 2013	Such Sums	789,471,000	649,373,000
Comprehensive Care—Part B	FY 2013	Such Sums	1,562,169,000	1,314,446,000
Early Intervention—Part C	FY 2013	Such Sums	285,766,000	201,079,000
Coordinated Services and Access to Research for Women, Infants, Children and Youth—Part D.	FY 2013	Such Sums	87,273,000	75,088,000
Special Projects of National Significance—Part F.	FY 2013	Such Sums	25,000,000	25,000,000
Education and Training Centers—Part F.	FY 2013	Such Sums	42,178,000	33,275,000
Dental Reimbursement—Part F	FY 2013	Such Sums	15,802,000	12,991,000
Organ Transplantation	FY 1993	Such Sums	2,767,000	23,549,000
Rural Health Outreach Grants	FY 2012	Such Sums	45,000,000	55,553,000
Rural Hospital Flexibility Grants	FY 2012	Such Sums	41,040,000	43,609,000
State Offices of Rural Health	FY 2002	Such Sums	4,000,000	10,000,000
Telehealth	FY 2006	Such Sums	6,814,000	18,500,000
CDC:				
Sexually Transmitted Diseases Grants.	FY 1998	Such Sums	113,671,000	152,310,000
National Cancer Registries	FY 2003	Such Sums	N/A	49,440,000
National Center for Health Statistics.	FY 2003	Such Sums	125,899,000	155,397,000
WISEWOMEN	FY 2003	Such Sums	12,419,000	21,120,000
Asthma (Environmental)	FY 2005	Such Sums	32,422,000	29,000,000
Folic Acid	FY 2005	Such Sums	2,188,000	3,150,000
Injury Prevention and Control	FY 2005	Such Sums	138,237,000	286,059,000
Oral Health Promotion	FY 2005	Such Sums	11,204,000	18,500,000
Safe Motherhood/Infant Health Promotion.	FY 2005	Such Sums	44,738,000	44,000,000
Birth Defects, Developmental Disability, Disability and Health.	FY 2007	Such Sums	122,242,000	137,560,000
Developmental Disabilities Surveillance and Research Program (Autism).	FY 2011	Such Sums	21,000,000	21,380,000
Breast and Cervical Cancer	FY 2012	Such Sums	275,000,000	204,779,000
Johanna's Law	FY 2012	Such Sums	18,000,000	4,972,000
Epidemiology Laboratory Capacity Grants.	FY 2013	Such Sums	190,000,000	32,424,000
National TB Strategy/Grants	FY 2013	Such Sums	243,101,000	132,997,000
Public Health Workforce and Career Development.	FY 2013	Such Sums	39,500,000	64,000,000
National Diabetes Prevention Program.	FY 2014	Such Sums	10,000,000	25,000,000
Section 317 Immunization	FY 2014	Such Sums	610,847,000	556,792,000
Young Women's Breast Health Awareness.	FY 2014	Such Sums	9,000,000	4,951,000
Congenital Heart Disease Programs	FY 2015	Such Sums	4,000,000	4,000,000
SAMHSA:				
Treatment Systems for Homeless Individuals.	FY 2003	Such Sums	50,000,000	16,700,000
AHRQ:				
Research on Health Costs, Quality, and Outcomes.	FY 2005	Such Sums	324,000,000	300,000,000
ACF:				
Low Income Home Energy Assistance Program.	FY 2007	Such Sums	5,100,000,000	2,161,170,000
Children and Families Services Programs				
Adoption Awareness Programs	FY 2005	Such Sums	12,453,000	39,100,000

Agency Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Adoption and Legal Guardianship Incentive Payments.	FY 2016	Such Sums	37,943,000	37,943,000
Native American Programs	FY 2002	Such Sums	45,826,000	52,050,000
Community Services Block Grant.	FY 2003	Such Sums	645,762,000	600,000,000
Head Start	FY 2012	Such Sums	7,968,544,000	9,275,000,000
Runaway and Homeless Youth Programs.	FY 2013	Such Sums	107,852,000	119,121,000
CAPTA programs	FY 2015	Such Sums	143,981,000	137,174,000
Family Violence Programs	FY 2015	178,500,000	139,500,000	159,750,000
Disaster Human Services Case Management.	N/A	N/A	N/A	1,864,000
Refugee and Entrant Assistance				
Transitional and Medical Services ..	FY 2002	Such Sums	227,243,000	320,000,000
Victims of Torture	FY 2007	25,000,000	9,817,000	10,735,000
ACL:				
Alzheimer's Diseases Demonstration	FY 2002	Such Sums	11,483,000	19,500,000
Lifespan Respite Care	FY 2011	94,810,000	2,495,000	3,360,000
Developmental Disabilities	FY 2007	Such Sums	155,115,000	162,916,000
Voting Access for People with Disabilities.	FY 2005	17,410,000	13,879,000	4,963,000
Elder Justice/Adult Protective Services.	FY 2014	129,000,000	0	11,874,000
Assistive Technology	FY 2010	Such Sums	25,000,000	34,000,000
DEPARTMENT OF EDUCATION:				
Adult Education	FY 2004	Such Sums	590,233,000	579,195,000
Howard University—Endowment Program	FY 1985	Such Sums	2,000,000	3,405,000
Institute of Education Sciences	FY 2009	Such Sums	617,175,000	459,903,000
RELATED AGENCIES:				
Corporation for Public Broadcasting	FY 1996	425,000,000	275,000,000	445,000,000
Institute of Museum and Library Services	FY 2009	Such Sums	274,840,000	231,000,000
National Council on Disability	FY 2003	Such Sums	3,144,000	3,200,000

PROGRAM DUPLICATION

Pursuant to section 3(j)(2) of H. Res. 5 (115th Congress), no provision of this bill establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

DIRECTED RULE MAKING

The bill does not direct any rule making.

COMPARISON WITH THE BUDGET RESOLUTION

Pursuant to clause 3(c)(2) of rule XIII of the Rules of the House of Representatives and section 308(a)(1)(A) of the Congressional Budget Act of 1974, the following table compares the levels of new budget authority provided in the bill with the appropriate allocations under section 302(b) of the Budget Act:

[In millions of dollars]

	302(b) Allocation		This Bill	
	Budget Authority	Outlays	Budget Authority	Outlays
Discretionary	\$X	\$X	\$X	¹ \$X

[In millions of dollars]

	302(b) Allocation		This Bill	
	Budget Authority	Outlays	Budget Authority	Outlays
Mandatory	X	X	X	¹ X

¹ Includes outlays from prior-year budget authority.

FIVE-YEAR OUTLAY PROJECTIONS

Pursuant to section 308(a)(1)(B) of the Congressional Budget Act of 1974, the following table contains five-year projections prepared by the Congressional Budget Office of outlays associated with the budget authority provided in the accompanying bill:

[In millions of dollars]

Projection of outlays associated with the recommendation:				
2018				¹ \$X
2019				X
2020				X
2021 and future years				X

¹ Excludes outlays from prior-year budget authority.

ASSISTANCE TO STATE AND LOCAL GOVERNMENTS

Pursuant to section 308(a)(1)(C) of the Congressional Budget Act of 1974, the amounts of financial assistance to State and local governments is as follows:

[In millions of dollars]

New Budget Authority		\$X
Fiscal year 2018 outlays resulting therefrom		¹ X

¹ Excludes outlays from prior-year budget authority.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE I--DEPARTMENT OF LABOR					
EMPLOYMENT AND TRAINING ADMINISTRATION					
Training and Employment Services					
Grants to States:					
Adult Training, current year.....	103,556	102,370	64,736	-38,820	-37,634
Advance from prior year.....	(712,000)	(712,000)	(712,000)	---	---
FY 2019.....	712,000	388,000	712,000	---	+324,000
Subtotal.....	815,556	490,370	776,736	-38,820	+286,366
Youth Training.....	873,416	523,667	831,842	-41,574	+308,175
Dislocated Worker Assistance, current year.....	160,860	160,465	155,530	-5,330	-4,955
Advance from prior year.....	(860,000)	(860,000)	(860,000)	---	---
FY 2019.....	860,000	455,000	860,000	---	+405,000
Subtotal.....	1,020,860	615,465	1,015,530	-5,330	+400,045
Subtotal, Grants to States.....	2,709,832	1,629,522	2,624,108	-85,724	+994,586
Current Year.....	(1,137,832)	(786,522)	(1,052,108)	(-85,724)	(+265,586)
FY 2019.....	(1,572,000)	(843,000)	(1,572,000)	---	(+729,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Programs:					
Dislocated Worker Assistance National Reserve:					
Current year.....	20,859	87,000	130,000	+109,141	+43,000 FF
Advance from prior year.....	(200,000)	(200,000)	(200,000)	---	---
FY 2019.....	200,000	30,000	---	-200,000	-30,000
Subtotal.....	220,859	117,000	130,000	-90,859	+13,000
Subtotal, Dislocated Worker Assistance.....	1,241,719	732,485	1,145,530	-96,189	+413,045
Native American programs.....					
Migrant and Seasonal Farmworker programs.....	50,000	49,905	50,000	---	+95 FF
YouthBuild activities.....	81,896	---	72,000	-9,896	+72,000 FF
Technical assistance.....	84,534	84,373	84,534	---	+161 FF
Reintegration of Ex-Offenders.....	2,500	5,226	---	-2,500	-5,226
Workforce Data Quality Initiative.....	88,078	77,911	82,078	-6,000	+4,167
Apprenticeship programs.....	6,000	---	---	-6,000	---
Subtotal, Native American Programs.....	224,808	137,115	208,612	-87,693	+71,000
Total, National Programs.....	628,867	424,244	418,612	-210,255	-5,632
Current Year.....	(428,867)	(394,244)	(418,612)	(-10,255)	(+24,368)
FY 2019.....	(200,000)	(30,000)	---	(-200,000)	(-30,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request

Total, Training and Employment Services (TES)...	3,338,699	2,053,766	3,042,720	-295,979	+988,954
Current Year.....	(1,566,699)	(1,180,766)	(1,470,720)	(-95,979)	(+289,954)
FY 2019.....	(1,772,000)	(873,000)	(1,572,000)	(-200,000)	(+699,000)

Job Corps					
Operations.....	1,587,325	1,341,318	1,572,886	-14,439	+231,568
Construction, Rehabilitation and Acquisition.....	84,500	74,857	83,000	-1,500	+8,143
Administration.....	32,330	32,269	32,269	-61	---

Total, Job Corps.....	1,704,155	1,448,444	1,688,155	-16,000	+239,711
Current Year.....	(1,704,155)	(1,448,444)	(1,688,155)	(-16,000)	(+239,711)

Community Service Employment For Older Americans	400,000	---	---	-400,000	---
Federal Unemployment Benefits and Allowances (Indefinite).....	849,000	790,000	790,000	-59,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
State Unemployment Insurance and Employment Service Operations					
Unemployment Compensation (UI):					
State Operations.....	TF 2,687,600	2,635,775	2,665,775	-21,825	+30,000
National Activities.....	TF 14,897	12,000	13,000	-1,897	+1,000
Subtotal, Unemployment Compensation.....	2,702,497	2,647,775	2,678,775	-23,722	+31,000
Employment Service (ES):					
Grants to States:					
Federal Funds.....	D 21,413	21,372	---	-21,413	-21,372
Trust Funds.....	TF 650,000	394,516	---	-650,000	-394,516
Subtotal, Grants to States.....	671,413	415,888	---	-671,413	-415,888
ES National Activities.....	TF 19,818	19,780	19,818	---	+38
Subtotal, Employment Service.....	691,231	435,668	19,818	-671,413	-415,850
Federal Funds.....	(21,413)	(21,372)	---	(-21,413)	(-21,372)
Trust Funds.....	(689,818)	(414,296)	(19,818)	(-650,000)	(-394,478)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Foreign Labor Certifications and Related Activities:					
Federal Administration..... TF	48,028	47,937	48,028	---	+91
Grants to States..... TF	14,282	14,255	14,282	---	+27
Subtotal, Foreign Labor Certification.....	62,310	62,192	62,310	---	+118
One-Stop Career Centers/Labor Market Information..... D	67,653	67,524	70,000	+2,347	+2,476 FF
Total, State UI and ES.....	3,523,691	3,213,159	2,830,903	-692,788	-382,256
Federal Funds.....	(89,066)	(88,896)	(70,000)	(-19,066)	(-18,896)
Trust Funds.....	(3,434,625)	(3,124,263)	(2,760,903)	(-673,722)	(-363,360)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Program Administration					
Training and Employment..... D	62,040	59,960	61,000	-1,040	+1,040
Trust Funds..... TF	8,639	8,623	8,623	-16	-
Employment Security..... D	3,440	3,462	3,440	-22	-
Trust Funds..... TF	39,264	39,189	39,189	-75	-
Apprenticeship Services..... D	36,160	33,935	35,000	+1,160	+1,065
Executive Direction..... D	7,034	7,021	7,021	-13	-
Trust Funds..... TF	2,079	2,075	2,075	-4	-
Total, Program Administration.....	158,656	154,265	156,348	-2,308	+2,083
Federal Funds.....	(108,674)	(104,378)	(106,461)	(-2,213)	(+2,083)
Trust Funds.....	(49,982)	(49,887)	(49,887)	(-95)	-
Total, Employment and Training Administration.....	9,974,201	7,659,634	8,508,126	-1,486,075	+848,492
Federal Funds.....	6,489,594	4,485,484	5,697,336	-792,258	+1,211,852
Current Year.....	(4,717,594)	(3,612,484)	(4,125,336)	(-592,258)	(+512,852)
FY 2019.....	(1,772,000)	(873,000)	(1,572,000)	(-200,000)	(+689,000)
Trust Funds.....	3,484,607	3,174,150	2,810,790	-673,817	-363,360

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
EMPLOYEE BENEFITS SECURITY ADMINISTRATION (EBSA)					
Salaries and Expenses					
Enforcement and Participant Assistance	147,400	---	142,067	-5,333	+142,067
Policy and Compliance Assistance	26,901	---	26,901	---	+26,901
Executive Leadership, Program Oversight and Administration	6,699	---	6,632	-67	+6,632
Employee benefits security programs	---	183,926	---	---	-183,926
Total, EBSA	181,000	183,926	175,600	-5,400	-8,326
PENSION BENEFIT GUARANTY CORPORATION (PBGC)					
Pension Benefit Guaranty Corporation Fund					
Consolidated Administrative budget	(519,506)	(522,917)	(424,417)	(-95,089)	(-98,500)
WAGE AND HOUR DIVISION, Salaries and Expenses	227,500	230,068	217,500	-10,000	-12,568
OFFICE OF LABOR-MANAGEMENT STANDARDS, Salaries and Expenses	38,187	46,634	41,129	+2,942	-5,505

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS,					
Salaries and Expenses..... D	104,476	88,000	94,500	-9,976	+6,500
OFFICE OF WORKERS' COMPENSATION PROGRAMS					
Salaries and Expenses..... D	115,424	113,109	114,377	-1,047	+1,268
Trust Funds..... TF	2,177	2,173	2,173	-4	---
Total, Salaries and Expenses.....	117,601	115,282	116,550	-1,051	+1,268
Federal Funds.....	(115,424)	(113,109)	(114,377)	(-1,047)	(+1,268)
Trust Funds.....	(2,177)	(2,173)	(2,173)	(-4)	---
Special Benefits					
Federal Employees' Compensation Benefits..... M	217,000	217,000	217,000	---	---
Longshore and Harbor Workers' Benefits..... M	3,000	3,000	3,000	---	---
Total, Special Benefits.....	220,000	220,000	220,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Special Benefits for Disabled Coal Miners					
Benefit Payments..... M	75,000	65,000	65,000	-10,000	---
Administration..... M	5,319	5,319	5,319	---	---
Subtotal, FY 2018 program level.....	80,319	70,319	70,319	-10,000	---
Less funds advanced in prior year..... M	-19,000	-16,000	-16,000	+3,000	---
Total, Current Year.....	61,319	54,319	54,319	-7,000	---
New advances, 1st quarter, FY 2019..... M	16,000	15,000	15,000	-1,000	---
Total, Special Benefits for Disabled Coal Miners	77,319	69,319	69,319	-8,000	---
Energy Employees Occupational Illness Compensation Fund					
Administrative Expenses..... M	59,846	59,846	59,846	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Black Lung Disability Trust Fund					
Benefit Payments and Interest on Advances..... M	302,115	345,635	345,635	+43,520	---
Workers' Compensation Programs, Salaries and Expenses. M	38,246	38,246	38,246	---	---
Departmental Management, Salaries and Expenses..... M	31,994	30,595	30,595	-1,399	---
Departmental Management, Inspector General..... M	330	330	330	---	---
Subtotal, Black Lung Disability.....	372,685	414,806	414,806	+42,121	---
Treasury Department Administrative Costs..... M					
	356	356	356	---	---
Total, Black Lung Disability Trust Fund.....	373,041	415,162	415,162	+42,121	---
Total, Workers' Compensation Programs.....					
Federal Funds.....	847,807	879,609	880,877	+33,070	+1,268
Current year.....	845,630	877,436	878,704	+33,074	+1,268
FY 2019.....	(829,630)	(862,436)	(863,704)	(+34,074)	(+1,268)
Trust Funds.....	(16,000)	(15,000)	(15,000)	(-1,000)	---
	2,177	2,173	2,173	-4	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)					
Salaries and Expenses					
Safety and Health Standards.....	18,000	18,176	18,000	---	-176
Federal Enforcement.....	208,000	207,465	194,250	-13,750	-13,215
Whistleblower enforcement.....	17,500	17,383	17,500	---	+117
State Programs.....	100,850	100,658	100,850	---	+192
Technical Support.....	24,469	24,281	24,469	---	+188
Compliance Assistance:					
Federal Assistance.....	70,981	72,351	72,351	+1,370	---
State Consultation Grants.....	59,500	57,665	59,500	---	+1,835
Training Grants.....	10,537	---	---	-10,537	---
Subtotal, Compliance Assistance.....	141,018	130,016	131,851	-9,167	+1,835
Safety and Health Statistics.....	32,900	34,326	34,300	+1,400	-26
Executive Direction and Administration.....	10,050	10,952	10,250	+200	-702
Total, OSHA.....	552,787	543,257	531,470	-21,317	-11,787

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
MINE SAFETY AND HEALTH ADMINISTRATION					
Salaries and Expenses					
Coal Enforcement..... D	180,000	157,026	149,000	-11,000	-8,026
Metal/Non-Metal Enforcement..... D	94,500	97,875	91,700	-2,800	-6,175
Standards Development..... D	4,500	5,460	4,500	---	-960
Assessments..... D	6,627	7,457	6,627	---	-830
Educational Policy and Development..... D	39,320	37,365	39,320	---	+1,955
Technical Support..... D	35,041	34,330	35,000	-41	+670
Program Evaluation and Information Resources (PEIR).... D	17,990	19,169	17,990	---	-1,179
Program Administration..... D	15,838	16,490	15,838	---	-652
	=====	=====	=====	=====	=====
Total, Mine Safety and Health Administration.....	373,816	375,172	359,975	-13,841	-15,197
	=====	=====	=====	=====	=====
Total, Worker Protection Agencies.....	1,595,367	1,582,339	1,536,724	-58,643	-45,615
Federal Funds.....	(1,593,190)	(1,580,166)	(1,534,551)	(-58,639)	(-45,615)
Trust Funds.....	(2,177)	(2,173)	(2,173)	(-4)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
BUREAU OF LABOR STATISTICS					
Salaries and Expenses					
Employment and Unemployment Statistics..... D	208,000	203,878	203,878	-4,122	---
Labor Market Information..... TF	65,000	64,876	65,000	---	+124
Prices and Cost of Living..... D	207,000	209,863	211,444	+4,444	+1,581
Compensation and Working Conditions..... D	83,500	82,880	82,880	-620	---
Productivity and Technology..... D	10,500	10,798	10,798	+298	---
Executive Direction and Staff Services..... D	35,000	35,547	35,000	---	-547
	=====	=====	=====	=====	=====
Total, Bureau of Labor Statistics.....	609,000	607,842	609,000	---	+1,158
Federal Funds.....	544,000	542,966	544,000	---	+1,034
Trust Funds.....	65,000	64,876	65,000	---	+124
OFFICE OF DISABILITY EMPLOYMENT POLICY					
Salaries and Expenses..... D	38,203	27,203	36,800	-1,403	+9,597

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
DEPARTMENTAL MANAGEMENT					
Salaries and Expenses					
Executive Direction..... D	30,250	30,951	30,250	---	-701
Departmental Program Evaluation..... D	8,040	8,025	8,040	---	+15
Legal Services..... D	121,745	126,933	122,445	+700	-4,488
Trust Funds..... TF	308	308	308	---	---
International Labor Affairs..... D	86,125	18,500	26,500	-59,625	+8,000
Administration and Management..... D	28,834	23,496	23,496	-5,338	---
Adjudication..... D	35,000	31,939	33,561	-1,439	+1,622
Women's Bureau..... D	12,530	2,925	11,466	-1,064	+8,541
Civil Rights Activities..... D	6,880	6,867	6,867	-13	---
Chief Financial Officer..... D	5,132	9,914	9,914	+4,782	---
Total, Departmental Management Salaries and expenses.....	334,844	259,858	272,847	-61,997	+12,989
Federal Funds.....	(334,536)	(259,550)	(272,539)	(-61,997)	(+12,989)
Trust Funds.....	(308)	(308)	(308)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Veterans Employment and Training					
State Administration, Grants..... TF	175,000	174,667	175,000	---	+333
Transition Assistance Program..... TF	14,600	16,073	16,073	+1,473	---
Federal Administration..... TF	41,027	40,410	42,027	+1,000	+1,617
National Veterans' Employment and Training Services Institute..... TF	3,414	3,408	3,414	---	+6
Homeless Veterans Programs..... D	45,000	45,037	47,537	+2,537	+2,500
Total, Veterans Employment and Training.....	279,041	279,595	284,051	+5,010	+4,456
Federal Funds.....	45,000	45,037	47,537	+2,537	+2,500
Trust Funds.....	234,041	234,558	236,514	+2,473	+1,956
IT Modernization					
Departmental support systems..... D	4,898	4,889	4,889	-9	---
Infrastructure technology modernization..... D	13,880	24,833	15,880	+2,000	-8,953
Total, IT Modernization.....	18,778	29,722	20,769	+1,991	-8,953

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of Inspector General					
Program Activities..... D	82,061	80,487	83,487	+1,426	+3,000
Trust Funds..... TF	5,660	5,649	5,660	---	+11
Total, Office of Inspector General.....	87,721	86,136	89,147	+1,426	+3,011
Total, Departmental Management.....	720,384	655,311	666,814	-53,570	+11,503
Federal Funds.....	480,375	414,796	424,332	-56,043	+9,536
Current Year.....	(480,375)	(414,796)	(424,332)	(-56,043)	(-9,536)
Trust Funds.....	240,009	240,515	242,482	+2,473	+1,967
Total, Workforce Investment Act Programs.....	5,042,854	3,502,210	4,730,875	-311,979	+1,228,665
Current Year.....	(3,270,854)	(2,629,210)	(3,158,875)	(-111,979)	(+529,665)
FY 2019.....	(1,772,000)	(873,000)	(1,572,000)	(-200,000)	(+699,000)
Total, Title I, Department of Labor.....	13,667,361	11,296,656	12,121,791	-1,545,570	+825,135
Federal Funds.....	9,875,568	7,814,942	9,001,346	-874,222	+1,186,404
Current Year.....	(8,087,568)	(6,926,942)	(7,414,346)	(-673,222)	(+487,404)
FY 2019.....	(1,788,000)	(888,000)	(1,587,000)	(-201,000)	(+699,000)
Trust Funds.....	3,791,793	3,481,714	3,120,445	-671,348	-361,269

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE II --DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
Primary Health Care					
Community Health Centers..... D	1,490,522	1,488,587	1,491,422	+900	+2,835
Free Clinics Medical Malpractice..... D	1,000	100	100	-900	---
Total, Primary Health Care.....	1,491,522	1,488,687	1,491,522	---	+2,835
Health Workforce					
Training for Diversity:					
Centers of Excellence..... D	21,711	---	9,711	-12,000	+9,711
Health Careers Opportunity Program..... D	14,189	---	---	-14,189	---
Faculty Loan Repayment..... D	1,190	---	1,190	---	+1,190
Scholarships for Disadvantaged Students..... D	45,970	---	45,970	---	+45,970
Total, Training for Diversity.....	83,060	---	56,871	-26,189	+56,871

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Training in Primary Care Medicine..... D	38,924	---	38,924	---	+38,924
Oral Health Training..... D	36,673	---	36,673	---	+36,673
Interdisciplinary Community-Based Linkages:					
Area Health Education Centers..... D	30,250	---	30,250	---	+30,250
Geriatric Programs..... D	38,737	---	34,737	-4,000	+34,737
Mental and Behavioral Health..... D	9,916	---	9,916	---	+9,916
Behavioral Health Workforce Education and Training D	50,000	---	25,000	-25,000	+25,000
Total, Interdisciplinary Community Linkages...	128,903	---	99,903	-29,000	+99,903
Workforce Information and Analysis..... D	4,663	4,654	4,663	---	+9
Public Health and Preventive Medicine programs..... D	17,000	---	---	-17,000	---
Nursing Programs:					
Advanced Education Nursing..... D	64,581	---	---	-64,581	---
Nurse Education, Practice, and Retention..... D	39,913	---	---	-39,913	---
Nursing Workforce Diversity..... D	15,343	---	---	-15,343	---
Nursing Corps Scholarship and Loan Repayment Program..... D	83,135	82,977	83,135	---	+158
Nursing Workforce Development..... D	---	---	128,067	+128,067	+128,067
Nursing Faculty Loan Program..... D	26,500	---	---	-26,500	---
Total, Nursing programs.....	229,472	82,977	211,202	-18,270	+128,225

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Children's Hospitals Graduate Medical Education..... D	300,000	295,000	300,000	---	+5,000
National Practitioner Data Bank..... D	18,814	18,000	18,000	-814	---
User Fees..... D	-18,814	-18,000	-18,000	+814	---
Total, Health Workforce.....	838,695	382,631	748,236	-90,459	+365,605
Maternal and Child Health					
Maternal and Child Health Block Grant..... D	641,700	666,987	641,700	---	-25,287
Sickle Cell Anemia Demonstration Program..... D	4,455	---	4,455	---	+4,455
Autism and Other Developmental Disorders..... D	47,099	---	47,099	---	+47,099
Heritable Disorders..... D	13,883	---	13,883	---	+13,883
Healthy Start..... D	103,500	128,303	103,500	---	-24,803
Healthy Start Initiative (PL 114-254)..... D	15,000	---	---	-15,000	---
Universal Newborn Hearing Screening..... D	17,818	---	17,818	---	+17,818
Emergency Medical Services for Children..... D	20,162	---	20,162	---	+20,162
Total, Maternal and Child Health.....	863,617	795,290	848,617	-15,000	+53,327
Ryan White HIV/AIDS Program					
Emergency Assistance..... D	655,876	654,629	655,876	---	+1,247
Comprehensive Care Programs..... D	1,315,005	1,312,505	1,315,005	---	+2,500
AIDS Drug Assistance Program (ADAP) (NA)..... NA	(900,313)	(-898,602)	(900,313)	---	(+1,798,915)
Early Intervention Program..... D	201,079	204,689	201,079	---	-3,610

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Children, Youth, Women, and Families..... D	75,088	75,088	75,088	---	---
AIDS Dental Services..... D	13,122	13,097	13,122	---	+25
Education and Training Centers..... D	33,611	---	33,611	---	+33,611
Special Projects of National Significance..... D	25,000	---	25,000	---	+25,000
Total, Ryan White HIV/AIDS program.....	2,318,781	2,260,008	2,318,781	---	+58,773
Health Care Systems					
Organ Transplantation..... D	23,549	23,504	23,549	---	+45
National Cord Blood Inventory..... D	12,266	11,245	12,266	---	+1,021
CW Bill Young Cell Transplantation program..... D	22,109	22,067	22,109	---	+42
340B Drug Pricing program/Office of Pharmacy Affairs... D	10,238	10,219	10,238	---	+19
Poison Control..... D	18,846	18,810	18,846	---	+36
National Hansen's Disease Program..... D	15,206	11,653	11,653	-3,553	---
Hansen's Disease Program Buildings and Facilities..... D	122	---	---	-122	---
Payment to Hawaii, Treatment of Hansen's..... D	1,857	1,853	1,857	---	+4
Total, Health Care Systems.....	104,193	99,351	100,518	-3,675	+1,167

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Rural Health					
Rural Outreach Grants..... D	65,500	50,811	65,500	---	+14,689
Rural Health Research/Policy Development..... D	9,351	5,000	9,351	---	+4,351
Rural Hospital Flexibility Grants..... D	43,609	---	43,609	---	+43,609
State Offices of Rural Health..... D	10,000	---	10,000	---	+10,000
Black Lung Clinics..... D	7,266	6,753	7,266	---	+513
Radiation Exposure Screening and Education Program..... D	1,834	1,831	1,834	---	+3
Telehealth..... D	18,500	10,000	18,500	---	+8,500
Total, Rural Health.....	156,060	74,395	156,060	---	+81,665
Family Planning..... D	286,479	286,479	---	-286,479	-286,479
Program Management..... D	154,000	151,993	151,993	-2,007	---
Total, Health resources and services (HRS).....	6,213,347	5,538,834	5,815,727	-397,620	+276,893
Vaccine Injury Compensation Program Trust Fund					
Post-FY 1988 Claims..... M	240,000	268,000	268,000	+28,000	---
HRSA Administrative expenses..... TF	7,750	9,200	8,250	+500	-950
Total, Vaccine Injury Compensation Trust Fund.....	247,750	277,200	276,250	+28,500	-950
Total, Health Resources and Services Administration.....	6,461,097	5,816,034	6,091,977	-369,120	+275,943

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
CENTERS FOR DISEASE CONTROL AND PREVENTION					
Immunization and Respiratory Diseases..... D	455,000	497,228	470,700	+15,700	-26,528
Pandemic Flu balances (Public Law 111-32)..... NA	(15,000)	---	---	(-15,000)	---
Prevention and Public Health Fund 1/..... NA	(324,350)	(203,600)	(273,650)	(-50,700)	(+70,050)
Subtotal	(794,350)	(700,828)	(744,350)	(-50,000)	(+43,522)
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention..... D					
Emerging and Zoonotic Infectious Diseases..... D	532,922	377,000	499,522	-33,400	+122,522
Prevention and Public Health Fund 1/..... NA	(52,000)	(137,000)	(52,000)	---	(-85,000)
Subtotal.....	584,922	514,000	551,522	-33,400	+37,522
Chronic Disease Prevention and Health Promotion..... D					
Prevention and Public Health Fund 1/..... NA	777,646	452,250	703,696	-73,950	+251,446
Subtotal.....	(337,950)	(500,000)	(337,950)	---	(-162,050)
Subtotal.....	1,115,596	952,250	1,041,646	-73,950	+89,396

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Birth Defects, Developmental Disabilities, Disabilities and Health..... D	137,560	100,000	137,560	---	+37,560
Subtotal..... NA	137,560	100,000	137,560	---	+37,560
Public Health Scientific Services..... D	489,397	317,032	328,697	-160,700	+11,665
Evaluation Tap Funding..... NA	---	(142,968)	(150,700)	(+150,700)	(+7,732)
Subtotal.....	(489,397)	(460,000)	(479,397)	(-10,000)	(+19,397)
Environmental Health..... D	163,750	157,000	142,750	-21,000	-14,250
Childhood lead poisoning prevention (PL 114-254)..... D	35,000	---	---	-35,000	---
Prevention and Public Health Fund 1..... NA	(17,000)	---	(17,000)	---	(+17,000)
Subtotal.....	215,750	157,000	159,750	-56,000	+2,750
Injury Prevention and Control..... D	286,059	216,165	286,059	---	+69,894
National Institute for Occupational Safety and Health..... D	335,200	200,000	325,200	-10,000	+125,200
Energy Employees Occupational Illness Compensation Program..... M	55,358	55,358	55,358	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Global Health..... D	435,121	350,000	435,121	---	+85,121
Public Health Preparedness and Response..... D	1,405,000	1,266,000	1,450,000	+45,000	+184,000
Buildings and Facilities..... D	10,000	20,000	10,000	---	-10,000
CDC-Wide Activities and Program Support					
Prevention and Public Health Fund 1/..... NA	(160,000)	---	(160,000)	---	(+160,000)
Office of the Director..... D	113,570	105,000	103,570	-10,000	-1,430
Subtotal, CDC-Wide Activities.....	(273,570)	(105,000)	(263,570)	(-10,000)	(+158,570)
=====					
Total, Centers for Disease Control.....	6,348,861	5,047,033	6,065,511	-283,350	+1,018,478
Discretionary.....	6,293,503	4,991,675	6,010,153	-283,350	+1,018,478
Evaluation Tap Funding (NA)..... NA	---	(142,968)	(150,700)	(+150,700)	(+7,732)
Pandemic Flu balances (Public Law 111-32)..... NA	(15,000)	---	---	(-15,000)	---
Prevention and Public Health Fund 1/..... NA	(891,300)	(840,600)	(840,600)	(-50,700)	---
=====					
Total, Centers for Disease Control Program Level	(7,255,161)	(6,030,601)	(7,056,811)	(-198,350)	(+1,026,210)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute..... D	5,389,329	4,174,222	5,471,181	+81,852	+1,296,959
National Heart, Lung, and Blood Institute..... D	3,206,589	2,534,803	3,256,521	+49,932	+721,718
National Institute of Dental and Craniofacial Research D	425,751	320,749	432,363	+6,612	+111,614
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)..... D	1,870,595	1,449,534	1,899,733	+29,138	+450,199
Juvenile Diabetes (mandatory)..... NA	(150,000)	(150,000)	(150,000)	---	---
Subtotal, NIDDK program level.....	2,020,595	1,599,534	2,049,733	+29,138	+450,199
National Institute of Neurological Disorders and Stroke..... D	1,783,654	1,312,998	1,810,011	+26,357	+497,013
National Institute of Allergy and Infectious Diseases, D	4,906,638	3,782,670	5,005,813	+89,175	+1,223,143
National Institute of General Medical Sciences..... D	1,826,395	1,405,509	1,869,332	+62,937	+483,823
Evaluation Tap Funding..... NA	(824,443)	(780,000)	(824,443)	---	(+44,443)
Subtotal, NIGMS program level.....	2,650,838	2,185,509	2,713,775	+62,937	+528,266

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Eunice Kennedy Shriver National Institute of Child Health and Human Development..... D	1,380,295	1,032,029	1,401,727	+21,432	+369,698
National Eye Institute..... D	732,618	549,847	743,881	+11,263	+194,034
National Institute of Environmental Health Sciences... D	714,261	533,537	725,387	+11,126	+191,850
National Institute on Aging..... D	2,048,610	1,303,541	2,458,733	+410,123	+1,155,192
National Institute of Arthritis and Musculoskeletal and Skin Diseases..... D	557,851	417,898	566,515	+8,664	+148,617
National Institute on Deafness and Other Communication Disorders..... D	436,875	325,846	443,624	+6,749	+117,778
National Institute of Nursing Research..... D	150,273	113,688	152,599	+2,326	+38,911
National Institute on Alcohol Abuse and Alcoholism... D	483,363	361,356	490,796	+7,433	+129,440
National Institute on Drug Abuse..... D	1,090,853	864,998	1,107,497	+16,644	+242,499
National Institute of Mental Health..... D	1,601,931	1,201,901	1,625,461	+23,530	+423,560
National Human Genome Research Institute..... D	528,566	399,622	536,774	+8,208	+137,152
National Institute of Biomedical Imaging and Bioengineering..... D	357,080	282,614	362,506	+5,426	+79,892
National Center for Complementary and Integrative Health..... D	134,689	101,793	136,741	+2,052	+34,948
National Institute on Minority Health and Health Disparities..... D	289,069	214,723	293,583	+4,514	+78,860

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
John E. Fogarty International Center..... D	72,213	---	73,353	+1,140	+73,353
National Library of Medicine (NLM)..... D	407,510	373,258	413,848	+6,338	+40,590
National Center for Advancing Translational Sciences.. D	705,903	557,373	718,867	+12,964	+161,494
National Institute for Research on Safety and Quality3/..... D	---	272,000	---	---	-272,000
Office of the Director..... D	1,665,183	1,329,833	1,705,248	+40,065	+375,415
Common Fund (non-add)..... NA	(682,856)	(441,823)	(682,980)	(+124)	(+241,157)
Gabriella Miller Kids First Research Act (Common Fund add)..... D	12,600	12,600	12,600	---	---
NIH Innovation Account, CURES Act2/..... D	352,000	496,000	496,000	+144,000	---
Buildings and Facilities..... D	128,863	98,615	128,863	---	+30,248
Total, National Institutes of Health (NIH).....	33,259,557	25,823,557	34,359,557	+1,100,000	+8,536,000
(Evaluation Tap Funding).....	(824,443)	(780,000)	(824,443)	---	(+44,443)
Total, NIH Program Level.....	(34,084,000)	(26,603,557)	(35,184,000)	(+1,100,000)	(+8,580,443)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)					
Mental Health					
Programs of Regional and National Significance..... D	386,659	277,419	308,861	-77,798	+31,442
Prevention and Public Health Fund 1/..... NA	(12,000)	---	---	(-12,000)	---
Subtotal.....	398,659	277,419	308,861	-89,798	+31,442
Mental Health block grant..... D	541,532	400,000	400,000	-141,532	---
Evaluation Tap Funding..... NA	(21,039)	(15,539)	(21,039)	---	(+5,500)
Subtotal.....	(562,571)	(415,539)	(421,039)	(-141,532)	(+5,500)
Children's Mental Health..... D	119,026	118,800	119,026	---	+226
Grants to States for the Homeless (PATH)..... D	64,635	64,512	64,635	---	+123
Protection and Advocacy..... D	36,146	36,077	36,146	---	+69
Subtotal, Mental Health.....	1,147,998	896,808	928,668	-219,330	+31,860
(Evaluation Tap Funding).....	(21,039)	(15,539)	(21,039)	---	(+5,500)
(Prevention and Public Health Fund 1/).....	(12,000)	---	---	(-12,000)	---
Subtotal, Mental Health program level.....	(1,181,037)	(912,347)	(949,707)	(-231,330)	(+37,360)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Substance Abuse Treatment					
Programs of Regional and National Significance..... D	352,427	339,738	351,427	-1,000	+11,689
Evaluation Tap Funding..... NA	(2,000)	(2,000)	(2,000)	---	---
Subtotal.....	(354,427)	(341,738)	(353,427)	(-1,000)	(+11,689)
Substance Abuse block grant..... D					
Evaluation Tap Funding..... NA	1,778,879	1,775,497	1,778,879	---	+3,382
Subtotal.....	(79,200)	(79,200)	(79,200)	---	---
Subtotal, block grant.....					
	(1,858,079)	(1,854,697)	(1,858,079)	---	(+3,382)
Subtotal, Substance Abuse Treatment.....					
(Evaluation Tap Funding).....	2,131,306	2,115,235	2,130,306	-1,000	+15,071
Subtotal, Program level.....	(81,200)	(81,200)	(81,200)	---	---
	(2,212,506)	(2,196,435)	(2,211,506)	(-1,000)	(+15,071)
Substance Abuse Prevention					
Programs of Regional and National Significance..... D	223,219	149,703	165,373	-57,846	+15,670

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Health Surveillance and Program Support	116,830	108,922	108,922	-7,908	---
Evaluation Tap Funding (NA)	(31,428)	(23,426)	(23,426)	(-8,002)	---
Subtotal	148,258	132,348	132,348	-15,910	---
Total, SAMHSA	3,619,353	3,270,668	3,333,269	-286,084	+62,601
(Evaluation Tap Funding)	(133,667)	(120,165)	(125,665)	(-8,002)	(+5,500)
(Prevention and Public Health Fund 1/)	(12,000)	---	---	(-12,000)	---
Total, SAMHSA Program Level	(3,765,020)	(3,390,833)	(3,458,934)	(-306,086)	(+68,101)
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)3/					
Healthcare Research and Quality					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds	187,156	---	167,156	-20,000	+167,156
Medical Expenditures Panel Surveys:					
Federal Funds	66,000	---	66,000	---	+66,000
Program Support:					
Federal Funds	70,844	---	66,844	-4,000	+66,844
Total, AHRQ (Federal funds)3/	324,000	---	300,000	-24,000	+300,000
Total, Public Health Service (PHS) appropriation	50,012,868	39,957,292	50,150,314	+137,446	+10,193,022
Total, Public Health Service Program Level	(51,869,278)	(41,841,025)	(52,091,722)	(+202,444)	(+10,250,697)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits.....	M 354,223,901	384,608,394	384,608,394	+30,384,493	---
State and Local Administration.....	M 18,975,984	20,811,084	20,811,084	+1,835,100	---
Vaccines for Children.....	M 4,386,584	4,598,358	4,598,358	+211,774	---
Subtotal, Medicaid Program Level.....	377,586,469	410,017,836	410,017,836	+32,431,367	---
Less funds advanced in prior year.....	-115,582,502	-125,219,452	-125,219,452	-9,636,950	---
Total, Grants to States for Medicaid.....	262,003,967	284,798,384	284,798,384	+22,794,417	---
New advance, 1st quarter, FY 2019.....	M 125,219,452	134,847,759	134,847,759	+9,628,307	---
Payments to Health Care Trust Funds					
Supplemental Medical Insurance.....	M 214,944,000	245,396,000	245,396,000	+30,452,000	---
Federal Uninsured Payment.....	M 147,000	132,000	132,000	-15,000	---
Program Management.....	M 877,500	1,104,000	1,104,000	+226,500	---
General Revenue for Part D Benefit.....	M 82,512,000	76,133,000	76,133,000	-6,379,000	---
General Revenue for Part D Administration.....	M 405,000	422,000	422,000	+17,000	---
HCFAC Reimbursement.....	M 299,000	307,000	307,000	+8,000	---
State Low-Income Determination for Part D.....	M 3,200	3,300	3,300	+100	---
Total, Payments to Trust Funds, Program Level.....	299,187,700	323,497,300	323,497,300	+24,309,600	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Program Management					
Research, Demonstration, Evaluation.....	20,054	18,054	---	-20,054	-18,054
Program Operations.....	2,519,823	2,441,274	2,341,274	-178,549	-100,000
State Survey and Certification.....	397,334	406,135	397,334	---	-8,801
Federal Administration.....	732,533	722,533	712,533	-20,000	-10,000
Total, Program management.....	3,669,744	3,587,996	3,451,141	-218,603	-136,855
Health Care Fraud and Abuse Control Account					
Centers for Medicare and Medicaid Services.....	486,936	536,145	486,936	---	-49,209
HHS Office of Inspector General.....	82,132	74,246	82,132	---	+7,886
Medicaid/CHIP.....	82,132	74,246	82,132	---	+7,886
Department of Justice.....	73,800	66,363	93,800	+20,000	+27,437
Total, Health Care Fraud and Abuse Control.....	725,000	751,000	745,000	+20,000	-6,000
Total, Centers for Medicare and Medicaid Services Federal Funds.....	690,805,863	747,482,439	747,339,584	+56,533,721	-142,855
Current year.....	686,411,119	743,143,443	743,143,443	+56,732,324	---
New advance, FY 2019.....	(561,191,667)	(608,295,684)	(608,295,684)	(+47,104,017)	---
Trust Funds.....	(125,219,452)	(134,847,759)	(134,847,759)	(+9,628,307)	---
Total, Centers for Medicare and Medicaid Services Federal Funds.....	4,394,744	4,338,996	4,196,141	-198,603	-142,855

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)					
Payments to States for Child Support Enforcement and Family Support Programs					
Payments to Territories..... M	33,000	33,000	33,000	---	---
Repatriation..... M	1,000	1,000	1,000	---	---
Subtotal.....	34,000	34,000	34,000	---	---
Child Support Enforcement:					
State and Local Administration..... M	3,680,840	3,763,200	3,763,200	+82,360	---
Federal Incentive Payments..... M	585,791	588,200	588,200	+2,409	---
Access and Visitation..... M	10,000	10,000	10,000	---	---
Subtotal, Child Support Enforcement.....	4,276,631	4,361,400	4,361,400	+84,769	---
Total, Family Support Payments Program Level.....	4,310,631	4,395,400	4,395,400	+84,769	---
Less funds advanced in previous years..... M	-1,300,000	-1,400,000	-1,400,000	-100,000	---
Total, Family Support Payments, current year.....	3,010,631	2,995,400	2,995,400	-15,231	---
New advance, 1st quarter, FY 2019..... M	1,400,000	1,400,000	1,400,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Low Income Home Energy Assistance (LIHEAP)					
Formula Grants..... D	3,390,304	---	3,390,304	---	+3,390,304
Refugee and Entrant Assistance					
Transitional and Medical Services..... D	490,000	320,000	320,000	-170,000	---
Refugee Support Services..... D	---	159,321	175,321	+175,321	+16,000
Victims of Trafficking..... D	18,755	18,719	18,755	---	+36
Social Services..... D	155,000	---	---	-155,000	---
Preventive Health..... D	4,600	---	---	-4,600	---
Targeted Assistance..... D	47,601	---	---	-47,601	---
Unaccompanied Minors..... D	948,000	948,000	498,000	-450,000	-450,000
Victims of Torture..... D	10,735	10,715	10,735	---	+20
Total, Refugee and Entrant Assistance.....	1,674,691	1,456,755	1,022,811	-651,880	-433,944

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Payments to States for the Child Care and Development Block Grant..... D	2,856,000	2,761,000	2,860,000	+4,000	+99,000
Social Services Block Grant (Title XX)..... M	1,700,000	---	1,700,000	---	+1,700,000
Children and Families Services Programs					
Programs for Children, Youth and Families:					
Head Start, current funded..... D	9,253,095	9,168,095	9,275,000	+21,905	+106,905
Preschool Development Grants..... D	250,000	---	250,000	---	+250,000
Consolidated Runaway, Homeless Youth Program..... D	101,980	101,786	101,980	---	+194
Prevention Grants to Reduce Abuse of Runaway Youth	17,141	17,108	17,141	---	+33
Child Abuse State Grants..... D	25,310	25,262	25,310	---	+48
Child Abuse Discretionary Activities..... D	33,000	32,937	33,000	---	+63
Community Based Child Abuse Prevention..... D	39,764	39,688	39,764	---	+76
Child Welfare Services..... D	268,735	268,224	268,735	---	+511
Child Welfare Training, Research, or Demonstration projects..... D	17,984	17,950	17,984	---	+34
Adoption Opportunities..... D	39,100	30,072	39,100	---	+9,028
Adoption Incentive grants..... D	37,943	37,871	37,943	---	+72

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Social Services and Income Maintenance Research..... D	6,512	6,500	6,512	---	+12
Native American Programs..... D	52,050	49,905	52,050	---	+2,145
Community Services:					
Community Services Block Grant Act programs:					
Grants to States for Community Services..... D	715,000	---	600,000	-115,000	+600,000
Economic Development..... D	19,883	---	---	-19,883	---
Rural Community Facilities..... D	7,500	---	7,500	---	+7,500
Subtotal, Community Services.....	742,383	---	607,500	-134,883	+607,500
Domestic Violence Hotline..... D	8,250	8,250	8,750	+500	+500
Family Violence/Battered Women's Shelters..... D	151,000	151,000	151,000	---	---
Chafee Education and Training Vouchers..... D	43,257	43,175	43,257	---	+82
Disaster Human Services Case Management..... D	1,864	1,860	1,864	---	+4
Program Direction..... D	205,000	204,610	204,610	-390	---
Total, Children and Families Services Programs..	11,294,368	10,204,293	11,181,500	-112,868	+977,207

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Promoting Safe and Stable Families..... M	325,000	345,000	325,000	---	-20,000
Discretionary Funds..... D	59,765	59,651	59,765	---	+114
Total, Promoting Safe and Stable Families.....	384,765	404,651	384,765	---	-19,886
Payments for Foster Care and Permanency					
Foster Care..... M	4,992,000	5,537,000	5,537,000	+545,000	---
Adoption Assistance..... M	2,780,000	2,867,000	2,867,000	+87,000	---
Guardianship..... M	152,000	181,000	181,000	+29,000	---
Independent Living..... M	140,000	140,000	140,000	---	---
Total, Payments to States..... M	8,064,000	8,725,000	8,725,000	+661,000	---
Less Advances from Prior Year.....	-2,300,000	-2,500,000	-2,500,000	-200,000	---
Total payments, current year.....	5,764,000	6,225,000	6,225,000	+461,000	---
New Advance, 1st quarter, FY 2019..... M	2,500,000	2,700,000	2,700,000	+200,000	---
Total, ACF.....	33,974,759	28,147,099	33,859,780	-114,979	+5,712,681
Current year.....	(30,074,759)	(24,047,099)	(29,759,780)	(-314,979)	(+5,712,681)
FY 2019.....	(3,900,000)	(4,100,000)	(4,100,000)	(+200,000)	---
Total, ACF Program Level.....	33,974,759	28,147,099	33,859,780	-114,979	+5,712,681

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
ADMINISTRATION FOR COMMUNITY LIVING					
Aging and Disability Services Programs					
Grants to States:					
Home and Community-based Supportive Services..... D	350,224	347,063	350,224	---	+3,161
Preventive Health..... D	19,848	19,810	19,848	---	+38
Protection of Vulnerable Older Americans-Title VII D	20,658	20,619	20,658	---	+39
Subtotal.....	390,730	387,492	390,730	---	+3,238
Family Caregivers..... D	150,586	150,300	150,586	---	+286
Native American Caregivers Support..... D	7,556	7,517	7,556	---	+39
Subtotal, Caregivers.....	158,142	157,817	158,142	---	+325
Nutrition:					
Congregate Meals..... D	450,342	447,490	450,342	---	+2,852
Home Delivered Meals..... D	227,342	225,912	227,342	---	+1,430
Nutrition Services Incentive Program..... D	160,069	159,765	160,069	---	+304
Subtotal.....	837,753	833,167	837,753	---	+4,586
Subtotal, Grants to States.....	1,386,625	1,378,476	1,386,625	---	+8,149

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Grants for Native Americans..... D	31,208	31,099	31,208	---	+109
Aging Network Support Activities..... D	9,961	9,942	9,961	---	+19
Alzheimer's Disease Demonstrations..... D	4,800	19,490	19,500	+14,700	+10
Prevention and Public Health Fund 1/..... NA	(14,700)	---	---	(-14,700)	---
Lifespan Respite Care..... D	3,360	3,354	3,360	---	+6
Chronic Disease Self-Management Program..... D	---	5,000	5,000	+5,000	---
Prevention and Public Health Fund 1/..... NA	(8,000)	---	---	(-8,000)	---
Elder Falls Prevention..... D	---	5,000	5,000	+5,000	---
Prevention and Public Health Fund 1/..... NA	(5,000)	---	---	(-5,000)	---
Elder Rights Support Activities..... D	13,874	11,851	11,874	-2,000	+23
Aging and Disability Resources..... D	6,119	6,107	6,119	---	+12
Senior Community Service Employment Program..... D	---	---	300,000	+300,000	+300,000
State Health Insurance Program..... TF	47,115	---	---	-47,115	---
Paralysis Resource Center..... D	6,700	---	6,700	---	+6,700
Limb Loss..... D	2,500	---	2,500	---	+2,500
Traumatic Brain Injury..... D	9,321	3,162	9,321	---	+6,159

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Developmental Disabilities Programs:					
Partnerships for Innovation, Inclusion, and Independence..... D	---	45,000	---	---	-45,000
State Councils..... D	73,000	---	73,000	---	+73,000
Protection and Advocacy..... D	38,734	38,660	38,734	---	+74
Voting Access for Individuals with Disabilities... D	4,963	4,954	4,963	---	+9
Developmental Disabilities Projects of National Significance..... D	10,000	7,600	7,600	-2,400	---
University Centers for Excellence in Developmental Disabilities..... D	38,619	38,546	38,619	---	+73
Subtotal, Developmental Disabilities Programs...	165,316	134,760	162,916	-2,400	+28,156
Workforce Innovation and Opportunity Act					
National Institute on Disability, Independent Living, and Rehabilitation Research..... D	101,183	78,156	101,183	---	+23,027
Assistive Technology..... D	103,970	95,127	103,970	---	+8,843
Subtotal, Workforce Innovation and Opportunity Act.....	34,000	31,939	34,000	---	+2,061
Subtotal, Workforce Innovation and Opportunity Act.....	239,153	205,222	239,153	---	+33,931

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Program Administration..... D	40,063	37,987	37,987	-2,076	---
Total, Administration for Community Living (ACL) Federal funds.....	1,966,115	1,851,450	2,237,224	+271,109	+385,774
Trust Funds.....	(1,919,000)	(1,851,450)	(2,237,224)	(+318,224)	(+385,774)
(Prevention and Public Health Fund 1/)	(47,115)	---	---	(-47,115)	---
	(27,700)	---	---	(-27,700)	---
Total, ACL program level.....	1,993,815	1,851,450	2,237,224	+243,409	+385,774
OFFICE OF THE SECRETARY					
General Departmental Management					
General Departmental Management, Federal Funds..... D	199,620	203,500	199,620	---	-3,880
Teen Pregnancy Prevention Community Grants..... D	101,000	---	---	-101,000	---
Evaluation Tap Funding..... NA	(6,800)	---	---	(-6,800)	---
Subtotal, Grants.....	(107,800)	---	---	(-107,800)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Faith-Based Center..... D	1,299	1,299	1,299	---	---
Sexual Risk Avoidance..... D	15,000	10,000	20,000	+5,000	+10,000
Minority Health..... D	56,670	56,562	45,250	-11,420	-11,312
Office of Women's Health..... D	32,140	32,140	25,712	-6,428	-6,428
Minority HIV/AIDS prevention and treatment..... D	53,900	---	---	-53,900	---
Embryo Adoption Awareness Campaign..... D	1,000	1,000	1,000	---	---
Planning and Evaluation, Evaluation Tap Funding..... NA	(58,028)	(57,465)	(57,465)	(-563)	---
Total, General Departmental Management.....	480,629	304,501	292,881	-167,748	-11,620
Federal Funds.....	(480,629)	(304,501)	(292,881)	(-167,748)	(-11,620)
(Evaluation Tap Funding).....	(64,828)	(57,465)	(57,465)	(-7,363)	---
Total, General Departmental Management Program..	525,457	361,966	350,346	-175,111	-11,620
Office of Medicare Hearings and Appeals..... TF	107,381	117,177	112,381	+5,000	-4,796

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of the National Coordinator for Health Information Technology..... D	60,367	38,381	38,381	-21,986	---
Office of Inspector General					
Inspector General Federal Funds..... D	80,000	68,085	80,000	---	+11,915
HCFAC funding (NA)..... NA	(334,097)	---	---	(-334,097)	---
Total, Inspector General Program Level.....	(414,097)	(68,085)	(80,000)	(-334,097)	(+11,915)
Office for Civil Rights					
Federal Funds..... D	38,798	32,530	38,798	---	+6,268

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Retirement Pay and Medical Benefits for Commissioned Officers					
Retirement Payments..... M	457,459	456,266	456,266	-1,193	---
Survivors Benefits..... M	31,559	31,583	31,583	+24	---
Dependents' Medical Care..... M	141,390	130,840	130,840	-10,550	---
Total Medical Benefits for Commissioned Officers	630,408	618,689	618,689	-11,719	---
Public Health and Social Services Emergency Fund (PHSSEF)					
Assistant Secretary for Preparedness and Response					
Operations..... D	30,938	30,879	30,938	---	+59
Preparedness and Emergency Operations..... D	24,654	24,607	24,654	---	+47
National Disaster Medical System..... D	49,904	49,809	49,904	---	+95
Hospital Preparedness Cooperative Agreement Grants: Formula Grants..... D	254,555	227,201	254,555	---	+27,354
Biomedical Advanced Research and Development Authority (BARDA)..... D	511,700	511,700	520,000	+8,300	+8,300
Policy and Planning..... D	14,877	14,849	14,877	---	+28
Project BioShield..... D	510,000	510,000	530,000	+20,000	+20,000
Subtotal, Preparedness and Response..... D	1,396,628	1,369,045	1,424,928	+28,300	+55,883

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Assistant Secretary for Administration					
Assistant Secretary for Administration, Cybersecurity, D	50,860	73,263	50,860	---	-22,403
Office of Security and Strategic Information, D	7,470	7,456	7,470	---	+14
Public Health and Science					
Medical Reserve Corps, D	6,000	5,989	6,000	---	+11
Pandemic Influenza Preparedness, D	57,000	206,863	250,000	+193,000	+43,137
Pandemic Flu balances (Public Law 111-32), NA	(15,000)	---	---	(-15,000)	---
Subtotal, Pandemic Influenza Preparedness, D	72,000	206,863	250,000	+178,000	+43,137
Subtotal, Non-pandemic flu/BioShield/Parklawn/Other construction, D	950,958	945,753	959,258	+8,300	+13,505
Total, PHSSEF, D	1,517,958	1,662,616	1,739,258	+221,300	+76,642
Account for the State Response to the Opioid Abuse Crisis, CURES Act2/, D	500,000	500,000	500,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Office of the Secretary.....	3,395,541	3,341,979	3,420,388	+24,847	+78,409
Federal Funds.....	3,288,160	3,224,802	3,308,007	+19,847	+83,205
Trust Funds.....	107,381	117,177	112,381	+5,000	-4,796
(Evaluation Tap Funding).....	(84,828)	(57,465)	(57,465)	(-7,363)	-
Total, Office of the Secretary Program Level.....	3,475,369	3,399,444	3,477,853	+2,484	+78,409
Total, Title II, Health and Human Services.....	780,155,146	820,780,259	837,007,290	+56,852,144	+16,227,031
Federal Funds.....	775,598,156	816,314,886	832,690,518	+57,092,362	+16,375,632
Current year.....	(646,478,704)	(677,367,127)	(693,742,759)	(+47,264,055)	(+16,375,632)
FY 2019.....	(129,119,452)	(138,947,759)	(138,947,759)	(+9,828,307)	-
Trust Funds.....	4,556,990	4,465,373	4,316,772	-240,218	-148,601
Total, Pandemic Flu balances (Public Law 111-32)	(30,000)	-	-	(-30,000)	-
Total, Prevention and Public Health Fund 1/.....	(931,000)	(840,600)	(840,600)	(-90,400)	-

Title II Footnotes:

- 1/ Sec. 4002 of Public Law 111-148
- 2/ 21st Century CURES Act (Public Law 114-255); FY2017 funds provided in Public Law 114-254
- 3/ FY2018 budget request proposes consolidating the Agency for Healthcare Research and Quality within the National Institutes of Health as the National Institute for Research on Safety and Quality

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE III - DEPARTMENT OF EDUCATION					
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Educational Agencies (LEAs)					
Basic Grants:					
Advance from prior year.....	(2,390,776)	(1,840,776)	(1,840,776)	(-550,000)	----
Forward funded.....	4,613,625	2,733,460	4,613,625	----	+1,880,165 FF
Current funded.....	5,000	466,100	5,000	----	-461,100
	4,618,625	3,199,560	4,618,625	----	+1,419,065
Subtotal, Basic grants current year approp..	(7,009,401)	(5,040,336)	(6,459,401)	(-550,000)	(+1,419,065)
Subtotal, Basic grants total funds available					
Basic Grants FY 2019 Advance.....	1,840,776	3,231,497	1,840,776	----	-1,390,721
Subtotal, Basic grants, program level.....	6,459,401	6,431,057	6,459,401	----	+28,344
Concentration Grants:					
Advance from prior year.....	(1,362,301)	(1,362,301)	(1,362,301)	----	----
FY 2019 Advance.....	1,362,301	1,362,301	1,362,301	----	----
Subtotal.....	1,362,301	1,362,301	1,362,301	----	----

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Targeted Grants:					
Advance from prior year..... NA	(3,544,050)	(3,819,050)	(3,819,050)	(+275,000)	---
FY 2019 Advance..... D	3,819,050	3,544,050	3,819,050	---	+275,000
Subtotal.....	3,819,050	3,544,050	3,819,050	---	+275,000
Education Finance Incentive Grants:					
Advance from prior year..... NA	(3,544,050)	(3,819,050)	(3,819,050)	(+275,000)	---
FY 2019 Advance..... D	3,819,050	3,544,050	3,819,050	---	+275,000
Subtotal.....	3,819,050	3,544,050	3,819,050	---	+275,000
Subtotal, Grants to LEAs, program level.....	15,459,802	15,881,458	15,459,802	---	-421,656
FOCUS Grants (ESIA-I-E).....	---	1,000,000	---	---	-1,000,000
Innovative Approaches to Literacy..... D	27,000	---	27,000	---	+27,000
Comprehensive literacy development grants..... D	190,000	---	---	-190,000	---
State Agency Programs:					
Migrant..... D	374,751	374,039	374,751	---	+712
Neglected and Delinquent/High Risk Youth..... D	47,614	47,523	47,614	---	+91
Subtotal, State Agency programs.....	422,365	421,562	422,365	---	+803

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Migrant Education:					
High School Equivalency Program..... D	44,623	44,538	44,623	---	+85
Total, Education for the disadvantaged.....	16,143,790	16,347,558	15,953,790	-190,000	-393,768
Current Year.....	(5,302,613)	(4,665,660)	(5,112,613)	(-190,000)	(+446,953)
FY 2019.....	(10,841,177)	(11,681,898)	(10,841,177)	---	(-840,721)
Subtotal, Forward Funded.....	(5,225,990)	(3,155,022)	(5,035,990)	(-190,000)	(+1,880,968)
IMPACT AID					
Basic Support Payments..... D	1,189,233	1,166,012	1,194,233	+5,000	+28,221
Payments for Children with Disabilities..... D	48,316	48,224	48,316	---	+92
Facilities Maintenance (Sec. 8008)..... D	4,835	4,826	4,835	---	+9
Construction (Sec. 8007)..... D	17,406	17,373	17,406	---	+33
Payments for Federal Property (Sec. 8002)..... D	68,813	---	68,813	---	+68,813
Total, Impact aid.....	1,328,603	1,236,435	1,333,603	+5,000	+97,168

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
SCHOOL IMPROVEMENT PROGRAMS					
Supporting Effective Instruction State Grants..... D	374,389	---	---	-374,389	---
Advance from prior year..... NA	(1,681,441)	(1,681,441)	(1,681,441)	---	---
FY 2019..... D	1,681,441	---	---	-1,681,441	---
Subtotal, Supporting Effective Instruction State Grants, program level.....	2,055,830	---	---	-2,055,830	---
Supplemental Education Grants..... D	16,699	16,667	16,699	---	+32
21st Century Community Learning Centers..... D	1,191,673	---	1,000,000	-191,673	+1,000,000
State Assessments..... D	369,100	377,281	369,100	---	-8,181
Education for Homeless Children and Youth..... D	77,000	69,867	77,000	---	+7,133
Training and Advisory Services (Civil Rights)..... D	6,575	6,563	6,575	---	+12
Education for Native Hawaiians..... D	33,397	---	33,397	---	+33,397
Alaska Native Education Equity..... D	32,453	---	32,453	---	+32,453
Rural Education..... D	175,840	175,506	175,840	---	+334
Comprehensive Centers..... D	50,000	51,347	50,000	---	-1,347
Student Support and Academic Enrichment grants..... D	400,000	---	500,000	+100,000	+500,000
Total, School Improvement Programs.....	4,408,567	697,231	2,261,064	-2,147,503	+1,563,833
Current Year.....	(2,727,126)	(697,231)	(2,261,064)	(-466,062)	(+1,563,833)
FY 2019.....	(1,681,441)	---	---	(-1,681,441)	---
Subtotal, Forward Funded.....	(2,588,002)	(622,654)	(2,121,940)	(-466,062)	(+1,499,286)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
INDIAN EDUCATION					
Grants to Local Educational Agencies..... D	100,381	100,190	100,381	---	+191
Federal Programs:					
Special Programs for Indian Children..... D	57,993	37,921	57,993	---	+20,072
National Activities..... D	6,565	5,554	6,565	---	+1,011
Subtotal, Federal Programs.....	64,558	43,475	64,558	---	+21,083
Total, Indian Education.....	164,939	143,665	164,939	---	+21,274
INNOVATION AND IMPROVEMENT					
Education Innovation and Research..... D	100,000	370,000	---	-100,000	-370,000
American History and Civics Academies..... D	1,815	---	---	-1,815	---
American History and Civics National Activities..... D	1,700	---	1,700	---	+1,700
School Leader Recruitment and Support..... D	14,500	---	---	-14,500	---
Charter Schools Grants..... D	342,172	500,000	370,000	+27,828	-130,000
Magnet Schools Assistance..... D	97,647	96,463	96,463	-1,184	---
Teacher and School Leader Incentive Grants..... D	200,000	199,563	200,000	---	+437
Ready-to-Learn Television..... D	25,741	---	25,741	---	+25,741
Supporting Effective Educator Development (SEED)..... D	65,000	42,000	42,000	-23,000	---
Arts in Education..... D	27,000	---	---	-27,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Javits Gifted and Talented Students..... D	12,000	---	12,000	---	+12,000
Total, Innovation and Improvement.....	887,575	1,208,026	747,904	-139,671	-460,122
Current Year.....	(887,575)	(1,208,026)	(747,904)	(-139,671)	(-460,122)
SAFE SCHOOLS AND CITIZENSHIP EDUCATION					
Promise Neighborhoods..... D	73,254	60,000	60,000	-13,254	---
School Safety National Activities..... D	68,000	74,857	68,000	---	-6,857
Full-Service Community Schools..... D	10,000	---	10,000	---	+10,000
Total, Safe Schools and Citizenship Education...	151,254	134,857	138,000	-13,254	+3,143
ENGLISH LANGUAGE ACQUISITION					
Current funded..... D	47,931	47,840	47,931	---	+91
Forward funded..... D	689,469	688,158	689,469	---	+1,311 FF
Total, English Language Acquisition.....	737,400	735,998	737,400	---	+1,402

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
SPECIAL EDUCATION					
State Grants:					
Grants to States Part B current year..... D	2,719,465	1,766,099	1,038,024	-1,681,441	-728,075 FF
Part B advance from prior year..... NA	(9,283,383)	(9,283,383)	(9,283,383)	---	---
Grants to States Part B (FY 2019)..... D	9,283,383	10,124,103	11,164,824	+1,881,441	+1,040,721
Subtotal, program level.....	12,002,848	11,890,202	12,202,848	+200,000	+312,646
Preschool Grants..... D	368,238	367,538	368,238	---	+700 FF
Grants for Infants and Families..... D	458,556	457,684	458,556	---	+872 FF
Subtotal, program level.....	12,829,642	12,715,424	13,029,642	+200,000	+314,218
IDEA National Activities (current funded):					
State Personnel Development..... D	38,630	41,551	38,630	---	-2,921
Technical Assistance and Dissemination (including Special Olympics Education)..... D	56,928	44,261	44,261	-12,667	---
Personnel Preparation..... D	83,700	83,541	83,700	---	+159
Parent Information Centers..... D	27,411	27,359	27,411	---	+52

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Educational Technology, Media, and Materials..... D	28,047	29,990	28,047	---	-1,943
Subtotal, IDEA National Activities.....	234,716	226,702	222,049	-12,667	-4,653
Total, Special education.....	13,064,358	12,942,126	13,251,691	+187,333	+309,565
Current Year.....	(3,780,975)	(2,818,023)	(2,086,867)	(-1,694,108)	(-731,156)
FY 2019.....	(9,283,383)	(10,124,103)	(11,164,824)	(+1,881,441)	(+1,040,721)
Subtotal, Forward Funded.....	(3,546,259)	(2,591,321)	(1,864,818)	(-1,681,441)	(-726,503)
REHABILITATION SERVICES					
Vocational Rehabilitation State Grants..... M	3,398,554	3,452,931	3,452,931	+54,377	---
Client Assistance State grants..... D	13,000	12,975	13,000	---	+25
Training..... D	29,388	30,131	29,388	---	-743
Demonstration and Training programs..... D	5,796	5,785	5,796	---	+11
Protection and Advocacy of Individual Rights (PAIR)..... D	17,650	17,616	17,650	---	+34
Supported Employment State grants..... D	27,548	---	---	-27,548	---
Independent Living: Services for Older Blind Individuals..... D	33,317	33,254	33,317	---	+63
Helen Keller National Center for Deaf/Blind Youth and Adults..... D	10,336	10,316	10,500	+164	+184
Total, Rehabilitation services.....	3,535,589	3,563,008	3,562,582	+26,993	-426

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
American Printing House for the Blind..... D	25,431	25,383	26,431	+1,000	+1,048
National Technical Institute for the Deaf (NTID): Operations..... D	70,016	69,883	70,016	---	+133
Gallaudet University: Operations..... D	121,275	121,044	128,000	+6,725	+6,956
Total, Special Institutions for Persons with Disabilities.....	216,722	216,310	224,447	+7,725	+8,137
CAREER, TECHNICAL, AND ADULT EDUCATION					
Career Education:					
Basic State Grants/Secondary & Technical Education State Grants, current funded..... D	326,598	158,499	326,598	---	+168,099
Advance from prior year..... NA	(791,000)	(791,000)	(791,000)	---	---
FY 2019..... D	791,000	791,000	791,000	---	---
Subtotal, Basic State Grants, program level.....	1,117,598	949,499	1,117,598	---	+168,099
National Programs..... D	7,421	27,407	7,421	---	-19,986
Subtotal, Career Education.....	1,125,019	976,906	1,125,019	---	+148,113

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Adult Education:					
State Grants/Adult Basic and Literacy Education: D					
State Grants, current funded..... D	581,955	485,849	581,955	---	+96,106 FF
National Leadership Activities..... D	13,712	13,686	13,712	---	+26 FF
Subtotal, Adult education.....	595,667	499,535	595,667	---	+96,132
Total, Career, Technical, and Adult Education...	1,720,686	1,476,441	1,720,686	---	+244,245
Current Year.....	(929,686)	(685,441)	(929,686)	---	(+244,245)
FY 2019.....	(791,000)	(791,000)	(791,000)	---	---
Subtotal, Forward Funded.....	(929,686)	(685,441)	(929,686)	---	(+244,245)
STUDENT FINANCIAL ASSISTANCE					
Pell Grants -- maximum grant (NA)..... NA	(4,860)	(4,860)	(4,860)	---	---
Pell Grants..... D	22,475,352	22,432,626	22,475,352	---	+42,726
Federal Supplemental Educational Opportunity Grants.... D	733,130	---	733,130	---	+733,130
Federal Work Study..... D	989,728	500,000	989,728	---	+489,728
Total, Student Financial Assistance (SFA).....	24,198,210	22,932,626	24,198,210	---	+1,265,584

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
STUDENT AID ADMINISTRATION					
Salaries and Expenses..... D	696,643	680,711	680,711	-15,932	---
Servicing Activities..... D	880,211	1,017,000	1,017,000	+136,789	---
	=====	=====	=====	=====	=====
Total, Student Aid Administration.....	1,576,854	1,697,711	1,697,711	+120,857	---
HIGHER EDUCATION					
Aid for Institutional Development:					
Strengthening Institutions..... D	86,534	---	86,534	---	+86,534
Hispanic Serving Institutions..... D	107,795	107,590	107,795	---	+205
Promoting Post-Baccalaureate Opportunities for Hispanic Americans..... D	9,671	9,653	9,671	---	+18
Strengthening Historically Black Colleges (HBCUs). D	244,694	244,229	244,694	---	+465
Strengthening Historically Black Graduate Institutions..... D	63,281	63,161	63,281	---	+120
Strengthening Predominantly Black Institutions.... D	9,942	9,923	9,942	---	+19
Asian American Pacific Islander..... D	3,348	3,342	3,348	---	+6
Strengthening Alaska Native and Native Hawaiian-Serving Institutions..... D	13,802	13,776	13,802	---	+26
Strengthening Native American-Serving Nontribal Institutions..... D	3,348	3,342	3,348	---	+6
Strengthening Tribal Colleges..... D	27,589	27,547	27,589	---	+52
Strengthening HBCU Masters programs..... D	7,500	---	7,500	---	+7,500
	=====	=====	=====	=====	=====
Subtotal, Aid for Institutional development.....	577,514	482,563	577,514	---	+94,951

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
International Education and Foreign Language:					
Domestic Programs..... D	65,103	---	65,103	---	+65,103
Overseas Programs..... D	7,061	---	---	-7,061	---
Subtotal, International Education & Foreign Lang	72,164	---	65,103	-7,061	+65,103
Postsecondary Program for Students with Intellectual					
Disabilities..... D	11,800	11,778	11,800	---	+22
Minority Science and Engineering Improvement..... D	9,648	9,630	9,648	---	+18
Tribally Controlled Postsec Voc/Tech Institutions..... D	8,286	8,270	8,286	---	+16
Federal TRIO Programs..... D	950,000	808,289	1,010,000	+60,000	+201,711
GEAR UP..... D	339,754	219,000	350,000	+10,246	+131,000
Graduate Assistance in Areas of National Need..... D	28,047	5,775	5,775	---	---
Teacher Quality Partnerships..... D	43,092	---	---	-43,092	---
Child Care Access Means Parents in School..... D	15,134	---	---	-15,134	---
Total, Higher Education.....	2,065,439	1,545,305	2,038,126	-17,313	+492,821
HOWARD UNIVERSITY					
Academic Program..... D	191,091	190,721	191,091	---	+370
Endowment Program..... D	3,405	3,405	3,405	---	---
Howard University Hospital..... D	27,325	27,273	27,325	---	+52
Total, Howard University.....	221,821	221,399	221,821	---	+422

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM. D	435	434	434	-1	---
HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU) D					
CAPITAL FINANCING PROGRAM ACCOUNT					
HBCU Federal Administration..... D	334	333	333	-1	---
HBCU Loan Subsidies..... D	20,150	20,112	20,112	-38	---
Total, HBCU Capital Financing Program.....	20,484	20,445	20,445	-39	---
INSTITUTE OF EDUCATION SCIENCES (IES)					
Research, Development and Dissemination..... D	187,500	194,629	187,500	---	-7,129
Statistics..... D	109,500	111,787	109,500	---	-2,287
Regional Educational Laboratories..... D	54,423	54,320	54,423	---	+103
Research in Special Education..... D	54,000	53,897	54,000	---	+103
Special Education Studies and Evaluations..... D	10,818	10,797	10,818	---	+21
Statewide Data Systems..... D	32,281	34,473	32,281	---	-2,192
Assessment:					
National Assessment..... D	149,000	148,717	149,000	---	+283
National Assessment Governing Board..... D	7,745	8,219	7,745	---	-474
Subtotal, Assessment.....	156,745	156,936	156,745	---	-191
Total, IES.....	605,267	616,839	605,267	---	-11,572

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses..... D	431,000	438,000	431,000	---	-7,000
Building Modernization..... D	1,000	---	---	-1,000	---
Total, Program administration.....	432,000	438,000	431,000	-1,000	-7,000
Office for Civil Rights..... D	108,500	106,797	108,500	---	+1,703
Office of Inspector General..... D	59,256	61,143	59,256	---	-1,887
Total, Departmental management.....	599,756	605,940	598,756	-1,000	-7,184
Total, Title III, Department of Education.....	71,637,749	66,342,354	69,476,876	-2,160,873	+3,134,522
Current Year.....	(49,040,748)	(43,745,353)	(46,679,875)	(-2,360,873)	(+2,934,522)
FY 2019.....	(22,597,001)	(22,597,001)	(22,797,001)	(+200,000)	(+200,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE IV--RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED..... D	8,000	6,117	8,000	---	+1,883
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA)..... D	92,364	4,910	92,364	---	+87,454
National Senior Volunteer Corps:					
Foster Grandparents Program..... D	107,702	117	107,702	---	+107,585
Senior Companion Program..... D	45,512	117	45,512	---	+45,395
Retired Senior Volunteer Program..... D	48,903	117	48,903	---	+48,786
Subtotal, Senior Volunteers.....	202,117	351	202,117	---	+201,766
Subtotal, Domestic Volunteer Service.....	294,481	5,261	294,481	---	+289,220

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
National and Community Service Programs:					
AmeriCorps State and National Grants..... D	386,010	2,341	386,010	---	+383,669
Innovation, Assistance, and Other Activities..... D	5,000	---	5,000	---	+5,000
Evaluation..... D	4,000	---	4,000	---	+4,000
National Civilian Community Corps (NCCC)(sub-title E)..... D	30,000	24,087	30,000	---	+5,913
State Commission Support Grants..... D	16,538	---	16,538	---	+16,538
Subtotal, National and Community Service.....	441,548	26,428	441,548	---	+415,120
Total, Operating expenses.....	736,029	31,689	736,029	---	+704,340
National Service Trust..... D	206,842	---	206,842	---	+206,842
Salaries and Expenses..... D	81,737	99,735	81,737	---	-17,998
Office of Inspector General..... D	5,750	3,568	5,750	---	+2,182
Total, Corp. for National and Community Service.....	1,030,358	134,992	1,030,358	---	+895,366

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
CORPORATION FOR PUBLIC BROADCASTING:					
FY 2020 (current) with FY 2018 comparable..... D	445,000	---	445,000	---	+445,000
FY 2019 advance with FY 2017 comparable (NA)..... NA	(445,000)	(445,000)	(445,000)	---	---
Rescission of FY 2019 funds (NA)..... NA	---	(-445,000)	---	---	(+445,000)
Subtotal, FY 2019 program level.....	445,000	---	445,000	---	+445,000
FY 2018 advance with FY 2016 comparable (NA)..... NA	(445,000)	(445,000)	(445,000)	---	---
Rescission of FY 2018 funds (NA)..... NA	---	(-441,500)	---	---	(+441,500)
Subtotal, FY 2018 program level.....	445,000	3,500	445,000	---	+441,500
Public television interconnection system (current) D	50,000	---	---	-50,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
FEDERAL MEDIATION AND CONCILIATION SERVICE..... D	46,650	48,655	46,650	---	-2,005
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION..... D	17,184	17,053	17,134	-50	+81
INSTITUTE OF MUSEUM AND LIBRARY SERVICES..... D	231,000	23,000	231,000	---	+208,000
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION..... TF	7,765	8,700	7,500	-265	-1,200
MEDICARE PAYMENT ADVISORY COMMISSION..... D	11,925	12,295	12,175	+250	-120
NATIONAL COUNCIL ON DISABILITY..... D	3,250	3,211	3,200	-50	-11
NATIONAL LABOR RELATIONS BOARD..... D	274,224	258,000	249,000	-25,224	-9,000
NATIONAL MEDIATION BOARD..... D	13,800	13,205	13,500	-300	+295
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION..... D	13,225	12,615	12,875	-350	+260
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account..... D	25,000	22,000	22,000	-3,000	---
Less Income Tax Receipts on Dual Benefits..... D	-2,000	-1,000	-1,000	+1,000	---
Subtotal, Dual Benefits.....	23,000	21,000	21,000	-2,000	---
Federal Payments to the Railroad Retirement Accounts... M	150	150	150	---	---
Limitation on Administration..... TF	113,500	111,225	113,500	---	+2,275
Limitation on the Office of Inspector General..... TF	10,000	8,437	10,000	---	+1,563

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds..... M	11,400	11,400	11,400	---	---
Supplemental Security Income Program					
Federal Benefit Payments..... M	52,941,736	48,236,000	48,236,000	-4,705,736	---
Beneficiary Services..... M	89,000	159,000	159,000	+70,000	---
Research and Demonstration..... M	58,000	101,000	101,000	+43,000	---
Afghanistan Special Immigrant Visa..... M	---	---	---	---	---
Administration..... D	5,029,427	5,060,526	5,095,635	+66,208	+35,109
Subtotal, SSI program level.....	58,118,163	53,556,526	53,591,635	-4,526,528	+35,109
Less funds advanced in prior year..... M	-14,500,000	-15,000,000	-15,000,000	-500,000	---
Subtotal, regular SSI current year.....	43,618,163	38,556,526	38,591,635	-5,026,528	+35,109
New advance, 1st quarter, FY 2019..... M	15,000,000	19,500,000	19,500,000	+4,500,000	---
Total, SSI program.....	58,618,163	58,056,526	58,091,635	-526,528	+35,109

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Limitation on Administrative Expenses					
OASI/DI Trust Funds..... TF	5,145,407	4,916,768	5,145,407	---	+228,639
HI/SMI Trust Funds..... TF	1,684,753	2,012,556	1,684,753	---	-327,803
Social Security Advisory Board..... TF	2,300	2,300	2,300	---	---
SSI..... TF	3,706,485	3,671,376	3,706,485	---	+35,109
Subtotal, regular LAE.....	10,538,945	10,603,000	10,538,945	---	-64,055
User Fees:					
SSI User Fee activities..... D	126,000	118,000	118,000	-8,000	---
CB0 adjustment.....	-3,000	-3,000	-3,000	---	---
SSPA User Fee Activities..... D	1,000	1,000	1,000	---	---
CB0 adjustment.....	-1,000	-1,000	-1,000	---	---
Subtotal, User fees.....	123,000	115,000	115,000	-8,000	---
Subtotal, Limitation on administrative expenses.....	10,661,945	10,718,000	10,653,945	-8,000	-64,055
Program Integrity:					
OASDI Trust Funds..... TF	496,058	345,850	345,850	-150,208	---
SSI..... TF	1,322,942	1,389,150	1,389,150	+66,208	---
Subtotal, Program integrity funding.....	1,819,000	1,735,000	1,735,000	-84,000	---
Total, Limitation on Administrative Expenses.....	12,480,945	12,453,000	12,388,945	-92,000	-64,055

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of Inspector General					
Federal Funds.....	29,787	30,000	30,000	+213	---
Trust Funds.....	75,713	75,500	75,500	-213	---
Total, Office of Inspector General.....	105,500	105,500	105,500	---	---
Adjustment: Trust fund transfers from general revenues TF	-5,029,427	-5,060,526	-5,095,635	-66,208	-35,109
Total, Social Security Administration.....	66,186,581	65,565,900	65,501,845	-684,736	-64,055
Federal funds.....	58,782,350	58,212,926	58,248,035	-534,315	+35,109
Current year.....	(43,782,350)	(38,712,926)	(38,748,035)	(-5,034,315)	(+35,109)
New advances, 1st quarter, FY 2019.....	(15,000,000)	(19,500,000)	(19,500,000)	(+4,500,000)	---
Trust funds.....	7,404,231	7,352,974	7,253,810	-150,421	-99,164
Total, Title IV, Related Agencies.....	68,485,612	66,244,555	67,722,887	-762,725	+1,478,332
Federal Funds.....	60,945,956	58,759,624	60,333,402	-612,554	+1,573,778
Current Year.....	(45,500,956)	(39,259,624)	(40,388,402)	(-5,112,554)	(+1,128,778)
FY 2019 Advance.....	(15,000,000)	(19,500,000)	(19,500,000)	(+4,500,000)	---
FY 2020 Advance.....	(445,000)	---	(445,000)	---	(+445,000)
Trust Funds.....	7,539,656	7,484,931	7,389,485	-150,171	-95,446

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
RECAP					
Mandatory, total in bill.....	760,614,562	815,765,698	817,445,698	+56,831,136	+1,680,000
Less advances for subsequent years.....	-144,135,452	-158,462,759	-158,462,759	-14,327,307	---
Plus advances provided in prior years.....	133,701,502	144,135,452	144,135,452	+10,433,950	---
Total, mandatory, current year.....	750,180,612	801,438,391	803,118,391	+52,937,779	+1,680,000
Discretionary, total in bill.....	173,331,306	148,898,126	168,883,146	-4,448,160	+19,985,020
Less advances for subsequent years.....	-24,814,001	-23,470,001	-24,814,001	---	-1,344,000
Plus advances provided in prior years.....	24,814,001	24,814,001	24,814,001	---	---
Subtotal, discretionary, current year.....	173,331,306	150,242,126	168,883,146	-4,448,160	+18,641,020
Discretionary Scorekeeping adjustments:					
SSI User Fee Collection..... D	-126,000	-118,000	-118,000	+8,000	---
CBO adjustment..... D	3,000	3,000	3,000	---	---
Average Weekly Insured Unemployment (AMIU) Contingent..... TF	5,000	20,000	10,000	+5,000	-10,000
Medicare Eligible Accruals (permanent, indefinite)..... D	28,594	32,484	32,484	+3,890	---
Adult employment and training activities (rescission)..... D	---	-324,000	---	---	+324,000
Dislocated Worker training and employment activities (rescission)..... D	---	-405,000	---	---	+405,000
Dislocated Workers assistance National Reserve (rescission)..... D	-75,000	-170,000	-200,000	-125,000	-30,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
H-1B (rescission)..... CH	-46,000	---	---	+46,000	---
Rescissions (PL111-148):					
Independent Payment Advisory Board..... CH	-15,000	---	-15,000	---	-15,000
Preexisting Condition Insurance program..... CH	---	---	-323,000	-323,000	-323,000
Refugee and Entrant Assistance (PL 114-254):					
(Nonrecurring expenses fund) (by transfer)					
(Sec.170(a))..... D	(300,000)	---	---	(-300,000)	---
Unaccompanied Minors Contingency Fund (\$200M, Sec.170(b)) (CBO estimate)..... D	100,000	---	---	-100,000	---
Nonrecurring expenses fund (rescission) (Sec.170(d))..... D	-100,000	---	---	+100,000	---
Nonrecurring expenses fund (rescission)..... D	-100,000	-560,000	-560,000	-460,000	---
Childrens Health Insurance Program performance bonus (rescission)..... CH	-5,750,000	-1,193,000	-88,613	+5,661,387	+1,104,387
Childrens Health Insurance Program one-time payment (rescission)..... CH	-541,900	---	---	+541,900	---
(Public Law 114-254, Sec.201(a))..... CH	-170,000	---	---	+170,000	---
Childrens Health Insurance Program State allotment (Sec.301(b)) (rescission)..... CH	-1,132,000	-3,279,000	-3,145,905	-2,013,905	+133,095
Child Enrollment contingency fund (rescission)..... CH	-570,000	---	-1,143,268	-573,268	-1,143,268

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
 (Amounts in Thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Limitation on eligible health care entity..... CH	---	-330,000	-330,000	-330,000	---
CHIPRA unspent allotment recoupment (rescission).. CH	---	---	-800,000	-800,000	-800,000
Pell unobligated balances (rescission)..... D	-1,310,000	-3,900,000	-3,270,844	-1,960,844	+629,156
Pell: Restore year-round Pell with 150% cap..... CH	254,000	---	---	-254,000	---
Pell mandatory funds (rescission)..... CH	-254,000	---	---	+254,000	---
SSA SSPA User Fee Collection..... D	-1,000	-1,000	-1,000	---	---
CBO adjustment..... D	1,000	1,000	1,000	---	---
Traditional Medicare program..... D	305,000	---	---	-305,000	---
CMCS National Service Trust unobligated balances (rescission)..... D	---	-139,000	---	---	+139,000
Corporation for Public Broadcasting FY2018 advance (rescission)..... D	-852,000	-414,550	-996,000	-144,000	+414,550
21st Century Cures Act adjustment (PL 114-255)..... D	---	-996,000	---	---	---
Total, discretionary.....	162,985,000	138,469,060	157,938,000	-5,047,000	+19,468,940
Grand Total, current year.....	913,165,612	939,907,451	961,056,391	+47,890,779	+21,148,940