

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES,  
AND EDUCATION, AND RELATED AGENCIES AP-  
PROPRIATIONS BILL, 2016

\_\_\_\_\_  
, 2015.—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, 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, 2016, and for other purposes.

INDEX TO BILL AND REPORT

		<i>Page number</i>	
		<i>Bill</i>	<i>Report</i>
Summary of Estimates and Appropriation .....		3	3
General Summary of the Bill .....			3
Title I—Department of Labor:			
Employment and Training Administration .....	2		6
Employee Benefits Security Administration .....	15		14
Pension Benefit Guaranty Corporation .....	15		14

	<i>Page number</i>	
	<i>Bill</i>	<i>Report</i>
Wage and Hour Division .....	16	15
Office of Labor-Management Standards .....	16	15
Office of Federal Contract Compliance Programs .....	16	16
Office of Workers' Compensation Programs .....	17	16
Occupational Safety and Health Administration .....	21	18
Mine Safety and Health Administration .....	24	21
Bureau of Labor Statistics .....	25	23
Office of Disability Employment Policy .....	26	23
Departmental Management .....	26	23
General Provisions .....	30	26
Title II—Department of Health and Human Services .....	39	27
Health Resources and Services Administration .....	39	27
Centers for Disease Control and Prevention .....	43	35
National Institutes of Health .....	49	56
Substance Abuse and Mental Health Services Administration .....	56	82
Centers for Medicare and Medicaid Services .....	59	87
Administration for Children and Families .....	64	92
Administration for Community Living .....	72	97
Office of Secretary .....	75	102
General Provisions .....	79	113
Title III—Department of Education .....	99	116
Education for the Disadvantaged .....	99	116
Impact Aid .....	100	119
School Improvement Programs .....	111	119
Indian Education .....	103	123
Innovation and Improvement .....	103	124
Safe Schools and Citizenship Education .....	105	125
English Language Acquisition .....	106	126
Special Education .....	106	126
Rehabilitation Services and Disability Research .....	109	128
Special Institutions for Persons with Disabilities .....	110	130
Career, Technical and Adult Education .....	110	131
Student Financial Assistance .....	112	132
Student Aid Administration .....	112	134
Higher Education .....	112	134
Howard University .....	113	138
College Housing and Academic Facilities Loans .....	113	139
Historically Black College and University Capital Financing .....	114	139
Institute of Education Sciences .....	114	139
Departmental Management .....	115	141
General Provisions .....	116	142
Title IV—Related Agencies .....	121	144
Committee for the Purchase from People Who Are Blind or Se-		
verely Disabled .....	121	144
Corporation for National and Community Service .....	122	144
Corporation for Public Broadcasting .....	126	146
Federal Mediation and Conciliation Service .....	127	146
Federal Mine Safety and Health Review Commission .....	128	146
Institute of Museum and Library Services .....	128	146
Medicare Payment Advisory Commission .....	129	147
Medicaid and CHIP Payment and Access Commission .....	129	147
National Council on Disability .....	129	147
National Labor Relations Board .....	129	147
National Mediation Board .....	132	148
Occupational Safety and Health Review Commission .....	132	148
Railroad Retirement Board .....	132	148
Social Security Administration .....	134	149
Title V—General Provisions .....	139	152
House of Representatives Report Requirements .....	139	154

## SUMMARY OF ESTIMATES AND APPROPRIATIONS

The following table compares on a summary basis the appropriations, including trust funds for fiscal year 2016, the budget request for fiscal year 2016, and the Committee recommendation for fiscal year 2016 in the accompanying bill.

2016 LABOR, HHS, EDUCATION BILL  
[Discretionary funding in thousands of dollars]

Budget Activity	Fiscal Year—			2016 Committee compared to—	
	2015 Enacted	2016 Budget	2016 Committee	2015 Enacted	2016 Budget
Department of Labor .....	\$11,945,326	\$13,179,755	\$11,881,960	(\$63,366)	(\$1,297,795)
Department of Health and Human Services .....	71,003,862	75,246,449	71,302,326	298,464	(3,944,123)
Department of Education .....	67,135,576	70,747,119	64,224,007	(2,911,569)	(6,523,112)
Related Agencies .....	14,177,289	15,045,000	13,754,043	(423,246)	(1,290,957)

## GENERAL SUMMARY OF THE BILL

For fiscal year 2016, the Committee recommends a total of \$154,536,000,000 in current year discretionary funding, including offsets and adjustments. The fiscal 2016 recommendation is a decrease of \$3,711,000,000 below the fiscal year 2015 level.

The nation remains mired in a sluggish economy, which many economists believe has been exacerbated by runaway government spending. In addition, for the first time in our history, American debt has recently been downgraded, signifying the urgent need to return our fiscal house to order. This bill represents a clear step toward returning to fiscal responsibility, while ensuring that funding for critical and high-priority functions is maintained. The Committee bill promotes a pro-job growth fiscal environment by eliminating duplication and ineffective programs, making strategic funding priority choices and continuing to rein in out-of-control spending and regulatory burdens imposed by this Administration on small businesses.

The president's health care law is one example of how this Administration is making things worse for struggling businesses and workers by driving up health costs and making it harder for small businesses to hire workers. The only way to change this is by repealing ObamaCare in its entirety. Families should be able to make their own choices in health care, visit the doctor of their choosing, and receive the health care they and their doctor feel is best. Those decisions shouldn't be made by Washington.

The Committee bill recognizes this by including provisions ensuring that the Department of Health and Human Services (HHS) cannot use any funds to further implement, administer, or enforce the misguided health care bill.

The Committee recommendation reflects the challenges inherent in achieving deficit reduction solely through reductions in discretionary spending. Significantly reducing our Federal budget deficit and the national debt will not occur until mandatory savings are achieved.

Within the resources provided, the Committee has prioritized key public health, biomedical research, education and oversight respon-

sibilities throughout the bill. The Committee recommendation also includes good government, pro-life and pro-family provisions, limits the overreach of the federal government and reins in out-of-control regulatory bodies.

#### REDUCTIONS AND TERMINATIONS

In preparing this bill, the Committee scrutinized existing programs and activities to determine which ones could be eliminated in order to reduce unnecessary spending and duplicative programs. As a result, this bill terminates 26 programs and activities which are narrowly targeted toward a small audience or do not represent a clear Federal role.

The bill also consolidates duplicative efforts as it merges the Agency for Healthcare Research and Quality (AHRQ) into existing HHS agencies. The AHRQ mission and areas of research also exist in other HHS agencies. The Committee therefore includes bill language to consolidate these research activities into other agencies in a more efficient and effective way to meet the missions of both AHRQ and HHS. Specifically, the language provides the Secretary with transfer authority to use funds from across the HHS to fund the orderly termination of AHRQ. It also allows the National Institutes of Health, the Centers for Disease Control and Prevention, the Office of the National Coordinator for Health Information Technology, and Office of the Assistant Secretary for Health to incorporate the AHRQ activities each determines to support its mission, within its existing authority. In addition, the language transfers the Prevention Public Health Task Force to the Office of the Assistant Secretary for Health.

#### SETTING PRIORITIES

As part of its review of existing programs and the budget request, the Committee carefully examined the programs funded in this bill, with an eye toward ensuring that scarce and precious taxpayer dollars are spent on essential “must do” priorities rather than on “nice-to-do” activities. As a result of that examination, high-priority programs have received greater emphasis in this bill, while programs that represent less pressing needs or are not basic federal responsibilities have been eliminated.

#### *Protecting Public Health and Biomedical Research*

Funding for the National Institutes of Health (NIH) is funded at \$100,000,000 above the budget request, to a total of \$31,184,000,000 in the Committee bill, reflecting the Committee’s ongoing emphasis on biomedical research that can lead to life-saving cures. Within the funds, the Committee supports research into Alzheimer’s disease and the precision medicine initiative.

Given their unique role in protecting public health, the Centers for Disease Control and Prevention (CDC) is also given priority for funding within the bill. CDC is funded at the budget request, reflecting a 1.6 percent increase with a focus on efforts to prevent heart disease, diabetes and stroke, as well as to combat opioid addiction and antibiotic resistance and ensure our country is prepared to defend ourselves from bioterrorism.

*Helping States, Local Governments and Parents to Educate America's Children*

The Committee recognizes that breaking the cycle of poverty and dependence must begin early in life, and that early childhood education is of critical importance in changing the trajectory of a child's life. The Committee has therefore prioritized the Head Start program, by providing a \$192,000,000 increase targeted toward early Head Start initiatives.

The Committee recommendation also invests in education programs that represent core federal responsibilities. First and foremost among these are special education programs funded under the Individuals with Disabilities Education Act (IDEA). When the IDEA law was passed in the 1970s, the federal government promised to pay up to 40 percent of the additional costs of educating children with special needs. Despite tremendous gains in the late 1990s, we are still only funding these programs at less than half that goal. The Committee bill increases special education grants to states by over \$500,000,000. This increase is paid for by eliminating narrowly targeted Administration priorities that benefit only a few schools or impose one-size-fits-all regulations that are unworkable and unauthorized, such as the Investing in Innovation Fund and School Improvement Grants.

The Committee has also included increases for priority programs such as charter schools, Impact Aid, TRIO, GEAR UP and special institutions. While only constituting a small percentage of total education dollars available to school districts, these programs help fill gaps and meet the extra needs of certain categories of children and students. The Committee has also included increases needed to ensure continued administration of student aid and loan programs.

Four years ago, this Congress met the daunting challenge of preserving the maximum Pell grant award in the face of explosive growth in the cost of the program by incorporating several common-sense reforms that produced savings of an estimated \$11,000,000,000 over the next ten years. These reforms have enabled the Committee to increase the maximum Pell grant award to a total of \$5,775 (when coupled with mandatory funding) while placing this program on sounder financial footing in the future.

*Protecting the Most Vulnerable Americans*

In addition to educating our children and protecting the public health, the Committee placed an emphasis on programs that help to protect the most vulnerable populations. As such, the bill includes funding for the Low Income Home Energy Assistance Program (LIHEAP) formula grants to States. The bill also maintains the Community Services Block Grant program, which provides funding to states to provide basic services such as emergency food and housing assistance, at the fiscal year 2015 enacted level. The Committee has also prioritized funding for Battered Women's Shelters, poison control centers, and "Meals on Wheels" nutrition programs.

Finally, the bill ensures our Nation's trust responsibilities within Indian country are honored by providing increased support for programs serving Native populations, including tribal colleges, nutri-

tion programs, programs for both the elderly and youth, and Indian education programs.

#### OVERSIGHT

In furtherance of its oversight responsibility, the Committee has again requested that major agencies funded in the bill provide information on the status of balances of appropriations, including amounts that are unobligated and uncommitted, committed to contracts, grants or other planned obligations, and obligated but unexpended. The Committee experienced delays in receiving this information in the past and found that the agency reports did not provide a comprehensive picture of the status of balances.

Of particular concern, the Committee found that the agencies could not report on the age of balances by year of appropriation. As a result, it is not possible to tell whether the balances derive from uncommitted or unobligated balances in the immediately prior fiscal year or from appropriations acts enacted two, three or more years earlier.

The source year of carryover is important. If balances have languished on the books for multiple fiscal years it is a symptom, at best, of administrative inefficiency. Of more concern, it may suggest that the Committee was asked to provide appropriations in excess of the amount required to accomplish program purposes. Given the obvious importance of the source year of balances to budget administration, the Committee is puzzled that agencies have not configured internal accounting systems to capture and routinely report this information.

To ensure that all major Departments and agencies report the status fund balances in the future, the Committee has continued bill language that will compel the Departments of the Education, Health and Human Services and Labor prospectively to adopt source year accounting for the status of funds for both commitments and obligations. The bill language requires that each begin reporting quarterly on the status of balances, including the source year of balances. It is the Committee's intention that the agency reports show the status of balances at the appropriation account level, as well as at budget activity or other lower levels where such levels are reflected in the Committee's report accompanying an appropriations act.

### TITLE I—DEPARTMENT OF LABOR

#### EMPLOYMENT AND TRAINING ADMINISTRATION

##### TRAINING AND EMPLOYMENT SERVICES

##### (INCLUDING TRANSFER OF FUNDS)

The Committee recommends \$3,003,314,000 for Training and Employment Services (TES), which provides funding for federal government job training and employment service programs, authorized primarily by the Workforce Innovation and Opportunity Act of 2014 (WIOA). This recommendation is \$136,392,000 less than the fiscal year 2015 enacted level (the amount provided by Public Law 113–235), and \$399,117,000 less than the fiscal year 2016 budget request.

*Program Year Funding and Advance Appropriations.*—Section 189(g) of the WIOA sets forth a program year funding schedule for programs and activities funded under the authority of the WIOA. A program year, as defined by WIOA, provides that appropriated funds shall not become available for obligation until July 1 of the fiscal year in which they are appropriated, and shall remain available until June 30 of the following fiscal year (in the case of youth-related programs, funding becomes available on April 1).

The Committee is concerned that the reliance on a funding mechanism that provides more than half of the annual TES appropriations as advance appropriations obscures the true annual cost of these federal job training programs and creates additional costs and unnecessary burdens on accounting, tracking, guidance, and coordination activities at the federal as well as State and local levels.

The Committee directs the Secretary of Labor to review the current funding mechanism, including the provision of advance appropriations, and to make recommendations in the Department's fiscal year 2017 budget justifications for adjustments that would result in cost savings and efficiency gains throughout the Training and Employment Services workforce delivery system.

*Governor's Reserve Fund.*—Section 128(a)(1) of the WIOA authorizes the governor of a State to reserve not more than 15 percent of the funds allocated to that State in a given fiscal year for Statewide workforce investment activities. The Committee appropriates funding under these authorities to meet urgent workforce training needs. Despite reductions in the cap for Statewide activities enacted each year since fiscal year 2012, many States continue to carryover high unobligated balances.

The Committee supports the restoration of the cap on the Governor's Reserve to the authorized limit of 15 percent. Funding appropriated for State workforce investment activities under WIOA is the same as fiscal year 2015 enacted levels and language is included for fiscal year 2016 that increases the cap on the Governor's Reserve from 10 to 11 percent.

The Committee is appreciative of the establishment of uniform performance measures under WIOA and looks forward to allocating funding to the workforce development system in future fiscal years on the basis of comparative performance results.

*Apprenticeship.*—The Committee supports the Department's promotion and oversight of the National Registered Apprenticeship system in cooperation with State Apprenticeship Agencies. Funding is not included in fiscal year 2016 for the Department's proposed Apprenticeship Grants program; however, the Committee has included additional funds requested in the Program Administration account to continue and expand upon existing programs and to provide technical assistance and oversight to States in order to expand the capacity and effectiveness of Registered Apprenticeships throughout the country. The Committee is encouraged by research on the effectiveness of apprenticeship as a workforce training strategy and urges the Department to use its evaluation authority to determine the impact and effectiveness of Registered Apprenticeship programs.

*Licensing.*—The Committee supports 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 servicemembers, and veterans. Funding is not included in fiscal year 2016 for the Department's proposed licensing grants program; however, the Committee urges the Department to pursue activities within its existing authority including providing technical assistance and disseminating guidance and information on best practices to States interested in increasing economic opportunity through reciprocity agreements or other approaches to reducing licensing barriers.

*Evaluation.*—The Committee supports rigorous evaluation of the Department's programs, particularly the workforce training programs authorized by WIOA. The Committee provides direct appropriations for program evaluations and continues a general provision, as requested, to transfer funds from specific accounts for purposes of evaluation and increases the cap on the amount the Secretary may transfer from 0.5 to 0.75 percent.

Evaluations should be targeted in ways that will allow Department administrators to use the results to improve program delivery.

Administrators in the Employment and Training Administration (ETA) must work cooperatively with State officials to ensure that program evaluators obtain appropriate and timely data.

The Committee urges the Department to use its evaluation authority to identify and eliminate areas of duplication and to follow through on evaluation findings with budget proposals to allocate funding to the programs, projects and activities that demonstrate the best results and to improve upon or eliminate those that do not.

Duplication, overlap, and structural inefficiencies throughout the workforce development system continue to be a serious concern for the Committee. Going back to 2007, the Committee noted (House Report 110–231) that there is “evidence that the core services of the adult, dislocated and youth programs at local one-stop career centers sometimes overlap with the statewide labor exchange services provided with funds in the state unemployment insurance and employment services operations account. This diminishes the overall effectiveness of the two programs by creating unnecessary duplication.”

The Committee is aware that the Department has been working with other agencies, specifically the Department of Health and Human Services, to evaluate the delivery strategies of certain programs to identify overlap and duplication. The Committee directs the Department to continue and expand these efforts and to continue efforts to implement the recommendations of the January, 2011 GAO report “Multiple Employment and Training Programs” (GAO–11–92).

*Infrastructure and Administrative Costs.*—The Committee is concerned that the flexibility related to administrative expenses allows local workforce investment boards, one-stop career centers and other workforce training authorities to classify many administrative activities as “program” costs in order to circumvent the 15 percent cap on administrative expenses authorized under WIOA.

In its response to a 2005 GAO report (GAO–05–650), then Assistant Secretary for ETA wrote that of the \$4,000,000,000 expended on Workforce Investment Act and Wagner-Peyser Employment



Service programs, “\$1,500,000,000 is spent on ‘infrastructure’ as reported by the States.”

Testimony received by the Committee since that time indicates the system, as currently structured, continues to expend the majority of its resources on State and local staff to counsel and help customers with job searches, resume writing, intake interviews, and similar activities at the one-stop career centers. While these core and intensive services are a value-added function to its customers, the workforce development system must be capable of delivering more given the amount of taxpayer investment. A transformational change in how services are delivered is needed to prevent the system from continuing to evolve into a personnel-heavy bureaucracy that lacks the flexibility and expertise to respond to rapidly changing economic conditions and workforce training needs.

The Committee disagrees that innovative solutions equate to creating new programs at additional taxpayer expense. Rather than advancing a more training-focused program, the Department appears to have rested its reform efforts on the creation of new and costly programs, such as the Workforce Innovation Fund, Job-Driven Training Fund and Sector Partnerships.

The Committee believes that a more fundamental solution is needed: A commitment to eliminating duplication and to reducing excessive and costly administrative overhead in order to free up the resources to train more workers.

*Adult Employment and Training Activities.*—For Adult Employment and Training Activities, the Committee recommends \$776,736,000, which is the same as the fiscal year 2015 enacted level and \$38,820,000 less than the fiscal year 2016 budget request.

*Youth Employment and Training Activities.*—For Youth Employment and Training Activities, the Committee recommends \$831,842,000, which is the same as the fiscal year 2015 enacted level and \$41,574,000 less than the fiscal year 2016 budget request.

*Dislocated Worker Employment and Training Activities.*—For Dislocated Worker (DW) Employment and Training Activities, the Committee recommends \$1,089,530,000 which is \$146,859,000 less than the fiscal year 2015 enacted level and \$172,189,000 less than the fiscal year 2016 budget request.

Of the total provided for DW 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 \$74,000,000 is available for the DW National Reserve. The National Reserve supports national emergency grants to respond to mass layoffs, plant and/or military base closings, and natural disasters. The funds provided are not to be used for other purposes. The Committee recommends that these activities be coordinated with local areas as needs arise.

The Committee supports efforts by the Department to address the training and employment service needs of workers dislocated or laid off as a result of declining production in the coal mining industry.

*Native Americans.*—For the Indian and Native Americans Program, the Committee recommends \$50,000,000, which is \$3,918,000

more than the fiscal year 2015 enacted level and the same as the fiscal year 2016 budget request.

*Migrant and Seasonal Farmworkers.*—For the National Farmworkers Jobs Program (NFJP), the Committee recommends \$81,896,000, which is the same as the fiscal year 2015 enacted level and the fiscal year 2016 budget request.

The Committee continues language directing that not less than 70 percent of program funds be spent on employment and training services, together with language that prohibits the Department from restricting the provision of “related assistance” services by grantees. These provisions ensure that the program primarily addresses the employment and training needs of the target population while allowing grantees to provide related services, such as child care and transportation, which are often critical to the stabilization and availability of the farm labor workforce.

The Committee directs that, of the amounts made available, \$5,517,000 is targeted for migrant and seasonal farmworker housing grants. The Committee further directs that not less than 70 percent of this amount be used for permanent housing grants.

*YouthBuild.*—For YouthBuild, the Committee recommends \$82,000,000, which is the \$2,311,000 more than the fiscal year 2015 enacted level and \$2,534,000 less than the fiscal year 2016 budget request.

YouthBuild is a competitively awarded workforce development program that supports disadvantaged young people at risk of long-term unemployment, and effectively connects them with basic, secondary, and post-secondary education, employment training and job placement, and personal counseling. Participants split time between the classroom and the construction site—earning high school diplomas while providing a valuable community service by constructing or rehabilitating affordable housing in their communities.

*Reintegration of ex-offenders.*—The Committee recommends \$82,078,000 for ex-offender retraining and reintegration activities, which is the same as the fiscal year 2015 enacted level and \$13,000,000 less than the fiscal year 2016 budget request.

*Technical Assistance.*—The Committee recommends \$3,232,000 for technical assistance activities for the workforce development system which is the same as the fiscal year 2016 budget request.

Technical Assistance funding will be provided to the workforce development system in program year 2016 to continue WIOA implementation efforts funded through the Dislocated Worker National Reserve in program year 2015.

*Workforce Data Quality Initiative.*—The Committee recommends \$6,000,000 for the Workforce Data Quality Initiative, which is \$2,000,000 more than the fiscal year 2015 enacted level and \$31,000,000 less than the fiscal year 2016 budget request.

#### JOB CORPS

The Committee recommends \$1,688,155,000 for Job Corps, which is the same as the fiscal year 2015 enacted level and \$27,789,000 less than the fiscal year 2016 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.

The Committee directs the Department to submit a comprehensive plan to the House and Senate Committees on Appropriations 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 the costs and anticipated savings that will result from closure.

*Operations.*—For Job Corps Operations, the Committee recommends \$1,580,825,000, which shall be available from July 1, 2016, through June 30, 2017. This recommendation is the same as the fiscal year 2015 enacted level and \$17,000,000 less than the fiscal year 2016 budget request.

The Committee remains concerned about financial oversight of the Job Corps program. Semi-annual reports were requested in the Explanatory Statement accompanying the fiscal year 2015 Appropriations Act on the Department's implementation of the recommendations in the Office of Inspector General (OIG) report No. 22-13-015-03-370 (May 31, 2013) and the OIG report No. 26-14-001-03-370 (April 29, 2014). The Committee directs the Department to continue to submit the reports until all OIG recommendations are resolved.

The Committee directs the Department to conduct a review of financial management policies and procedures and to implement policy changes the Secretary deems appropriate to improve financial management of the Job Corps program and to protect public funds from waste and misuse. In addition, the Committee directs the Department to propose any recommendations for structural changes to the Department's financial management and oversight of the Job Corps program in the fiscal year 2017 budget.

The Committee remains concerned regarding the safety of students on Job Corps campuses throughout the country. In light of recent incidents in several locations, the Committee directs the Department to review and make any necessary changes to safety policies and requirements.

*Construction, Rehabilitation and Acquisition.*—The Committee recommends \$75,000,000 for construction, rehabilitation and acquisition activities of Job Corps centers, which shall be available for obligation from July 1, 2016 through June 30, 2019. This recommendation is the same as the fiscal year 2015 enacted level and the fiscal year 2016 budget request.

*Administration.*—The Committee recommends \$32,330,000 for the administrative expenses of Job Corps. This recommendation is the same as the fiscal year 2015 enacted level and \$10,789,000 less than the fiscal year 2016 budget request.

#### COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

The Committee recommends \$434,371,000 for the Community Service Employment for Older Americans (CSEOA) program, which shall be available for obligation from July 1, 2016 through June 30, 2017. This recommendation is the same as the fiscal year 2015 enacted level and the fiscal year 2016 budget request.

The CSEOA program provides grants to public and private non-profit organizations that subsidize part-time work in community service activities for unemployed persons aged 55 and older whose

family's annual income does not exceed 125 percent of the poverty level.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE  
OPERATIONS

The Committee recommends \$3,580,123,000 for State Unemployment Insurance and Employment Service Operations. The total includes \$3,498,557,000 from the Employment Security Administration Account in the Unemployment Trust Fund and \$81,566,000 from the General Fund of the Treasury. These funds are used to support the administration of federal and State unemployment compensation laws and to provide assistance to State agencies that operate the public Employment Service.

*Unemployment Insurance Operations.*—For Unemployment Insurance (UI) Operations, the Committee recommends \$2,760,097,000. This recommendation is \$30,588,000 less than the fiscal year 2015 funding level and \$137,900,000 less than the fiscal year 2016 budget request. The total includes \$2,745,550,000 for State Operations and \$14,547,000 for National Activities. Funding provided for State Operations shall be available through December 31, 2016. Funds used for automation acquisitions shall be available for obligation by the States through September 30, 2018. Funds used for automation acquisitions by consortia of States shall be available for obligation by the States through September 30, 2021.

The recommendation for State UI Operations includes \$150,000,000 to conduct in-person reemployment and eligibility assessments (REA). This recommendation will support the continuation and expansion of the REA program. These assessments are intended to reduce improper payments and expedite reemployment by assisting beneficiaries in their job search.

The Committee remains supportive of the REA program as a means to reduce waste, fraud, abuse and improper payments. This initiative should be viewed not just as a savings mechanism, but also as a way to reform the manner in which the States can implement stronger controls over the UI program. The OIG noted in its March 31, 2011 review of funding provided in the Recovery Act, "DOL's spending guidance did not direct states to address long-term weaknesses and problems . . . thereby missing an opportunity to create long-standing program improvements." In a report issued on January 31, 2012, the OIG further found that ETA had failed to establish goals to identify improper payments related to federally-funded emergency benefits, and that "ETA and its regions could not objectively measure how well States were doing in identifying improper payments related" to these benefits. Within the additional funds provided for REAs, the Committee expects that ETA will advance comprehensive technology-based overpayment prevention, detection, and collection infrastructure in support of efforts to reduce waste, fraud, abuse and improper payments.

As in previous years, the bill provides for contingency funding for increased workloads that States may face in the administration of UI. During fiscal year 2016, for every 100,000 increase in the total average weekly insured unemployment above 2,957,000, an additional \$28,600,000 shall be made available from the Unemployment Trust Fund.

*Employment Service Operations.*—The Committee recommends \$664,184,000, for the Employment Service (ES) grants to states. This recommendation is the same as the fiscal year 2015 enacted level and \$400,000,000 less than the fiscal year 2016 budget request. The total includes \$642,771,000 from the Employment Security Administration Account in the Unemployment Trust Fund and \$21,413,000 from the General Fund of the Treasury. Funding for ES grants shall be available for obligation from July 1, 2016, through June 30, 2017.

ES grants are authorized by the Wagner-Peyser Act and financed through employer taxes. These grants help jobseekers and employers by matching individuals seeking employment to job vacancies.

The Committee recommends \$19,818,000 for ES National Activities. The recommendation is the same as the fiscal year 2015 enacted level and the fiscal year 2016 budget request.

*Foreign Labor Certification.*—The Committee recommends \$75,871,000 for Foreign Labor Certification (FLC) program. This recommendation is \$13,561,000 more than the fiscal year 2015 enacted level and the same as the fiscal year 2016 budget request. The recommendation includes \$61,589,000 for federal administration activities and \$14,282,000 for grants to States.

The FLC program administers foreign visas including the H-2A and the H-2B temporary worker programs. These programs are essential to employers in industries that have cyclical peaks or that are seasonal in nature, including agriculture, tourism, and hospitality. Nonimmigrant worker programs have provided critical support to these types of industries for many decades. Despite broad support and a clear need for these programs, the Department has engaged in rulemaking and policy changes that have resulted in far reaching and negative impacts on the industries and people these programs are intended to serve. Therefore, the Committee directs the Department to ensure continuity and viability of these programs in accordance with all applicable laws.

*H-2A.*—The H-2A program is a critical source of labor for the agricultural industry. The program ensures a legal labor force to fill temporary jobs when an insufficient number of American workers are available; however, requirements for cost reimbursement, hiring practices, reporting, and wage rates have caused the H-2A program to become excessively burdensome and complex. The Committee believes this leads to perverse and counterproductive incentives for illegal immigration. The Committee urges the Department to review H2-A regulations and propose changes to streamline the process for employers and reduce incentives for farmers to hire immigrant workers illegally.

*H-2B.*—The H-2B program is a critical source of labor for industries including fishing, tourism, hospitality, recreation and seasonal activities. The program ensures a legal labor force to fill temporary jobs when an insufficient number of American workers are available, however, requirements set forth in a series of proposed regulations makes the program excessively burdensome and complex on employers seeking to legally obtain temporary employees. The Committee directs the Department to administer and regulate the H-2B program in a manner that is consistent with the law, easier for employers legally seeking temporary workers at a reasonable

prevailing wages, and reduces incentives for employers to hire immigrant workers illegally.

*One-Stop Career Centers/Labor Market Information.*—The Committee recommends \$60,153,000 for One-Stop Career Center and Labor Market Information (LMI). This recommendation is the same as the fiscal year 2015 enacted level and \$20,000,000 less than the fiscal year 2016 budget request.

#### 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 appropriation is available to provide advances to several accounts for purposes authorized under various 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 \$158,368,000 for Program Administration. This recommendation is \$3,809,000 more than the fiscal year 2015 enacted level and \$18,196,000 less than the Department's fiscal year 2016 budget request. The recommendation includes \$107,636,000 in funds from the General Fund of the Treasury and \$50,732,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

#### EMPLOYEE BENEFITS SECURITY ADMINISTRATION

##### SALARIES AND EXPENSES

The Committee recommends \$180,699,000 for the Employee Benefits Security Administration (EBSA). This recommendation is \$301,000 less than the fiscal year 2015 enacted level and \$26,756,000 less than the fiscal year 2016 budget request.

The EBSA assures the security of retirement, health and other workplace-related benefits of working Americans.

#### PENSION BENEFIT GUARANTY CORPORATION

The Committee includes an obligation limitation for administrative expenses of \$431,799,000 for the Pension Benefit Guaranty Corporation (PBGC). The limitation is \$16,405,000 more than the fiscal year 2015 enacted level and the same as the fiscal year 2016 budget request. The recommendation includes bill language that defines PBGC's discretionary authority to incur additional unforeseen and emergency administrative expenses related to its multi-employer plan insurance program.

The PBGC was established by Congress to insure the defined-benefit pension plans of working Americans.

The Committee expects PBGC to submit reports required by the Employee Retirement Income Security Act of 1974 and the Pension Protection Act of 2006 in a timely manner.

## WAGE AND HOUR DIVISION

## SALARIES AND EXPENSES

The Committee recommends \$215,500,000 for the Wage and Hour Division (WHD). This recommendation is \$12,000,000 less than the fiscal year 2015 enacted level and \$61,600,000 less than the fiscal year 2016 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 directs the Wage and Hour Division to submit a report to the House and Senate Committee on Appropriations within 120 days of enactment of this Act on the steps taken to correct deficiencies, address recommendations, and improve the process for wage determinations for public works projects cited in OIG report No. 04-04-003-04-420, (Mar. 30, 2004) and in GAO testimony GAO-11-486T (April 14, 2011).

## OFFICE OF LABOR-MANAGEMENT STANDARDS

## SALARIES AND EXPENSES

The Committee recommends \$42,000,000 for the Office of Labor-Management Standards (OLMS). This recommendation is \$2,871,000 more than the fiscal year 2015 enacted level and \$4,981,000 less than the fiscal year 2016 budget request.

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.

The Committee is troubled that the Department continues to withhold appropriated and obligated transit grant funding to the State of California due to the State's bipartisan 2012 pension reform law, the Public Employee Pension Reform Act (PEPRA). The Department contends that PEPRA violates transit worker's bargaining rights under the Urban Mass Transportation Act of 1964 [P.L. 88-365, USC Title 49, Chapter 53]. The United States Eastern District Court ruled that the Department has acted in violation of the Administrative Procedure Act [P.L. 79-404, 60 Stat. 237] and its application of the Urban Mass Transportation Act of 1964 to justify withholding grants is "arbitrary" and "capricious." The Department's actions have forced layoffs; deferrals of preventive maintenance; delays in planned service expansions and capital improvements; and service cuts statewide, threatening the livelihood of the workers the Department claims to protect. The Committee directs the Department to act in accordance with the applicable court ruling in effect during the time leading up to the end of the fiscal year such that grants may be certified according to the prevailing court order, prior to the funds lapsing, in order to minimize further disruption to California's mass transit providers.

## OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

## SALARIES AND EXPENSES

The Committee recommends \$100,500,000 for the Office of Federal Contract Compliance Programs (OFCCP). This recommendation is \$5,976,000 less than the fiscal year 2015 enacted level and \$13,187,000 less than the fiscal year 2016 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.

The Committee is concerned about the potential ramifications of the proposed Requirement to Report Summary Data on Employee Compensation (Compensation Data Collection) regulation (79 FR 46561, published in the Federal Register on August 8, 2014). Eliminating gender and race-based compensation discrimination is an important goal. The Committee understands that OFCCP is seeking input from stakeholders on issues relating to scope, content and format of the rule. The Committee urges OFCCP to carefully consider this input and public comments on the proposed rule. The Committee believes it is vital to ensure that new data collection requirements have limited costs of compliance for employers, do not unnecessarily burden contractors that are not being investigated or accused of wrongdoing, and fastidiously protects private and individually identifiable data.

The Committee is concerned that OFCCP has lost its focus on identifying and addressing real discrimination in employment and has become hyper-focused on fulfilling quotas instead of equal opportunity by relying on statistics alone in evaluating contractors. The Committee believes OFCCP should take steps to use common sense in the use of government resources to focus on finding actual discriminatory treatment instead of presumed discrimination based solely on what OFCCP assumes through statistics. Further, the Committee believes that OFCCP should end its reliance on threatening sanctions, including debarment and the costs associated with an extremely drawn-out administrative litigation process, to induce contractors to waive their legal rights and to enter into conciliation agreements that are not justified by the evidence.

## OFFICE OF WORKERS' COMPENSATION PROGRAMS

## SALARIES AND EXPENSES

The Committee recommends \$114,842,000 for the Office of Workers' Compensation Programs (OWCP). This recommendation is \$1,842,000 more than the fiscal year 2015 enacted level and \$4,732,000 less than the fiscal year 2016 budget request. The recommendation includes \$112,685,000 in General Funds from the Treasury the authority to expend \$2,177,000 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 com-



pensation, medical benefits, and services including rehabilitation, supervision of medical care, and technical and advisory counseling.

SPECIAL BENEFITS

(INCLUDING TRANSFER OF FUNDS)

The Committee recommends \$210,000,000 for Special Benefits. This recommendation is the same as the fiscal year 2015 enacted level and the fiscal year 2016 budget request.

These funds provide mandatory benefits under the Federal Employees' Compensation Act.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

The Committee recommends \$69,302,000 for Special Benefits for Disabled Coal Miners. This amount is in addition to the \$21,000,000 appropriated in fiscal year 2015 as an advance for the first quarter of fiscal year 2016. The total program level recommendation of \$90,302,000 is \$10,960,000 less than the fiscal year 2015 enacted level and the same as the fiscal year 2016 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 \$19,000,000 as an advance appropriation for the first quarter of fiscal year 2017. These funds ensure uninterrupted payments to beneficiaries.

ADMINISTRATIVE EXPENSES, ENERGY EMPLOYEES OCCUPATIONAL  
ILLNESS COMPENSATION FUND

The Committee recommends \$58,552,000 for the Energy Employees Occupational Illness Compensation Program. This recommendation is \$2,146,000 more than the fiscal year 2015 enacted level and the same as the fiscal year 2016 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.

The Committee is concerned about the backlog of claims under the Energy Employees Occupational Illness Compensation program and urges the Department to review policies and take any necessary steps to streamline the processing of claims for qualified beneficiaries.

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 \$341,466,000 for the Black Lung Disability Trust Fund. This recommendation is

\$15,511,000 more than the fiscal year 2015 enacted level and the same as the fiscal year 2016 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 \$535,000,000 for the Occupational Safety and Health Administration (OSHA). This recommendation is \$17,787,000 less than the fiscal year 2015 enacted level and \$57,071,000 less than the fiscal year 2016 request.

OSHA enforces the Occupational Safety and Health Act of 1970.

The Committee strongly supports the underlying mission of OSHA to promote a safe and healthy work place and protect workers from injury, illness, and death. The Committee disagrees with the manner in which this policy is being implemented. The fiscal year 2016 budget request states that OSHA supports the Department's strategic goals and objectives through "enforcement, standards, whistleblower protection, and compliance assistance and outreach programs." Yet virtually all of the requested funding increase for OSHA is proposed for additional enforcement. Compliance assistance remains less than 25 percent of OSHA's overall budget.

The Committee believes that overreliance on punitive enforcement at the expense of effective compliance assistance is a flawed approach. This approach is costly and overly burdensome on employers and is contrary to the intention of Executive Order 13563 to create a regulatory system that protects "public health, welfare, safety, and our environment while promoting economic growth, innovation, competitiveness, and job creation."

The Committee recognizes that enforcement is a necessary component of an effective strategy to improve workplace safety but the Department's overreliance on enforcement has created an unnecessarily hostile environment between the federal government and the private enterprises. The Department's Spring 2015 regulatory agenda affirms OSHA's aggressive, enforcement-focused agenda. Inspections and fines are costly, especially for the small businesses that are the primary drivers of job creation.

The Committee believes that OSHA should partner with businesses to create safer workplaces. Compliance assistance is an important tool that is underutilized by OSHA. The Committee supports programs like the Voluntary Protection Programs that create safer workplaces by increasing compliance and avoiding costly inspections and fines.

The Committee directs OSHA to reorient its approach and refocus its efforts and resources on helping companies to comply

with workforce safety laws thereby freeing up funds being used for inspections and fines to create new jobs. The Committee recommendation for fiscal year 2016 reflects this reorientation.

The Committee is aware that the statute clearly establishes that OSHA must receive an employee complaint to write citations. The Committee is concerned that OSHA is proceeding to unilaterally change this requirement to expand its own citation authority beyond the legally required complaint requirement.

*Safety and Health Standards.*—The Committee recommends \$20,000,000 for Safety and Health Standards.

*Federal Enforcement.*—The Committee recommends \$193,000,000 for Federal Enforcement.

*Whistleblower Programs.*—The Committee recommends \$20,000,000 for Whistleblower Programs.

*State Programs.*—The Committee recommends \$103,000,000 for State Programs.

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

*Compliance Assistance.*—The Committee provides \$129,000,000 for federal and State compliance assistance programs.

The Committee directs OSHA to submit a report to the House and Senate Committees on Appropriations within 120 days of enactment assessing the participation, detailed costs and effectiveness of the VPP.

*Federal Assistance.*—The Committee recommends \$71,000,000 for Federal Assistance.

*State Consultation Grants.*—The Committee recommends \$58,000,000 for State Consultation Grants.

*Training Grants.*—The Committee continues to support efforts to train and educate workers on occupational safety and health hazards within the programs and services currently offered by OSHA's Directorate of Training and Education (DTE), which includes the OSHA Training Institute and Education Centers, the revised Outreach Training Program, and the Resource Center Loan Program. The Susan Harwood Training Grant Program, the Committee believes, is comparatively inefficient and ineffective in achieving its intended purpose, at least in part due to a lack of effective oversight of grantee performance. The Committee recommendation provides no funding for the Susan Harwood Training Grant Program.

The Committee is concerned that OSHA has shifted its focus in recent years toward "capacity building" grants versus "targeted" training grants and has effectively done little more than supplant the infrastructure needs of the grantees. Not less than 120 days after enactment of this Act, OSHA shall provide a report to the House and Senate Committees on Appropriations that includes a list of Susan Harwood awardees for fiscal years 2013, 2014, and 2015, the selection criteria used to approve the initial award, and field evaluations for each of these awardees (to the extent the grantee was pre-approved for a multi-year grant). OSHA shall also make this information available on its website.

The Committee also directs that financial evaluations of grantees and the status of appropriated funds under this program be included in all OSHA evaluations of grantee performance. Should a recipient of Susan Harwood training grant funds be unable to fulfill the terms of its grant award or meet minimum performance

standards, OSHA shall terminate the contract, recapture all remaining funds, and notify the House and Senate Committees on Appropriations within 15 days including the name of the grantee, reasons for termination, and amounts to be returned to the Treasury.

*Injury and Illness Incidence Rates.*—BLS data on injury and illness incidence and fatality rates show a steady decline since 2003. While these rates are currently among the lowest on record, the most recent data indicates that rates have not significantly declined since 2009. The Committee questions whether the Department's intensified enforcement efforts since that time are achieving the expected results. Furthermore, the Committee notes the trend since 2003 has largely occurred in the absence of new regulations. The Committee sees no evidence to support the need for sweeping new regulations of the kind currently being promulgated by OSHA, especially given the significant impact they have on small businesses.

The Committee questions the necessity of the proposed Injury and Illness Prevention Program (I2P2) regulation. The idea of an injury and illness program has existed in some variation for more than 30 years, and the Department has had voluntary safety and health guidelines in place since 1989, which have enabled companies to establish policies and procedures specific to their own workplaces. Still unclear is how this proposed regulation incorporates the recommendations from the 1998 panel that was convened to consider the Safety and Health Program Standard, the predecessor to the I2P2 proposal. This panel cited several criticisms of a federally-mandated safety and health programs and recommended to OSHA that it consider various concepts other than just a blanket, one-size fits-all regulation. The Committee is concerned that this regulation, as currently proposed, would impose additional and costly burdens on employers and subject currently effective safety programs to a new regulatory regime that may result in more fines and penalties but not necessarily safer workplaces.

*National/Regional/Local Emphasis Programs.*—The Committee is concerned that OSHA's National Emphasis Program targets employers with exemplary safety records for no other reason than sharing a geographical area or industrial sector with an employer that has had an accident or otherwise come under OSHA scrutiny. The Committee recognizes that OSHA has to target its enforcement efforts and focusing on the regions and sectors that have experienced problems is one way to do that. The Committee urges OSHA to consider means such as the improved use of statistical analysis and other strategies to ensure that employers with excellent safety records are not subject to lengthy and costly inspections and enforcement processes without warrant. The Explanatory Statement accompanying the fiscal year 2015 Appropriations Act directed OSHA to notify the House and Senate Committees on Appropriations 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 2016.

*Crystalline Silica.*—The Committee understands that OSHA remains in the process of promulgating regulations to reduce the per-

missible exposure limit to crystalline silica. The Committee understands that silicosis and other silica-related illnesses are serious and can be deadly. The Committee is concerned, however, that OSHA has grossly underestimated the costs of implementing the proposed new standard. The Committee urges OSHA to delay enforcement of any new standard until it can demonstrate the effectiveness of equipment designed to accurately measure workers' exposure to silica and until it can demonstrate that methods for reducing workers' exposure to silica across all applicable industries can be feasibly implemented in a cost effective manner. The Explanatory Statement accompanying the fiscal year 2015 Appropriations Act urged OSHA to consider all currently available technology as it develops any new standard for workers exposure to silica dust. The Committee believes that personal protective equipment such as airstream helmets and respirators should be part of an all-of-the-above approach to limiting workers' exposure to respirable silica. Employers and workers should have the flexibility to choose from all available technologies that are proven to be effective at reducing workers' exposure to silica rather than the environmental control approach put forward in the proposed rule. Lowering workers' exposure to respirable silica is the goal. The Committee urges OSHA to allow the maximum flexibility possible with all currently available technology to meet any new standard for workers' exposure to silica dust.

*Solid Ammonium Nitrate.*—The Committee understands that OSHA is reviewing its standards related to the storage of ammonium nitrate and urges OSHA to propose any necessary changes under existing regulations on Explosives and Blasting Agents (29 C.F.R. 1910.109) and not to add ammonium nitrate to the list of chemicals covered under OSHA's Process Safety Management Standards of Highly Hazardous Chemicals (29 C.F.R. 1910.119). The Committee believes that changes to improve the safety of storing ammonium nitrate should be made based on scientific review of current standards rather than through a one-size-fits-all approach under OSHA's Process Safety Management Standards.

## MINE SAFETY AND HEALTH ADMINISTRATION

### SALARIES AND EXPENSES

The Committee recommends \$371,000,000 for the Mine Safety and Health Administration (MSHA). This recommendation is \$4,887,000 less than the fiscal year 2015 enacted level and \$23,932,000 less than the fiscal year 2016 budget request.

MSHA enforces the Federal Mine Safety and Health Act in underground and surface coal mines 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 at least \$8,441,000 for State assistance training grants under the Educational Policy and Development program.

The Committee understands that enforcement is an important part of protecting the health and safety of miners. The Committee is concerned, however, about overreliance on an enforcement-fo-

cused strategy that disproportionately impacts small businesses. The Committee believes that the Department should do everything possible to assist companies with training and technical support to comply with health and safety standards instead of just inspecting and fining companies indiscriminately for violations large and small. Compliance assistance programs are a vital resource for helping smaller employers comply with regulations and improve their health and safety programs. The Committee appreciates the 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 believes that MSHA needs to offer a more formal voluntary protection program including the ability for mine operators to request compliance inspections that do not incur fines for violations. Such a program would increase participation in voluntary inspections, advance the goal of improving health and safety in the mining industry, and achieve greater compliance with standards without the threat of punitive enforcement.

The Committee supports the significant advances MSHA has achieved in mine rescue and communications capabilities.

The Committee appreciates that MSHA is undertaking an effort to redistribute enforcement activity and personnel to reflect the changing levels of coal mining production across MSHA regions and encourages MSHA to continue review and accelerate these efforts in order to most effectively align enforcement activity with current production levels.

The Committee is aware that rock dust may be used in mining operations to suppress coal dust. The Committee notes that this use may create the potential for the new Continuous Personal Dust Monitors, required by MSHA, to mischaracterize rock dust as coal dust, thus subjecting operators to enforcement actions where no overexposures to coal dust exist. The Committee notes that an extension on enforcement of the regulation would provide time for MSHA to complete its current review of this problem and design protocols to prevent the potential for inaccurate compliance determinations.

The Committee is concerned that MSHA may be expending unnecessary resources by inspecting coal mines that are not in operation more frequently than necessary to reasonably ensure worker safety. The Committee directs MSHA to review its policies and procedures for inspecting coal mines not in operation and ensure that such guidelines are consistent with statutory requirements and established safety standards.

The coal mining industry has experienced a period of significant decline in recent years and a substantial number of mines have ceased operations or closed as a result. The Committee understands that MSHA has ongoing personnel and training needs but urges MSHA to consider how recruitment efforts impact communities that have been the hardest hit by declining mining operations.

## BUREAU OF LABOR STATISTICS

## SALARIES AND EXPENSES

The Committee recommends \$609,000,000 for the Bureau of Labor Statistics (BLS). This recommendation is \$16,788,000 more than the fiscal year 2015 enacted level and \$23,737,000 less than the fiscal year 2016 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 general public. Its principal surveys include the Consumer Price Index and the monthly unemployment series.

*Employment and Unemployment Statistics.*—The Committee recommends \$208,000,000 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 \$207,000,000 for Prices and Cost of Living.

*Compensation and Working Conditions.*—The Committee recommends \$83,500,000 for Compensations and Working Conditions.

*Productivity and Technology.*—The Committee recommends \$10,500,000 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 \$38,203,000 for the Office of Disability Employment Policy (ODEP). This recommendation is \$297,000 less than the fiscal year 2015 enacted level and the same as the fiscal year 2016 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 \$284,537,000 for Departmental Management. This recommendation is \$53,392,000 less than the fiscal year 2015 enacted level and \$91,448,000 less than the fiscal year 2016 budget request. The recommendation includes \$284,229,000 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. The appropriation also includes funding

for several programs and activities that are not separate appropriations accounts.

*Program Direction and Support.*—The Committee recommends \$31,475,000 for Program Direction and Support.

*Departmental Program Evaluation.*—The Committee recommends \$8,161,000 for Departmental Program Evaluation.

*Legal Services.*—The Committee recommends \$128,336,000 for Legal Services.

*International Labor Affairs.*—The Committee recommends \$32,000,000 for International Labor Affairs (ILAB). This recommendation is intended to return ILAB to its original mission of research, advocacy, and technical assistance. No funding is provided for ILAB grants.

The Committee is concerned by the findings of GAO in its May 2014 report, “International Labor Grants: Labor Should Improve Management of Key Award Documentation” and in its September 2014 report, “International Labor Grants: DOL’s Use of Financial and Performance Monitoring Tools Needs to be Strengthened.” The Committee is not convinced that ILAB has the capacity to effectively manage a large and complex grant program. The Committee is also concerned that lack of demand results in funding for projects that are at higher risk of not achieving ILAB’s program goals. The Committee directs ILAB to implement GAO’s recommendations to provide guidance regarding document retention, demonstrate award requirements are met, ensure effective implementation of guidance, and provide guidance regarding the submission and review of financial and performance reports.

The Committee directs ILAB to maintain funding for its core activities of international research and analysis, and to fulfill Congressional and legal mandates, including the Trade Acts of 2000 and 2002 and the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008. The Committee also expects ILAB to continue to carry out the administrative requirements of the labor provisions of free trade agreements.

*Administration and Management.*—The Committee recommends \$28,839,000 for Administration and Management.

*Adjudication.*—The Committee recommends \$32,000,000 for Adjudication.

*Women’s Bureau.*—The Committee recommends \$11,709,000 for the Women’s Bureau.

*Civil Rights Activities.*—The Committee recommends \$6,880,000 for Civil Rights Activities.

*Chief Financial Officer.*—The Committee recommends \$5,137,000 for the Chief Financial Officer.

#### VETERANS EMPLOYMENT AND TRAINING

The Committee recommends \$271,110,000 for Veterans Employment and Training (VETS) program. This recommendation is \$1,129,000 more than the fiscal year 2015 enacted level and the same as the fiscal year 2016 budget request. The recommendation includes \$38,109,000 from the General Fund of the Treasury and \$233,001,000 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, pro-



viding employment resources and expertise, and protecting their employment rights.

The Committee continues to be supportive of VETS program and wishes to reach and assist as many Veterans as possible. The Committee is also pleased by the efforts of private industry to offer its own resources for veterans employment services and encourages the Department to pursue opportunities to cooperation with private industry to help the country better serve its veterans.

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

*Transition Assistance Program.*—The Committee recommends \$14,100,000 for the Transition Assistance Program.

*Homeless Veterans' Reintegration Program.*—The Committee recommends \$38,109,000 for the Homeless Veterans' Reintegration Program.

The Committee continues to support Administration efforts to direct grant awards to selective populations in the Veteran community, such as female Veterans, Veterans with families, and transition assistance to incarcerated Veterans.

*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 \$29,778,000,000 for Information Technology (IT) Modernization. This recommendation is \$14,384,000 more than the fiscal year 2015 enacted level and \$89,824,000 less than the fiscal year 2016 budget request.

While the Committee recognizes there are ongoing modernization needs with respect to the Department's information technology infrastructure, the Committee is concerned that the Department does not have sufficient capacity to effectively manage the large increase in IT modernization funds proposed in the fiscal year 2016 budget.

The Committee directs the Department to establish a multi-year IT modernization plan that staggers projects over time in a manner consistent with the Department's capacity to effectively oversee projects and within available appropriations. 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 \$84,660,000 for the OIG. This recommendation is \$3,070,000 more than the fiscal year 2015 enacted level and \$3,325,000 less than the fiscal year 2016 budget request. The recommendation includes \$79,000,000 from the General Fund of the Treasury and \$5,660,000 from the Employment Security Administration Account in the Unemployment Trust Fund.

The Committee supports the OIG efforts to combat large-scale, multi-state fictitious and fraudulent employer and identity theft schemes to defraud the UI program.

The Committee supports OIG efforts to reduce improper payments in the UI program, an area identified by OMB, based at

least in part on previous OIG audit work, as being particularly at risk for improper payments.

The Committee supports the OIG's plan to initiate a long-term, cyclical oversight program to independently review, on a prioritized basis, individual States' efforts to identify and recover UI overpayments.

#### GENERAL PROVISIONS

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

#### (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 that grants made from funds available to the Department under the American Competitiveness and Workforce Improvement Act shall be used only for training activities in the occupations and industries for which employers use the visas that generate these funds, and that related activities be limited to those necessary to support such training.

Sec. 105. The Committee modifies 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 III.

#### (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 services.

#### (TRANSFER OF FUNDS)

Sec. 107. The Committee modifies a provision that allows 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 modifies a provision relating to flexibility of H-2B nonimmigrant crossings.

#### (TRANSFER OF FUNDS)

Sec. 109. The Committee continues a provision that allows up to 0.25 percent of discretionary appropriations provided in this Act for specific Department of Labor agencies to be used by the Office of the Chief Information Officer for authorized information technology purposes.

Sec. 110. The Committee includes a new provision relating to section 147 of the WIOA authorizing competitive procurement of certain Job Corps Civilian Conservation Centers.

Sec. 111. The Committee includes a new provision relating to the Department's Establishing a Minimum Wage for Contractors regulation.

Sec. 112. The Committee includes a new provision relating to the Department's proposal to establish a new Office of Labor Compliance within the Departmental Management account.

Sec. 113. The Committee includes a new provision relating to the Department's Definition of the Term "Fiduciary"; Conflict of Interest Rule—Retirement Investment Advice regulation.

Sec. 114. The Committee includes a new provision relating to the "walkaround" letter of interpretation issued by the OSHA on February 21, 2013.

## TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

### HEALTH RESOURCES AND SERVICES ADMINISTRATION

The Committee recommends \$6,048,754,000 for Health Resources and Services programs, which is \$298,530,000 below the fiscal year 2015 enacted level and \$413,423,000 below the 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 \$1,491,522,000 for the Health Centers program, which is the same as the fiscal year 2015 enacted level and the 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 2015 enacted level and the budget request. The program provides medical malpractice liability protection to federally supported health centers.

*Perinatal transmission of Hepatitis B.*—The Committee is pleased that progress is being made to develop and implement a strategic plan to reduce the rate of perinatal transmission of hepatitis B. The Committee has urged HRSA to expand efforts to eliminate perinatal transmission of Hepatitis B for the past three fiscal years and little progress has been made. The Committee expects HRSA to test intervention strategies followed by the adoption of best practices protocols in HRSA funded health care settings as soon as feasible in fiscal year 2016.

##### *Free Clinics Medical Malpractice*

The Committee recommends \$100,000 for extension of Federal Tort Claims Act (FTCA) coverage for volunteer free clinic health care professionals, which is the same as the fiscal year 2015 fund-

ing level and the budget request. The program extends FTCA 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 under the FTCA.

#### HEALTH WORKFORCE

##### *Health Professions*

The Committee recommends \$742,670,000 for Health Professions programs, which is \$8,930,000 below the fiscal year 2015 enacted level and \$114,150,000 below the requested program level.

The Bureau of Health Professions supports grants for the development of future workforce in fields challenged by a high need and insufficient supply of 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 2016 Committee
Health Professions Training for Diversity	
Centers of Excellence .....	\$21,711,000
Health Careers Opportunity Program .....	14,189,000
Faculty Loan Repayment .....	1,190,000
Scholarships for Disadvantaged Students .....	45,970,000
Health Care Workforce Assessment .....	4,663,000
Primary Care Training and Enhancement .....	38,924,000
Oral Health Training Programs .....	34,998,000
Interdisciplinary, Community-based Linkages	
Area Health Education Centers .....	30,250,000
Geriatric Programs .....	34,237,000
Mental and Behavioral Health .....	9,916,000
Public Health Workforce Development .....	10,000,000
Nursing Workforce Development	
Advanced Education Nursing .....	63,581,000
Nursing Workforce Diversity .....	15,343,000
Loan Repayment and Scholarship Program .....	81,785,000
Nurse Education, Practice, and Retention .....	39,913,000
Nurse Faculty Loan Program .....	26,500,000
Comprehensive Geriatric Education .....	4,500,000

##### *Health Professions Training for Diversity*

*Health Careers Opportunity Program.*—The Health Careers Opportunity Program (HCOP) seeks to increase the diversity of the health professions workforce by providing grants that improve the recruitment and enhance the academic preparation of students from economically and educationally disadvantaged backgrounds into the health professions. Greater diversity among health professionals is associated with improved access to care for underserved populations, greater patient choice and satisfaction, and better patient-clinician communication. In recent academic years, the program has supported more than 260 grants and more than 13,600 trainees annually, half of whom are underrepresented minorities

and more than three quarters come from financially or educationally disadvantaged backgrounds. The Committee believes that the program as currently structured holds the greatest promise to reach high school, baccalaureate, post-baccalaureate, and graduate students to attract them to the health professions to care for underserved populations, in both rural and urban areas, as originally intended by Congress.

The Committee is concerned with the ability to track outcomes for HCOP funding that is invested early in the pipeline. The Committee encourages HRSA to focus the program on high school, collegiate, and post-baccalaureate programs that impact the health care professional pipeline. The Committee directs HRSA to work with institutions that have historically performed well in producing minority and underrepresented health professionals in order to devise a more accurate way to track HCOP students who ultimately become health professionals.

#### *Primary Care Training and Enhancement*

*Interprofessional Education.*—The Committee is aware of a growing recognition that interprofessional clinical health programs represent the state of the art in health care. Further, the Committee believes inter-professional clinical care teams that include physicians, nurses and other disciplines (such as physician assistants, oral health practitioners, behavioral health professionals, allied health providers, other practitioners) can achieve better care, better population health and lower costs. Further, the Committee shares HRSA's viewpoint that health organizations and professionals should be trained for a contemporary practice environment focused on new and more efficient models of care that include inter-professional and team-based care. Accordingly, in carrying out the various workforce programs authorized by Title VII and VIII of the Public Health Service Act, and for which funding is provided in this bill, the Committee encourages the Bureau of Health Workforce to give preference to competitive applications that include an interprofessional education component in their programmatic activities.

The Committee encourages the Administrator to research Physician Assistant (PA) educational innovation and effectiveness and track PA graduate practice patterns and health care outcomes when PAs are involved in team-based practice. It is vital that PA education and outcomes assessment be a part of efforts to address high priority health workforce needs.

#### *Oral Health Training Programs*

The Committee recommends \$34,998,000 for Training in Oral Health Care programs, which is \$1,070,000 more than the fiscal year 2015 enacted level and the budget request. Within the funds provided, the Committee intends no less than \$10,000,000 for General Dentistry Programs and no less than \$10,000,000 for Pediatric Dentistry programs. 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.

The Committee urges HRSA to support innovative programs at new and established dental schools that will increase access to high

quality dental services for underserved individuals, particularly where training clinics are located proximate to such underserved areas.

*Area Health Education Centers (AHEC)*

The Committee encourages HRSA to support 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 urges HRSA to work with State dental associations that have initiated programs to refer ER patients to dental networks.

The Committee is pleased with the results of AHEC's efforts to improve access to healthcare in rural and underserved areas by increasing the number of primary healthcare professionals who practice in these areas. The Committee requests HRSA to provide an update on the AHEC program's impact to increase the primary healthcare workforce and the program's nationwide activities.

*Mental and Behavioral Health*

The Committee recommendation includes \$9,916,000 for the interprofessional Graduate Psychology Education Program to increase the number of health service psychologists (including doctoral-level clinical, counseling and school psychologists) trained to provide integrated services to high-need underserved populations in rural and urban communities. The Committee encourages HRSA to build on recent efforts to expand training to increase mental and behavioral health services for returning service members, veterans and their families, with a strong emphasis on veterans reintegrating into rural civilian 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.

*Children's Hospitals Graduate Medical Education Payment Program*

The Committee recommends \$265,000,000 for the Children's Hospitals Graduate Medical Education Payment Program, which is the same as the fiscal year 2015 enacted level and \$165,000,000 more than the budget request.

*National Practitioner Data Bank*

The Committee assumes \$19,728,000 for the National Practitioner Data Bank for fiscal year 2016, which is \$914,000 more than the fiscal year 2015 enacted level and the same as the budget request. The Committee recommendation and the budget request assumes that the data bank will be self-supporting with collections of \$19,728,000 in user fees. Bill language is continued to ensure that user fees are collected to cover the full costs of the data bank operations.

## MATERNAL AND CHILD HEALTH

*Maternal and Child Health Block Grant*

The Committee recommends \$638,200,000 for the Maternal and Child Health (MCH) Block Grant, which is \$1,200,000 more than the 2015 enacted level and the budget request. States use the MCH 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.

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

Budget Activity	FY 2016 Committee
Set-aside for oral health .....	\$5,000,000
Set-aside for epilepsy .....	3,642,000
Set-aside for sickle cell disease .....	2,961,000
Set-aside for fetal alcohol syndrome demo .....	477,000

*Dental Health Projects.*—The Committee recommends \$5,000,000 to encourage HRSA to support early childhood oral health interventions and prevention programs encompassing the medical/dental interface, topical fluorides, school and community-based sealant programs, and systems working in collaboration with the Women, Infants, and Children (WIC) and Head Start programs.

*Fetal Alcohol Syndrome.*—The Committee recommends that the fetal alcohol syndrome initiative within HRSA address high-risk Alaska Native and American Indian populations through a Native American-focused collaborative.

*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 2016 Committee
Sickle Cell Anemia Demonstration Program .....	\$4,455,000
Autism and other Developmental Disorders .....	47,099,000
Heritable Disorders .....	13,883,000
Healthy Start .....	102,000,000
Universal Newborn Hearing .....	17,818,000
Emergency Medical Services for Children .....	20,162,000

*Traumatic Brain Injury*

The Committee has transferred management of the Traumatic Brain Injury program to the Administration for Community Living (ACL) in recognition of the existence of complimentary programs within ACL that the TBI program can leverage the resources of and collaborate with.

*Autism and other Developmental Disorders*

The Committee recognizes the importance of enhancing the capacity of existing autism and other developmental disabilities programs and expanding the number of sites and professionals trained to diagnose, treat, and provide interventions to individuals with autism spectrum disorders (ASD). Within the total for Autism and Other Developmental Disabilities, the Committee provides \$30,043,000 for the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program to allow the existing programs to maintain their current capacity and expand the number of sites and professionals trained to diagnose, treat, and provide interventions to individuals with ASD and related developmental disabilities. The increased funding should be used to initiate LEND programs in States that do not currently have an established program, yet have a high incidence rate of ASD, to ensure children with ASD and related developmental disabilities across the country have access to the valuable resources that LEND programs provide.

*Heritable Disorders*

The Committee recommends \$13,883,000 for the Heritable Disorders program, which is the same as the fiscal year 2015 enacted level and the budget request.

*Newborn Screening for SCID and Related Disorders.*—The Committee provides level funding to assure that States are able to adopt newborn screening for Severe Combined Immune Deficiency (SCID) and related disorders. The grantee may also use funding to update and disseminate educational materials, enhance public awareness of Primary Immunodeficiencies, train healthcare and public health professionals, support specialized treatment centers accepting newly-diagnosed patients, support patient access to specialized treatment centers and expand the current newborn screening test to include complex mutations causing related life-threatening diseases.

*Healthy Start*

The Committee recommends \$102,000,000 for the Healthy Start program, which is the same as the fiscal year 2015 enacted level as well as the 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 Initiatives and providing evidence-based interventions are crucial to improving infant health in high risk communities. HRSA is encouraged to continue to support the FIMR program with Healthy Start funding while educating Healthy Start Programs on the successes of the FIMR.



*Transfer from Planned Home Birth to Hospital.*—The Committee is aware that CDC data shows the rates for out of hospital births in the United States have been slowly but steadily increasing since 2004, and that because of this trend, collaboration within an integrated maternity care system is essential for 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. Therefore the Committee directs HRSA to develop a strategy for facilitating ongoing inter-professional dialogue and cooperation, and encouraging universal adoption of the Best Practice Guidelines for Transfer from Planned Home Birth to Hospital, in order to achieve optimal mother-baby outcomes in all settings and with all providers, and to report back to this Committee with an update on its progress.

*Maternal, Infant, and Early Childhood Home Visiting Program*

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

RYAN WHITE HIV/AIDS PROGRAMS

The Committee recommends \$2,318,781,000 for Ryan White HIV/AIDS Programs, which is the same as the fiscal year 2015 enacted level and \$4,000,000 below the budget request.

The Ryan White HIV/AIDS programs fund 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 Ryan White HIV/AIDS Programs, the Committee recommends the following amounts:

Budget Activity	FY 2016 Committee
Emergency Assistance .....	\$655,876,000
Comprehensive Care Programs .....	1,315,005,000
AIDS Drug Assistance Program (ADAP) .....	(900,313,000)
Early Intervention Program .....	201,079,000
Children, Youth, Women, and Families .....	75,008,000
AIDS Dental Services .....	13,122,000
Education and Training Centers .....	33,611,000

HEALTH CARE SYSTEMS

The Committee recommends \$106,193,000 for Health Care Systems, which is \$3,000,000 more than the fiscal year 2015 enacted level and \$4,000,000 below the 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 system; and operating a national toll-free poison control hotline.

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

Budget Activity	FY 2016 Committee
Organ Transplantation .....	\$23,549,000
National Cord Blood Inventory .....	11,266,000
Cell Transplantation Program .....	22,109,000
Office of Pharmacy Affairs .....	10,238,000
Poison Control .....	21,846,000
National Hansen's Disease Program .....	15,206,000
National Hansen's Disease—Buildings/Facilities .....	122,000
Hansen's Payment to Hawaii .....	1,857,000

#### *Office of Pharmacy Affairs*

The Committee recommends \$10,238,000 for the Office of Pharmacy Affairs, which is the same as the fiscal year 2015 enacted level and is \$14,500,000 below the budget request.

The Committee urges OPA to complete the development of the secure website intended to verify 340B ceiling prices. The Committee directs OPA to provide a briefing within 30 days of enactment on the progress made to make the secure website available.

#### *Poison Control Centers*

The Committee recommends \$21,846,000 for Poison Control Centers, which is \$3,000,000 more than the fiscal year 2015 enacted level and the budget request. In 2012 more than 3.3 million poisoning, toxic exposure, drug, food safety and public health emergency calls were managed by the nation's 55 accredited poison centers an average of more than 9,000 calls per day. Multiple studies have demonstrated that accurate assessment and triage of poisoning, drug and toxic exposures by the nation's poison centers save critical healthcare dollars by reducing the severity of illness, preventing deaths and avoiding the expense of unnecessary trips to emergency departments and the length of hospital stays. HRSA reports that utilization of poison centers by hospitals and health care professionals continues to increase as the severity and complexity of poisonings and toxic exposures require the need for increased toxicological expertise in clinical settings. It is estimated that every dollar invested in the national poison center program saves \$13.39 in medical costs and lost productivity, thus generating annual cost savings exceeding \$1.8 billion.

#### RURAL HEALTH

The Committee recommends \$147,471,000 for Rural Health programs, which is the same as the fiscal year 2015 enacted level and \$19,909,000 more than the 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 the purchase of automatic external defibrillators; 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 recommends the following amounts:

Budget Activity	FY 2016 Committee
Rural Outreach Programs .....	\$59,000,000
Rural Health Research .....	9,351,000
Rural Hospital Flexibility Grants .....	41,609,000
Rural/Community Access to Emergency Devices .....	4,500,000
State Offices of Rural Health .....	9,511,000
Black Lung Clinics .....	6,766,000
Radiation Exposure Screening and Education .....	1,834,000
Telehealth .....	14,900,000

#### FAMILY PLANNING

The Committee does not recommend funding for the Family Planning program, which is \$286,479,000 below the fiscal year 2015 enacted level and \$300,000,000 below the request.

#### PROGRAM MANAGEMENT

The Committee recommends \$154,000,000 for the cost of federal staff and related activities to coordinate, direct, and manage the programs of HRSA, which is the same as the fiscal year 2015 enacted level and \$3,061,000 below the budget request.

#### VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

The Committee estimates that \$237,000,000 will be released from the Vaccine Injury Compensation Trust Fund, which is \$2,000,000 more than the fiscal year 2015 enacted level and the same as the 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. Revenues raised by this tax are maintained in a Vaccine Injury Compensation Trust Fund.

Trust funds made available will support the liability costs of vaccines administered after September 30, 1988. They will also support the \$7,500,000 in costs incurred by HRSA in the operation of the program, which is the same as the fiscal year 2015 enacted funding level and the budget request.

#### CENTERS FOR DISEASE, CONTROL AND PREVENTION

The Committee recommends a program level of \$7,010,103,000 for the Centers for Disease Control and Prevention (CDC), which is \$139,685,000 more than the fiscal year 2015 program level and equal to the budget request. The level includes \$6,095,803,000 in

discretionary appropriated dollars in conjunction with \$914,300,000 in transfers from the Prevention and Public Health (PPH) Fund.

The CDC works with state, local and tribal health authorities and other non-governmental health-related organizations to understand, control, and reduce disease and other health problems.

The Committee recommendation increases support to state, local, and tribal public health departments in disease areas like Diabetes, Heart Disease and Stroke prevention activity and furthers efforts to reduce prescription drug overdose. The recommendation expands funding to build state, local, and tribal preparedness and response capacity through increased support for the public health preparedness infrastructure. It also provides support to expand state laboratory capacity to combat antibiotic resistance and other infectious diseases and supports flexible funds for states to address local and tribal public health issues through the preventative health and health services block grant. Globally, the recommendation continues support for the global polio eradication program and global public health activities.

The Committee expects that unless provided for differently in the bill or report, CDC will follow the policy, funding source, and levels described in its budget request.

The Committee expects CDC to communicate more clearly in the fiscal year 2017 budget request on how all its lab capacity upgrades and AMD initiatives are linked to measurable improvements in public health and preparedness.

The Committee understands that due to the timing of the release of the budget request, CDC did not include certain information requested in the fiscal year 2015 report. Specifically, the public health and preparedness goals and measures for each CDC report level program line, grant table data, and other similar items were omitted. The Committee expects this information to be transmitted as soon as possible.

The Committee reinforces its expectation for CDC to work with state, local and tribal health officials to move forward with the plan for a single web-based data collection information technology platform for CDC programs to reduce the voluntary reporting burden on states and reduce CDC's total operational costs of its independent program data collection actions.

The Committee remains interested in reducing duplication of effort and overlapping of responsibilities between NIH and CDC. The Committee encourages CDC and NIH to more actively coordinate on cross-cutting initiatives, ensuring that each agencies focuses on its respective core mission. Further the Committee requests an update in the fiscal year 2017 budget request on how each CDC report level program coordinates with the NIH Institutes and Centers (ICs) to share scientific gaps related to activities supported in NIH research portfolios.

#### IMMUNIZATION AND RESPIRATORY DISEASES

The Committee recommends \$758,066,000 for Immunization and Respiratory Diseases, which includes \$607,781,000 in discretionary appropriations, and \$150,285,000 in transfers from the PPH Fund. The level is \$40,339,000 less than the fiscal year 2015 program level and \$10,000,000 more than the budget request program 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 Immunization and Respiratory Diseases, the Committee recommends the following amounts:

Budget Activity	FY 16 Committee
Section 317 Immunization Program .....	\$585,508,000
<i>National Immunization Survey</i> .....	12,864,000
Influenza Planning & Response .....	172,558,000

*Childhood Immunizations.*—The Committee requests CDC to include an updated Section 317 Immunization Program report in the fiscal year 2017 budget request. The update should include the 2017 cost estimate, an estimate of State, local, and tribal operations funding, as well as a discussion of the evolving role of the 317 program as expanded coverage for vaccination becomes available from private and public sources over the next several years. The Committee includes a \$25,000,000 increase specifically to support the essential infrastructure funding for the state, local, and tribal public health departments to deliver the Vaccines for Children program and respond to disease outbreaks. A strong public health immunization infrastructure is critical for ensuring high vaccination coverage levels, the prevention of vaccine-preventable diseases, and for responding to outbreaks.

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

The Committee recommends \$1,117,609,000 for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases (STD), and Tuberculosis (TB) prevention in discretionary appropriations, which is equal to the fiscal year 2015 level and \$44,138,000 less than the budget request.

The Division of HIV/AIDS Prevention 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 16 Committee
Domestic HIV/AIDS Prevention and Research .....	\$786,712,000
<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 Orgs</i> .....	135,401,000

Budget Activity	FY 16 Committee
<i>School Health-HIV</i> .....	31,081,000
Viral Hepatitis .....	31,331,000
Sexually Transmitted Diseases .....	157,310,000
Tuberculosis .....	142,256,000

*Hepatitis C (HCV) Screening.*—The Committee commends CDC for working to integrate recommended viral hepatitis screening in primary care provider services. The Committee urges CDC to continue outreach to underserved populations through screening activities in non-clinical and public health settings.

*HIV Prevention Activities.*—The Committee understands most CDC HIV prevention funding is distributed to the primary implementers of prevention activities. The Committee requests CDC to evaluate its prevention program funding to determine if the current mix successfully reaches the most at-risk individuals to best ensure early detection with targeted interventions. Further, the review should examine methods, with available total HIV funding, to increase the reliance on state, local, and tribal public health departments and efforts to increase the use of burden of disease as a significant criteria factor in making funding allocation decisions and awards. The Committee requests an update on this review in the fiscal year 2017 budget request.

*HIV Screening.*—The Committee is aware of concerns related to CDC's draft HIV screening algorithms that would limit antibody testing. The Committee commends CDC for leading the early adoption of advancements in HIV prevention technology but cautions CDC to encourage access to a variety of FDA-approved screening options including antibody, antigen, oral fluid, and rapid testing technologies to facilitate screening in all settings. Further, the Committee continues to support HIV status awareness. CDC is encouraged to work with States that scored low on the goals to Increase HIV Testing and Reduce Late State Diagnosis in order to improve the rates of persons with HIV that know their status and are enabled to seek appropriate care and prevent transmission.

*Tuberculosis (TB) Elimination.*—The Committee notes that in 1987, HHS established an Advisory Committee for the Elimination of TB with a goal of TB elimination by the 2010. The Committee requests CDC to review its resource allocation in preparation for the fiscal year 2017 budget request to ensure it supports appropriate control that can eventually eliminate TB in the United States. Further, the Committee requests an update in the fiscal year 2017 budget request on how CDC's TB program directs resources to state, local, and tribal public health departments to provide for adequate diagnostic, treatment and prevention education tools. The update should outline the plan and how the resources in the request will accomplish the goal.

#### EMERGING AND ZOO NOTIC INFECTIOUS DISEASES

The Committee recommends \$512,598,000 for Emerging and Zoonotic Infectious Diseases, which includes \$460,598,000 in discretionary appropriations and \$52,000,000 that is made available from amounts in the PPH Fund. The level is which is \$107,608,000 more than the fiscal year 2015 program level and \$186,669,000 less than the budget request program level.

The Emerging and Zoonotic Infectious Disease programs support the prevention and control of infectious diseases through surveillance, outbreak investigation and response, research, and prevention.

Within the total for Emerging and Zoonotic Infectious Diseases, the Committee recommends the following amounts:

Budget Activity	FY 16 Committee
Core Infectious Diseases .....	\$351,598,000
<i>Emerging Infectious Diseases</i> .....	136,248,000
<i>Lab Safety and Quality (non add)</i> .....	8,248,000
<i>Antibiotic Resistance Initiative</i> .....	120,000,000
<i>Emerging and Zoonotic Core Activities</i> .....	29,840,000
<i>Vector-borne Diseases</i> .....	26,410,000
<i>Lyme Disease</i> .....	10,700,000
<i>Prion Disease</i> .....	6,000,000
<i>Chronic Fatigue Syndrome</i> .....	5,400,000
Food Safety .....	48,000,000
National HealthCare Safety Network .....	18,000,000
Quarantine .....	30,000,000
Advanced Molecular Detection (AMD) .....	30,000,000
Epi and Lab Capacity .....	40,000,000
Healthcare-Associated Infections .....	12,000,000

*Antimicrobial Resistance.*—The Committee expands its support for CDC to enhance the regional lab network to improve tracking of and response to outbreaks. The Committee expects a significant level of support for the state and regional lab capacity and intends for funds to support programs with measurable goals and objectives that will be reported annually in the budget request for this program. Further, CDC is expected to support states to use evidence based approaches to stop the spread of drug-resistant bacteria and preserve existing antibiotics.

*Guideline for Disinfection and Sterilization in Healthcare Facilities.*—The Committee is concerned that according to the CDC 2014 National and State Healthcare-Associated Infections Progress Report, the U.S. did not meet the healthcare-associated infection (HAI) prevention goals for 2013. The Committee requests that within 120 days, CDC shall update its 2008 Guideline for Disinfection and Sterilization in Healthcare Facilities to incorporate more recent peer-reviewed literature regarding the role of the healthcare environment in the spread of antibiotic-resistant bacteria and the current best practices for containment that have been demonstrated in health facility environments. The Committee understands new technologies now exist that were not considered when the guidelines were last updated.

*Hand Hygiene.*—The Committee encourages CDC to improve hand hygiene habits to help prevent the spread of germs and infectious disease. The Committee requests an update in the fiscal year 2017 budget request on how CDC has incorporated the use of hand sanitizers, including Alcohol Based Hand Rubs (ABHRs), into its hand hygiene programs when hand washing is not readily accessible.

*Laboratories.*—CDC provides funding for State and Regional laboratories across numerous centers, programs, and initiatives to support, increase, enhance, or modernize laboratory capacity. To streamline the funding and reduce potential duplication, the Committee directs CDC to consolidate all its State and Regional labora-

tory funding sources into a single funding line in one CDC Center in the fiscal year 2017 budget request and include a CDC-wide consolidated plan with measurable goals and objectives on how CDC leverages State and Regional laboratory support and capacity across all CDC programs, initiatives, and activities.

*Laboratory Training.*—The Committee includes support to enhance CDC’s internal laboratory management and training to improve laboratory safety at CDC laboratories. The Committee requests an update in the fiscal year 2017 budget request on the progress made to create and routinely review standard operating procedures, laboratory safety, and laboratory worker training.

*Lyme Disease.*—The Committee encourages CDC to consider expanding activities related to developing sensitive and more accurate diagnostic tools and tests for Lyme disease, including evaluating emerging diagnostic methods and improving the utilization of adequate diagnostic testing; expanding its epidemiological research to determine the frequency and nature of the long-term complications of Lyme disease; improving surveillance and reporting of Lyme disease to produce more accurate data on its incidence; and evaluating the development of a national reporting system.

*Valley Fever.*—The Committee commends NIH and CDC on the continued joint efforts to combat coccidioidomycosis, also known as Valley Fever. Specifically, the Committee supports ongoing efforts by NIH and CDC to conduct a Randomized Controlled Trial (RCT) to identify an effective treatment for Valley Fever, encourage development of a vaccine, and help increase awareness of this disease among medical professionals and the public. The Committee looks forward to when patients can begin enrolling in the RCT later this year.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

The Committee recommends \$1,097,482,000 for Chronic Disease Prevention and Health Promotion, which includes \$570,467,000 in discretionary appropriations and \$527,015,000 that is made available from amounts in the PPH Fund. The level is \$101,738,000 less than the fiscal year 2015 program level and \$39,424,000 more than the budget request program level.

The programs funded through this budget activity provide support for State and community programs, surveillance, prevention research, evaluation, and health promotion.

Within the total provided, the Committee recommends the following amounts for Chronic Disease Prevention and Health Promotion activities:

Budget Activity	FY 16 Committee
Tobacco .....	\$105,492,000
Nutrition, Physical Activity, and Obesity .....	49,920,000
<i>High Obesity Rate Counties</i> .....	10,000,000
School Health .....	15,400,000
Health Promotion .....	20,275,000
<i>Community Health Promotion</i> .....	6,350,000
<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> .....	750,000
<i>Excessive Alcohol Use</i> .....	3,000,000



Budget Activity	FY 16 Committee
<i>Chronic Kidney Disease</i> .....	2,100,000
Prevention Research Centers .....	24,000,000
Heart Disease and Stroke .....	170,000,000
Diabetes .....	180,000,000
National Diabetes Prevention Program .....	20,000,000
Cancer Prevention and Control .....	348,895,000
<i>Breast and Cervical Cancer</i> .....	207,000,000
<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> .....	39,515,000
<i>Comprehensive Cancer</i> .....	19,675,000
<i>Johanna's Law</i> .....	5,500,000
<i>Ovarian Cancer</i> .....	7,000,000
<i>Prostate Cancer</i> .....	13,205,000
<i>Skin Cancer</i> .....	2,125,000
<i>Cancer Survivorship Resource Center</i> .....	475,000
Oral Health .....	20,000,000
Safe Motherhood/Infant Health .....	46,000,000
<i>Preterm Birth</i> .....	2,000,000
Other Chronic Diseases .....	24,000,000
<i>Arthritis</i> .....	10,000,000
<i>Epilepsy</i> .....	8,000,000
<i>National Lupus Patient Registry</i> .....	6,000,000
Racial and Ethnic Approach to Community Health .....	50,000,000
Million Hearts .....	4,000,000
Workplace Wellness .....	7,500,000
National Early Child Care Collaboratives .....	4,000,000
Hospitals Promoting Breastfeeding .....	8,000,000

*Burden of Disease.*—The Committee expects CDC to use the burden of disease (age-adjusted population) as a significant criteria for activities funded through the Chronic Disease programs and to ensure applicants identify the expected level of community burden reductions, tracked, and reported.

*Cardiomyopathy.*—The Committee understands the risk of sudden cardiac arrest is highest among those with undiagnosed cardiomyopathy. The Committee continues support to increase awareness through appropriate public health mechanisms and encourages CDC to consider methods to increase support. The Committee requests an update in the fiscal year 2017 budget request on on-going and planned activities related to pediatric cardiomyopathy.

*Community Prevention Grants.*—No funds are provided to support the Community Prevention Grants. The Committee recognizes the program supported chronic disease risk factors funded by other Chronic Disease program lines. To lessen community disruption during program wind down, the Committee encourages fiscal year 2016 continuation costs of current cities, counties, and tribal grantees shift to the specific Chronic Disease program lines, as long as CDC deems these one-time funding activities within the existing program's goals and scope of activity.

*Division of Diabetes Translation (DDT).*—The Committee recognizes the work of the DDT to address diabetes. The Committee supports efforts to work with public and private organizations to prevent and reduce the occurrence of diabetes in Americans. The Committee reinforces its desire for CDC to use burden of disease as a significant criteria in awarding funds. The Committee urges significant resources be put toward DDT's efforts to expand state, local, and tribal community diabetes control and prevention activities. The Committee believes these activities must include clear

outcomes, ensure transparency and accountability that demonstrate how funding is expected to be used, were used, and tracked to ensure prevention funding reached state, local, and tribal communities with the greatest population adjusted burden.

*Division of Oral Health (DOH).*—The Committee provides the DOH support for enhancements to the State oral health infrastructure grants, national surveillance activities and community prevention programs. The Committee is aware that 20 States were approved but unfunded in the last State infrastructure grant cycle. The Committee expects DOH to support clinical and public health interventions that target pregnant women and young children at highest risk for dental caries. A recent study demonstrates such approaches can result in cost-savings to State Medicaid programs. We further encourage CDC to work across HHS to improve the coordination of oral health surveillance in a manner that reliably measures and reports health outcomes.

*Diabetes.*—The Committee understands that Diabetes is now the seventh leading cause of death and overall, the risk for death among people with diabetes is about twice that of people of similar age but without diabetes. Research has shown targeted interventions for modest lifestyle changes in people at highest risk can prevent or delay the onset of type 2 diabetes. For example, lifestyle interventions of losing weight and increasing physical activity reduced the development of type 2 diabetes by 58%, and by 71% among adults aged 60 years or older. Local communities are a catalyst for diabetes evidence-based health education, self-management prevention and awareness. The Committee provided a significant increase for Diabetes prevention and control activities. The Committee expects support to target communities with the highest burden of disease, as adjusted for population, and to use risk factor reduction measures. The Committee requests a report in the fiscal year 2017 budget request on how the amount of funds provided to state, local, and tribal communities with the highest burden.

*Heart Disease and Stroke.*—The Committee understands heart disease and stroke are the first and fifth leading causes of death in the United States. Each year nearly 800,000 people die in the U.S. from cardiovascular diseases while 795,000 experience a stroke. In addition to the human suffering, the cost on the health care system is excessive: some data indicates that in 2011 the total direct and indirect cost for cardiovascular disease and stroke in the United States was over \$320 billion. However, heart disease and stroke are preventable in many cases due to risk factors such as high blood pressure and high LDL cholesterol. Local health departments serve as a catalyst for effective evidence-based approaches in their communities for heart disease and stroke prevention and awareness. The Committee provided a significant increase to support Heart Disease and Stroke prevention at state, local and tribal public health departments. The Committee expects support to target communities with the highest burden of disease, as adjusted for population, and use risk factor reductions measures. The Committee requests a report in the fiscal year 2017 budget request on how the amount of funds provided to state, local, and tribal community with the highest burden.

*Tobacco Prevention.*—The Committee notes CDC supports tobacco use and prevention activities throughout numerous programs

like the Prevention Research Centers and Chronic Disease Prevention activities. The Committee provides funding in the tobacco line to primarily focus on underage smoking. Further, CDC is directed to consolidate and reduce duplication with other tobacco prevention programs and activities. The Committee does not provide support for CDC's tobacco research activity. The NIH has an existing tobacco research portfolio that in fiscal year 2015 is estimated at \$322,000,000. The CDC shall coordinate with NIH to identify meritorious tobacco research opportunities for NIH to consider through its peer-reviewed process and its existing portfolio funding level. The Committee requests an analysis in the fiscal year 2017 budget request identifying all the CDC programs that provide any funding for tobacco control or prevention activities with the name of the program and annual tobacco related funding level.

*Inflammatory Bowel Disease.*—The Committee continues to support inflammatory bowel disease epidemiology activity and requests an update in the fiscal year 2017 budget request on these efforts. Further, the Committee encourages CDC to continue exploring the disease burden and communicate findings to patients and providers in an effort to improve and inform best public health practices.

*National Lupus Patient Registry (NLPR).*—The Committee continues to support the NLRP efforts. The Committee expects CDC to coordinate with NIH to explore new or revised research methods to conduct cohort and burden of illness studies.

*National Early Childcare Collaboratives (NECC).*—The Committee continues to support the collaboratives to assist early care and education providers.

*National Diabetes Prevention Program (NDPP).*—The Committee understands the NDPP grantees, such as the YMCA, have leveraged NDPP support to expand the program to other communities. For example, the YMCA was awarded a nearly \$12,000,000 grant over three years from the Center for Medicare and Medicaid to expand the program to 17 communities in an effort to reduce Medicare costs. The Committee significantly increased support for the NDPP and expects CDC to continue to encourage awardees to leverage these funds with more collaboration among federal agencies, community-based organizations, employers, insurers, health care professionals, academia, and other stakeholders. The Committee expects CDC to provide all increased funds through competitive process and that funds not be used to support internal CDC functions. The Committee appreciates that CDC has ensured the fidelity of the original Diabetes Prevention Program clinical trial through its NDPP by utilizing the evidence-based curricula and having program providers report on participant attendance and observed and measured weight loss. The Committee directs CDC to continue to ensure accurate results through observed weight measurement. Reliability of this data is critical to ensuring the confidence of various third-party payers. The Committee requests CDC to include long-term public health measures, how this program coordinates with other CDC and HHS programs, and the total amount of federal, public and private sector funds leveraged to support the NDDP annually in the fiscal year 2017 and future budget requests.

*Obesity.*—The Committee expands support for the rural extension and outreach services program to support additional grants for

rural counties with an obesity prevalence of over 40 percent. The Committee expects CDC to support childhood obesity interventions that are supported by scientific evidence and work with state, local and tribal public health departments to support measurable outcomes through evidenced based obesity research, intervention, and prevention programs. The program should include a special focus on areas with the highest population adjusted burden of obesity and with co-morbidities like hypertension, cardiac disease and diabetes.

*Pulmonary Hypertension (PH).*—The Committee understands some PH patients are not diagnosed until the late stages of the disease. The Committee encourages CDC to work with providers to increase early diagnosis and awareness of the disease and requests an update in the fiscal year 2017 budget request on steps taken to increase provider awareness of early intervention education.

*Scleroderma.*—The Committee encourages CDC efforts to improve awareness and education of rare and potentially life-threatening conditions, like scleroderma.

*Sleep Disorders.*—The Committee is aware of CDC's recent public health awareness work on sleep disorders and requests an update on these activities. The Committee encourages CDC to review the value of a national public health awareness campaign on sleep.

*Special Interest Projects (SIPs).*—The Explanatory Statement to accompany the fiscal year 2015 Appropriations Act directed CDC to ensure funds used to support SIPs be competitively awarded through an open process that is available to all qualified entities. The Committee remains concerned that SIP funds made available through the Prevention Research Centers are not being competed from all qualified entities. The Committee requests the Government Accountability Office (GAO) to review the CDC Prevention Research Center SIPs in its yearly report and identify duplication in work between Federal agencies to consider if CDC has taken steps to fully revise its process to ensure open competition. GAO should also examine whether any of these programs represent duplication with other CDC or federal agencies/programs engaged in the same activities or provide the same service to the same general beneficiaries. The Committee further asks GAO to determine if there is broad dissemination of applications for the CDC SIPs and whether full disclosure occurs annually on who has applied for the funds; what entities were awarded funds; and, descriptions of how the final funding decisions were determined.

The Committee supports the CDC in continuing their important work on excessive drinking. However, the Committee notes the work on monitoring of youth exposure to alcohol advertising and the level of risk faced by youth from exposure to alcohol advertising as duplicative with work ongoing in other Federal agencies, specifically, the Federal Trade Commission (FTC) and the National Institutes of Health (NIH), which is currently funding an R01 on alcohol marketing and underage drinking. The FTC's March 2014 Report to Congress titled Self-Regulation in the Alcohol Industry was produced to address concerns about underage exposure to alcohol marketing.

## BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

The Committee recommends \$133,510,000 for Birth Defects and Developmental Disabilities program level in discretionary appropriations, which is \$1,729,000 more than the fiscal year 2015 level and the budget request program level.

This program 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 for Birth Defects and Developmental Disabilities activities:

Budget Activity	FY 16 Committee
Child Health and Development .....	\$65,800,000
<i>Birth Defects</i> .....	19,900,000
<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 .....	52,910,000
<i>Disability &amp; Health incl. Child Development</i> .....	20,250,000
<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
<i>Spina Bifida</i> .....	6,000,000
<i>Congenital Heart Failure</i> .....	4,000,000
Blood Disorders .....	14,800,000
<i>Public Health Approach to Blood Disorders</i> .....	4,500,000
<i>Hemophilia Activities</i> .....	3,500,000
<i>Hemophilia Treatment Centers</i> .....	4,800,000
<i>Thalassemia Blood Disorders</i> .....	2,000,000

*Duchenne Muscular Dystrophy (DMD).*—The Committee notes the Muscular Dystrophy CARE Act was amended in the fall of 2014. The Committee requests an update in the fiscal year 2017 budget request that describes CDC’s plans and timeframe to enhance its collection of surveillance data across all forms of muscular dystrophy and to develop updated care standards, including for adults with Duchenne and for other forms of muscular dystrophy.

*Duchenne Muscular Dystrophy (DMD) Newborn Screening.*—The Committee understands a successful DMD newborn screening pilot exists. The Committee requests the Center to conduct a comprehensive review and provide an update in the fiscal year 2017 budget request on how, if scientifically appropriate, CDC can encourage public/private organizations to expand or build on the existing model.

*Fetal Alcohol Syndrome (FAS).*—The Committee includes increased resources to support an information clearinghouse, expansion of existing national community-based FAS networks, dissemination of evidence-based intervention strategies, and an Alaska Native/Native American-focused collaborative for FAS.

*Fragile X (FXD).*—The Committee appreciates that CDC has recognized the public health impact of FXD and its efforts to identify and define this population. The Committee encourages CDC to coordinate with NIH and the FXD Clinical & Research Consortium.

The Committee urges CDC to explore cross-divisional funding opportunities to accelerate data driven public health research to reduce the public health burden of both FXD and autism.

*Prenatal Screening.*—The Committee notes that rapid scientific advances have brought cell free DNA non-invasive prenatal screening (NIPS) into prenatal care settings. As one of the fastest growing applications of genomic medicine, this test can generate confusion for patients and healthcare providers about the meaning of screening results. The Committee requests a report in the fiscal year 2017 budget request on how CDC and other HHS agencies ensure patients and providers understand the accuracy of and meaning of screening results and tested-for conditions; possible screening results and technical limits of screenings; appropriate follow-up and results communication. The report should also address CDC's role in the development of materials to support the informed consent and patient decision-making and how it is made available to providers and patients involved in the decision making. The Committee expects CDC to also describe how the federal government works with private organizations through public-private partnerships on these issues.

*Specific Birth Defects.*—The Committee appreciates that the Center's website provides information on a number of birth defects on the specific birth defects webpage. The Committee requests a report in the fiscal year 2017 budget request on the criteria to add new birth defects, as well as treatments, the target audience of the information, how often the information is updated, and how effectiveness of the information is measured and validated to ensure it is useful for parents and providers. Finally, the report should explain whether the Center is considering adding new conditions like persistent pulmonary hypertension of the newborn and autosomal recessive polycystic kidney disease to the list.

*Spina Bifida Program.*—The Committee recognizes this complex birth defect affects a number of individuals. The Committee encourages CDC to coordinate with NIH on the identification of research gaps and data that is needed to improve prevention interventions.

#### ENVIRONMENTAL HEALTH

The Committee recommends \$160,580,000 for Environmental Health program level, which includes \$145,580,000 in discretionary appropriations and \$15,000,000 that is made available from amounts in the PPH Fund. The level is \$18,824,000 less than the fiscal year 2015 level and \$17,920,000 less than the budget request program level.

The Environmental Health 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 for Environmental Health activities:

Budget Activity	FY 16 Committee
Environmental Health Laboratory .....	\$56,000,000
<i>Newborn Screening Quality Assurance Program</i> .....	8,300,000
<i>Newborn Screening/Severe Combined Immunodeficiency (SCID) Diseases</i> .....	1,200,000
Environmental Health Activities .....	35,580,000
<i>Environmental Health Activities</i> .....	17,580,000

Budget Activity	FY 16 Committee
<i>Safe Water</i> .....	8,000,000
<i>Amyotrophic Lateral Sclerosis (ALS) Registry</i> .....	10,000,000
Environmental and Health Outcome Tracking Network .....	24,000,000
Asthma .....	30,000,000
Childhood Lead Poisoning .....	15,000,000

*Environmental Health Activities.*—The Committee does not provide support for CDC’s environmental health research. The NIH houses the National Institute of Environmental Health Sciences (NIEHS) whose mission is to discover how the environment affects people in order to promote healthier lives. The CDC shall coordinate with NIEHS to identify meritorious research opportunities for it to consider through its peer-reviewed process and within its existing portfolio funding level. Further, no funds are provided to support the Building Resilience Against Climate Effects, Climate and Health, and Built Environment and Health Initiative program activities, which will allow CDC to focus on more direct public health activities.

#### INJURY PREVENTION AND CONTROL

The Committee recommends \$211,300,000 for Injury Prevention and Control program level in discretionary funds, which is \$40,853,000 more than the fiscal year 2015 program level and \$45,677,000 less than the budget request program level.

The injury prevention and control 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 for Injury Prevention and Control activities:

Budget Activity	FY 16 Committee
Intentional Injury .....	\$92,300,000
<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> .....	39,000,000
National Violent Death Reporting System .....	11,300,000
Unintentional Injury .....	8,750,000
<i>Traumatic Brain Injury</i> .....	6,750,000
<i>Elderly Falls</i> .....	2,000,000
Injury Prevention Activities .....	28,950,000
Prescription Drug Overdose Prevention .....	70,000,000

*Asthma.*—The Committee increased support for the National Asthma Control Program (NACP) and directs CDC to increase the number of states carrying out programmatic activities and use a population-adjusted burden of disease criteria as a significant factor for new competitive awards.

*Gun Research.*—The Committee continues the general provision to prevent any funds provided from being spent on gun research, to include collecting data for potential future research, such as was proposed in the budget request for the National Violent Death Reporting System. The Committee notes the budget request for Gun

Violence Prevention Research is not funded and would be contrary to the prohibition. The Committee reminds CDC that the long-standing general provision's intent is to protect rights granted by the Second Amendment. The restriction is to prevent activity that would undertake activities (to include data collection) for current or future research, including under the title "gun violence prevention", that could be used in any manner to result in a future policy, guidelines, or recommendations to limit access to guns, ammunition, or to create a list of gun owners.

*Injury Control Research Centers.*—The Committee provides support of at least \$11,000,000 within the Injury Prevention Activities line to support activities such core operations, evaluation of injury control interventions, and training activities within the injury control research centers.

*Prescription Drug Overdose Prevention Activity.*—The Committee commends CDC for its leadership to expand the efforts on prescription drug overdose. The Committee directs the CDC Director to implement these activities based on population-adjusted burden of disease criteria of the mortality data (age adjusted rate) as a significant criteria when distributing funds for the state Prescription Drug Overdose Prevention activities and to adhere to all terms and conditions identified in the fiscal year statement of managers accompanying the 2015 Appropriations Act and accompanying statement for this program.

*National Vital Statistics System (NVSS).*—The Committee continues support for the NVSS which provides data on births, deaths, and fetal deaths that are essential for understanding our nation's health. The Committee does not provide any funds to support the collection of any gun or firearms data as proposed in the budget request.

*Sepsis.*—The Committee encourages CDC to significantly and materially 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. These activities should include greater coordination with other federal agencies, including the NIH.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH  
(NIOSH)

The Committee recommends \$341,100,000 for the National Institute for Occupational Safety and Health (NIOSH) program level with discretionary appropriations, which is \$6,237,000 more than the fiscal year 2015 program level and \$57,682,000 more than the budget request program level.

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 16 Committee
National Occupational Research Agenda .....	\$147,000,000
<i>Agricultural, Forestry, and Fishing</i> .....	27,000,000
Education and Research Centers .....	28,500,000
Personal Protective Technology .....	20,000,000
Healthier Workforce Centers .....	5,000,000
Mining Research .....	59,500,000
National Mesothelioma Registry and Tissue Bank .....	1,100,000
Other Occupational Safety and Health Research .....	80,000,000

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION  
PROGRAM

The Committee recommends \$55,358,000 for CDC to administer the mandatory Energy Employees Occupational Illness Compensation Program Act (EEOICPA), which is the same as the fiscal year 2015 funding level and the 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 \$426,925,000 for Global Health with discretionary appropriations, which is \$10,408,000 more than the fiscal year 2015 level and \$21,167,000 less than the budget request.

Through its Global Health activities, CDC coordinates, cooperates, participates with, and provides consultation to other nations, U.S. agencies, and international organizations to prevent and contain diseases and environmental 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 for Global Health activities:

Budget Activity	FY Committee
Global AIDS Program .....	\$128,425,000
Global Immunization Program .....	219,000,000
<i>Polio Eradication</i> .....	169,000,000
<i>Other Global/Measles</i> .....	50,000,000
Parasitic Diseases and Malaria .....	24,500,000
Global Disease Detection and Emergency Response .....	55,000,000

*Chikungunya.*—The Committee is aware of the arrival of chikungunya in the Caribbean and encourages CDC to continue its work to prepare and monitor any potential arrival of chikungunya in the United States. The Committee encourages the National Center for Emerging and Zoonotic Infectious Diseases to work with the Center for Global Health on this cross-cutting issue. The Com-

mittee requests an update in the fiscal year 2017 budget request on CDC actions with respect to the chikungunya outbreak in Puerto Rico.

*Global Health Strategy.*—The Committee requests an update on how CDC, FDA, and NIH jointly coordinate global health research activities with specific measurable metrics used to track the progress toward agreed upon global health goals.

*Global Public Health.*—The Committee requests the Secretary to provide an operating plan for all international activities funded through other CDC accounts to the Appropriations Committees of the House of Representatives and the Senate. The Committee does not support the use of funds for chronic disease prevention or injury prevention activities abroad.

*Neglected Tropical Diseases (NTD).*—The Committee notes the threat of NTD like Chagas and Dengue are a serious risk from mosquito-borne viral diseases. The Committee encourages CDC to continue to monitor and evaluate efforts for malaria and NTDs in collaboration with other divisions and agencies. The Committee urges CDC to work closely with NIH and BARDA to identify research opportunities that can lead to improved diagnostics, treatments and vaccines. The Committee expects CDC to conduct close coordination with all its vector borne activities to jointly support advances and development of the next generation of tools to address vector and parasite resistance, and to be vigilant in monitoring for new and resurging threats.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

The Committee recommends \$1,460,836,000 for Public Health Preparedness and Response in discretionary appropriations, which is \$108,285,000 more than the fiscal year 2015 level and \$79,018,000 more than the budget request.

CDC distributes grants to state, local, and territorial public health agencies, Centers for Public Health Preparedness, and others to support 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, training, strengthening epidemiology and surveillance, and upgrading 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 for Public Health Preparedness and Response activities:

Budget Activity	FY 16 Committee
State and Local Preparedness and Response Capability .....	\$692,500,000
<i>Public Health Emergency Preparedness Cooperative Agreement</i> .....	675,000,000
<i>Academic Centers for Public Health Preparedness</i> .....	8,200,000
<i>All Other State and Local Capacity</i> .....	9,500,000
CDC Preparedness and Response .....	158,000,000
<i>BioSense</i> .....	23,000,000
<i>All Other CDC Preparedness and Response</i> .....	135,000,000
Strategic National Stockpile (SNS) .....	610,136,000

*Public Health Emergency Preparedness (PHEP) Cooperative Agreement Program.*—The Committee funding level will enable the

CDC to restore PHEP capacity in state, local, tribal, and territorial health departments and ensure they have the tools to quickly detect, monitor, and respond to health threats. The Committee seeks to understand how state PHEP funding is supporting capacity building at the state and local levels. The CDC is expected to track PHEP capacity goals via the Public Health Emergency Preparedness Index capabilities tool and work with states to agree on cooperative agreement objectives for each state. The Committee requests an update in the fiscal year 2017 budget request on how CDC is implementing improved public health preparedness capacity measures.

*SNS Replenishment of Medical Countermeasures.*—The Committee understands certain antivirals in the Strategic National Stockpile will begin to expire soon. The Committee is concerned the 2016 budget request was insufficient to fully support the SNS to replenish all of the necessary medical countermeasures and to meet the government's established countermeasure requirements and contractual obligations with its private sector partners. The Committee directs the Director of CDC to conduct a comprehensive review of the current SNS to ensure an adequate supply of antivirals is stockpiled. The review should include: enumeration of the current stockpile; product expiration and/or extension of dating (including cost); cost of replenishment; contract requirements; manufacturing capability including capacity and lead production time and methods CDC will employ to distribute a pandemic stockpile. The CDC is directed to provide this report to the Committee no later than 120 days after the date of enactment of this act. Further, the Committee requests CDC to provide additional detail annually in its budget request beginning in fiscal year 2017 that identifies the total projected costs of all expired or expiring SNS assets with the projected allocation of the current year resources and budget funding allocated to replacement of expiring assets. Further, the annual SNS budget section shall annotate the annual amount of current year and requested funds dedicated to the purchase of new assets, replacement of expiring assets, training, and cost of operations separately.

#### BUILDINGS AND FACILITIES

The Committee recommends \$10,000,000 for CDC buildings and facilities in discretionary appropriations, which is equal to the fiscal year 2015 level and the request level. In addition, the Committee understands CDC has more than \$12,000,000 in unobligated funds in the Individual Learning Accounts not projected to be spent and directs these funds to be used to support the replacement of the underground and surface coal mine safety and health research capacity facility.

The Committee believes it is critical for CDC to ensure appropriate stewardship of public resources, especially buildings and facilities that provide vital capability to the nation. The Committee understands the NIOSH Taft and Hamilton facilities are becoming obsolete. The Committee requests an update in the fiscal year 2017 budget request on CDC's plan to provide appropriate stewardship for these facilities.

*Underground Mine Safety.*—The Committee appreciates that based on Congressional direction, the Administration is starting to

take steps to ensure that the mine explosive research capacity that was present at the now-closed CDC Lake Lynn, PA facility continues to exist. The Lake Lynn Laboratory and Experimental Mine was a unique and critical resource for conducting large scale explosion tests and mine fire research, which are essential components of preventing accidents and disasters in the mining industry. Therefore, the Committee continues to direct CDC to move forward to ensure the capability that was present at that facility is maintained to support mine safety research. Specifically, CDC is directed to provide a plan and updated timeline on the steps to replace the Lake Lynn facility capabilities that will be suitable for conducting tests that simulate full scale mine fires and coal dust explosions. The Committee requests the plan include the construction schedule and an estimate of the cost for construction, equipment and machinery. The plan shall also identify how the experimental activities are expected to be conducted during the process. The Committee expects a report with 90 days of enactment. The Committee rejects any proposal to redirect existing resources intended for a new mine safety research center to other CDC facility projects and expects this funding to remain available for an alternative site for Lake Lynn.

#### PUBLIC HEALTH SCIENTIFIC SERVICES

The Committee recommends \$496,597,000 for the Public Health Scientific Services program level with discretionary funds that includes funds for the National Center for Health Statistics (NCHS). The level is \$15,536,000 more than the fiscal year 2015 program level and \$42,212,000 less than the budget request program level.

NCHS is responsible for collecting, interpreting, and disseminating data on the health status of the U.S. population and the use of health services. Surveys include the National Health Interview Survey (NHIS), the National Health and Nutrition Examination Survey (NHANES), the National Health Care Survey, and the National Vital Statistics System (NVSS).

Within the total, the Committee recommends the following amounts for Public Health Scientific Services activities:

Budget Activity	FY 16 Committee
Health Statistics .....	\$160,397,000
Surveillance, Epidemiology, and Informatics .....	284,000,000
<i>Laboratory Training &amp; Oversight</i> .....	10,000,000
Public Health Workforce .....	52,200,000

*Enhance Laboratory Training & Oversight.*—The Committee provides \$10,000,000 to support enhanced laboratory training and oversight, to include the CDC strengthening the oversight and training of CDC's intramural laboratories. The Committee requests CDC to provide an update in the fiscal year 2017 request on the number and percentage of its laboratory employees provided with annual safety training, standard operating procedures, and other recommendations from CDC's most recent incidents. Further, the update should identify all the lab incidents recommendations and the status of implementing each recommendation.

*Surveillance, Epidemiology, and PH Informatics.*—The Committee reminds the Center that funds specifically requested through the PPH and not supported with PPH funds or directly

specified in the report are not provided. For example, the Committee does not provide support for the Community Guide or the operations of the Community Prevention Services Task Force.

*Neurological Diseases Surveillance System.*—The Committee requests an update in the fiscal year 2017 budget request describing CDC’s role, infrastructure, and tracking systems relative to tracking of epidemiology of neurological diseases, including multiple sclerosis.

CROSS-CUTTING ACTIVITIES

The Committee recommends \$283,500,000 for Cross-Cutting Activities program activities, which includes \$113,500,000 in discretionary funds and \$170,000,000 in PPH funds. The level is \$9,930,000 more than the fiscal year 2015 comparable program level and \$169,930,000 more than the comparable budget request program level.

This activity supports several cross-cutting 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 for Cross-cutting activities:

Budget Activity	FY 16 Committee
Preventive Health/Health Services Block Grant .....	\$170,000,000
Public Health Leadership and Support .....	113,500,000

*Preventive Health and Health Services Block Grant (PHHSBG)*

The Committee rejects the Administration’s proposed elimination of the PHHSBG. The Committee restores it to a level of \$170,000,000. For over 30 years, the PHHSBG has been a vital source of funding, allowing each State to address its most critical public health needs. States use these flexible dollars to offset funding gaps in programs that address the leading causes of death, disability, and to respond to unanticipated or emerging public health threats. The Committee expects CDC to provide these flexible funds to State public health agencies. Further, States should work with local and tribal public health agencies to use these resources to address the most critical public health needs through measurable evidence-based activities.

*Public Health Leadership and Support*

This activity supports CDC’s leadership and management function performed outside the Centers or outside support provided through the working capital fund.

The Committee expects the fiscal year 2017 budget to include specific details of each budget activity supported with these funds, including functions, mission, full time employees, bonus, travel costs, and other typical object class data and information for each separate activity supported through the Public Health Leadership and Support funding line. The Committee also expects specific performance measures to evaluate the effectiveness of each office and function. Finally, for each office and function, the Committee expects the budget will describe clearly what the prior year funds

supported, the current year projections and proposed budget year policy for each activity.

*Advocacy Restrictions.*—The Committee requests an update in the fiscal year 2017 budget request describing CDC's current mechanisms and processes to prevent advocacy violations. Further, CDC should describe its on-going efforts to educate its staff and recipients to prevent violations.

*Burden of Disease Review.*—The Committee appreciates CDC's efforts to provide information on-line about the health profiles for all 3,143 counties in the country. The Committee requests the CDC Director to review all CDC programs and public health activities; where population adjusted burden of disease is not already being used as a significant factor for CDC competitive awards, contracts, cooperative agreements, or other funding mechanism, to develop a timeline and procedures to ensure burden of disease is used as a significant criteria for awards, tracking measures, and evaluation public health activities.

*CDC Data Collection Duplication.*—The Committee requests a report in the fiscal year 2017 budget request detailing its data collection responsibilities and examining potential duplication of effort with the National Health and Nutrition Examination Survey (NHANES) and American Heart Association.

*CDC Duplication of Research.*—The Committee remains concerned that some of CDC's research efforts may duplicate research that more directly falls into the mission of other federal agencies. The Committee encourages CDC to conduct a CDC-wide review of all its Centers research portfolios in conjunction with NIH and other federal agencies research to reduce duplication and enhance CDC funding available for more pressing public health activities. The Committee requests an update in the fiscal year 2017 request on the timeline and process for this review.

*Director's Discretionary Funds.*—The Committee encourages the CDC Director to only use a portion of the funds made available to the Director's Discretionary Fund (DDF) to support additional Middle East Respiratory Syndrome (MERS) surveillance or response and to support the Antibiotic Resistance initiative. The Committee requests, within 30 days after the end of each quarter, a quarterly report on DDF obligations and each activity supported. The report should include a description of the activity, how this supports a high priority need beyond that already provided, and the total CDC support for this activity, with the specific DDF funding level. Further, the quarterly reports shall be posted on-line via the CDC web-site within 30 days after being released to the Committee.

*Institute of Medicine (IOM) Review.*—The Committee is concerned about the focus on the reduction of sodium as a growing body of evidence suggest low sodium consumption can lead to health problems in healthy individuals. The Committee includes bill language that requires the CDC Director to engage the IOM to develop a report on the safe sodium intake for healthy individuals from the funds provided. The review and report shall determine the blood pressure effect and Cardiovascular Disease (CVD) implications for healthy people consuming sodium at 3,000 mg or less per day. The Committee expects CDC to not undertake sodium reduction activities below 3,000 mg per day until the science is formally considered surrounding healthy and safe sodium intake, especially

for healthy individuals, and the impact of lower sodium on blood pressure (and an extrapolation to health), including direct research suggesting a negative impact of lower sodium on health. To ensure that the report is free from bias, the Committee recommends that panelists be chosen, where possible, from individuals that have not previously published on the issue. To the extent that a panelist has published, care must be taken to balance that viewpoint with a contrary viewpoint. Since the debate involves the modeling and extrapolation of data sets, the committee recommends panelists with an expertise in medical statistical analysis. The Committee expects the Director to charter the IOM review within 90 days of enactment.

*Transparency.*—Sound science, peer review and transparency are essential to effective protection of public health. The Committee is concerned that data from scientific studies utilized in forming public policy may not be available for public review, even under Freedom of Information Act requests. The Committee believes that if public policy is based on a scientific study, that study should be available for public review. The Committee urges the CDC to immediately provide, on its website, the data and studies it uses to support public policy used by CDC or other federal agencies based on CDC studies.

*Tribal Epidemiology Centers (TECs).*—The Committee appreciates work undertaken by CDC to engage with representatives from Indian Country. Important gains have been made to promote greater dialogue between Tribes and the Agency; however, CDC has done little to invest in a surveillance system to support respectful and reliable data collection methods. The TECs work in partnership with Tribes to improve the health and well-being of their Tribal community members by offering culturally-competent approaches that work toward eliminating health disparities that are faced by American Indian and Alaska Native populations. The Committee understands most CDC programs incorporate surveillance into their specific program funding lines with funds supporting state and local health departments. It is unclear to the Committee how these funds support surveillance and technical support of public health activity at the tribal or TECs levels. The Committee directs the CDC Director to conduct a review and develop an action plan, in consultation with Indian Country, within 180 days of enactment on actions CDC can undertake to address improved surveillance and measurable public health impacts in tribal communities. The report should include how much is currently spent to support Tribes and TECs directly from CDC or indirectly through other CDC mechanisms like state and public health departments, the public health measures currently in place, specific steps to improve tribal public health surveillance, capacity, and outcome, the expected annual funding, and how CDC will work with TECs to support culturally appropriate approaches.

*Updates.*—The Committee requests general updates in the fiscal year 2017 budget request for each of the listed topics that describe the latest efforts ongoing and planned:

- Advanced Molecular Detection Initiative;
- Asthma;
- Atrial Fibrillation;

Division of Adolescent and School Health (DASH) to evaluate and improve school HIV prevention activities and increase outreach strategies;

Epilepsy;  
Hydrocephalus;  
Interstitial Cystitis;  
National Mesothelioma Patient Registry;  
Neonatal Abstinence Syndrome;  
Nutrients;  
Perinatal Collaboratives; and  
Vision Health Initiative.

#### NATIONAL INSTITUTES OF HEALTH

The Committee recommends an appropriation of \$31,184,000,000 for the National Institutes of Health (NIH), which is \$1,100,000,000 above the fiscal year 2015 level, and \$100,000,000 above the request. The level includes \$30,174,000,000 in discretionary appropriations and \$1,010,000,000 in PHS Act section 241 evaluation set-aside (TAP) transfers. The Committee did not include the Administration's requested bill language to increase the TAP, which would have allowed the Secretary to divert an estimated \$850,000,000 away from NIH. Consistent with the fiscal year 2015 appropriations, all the TAP funds received by NIH are allocated to the National Institute of General Medical Sciences (NIGMS). This continues to ensure the TAP transfers are a net benefit to NIH rather than a liability. The Committee provided level is \$560,741,000 above the pre-sequester level of \$30,623,259,000 that NIH received in fiscal year 2012.

The core mission of NIH is to invest in basic biomedical research to uncover new knowledge that can lead to better health and disease cures for everyone. NIH has historically enjoyed a great deal of flexibility from Congress as the Committee has not directed spending for particular diseases or research out of respect for the scientific process.

The Committee understands the value of the extramural research community that is composed of scientists, clinicians, and other research personnel affiliated with more than 2,600 organizations, including universities, medical schools, hospitals, and other research facilities in all 50 states. The Committee encourages NIH to restore at least 90 percent of all NIH resources to the extramural community. Further, the Committee expects NIH to continue its focus on emerging investigators and first-time renewals of these young investigators in an effort to significantly reduce the average age of an NIH-supported new investigator. The Committee expects NIH to support a consistent NIH-wide inflationary policy across all Institutes and Centers (ICs).

The Committee remains concerned that the number of Ruth L. Kirschstein National Research Service Awards declined in fiscal year 2014 and is only projected to increase by 15 in fiscal year 2015. The Committee notes the NIH budget policy is to increase the number of training grants to 15,735. The Committee expects to adhere to at least this budget policy level for training grants and to provide a stipend level that is at least consistent with any fiscal year 2016 federal employee pay raise.



The Committee appreciates NIH's commitment to ensure NIH is not supporting research aligned to the "Strengthen Health Care" goal of the HHS Strategic Plan and to other research related to data or policy support of Health Reform as these activities do not directly relate to NIH's mission. The Committee directs NIH to continue this policy and commitment.

The Committee appreciates NIH's recent movement to start an NIH-wide portfolio analysis and strategic planning process. The Committee encourages NIH to engage with outside strategic planning experts and the community on this effort to promote the advancement of biomedical science in a manner that builds public trust and accountability. Further, the Committee encourages NIH to use this tool in a manner that allows for more rigorous oversight prior to the awarding of funds to ensure that NIH grants are connected to the core mission and priorities of NIH.

The bill continues to provide specific funding levels for the Clinical and Translational Science Awards program, the Institutional Development Awards program, Cures Acceleration Network, Common Fund, and the National Children's Study (NCS) in bill language.

The increase provided to NIH is generally distributed proportionately among NIH Institutes and Centers (ICs). However, additional resources were added to specific ICs to support specific initiatives. The Committee has provided a \$300,000,000 increase for Alzheimer's disease research initiative in the National Institute on Aging and a \$95,000,000 increase for the Brain Research through Application of Innovative Neurotechnologies (BRAIN) initiative spread across the 10 ICs that participate in BRAIN. The Committee also provides the requested level of \$200,000,000 for the Precision Medicine Initiative (PMI) with \$130,000,000 within the Common Fund to support the trans-NIH project and \$70,000,000 with National Cancer Institute for specific PMI projects. Finally, the Committee also provides the requested \$100,000,000 increase to support the antibiotic initiative in the National Institute of Allergy and Infectious Diseases (NIAID).

The Common Fund is supported as a set-aside within the Office of the Director at \$675,639,000, which includes the \$12,600,000 to support pediatric research as described in the recently enacted Gabriella Miller Kids First Research Act.

#### 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 rapidly translate basic research findings into clinical practice. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs. The Committee modifies the bill language, as requested by the Administration, to allow NCI to use up to \$16,000,000 for repairs and improvements at the NCI Frederick Federally Funded Research

and Development Center in Frederick, MD due to the increasing maintenance backlog of this site.

*Breast Cancer.*—The Committee is aware of recent news coverage highlighting studies about mammography screening for breast cancer that questions the use and validity of screening for discovering cancers. Although the majority of scientific studies have corroborated the value of early detection of breast cancers through screening, other studies have concluded that screening sometimes results in false positives and over treatment. This has created a less clear picture of the benefits of screening and may lead women to avoid periodic mammography, an experience some women already view as uncomfortable. From 1990 to 2010, deaths from breast cancer decreased by 34%. This drop in breast cancer mortality has been attributed to both improvements in treatment and earlier detection of cancers. However, in 2013, 230,000 new cases of breast cancer were diagnosed in the United States and almost 40,000 women died from breast cancer. Given the current controversies over screening and the need to validate new screening technologies versus existing technologies, it is clear that a new, comprehensive study of these issues is warranted. The Committee encourages NCI to support research to address these issues and to hopefully provide women and physicians with a clearer, more informed picture of how breast cancer imaging should be considered as part of the overall women's health care environment and urges the Secretary not to implement changes to the breast cancer screening recommendations until this research is completed.

*Cancer Disparities.*—The Committee requests NCI and the National Institute on Minority Health and Health Disparities (NIMHD) to prepare a joint update for the fiscal year 2017 budget request on efforts underway and planned to end this disparity, including activities to focus on research, prevention, and treatment of cancer in minority communities.

*Colorectal Cancer.*—The Committee encourages support of meritorious scientific research on colorectal cancer to better understand the biology of young-onset colorectal cancer. Specifically, the Committee requests an update in the fiscal year 2017 budget request related to research activity on the biology of young-onset colorectal cancer in adults under the age of 50.

*Gastrointestinal Cancer.*—The Committee continues to be concerned about gastric cancer, particularly among young adults and supports gastric cancer being studied in The Cancer Genome Atlas (TCGA). The Committee notes that research on gastric cancer is less advanced than that of many other cancers. The Committee therefore encourages NCI to consider requesting applications for gastric cancer research that leverages the use of genomic data from the TCGA.

*Heavy Ion Cancer Therapy and Research.*—The Committee understands NCI recently issued a planning grant for a Heavy Ion Therapy and Research. The Committee encourages NCI to coordinate with other federal agencies on the need and potential funding sources in determining the scientific justification to move forward or retrofit any existing facilities.

*Liver Cancer.*—The Committee continues to be concerned with the lack of a focused liver cancer research program. The NCI is urged to support a Specialized Program of Research Excellence on

liver cancer, as well as liver cancer program projects. The Committee encourages more focus on the development of biomarkers to serve as early detection markers of cancer to therefore offer the prospect of improved outcomes.

*Melanoma.*—The Committee encourages NCI to develop a 5-year plan across NCI's divisions, and coordinate with other federal agencies and advocates to align melanoma research resources. The Committee understands the NCI MATCH Trial and Exceptional Responders Initiative may provide valuable insight to benefit melanoma subpopulations knowledge and encourages use of these mechanisms. The Committee requests an update in the fiscal year 2017 budget request on these efforts.

*NCI Designated Cancer Centers.*—The Committee requests an update in the fiscal year 2017 request on how NCI supports or plans to support Institutional Development Award programs in states to broaden the NCI designated cancer center representation within these states.

*NCI Precision Medicine Initiative (PMI).*—The Committee provides the requested funds to support the five-year NCI PMI plan that will support activities such as the pediatric MATCH trial, clinical trials for five major cancer types based on genomic driven data, liquid biopsies, new models of cancer diagnostics, test targeted agents for clinical trials, and the related informatics infrastructure. The Committee understands the NCI PMI is a one-time increase of \$70,000,000 for five years. The Committee requests NCI to provide a breakout in the fiscal year 2017 budget request and future years with the specific science and funding details with these and NCI funds already supporting the PMI activity. The details should include long-term goals, milestones, and annual progress. The Committee encourages NCI, as scientifically feasible, to support existing research networks, especially collaborative efforts among NCI-supported cancer centers and institutions serving historically underserved populations as they have certain attributes of cancer genomic data sharing that may be particularly effective.

*Office of Cancer Survivorship.*—The Committee requests a report in the fiscal year 2017 budget request on actions planned or ongoing to focus resources and attention to the youngest of cancer survivors.

*Pancreatic Cancer.*—The Committee encourages NCI to prioritize support for meritorious research for pancreatic cancer generally and specifically related to early detection of pancreatic cancer. The Committee encourages a focus on promising research to test members of high-risk pancreatic cancer families, including non-invasive screening methods. The Committee requests an update in the fiscal year 2017 budget request on these efforts.

*Pediatric Low Grade Astrocytoma Research (PLGA).*—The Committee encourages continued research efforts toward the identification of new therapies for PLGA patients, to include clinical trials. The Committee urges NCI and NIH to seek public/private partnerships opportunities on PLGA research. The Committee requests an update in the fiscal year 2017 budget request on on-going and planned activities across NIH.

## 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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

*Chronic Obstructive Pulmonary Disease (COPD).*—The Committee commends NHLBI for convening an interagency meeting on federal COPD planning. The Committee is eager to review the forthcoming peer-reviewed publications and urges NHLBI to move forward efforts to address the rising burden of COPD in the U.S. Further, the Committee is aware that Alpha 1 Antitrypsin Deficiency (Alpha 1) is a major genetic risk factor for developing COPD. The Committee encourages NHLBI to convene a group of expert stakeholders and other federal agencies to develop a treatment algorithm for Alpha 1 related disease and a coordinated federal and private approach to increase knowledge that can improve the diagnosing of this disease.

*Pulmonary Hypertension (PH).*—The Committee applauds NHLBI for leading research efforts that have helped prolong life for individuals affected by PH and encourages continued research related to the underlying mechanisms of PH, particularly idiopathic pulmonary arterial hypertension as additional gains may benefit patient health and wellness.

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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

*Focal Segmental Glomerulosclerosis (FSGS).*—The Committee commends NIDDK for partnering with NCATS on the Nephrotic Syndrome (NS) Study Network with the goal of developing precision medicine for NS. The Committee encourages continued support for studies on the mechanisms of the FSGS/NS disease process.

*Gestational Diabetes.*—The Committee recognizes the importance of research related to gestational diabetes and encourages NIDDK to continue to support highly meritorious research on gestational diabetes.

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

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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

*Brain Aneurysms.*—The Committee notes that brain aneurysm research appears to be a lower priority. The Committee requests an update in the fiscal year 2017 budget request on on-going and planned research related to this issue.

*Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative.*—The human brain remains one of the greatest mysteries in science and one of the greatest challenges in medicine. Neurological and psychiatric disorders, such as Alzheimer's disease, Parkinson's disease, autism, epilepsy, schizophrenia, depression, and traumatic brain injury, exact a tremendous toll on individuals, families, and society. The BRAIN initiative, created with a 10-year plan, was expected to require an annual budget of at least \$400,000,000 by fiscal year 2019. The Committee accelerates the requested funding for BRAIN to \$150,000,000 to ensure the initiative stays on track towards its program goals and objectives. The funds are allocated to NINDS, NICHD, NEI, NIA, NIDCD, NIAAA, NIDA, NIMH, NIBIB, and NCCIH on the same pro-rata bases as provided in the budget request.

The Committee recognizes initiatives of this nature must maintain adequate funding to assure achievement of the goals and plan milestones. The Committee expects NIH to ensure the fiscal year 2017 request provides an appropriate level of funding to keep on this path. Further, the Committee encourages the distribution of a reasonable portion of BRAIN research resources through co-funded projects in the IDEa program.

*Dystonia Research.*—The Committee commends NINDS for its leadership of dystonia research. The Committee encourages NINDS to continue to prioritize dystonia research that can advance the pace of clinical and translational research to find better treatments and a cure.

*Hydrocephalus Research.*—The Committee encourages NIH, under the direction of the NINDS, to conduct a state of the science workshop to investigate the status of current federally and non-federal supported hydrocephalus specific research projects. The Committee requests the fiscal year 2017 budget request include a summary of the key recommendations and other findings from the workshop.

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 increase 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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

*National Strategy for Combating Antibiotic Resistant Bacteria (CARB).*—The Committee directs the Department to work with the Departments of Defense, Agriculture, Veterans Affairs and the Food and Drug Administration (FDA) to both track and store antibiotic resistance (AbR) genes and the mobile genetic elements from AbR bacteria. This information, along with metadata, including geographic information system coordinates describing where they were isolated, is essential to monitor emerging AbR bacteria, assess their threat to public health and develop mitigation strategies. The Committee further directs the Department to include in their fiscal year 2017 request the progress being in implementing the above language and the overall CARB national strategy initiative.

*Antibiotic Resistance (AbR).*—The Committee provides the requested \$100,000,000 increase to spur research and development related to scientific gaps to reduce AbR and develop new antibiotics. The Committee directs NIAID to work with BARDA to develop a joint plan toward addressing this growing and serious threat posed by AbR bacteria. NIAID is encouraged to consider research focused on novel approaches to combat AbR, which may include unique modalities such as antibodies and vaccines, new mechanisms, new rapid diagnostics, and a genomic database of reported human infections. The Committee encourages consideration of research on novel approaches to antimicrobial resistance like unique modalities, new mechanisms, or new antimicrobials. The Committee requests NIAID to provide a multi-year AbR research and funding plan, developed in conjunction with BARDA, which in-

cludes specific goals and annual milestones to support this initiative within 180 days of enactment.

*Biodefense Spend Plan.*—The Committee appreciates ASPR’s completion of the 5-year spending plan for the medical countermeasure (MCM) enterprise, but notes concerns on the level of detail included in the spend plan for NIAID’s biodefense activities. The spend plan offered little insight into the NIAID’s spending priorities for the numerous MCM candidates in its portfolio. The Committee requests NIAID, working with ASPR, to provide more detail on NIAID’s future goals for MCM research, including its efforts to transition these projects to advanced research at BARDA, and identify how NIAID coordinates with BARDA’s on advanced development and procurement priorities. Further, the Committee requests a summary of this information be included in the fiscal year 2017 budget request. The Committee encourages NIAID to focus on biodefense MCM candidates that have received a Material Threat Determination from the Department of Homeland Security.

*Valley Fever.*—The Committee commends NIH and CDC on the continued joint efforts to combat coccidioidomycosis, also known as Valley Fever. Specifically, the Committee supports ongoing efforts by NIH and CDC to conduct a Randomized Controlled Trial (RCT) to identify an effective treatment for Valley Fever, encourage development of a vaccine, and help increase awareness of this disease among medical professionals and the public. The Committee looks forward to when patients can begin enrolling in the RCT later this year.

#### 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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through the various other HHS outreach programs.

*Institutional Development Award (IDeA).*—The Committee provides a significant increase to the IDeA program in recognition of the success of this program. The Committee expects NIH to ensure the program is supported at a level of at least 1 percent of total NIH funding in future budget requests. Further, the Committee notes the NIH Centers of Biomedical Research Excellence (COBRE) is proven to successfully increase the number of new scientists at institutions in states eligible for IDeA. The NIH policy has limited the number of COBRE institutions in IDeA states. The Committee expects NIH and NIGMS Directors to jointly review this policy and

develop a plan to expand the number of competitively awarded COBREs per institution that include shared funding from outside NIGMS resources. The Committee requests a summary of the outcome of the review and plan forward in the fiscal year 2017 budget request. The Committee expects the NIH Director to ensure all Clinical Translations Science Research awardees actively solicit interaction with IDeA designated states.

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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through the various other HHS outreach programs.

*Capacity for Data Collection on Severe Maternal Morbidity.*—The Committee understands there are no uniform definitions of severe maternal morbidity and that uniform definitions would help Federal, State and local agencies and research institutions establish standardized and interoperable processes for surveillance, data collection, and research. The Committee encourages NICHD to work with CDC to hold a multi-stakeholder consensus workshop to identify uniform definitions for severe maternal morbidity.

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

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. The Committee expects NEI to systematically coordinate closely with other HHS agencies to share new scientific information, specifically aimed at the prevention of blindness and increase awareness to the community and providers through various other HHS outreach programs.

*Accelerate Cures Related to Retina Disease.*—The Committee directs NEI to create a challenge program to advance the speed of basic research to cure retina disease by creating a forum for the NEI Director to survey the field of basic retina research discoveries to provide rewards for research not otherwise funded through NEI or other NIH supported competitive awards. The Committee expects NEI to provide an update and timeline in the fiscal year 2017 budget request to describe how the program will be advertised, funding allocated, and criteria to evaluate submissions for possible



challenge rewards to further incentive non-NIH supported researchers to accelerate basic research through this mechanism. The Committee further expects NEI to distribute the findings of this program widely to the NEI research community to further promote the leveraging of federal and non-federally supported retina research.

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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

*Alzheimer's Disease.*—In 2012, the National Plan to Address Alzheimer's Disease was released to address the major challenges presented by Alzheimer's disease by 2025. Since then, although Alzheimer's research has received annual increases for federally funded Alzheimer's research, it is still funded less than the annual level needed to accomplish the goal of the national Alzheimer's plan. The Committee accelerates funding for Alzheimer's disease research to \$886,000,000, an increase of \$300,000,000 over fiscal year 2015 as an important next step to ensure success of this critical initiative to develop preventative treatments and cures. The Committee recognizes that initiatives of this nature must be adequately funded to assure achievement of the goals and plan milestones. The Committee expects NIH will ensure the fiscal year 2017 request provides the appropriate level of funding to keep on this path. Further, the Committee encourages the distribution of a reasonable portion of Alzheimer's research support to meritorious IDeA program researchers.

The Committee requests NIA to convene a working group of stakeholders, including patient advocacy organizations and non-profit funders of Alzheimer's and dementia research, within 180 days of enactment of this act to develop possible frameworks and strategies for a direct public-private partnership to fund meritorious research proposals on Alzheimer's Disease that are not supported directly by NIH. NIH shall provide a report annually in its fiscal year 2017 and out year budget requests identifying the total level of NIH peer-reviewed research supported by qualified third-party Alzheimer's Disease researchers through such a partnership.

Finally, the Committee notes continued support for Alzheimer's Disease Research Centers.

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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

*Lupus Research Plan.*—The Committee commends NIAMS for leading the effort to review the current state of the science, evaluate progress on the existing lupus research plan and develop a new action plan for lupus research. The Committee applauds the broad solicitation of input across NIH and the greater research and advocacy community, and encourages special attention for efforts in this research 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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through the various other HHS outreach programs.

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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through the various other HHS outreach programs.

*Fetal Alcohol Syndrome (FAS) Research.*—The Committee was pleased that NIAAA’s budget request proposed increases in research on how alcohol interferes with human development and the various underlying aspects of alcohol-induced fetal damage. The Committee encourages NIH to consider the benefits and methods to support a clearinghouse and improved coordination with federal and private sector partners to best facilitate the translation of science into public health promotion strategies and interventions benefiting individuals living with FAS.

#### 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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

*Adolescent Behavioral and Cognitive Development (ABCD).*—The Committee applauds the Collaborative Research on Addictions at NIH initiative and the launch of the ABCD study. Unique in its scope and duration, the study will recruit 10,000 youth before they begin using alcohol, marijuana, nicotine and other drugs, and follow them over 10 years into early adulthood to assess how substance use affects the trajectory of the developing brain. The Committee commends the study design which will use advanced brain imaging as well as psychological and behavioral research tools to evaluate brain structure and function and track substance use, academic achievement, IQ, cognitive skills, and mental health over time.

*Medications Development.*—The Committee understands NIDA is considering new technologies for the development of next-generation pharmaceuticals. For example, NIDA is exploring approaches to develop viable immunotherapeutic or biologic (e.g., bioengineered enzymes) approaches for treating addiction. The Committee looks forward to hearing more about work in this area in the fiscal year 2017 budget request.

*NIDAMED.*—The Committee encourages its support for NIDAMED, an initiative designed to reach out to physicians, physicians in training, and other health care professionals to increase especially those treating our youth to better recognize the signs that lead to drug abuse and addiction.

*Opioid Drug Abuse.*—The Committee remains concerned about prescription drug abuse, specifically the misuse of orally adminis-

tered opioid drugs. According to some reports, more than 35 million Americans have abused prescription opioids at some point in their lifetimes. The June 2011 Institute of Medicine report on relieving pain indicates that such abuse and misuse resulted in an annual estimated cost to the Nation of \$72.5 billion. The Committee expects NIDA to continue to support meritorious scientific activities related to research on medications to alleviate pain with reduced abuse liability and, as appropriate, to work with private partners on innovative research into such medications. In addition, NIDA should continue to fund research to better prevent and treat prescription drug abuse and to coordinate with CDC to help identify scientific research gaps. The Committee requests an update in the fiscal year 2017 budget request on the activities related to addressing the opioid drug abuse problem.

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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

*Community Based Participatory Research (CBPR).*—The Committee is aware that CBPR is an applied collaborative approach that enables community residents to more actively participate in the full spectrum of research. The Committee requests NIMHD to provide an update in the fiscal year 2017 budget request on any CBPR activities its supports and the most appropriate role for CBPR within the NIMH portfolio.

*Early Detection and Prevention of Psychosis.*—The Committee applauds NIMH's early detection and intervention efforts involving psychosis in young people and encourages NIMH to coordinate with other ICs to expand these efforts.

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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new

scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

*Research Centers in Minority Institutions (RCMIs).*—The Committee continues to support RCMIs and expects the RCMIs to receive no less than \$55,319,000, which is the fiscal year 2015 level plus the general increase provided to NIMHD.

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. The Committee expects the Center to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

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 increase focus on rare disease research and orphan products development; develops a centralized database on rare diseases research; and stimulates rare diseases research by supporting scientific workshops and symposia to identify research opportunities. The Committee expects the NCATS to systematically coordinate through other HHS agencies to share new scientific information to ensure it reaches the community and providers through the various other HHS outreach programs.

*Bridging Interventional Development Gaps BRIDGs Program.*—The Committee understands the BRIDGs program has supported new drug interventions and encourages NCATS to look for opportunities to encourage additional success.

*Clinical and Translational Science Awards (CTSA).*—The Committee is pleased that NCATS is implementing recommendations from the recent IOM report on the CTSA program. NCATS is encouraged to continue to work closely with the CTSA community and related stakeholders moving forward to continue to identify emerging opportunities and areas for programmatic improvement.

*Therapeutics for Rare and Neglected Diseases (TRND) Program.*—The Committee encourages NCATS to focus on additional neglected diseases through the TRND program. The Committee expects NCATS' contributions to neglected disease research be included in the joint CDC, FDA and NIH global health strategy describing coordination and prioritization of global health research activities within the three agencies.

#### JOHN E. FOGARTY INTERNATIONAL CENTER (FIC)

*Mission.*—FIC was established to improve the health of the people of the United States 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. The Committee urges FIC to coordinate systematically and closely with other HHS agencies on any efforts to disseminate research results in a manner that uses the various existing HHS outreach programs.

#### 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 information 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. The Committee expects the Institute to systematically coordinate through other HHS agencies to share

new scientific information to ensure it reaches the community and providers through various other HHS outreach programs.

OFFICE OF THE DIRECTOR (OD)

*Mission.*—The OD provides leadership to the NIH research enterprise and coordinates and directs initiatives that cross-cut 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. The Committee expects OD to establish a systematic process with the ICs and HHS agencies to coordinate the dissemination of research results in a manner that uses existing HHS outreach programs and prevents duplication from NIH organizations to allow better focus of NIH IC funds to support research efforts.

The Committee expects the NIH Director to ensure all ICs continue to support the pathways to independence program, which provides new investigators with mentored grants that convert into independent research project grants. In addition, the Committee continues to support an increase in new innovator awards, director's pioneer awards, and the transformative R01 program through the Common Fund.

The Committee has provided bill language for specific funds authorized by the recently enacted Gabriella Miller Kids First Research Act within the Common Fund to support the second year of the 10-year Pediatric Research Initiative. Further, to ensure enhanced support for pediatric research, the Committee urges the NIH Director to use a portion of the \$10,000,000 made available to the Director's Discretionary Fund (DDF) to support additional pediatric research, such the development of cutting edge bioinformatics programs for pediatric cancers; tools, methods, and other regulatory science to directly support the data that accelerate drug approval for pediatric patients; or projects that integrate cutting-edge technology like bio-microelectromechanical systems (MEMS), biomaterials or portable advanced imaging technologies related to pediatric diseases. The Committee requests, within 30 days after the end of each quarter, a quarterly report on DDF obligations for each activity supported. The report should include a description of the program, the ICs that will provide the continuation costs and how this research serves a high priority. Further, the quarterly reports shall be posted on-line via the NIH web-site within 30 days after being released to the Committee.

The Committee expects NIH to continue the longstanding policy for Common Fund projects to be short-term, high-impact awards, with no projects receiving funding for more than 10 years. The Committee appreciates NIH's efforts to support only bio-medical research within the Common Fund.

*Capstone Awards.*—The Committee expects NIH to pursue the establishment of new grants, called Capstone Awards. Capstone Awards could be made to promote partnership between a senior and junior investigator, to provide opportunities for acquiring skills needed for transitioning to a new role, or other reasons as determined by the NIH Director in consultation with the IC Directors, patient advocacy groups, and industry leaders. The NIH is expected

to develop a duration and amount for each Capstone Award by the NIH Director in consultation with the IC Directors, researchers, patient advocacy groups, and industry leaders.

*Grant Review.*—The Committee encourages NIH to establish policies for the Director of each IC to review and approve every grant awarded by his or her IC. The Committee requests an update in the fiscal year 2017 budget request on this endeavor.

*New Innovative Awards.*—The Committee encourages NIH to continue to support new grant models similar to the Maximizing Investigators Research Award (MIRA) program at NIGMS that would provide a single award in support of all of the projects in an investigator's lab. The Committee encourages the NIH Director to facilitate similar programs in all ICs.

*Marijuana Research.*—The Committee is concerned that as more states in the nation choose to enact laws that allow access to and use of marijuana for medical purposes the fact remains that there is no significant body of medical and scientific research validated by NIH or NIDA on the actual medical efficacy of marijuana. Consequently, despite anecdotal evidence to the contrary, it is entirely possible that Americans may be putting their health at risk when using marijuana for medicinal purposes. The Committee believes it is time to settle the matter of whether or not marijuana has medical benefits that can be validated and documented by scientific research. The Committee directs the NIH to report back to the Committee within 120 days after enactment with a plan by which the NIH could engage the appropriate institutes, including NIDA but not only NIDA, but other agencies the Director determines are appropriate (e.g., FDA) to construct long- and short-term studies on the potential benefits and detriments of the use of marijuana for medical purposes. The marijuana to be used in the studies shall be supplied by NIDA for control purposes.

*Quarterly Updates of NIH Operating Plans.*—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 plans to the Appropriations Committee of the House.

*Review of Maternal Deprivation Studies.*—The Committee is aware that prominent experts and animal advocacy organizations have raised concerns about the scientific and ethical justifications for maternal deprivation studies involving baby monkeys being conducted in both intramural and extramural NIH funded laboratories. The Committee is further aware that the NIH Office of Laboratory Animal Welfare opened an investigation in response to these allegations on September 9, 2014. The investigations consulted with research investigators, the USDA, nonhuman primate center scientists, veterinarians, animal care staff and other relevant experts. As a result of the investigation, several modifications were made to the protocol and several procedures removed. Accordingly, the Committee requests NIH to conduct a review of its ethical policies and processes with respect to nonhuman primate research subjects, in consultation with outside experts, to ensure it has appropriate justification for animal research protocols and to provide an update on these efforts in the fiscal year 2017 budget request.



*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.

*Common Fund.*—The Committee is concerned that resources in the Common Fund are being moved away from the Pioneer, New Innovator, and the Transformative R01 awards. These high risk high impact awards have shown great success and the Committee expects NIH to use more of these types of awards throughout NIH, not less.

*Gabriella Miller Kids First Research Act.*—The Committee includes funding within the Common Fund to support the Gabriella Miller Kids First Research Act, named after Gabriella Miller, who died in 2013 as a result of pediatric cancer. The Committee directs the NIH Director to use at least \$12,600,000 of Common Fund resources in fiscal year 2016 to support pediatric research as authorized in the Gabriella Miller Kids First Research Act. The Committee encourages NIH to prioritize research relating to childhood cancer within the Kids First program and requests an update in the fiscal year 2017 budget request on the 10-year program, planned activities, and on-going research.

*Office of Research on Women's Health*

The Office of Research on Women's Health (ORWH) works in collaboration with the NIH 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 expects NIH to continue to track NIH AIDS funding.

The bill continues language permitting OAR to use up to \$8,000,000 for construction or renovation of facilities, as authorized in title XXIII of the Public Health Service Act.

*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, and 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*

*Angelman Syndrome.*—The Committee recognizes the promising scientific gains made in the pursuit of treatments for angelman syndrome. The Committee applauds the contributions of the angelman syndrome natural history study and the private partners working diligently to advance the growing body of angelman syndrome research towards practical treatments. Further research in this area holds great promise for both angelman syndrome and forms of autism also linked to misexpression of the UBE3A gene. The Committee encourages NIH to support angelman syndrome research and to consider meritorious research. The Committee encourages NIH to leverage Federal funds with public-private partnerships in the areas of angelman syndrome, autism, and UBE3A related disorders.

*Anhydramnios.*—The Committee requests NIH conduct a state of the science on anhydramnios research and possible treatments and provide an update in the fiscal year 2017 budget request.

*Basic Biomedical Research.*—The Committee urges the NIH Director to continue the traditional focus on 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 also requests NIH 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.

*Children in NIH Research.*—The inclusion of children in clinical research is essential to ensure that children benefit from important scientific advances. The Committee understands NIH has a formal policy mandating the inclusion of children in research relevant to child health, but it does not systematically track 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 collect data and report publicly on the actual numbers of children in the various pediatric age groups that are enrolled in its clinical studies.

*Coordination with CDC.*—The Committee remains concerned regarding the duplication of efforts and overlapping of responsibilities and funding priorities between the NIH and CDC. The Committee encourages NIH and CDC to coordinate further on cross-cutting initiatives, ensuring that each funds programs within its respective core mission. The Committee requests an update in the fiscal year 2017 budget request how each NIH program coordinates with the CDC Centers.

*Clinical Trial Participation.*—The Committee encourages NIH to further the discussion with organizations that participated in the July 2014 NIH Clinical Trial Improvement Workshop as it explores methods to improve participation, enrollment, retention, in NIH

supported clinical trials, especially among underrepresented populations. The Committee requests an update on the steps NIH has taken and planned in the fiscal year 2017 budget request.

*Conflict of Interest.*—The Committee encourages NIH to review and clarify conflict of interest policies to ensure more effective and transparent industry/institutional research collaborations.

*Duchenne Muscular Dystrophy.*—The Committee requests an update in the fiscal year 2017 budget request on NIH's plans to implement the recent changes to the Muscular Dystrophy CARE Act and summary of the outcome from the latest Muscular Dystrophy Coordinating Committee and timeframe for the next two meetings.

*Enhanced NIH Reporting on Research Spending by Disease and Affected Populations.*—The Committee reiterates its direction identified in the fiscal year 2015 Explanatory Statement for NIH to make public, on an annual basis, enhanced RCDC spending data with the number of Americans affected by each category of disease according to CDC or other federally-sourced data. Further, the Committee requests NIH to include the number of Americans living with each disease, annual number of newly diagnosed Americans for each disease, and number of Americans who die from each disease annually. The Committee appreciates that NIH may not have all available category data during fiscal year 2016 but expects NIH to upload all available data immediately and to have the full data set on-line no later than May 1, 2016. The Committee requests an update on the process in the fiscal year 2017 budget request. In addition, the Committee encourages NIH to add pediatric cardiomyopathy to the RCDC and spending on the disease for at least the last five year and projected forward.

*Fragile X Research.*—The Committee commends NICHD for leading the effort to map the molecular, physiological, biological, and genetic connections between fragile X (FX), the fragile X protein, and autism. The fragile X gene and its protein continue to present important insight into discovering the root cause of autism and disease modifying treatments for FX and autism. The Committee encourages NIH to explore ways to utilize FX and autism research in tandem to accelerate the pace of research toward identification of the commonality between the two conditions and the development of disease modifying treatments that will reduce health burdens.

*Hepatitis B.*—The Committee encourages NIAID and NIDDK to continue their long-standing commitment to advancing the scientific knowledge on hepatitis B and chronic hepatitis B. The Committee urges aggressive discovery to find ways to prevent and develop new therapies for hepatitis B that have the potential to be a cure. The Committee requests the NIH Director to consider establishing a hepatitis B specific Integrated Review Group (IRG) to review the grant applications associated with hepatitis B. The Committee also encourages development of an HBV Cure initiative, analogous to the HIV Cure initiative, to coordinate and accelerate the development of a cure for those afflicted with HBV.

*New Initiatives.*—The Committee is concerned that every year new NIH initiatives are announced and that, although new initiatives start at the planned level, over time these projects are not supported in the budget requests at levels that will result in achievement of initial expectations. The Committee requests NIH to provide a table in the fiscal year 2017 and future budget re-

quests with the current year plus five-year planned funding levels for each initiative started over the past five years or on-going and proposed in the current budget. The table should identify the planned budget level provided; a list of participating Institutes and Centers (ICs); the linkage to the NIH-wide strategic plan; and percentage of the funds focused on basic science, as a minimum for each initiative.

*Reproducibility of Scientific Methods.*—The Committee notes that the gold standard of good science is the ability of a lab to reproduce a method and finding and is therefore continues to be concerned with reports that some published biomedical research cannot be easily reproduced. The Committee expects NIH to continue to stress the importance of experimental rigor and transparency of reporting of research findings in order to enhance the ability of others to replicate them. The Committee requests an update in the fiscal year 2017 budget request on how NIH is measuring the effectiveness of each step NIH has taken to develop and implement best practice guidelines to better facilitate the conduct of replicable research and research transparency in the reporting of methods and findings.

*Medication Assisted Treatment (MAT).*—The Committee understands that NIDA supports 90 research projects totaling over \$41 million related to MAT that include how to incorporate MAT into models of integrated healthcare. The Committee requests an update in the fiscal year 2017 request on research supported across NIH related to MAT, with specific review of MAT in primary care settings. In addition, the Committee expects NIH to conduct a review to identify the scientific gaps related to MAT research.

*Minority Researchers.*—The Committee continues to support the development of health professionals and scientists, including minorities, committed to researching and eliminating health disparities.

*Mitochondrial Disease.*—The Committee continues to support the study of mitochondrial function and primary mitochondrial disease. The Committee understands NIH supported a two-day workshop in March 2012 on primary mitochondrial diseases, which led to the development of a white paper and a working group on mitochondrial disease research with broad participation from various ICs. The Committee requests an update on the steps NIH has taken, on-going, and planned to further each of the white paper recommendations in the fiscal year 2017 budget request.

*National Children's Study Alternative.*—The Committee was disappointed that NIH determined it was not feasible for NIH to implement the National Children's Study (NCS) as originally conceived. The NCS was intended to be a 25 year longitudinal birth cohort observational study with the overall goal of improving child health and well-being and identifying antecedents of healthy adulthood by examining the effects of a broad range of environmental, behavioral, and biological factors. The Institute of Medicine's (IOM) June 2014 report noted the NCS' goals and mission had the potential to add to the scientific knowledge of children's health and development. The Committee directs and provides funding for continuation of the NCS in an alternative form called the National Children's Study Alternative (NCS-A). The NIH is directed to work in consultation with pediatric groups to develop a series of alter-

native research activities that build on NCS data and the overarching goals of the NCS to address the developmental origins of health and disease through a series of studies (including longitudinal) that incorporate expertise in biology and epidemiology, integrate basic science, and leverage maternal/infant cohorts, either de novo or from extant networks. NIH is expected to focus on at least prematurity, obesity, autism, asthma, and pediatric rare diseases like cancer. The Committee expects NIH to obtain data, biological samples, and specimens that can ultimately improve child health and well-being. The Committee understands that such a program can be built by leveraging existing cohort studies by expanding or adding study components; supporting projects with smaller cohorts that can investigate unique, disease-specific questions; expanding studies to increase sample size; and using or expanding pediatric networks and extant programs to include a focus on pediatric health.

The Committee directs NIH to draw on the lessons learned from the NCS as it develops a long-term plan for the NCS-A, and to establish an advisory panel with outside pediatric experts. Within 180 days of enactment, NIH is directed to submit and make public a NCS-A 10-year plan that includes milestones, goals, objectives, and projected funding estimates. The Committee urges NIH to review the plan at least every five years in a manner that obtains public input and that allows for flexibility to expand or adjust the focus areas based on the state of the science and the best impact on children's health. In addition, NIH shall ensure it establishes and maintains a tracking system to ensure these funds do not supplant but supplement other children's research on-going or planned by NIH. Finally, NIH shall report on the NCS-A in the annual budget request.

*Neurofibromatosis (NF).*—The Committee continues to support NF research and treatment at multiple NIH ICs, including NCI, NINDS, NIDCD, NHLBI, NICHD and NEI. Children and adults with NF are at risk for the development of many forms of cancer. The Committee encourages NCI to continue its NF research portfolio in fundamental basic science, translational research and clinical trials focused on NF. The Committee appreciates NCI support to centers, clinical trials consortia, preclinical mouse models consortia and other NF-associated tumor sequencing efforts. The Committee encourages NIDCD activities in NF2 basic and clinical research. Further, the Committee notes NF1 can cause vision loss due to optic gliomas and encourages NEI to expand its investment in NF1 basic and clinical research.

*Pediatric Research Network.*—The Committee notes the enactment of the National Pediatric Research Network Act that authorizes a collaborative and multi-institution pediatric research network to accelerate the pace of pediatric disease discovery. The Committee requests the NIH Director to provide an update in the fiscal year 2017 budget request on the specific steps on-going and planned towards the aims of the Act and describe how the network can participate in the alternative approach to support the goal of increasing biomedical knowledge on children's diseases to accelerate cures, treatment, and prevention activities as anticipated in the National Children's Study.

*Precision Medicine Initiative (PMI).*—The Committee provides the requested funds to support the trans-NIH PMI within the Common Fund. The Committee expects to receive a comprehensive plan that outlines the way in which NIH plans to execute the PMI, initiative length and how data on human subjects will be protected. The NIH shall, as part of the planning for this project, examine similar activities being performed by industry, nonprofits, or academia to ensure federal funds are used to fill gaps and not duplicate effort. The PMI plan should consider and evaluate how public-private partnership opportunities can be leveraged. Further, the plan should include an examination of drug regulatory processes to ensure the FDA is positioned to support therapies that may result from private or public sector PMI research.

The plan should also describe the practical application of genetic discoveries, including how to support the development of appropriate data analytic tools using genetic data and the consideration of pathways involved in chronic diseases. The Committee requests NIH to submit the plan within 90 days of enactment. Future funding requests for the PMI are expected to identify how much existing NIH personalized and precision medicine portfolio funds are being re-competed annually. The Committee notes that further proposed NIH initiatives and programs of this nature should be more fully developed prior to requesting funds and the funds should be specifically identified by IC.

*Prioritization of Funding.*—The Committee expects NIH to prioritize federal funds for medical research on discovery over outreach and education. The Committee expects NIH to distribute funding based on the merit of researchers ideas and productivity, without applying discriminatory review requirements to extramural investigations, or creating barriers to funding for research institutes or team-based research. The Committee reiterates its desire for NIH to subject intramural resources to the same policies and review as extramural researchers. Further, NIH is expected to complete and actively use the NIH 5-year scientific strategic plan, directed in the fiscal year 2016 Appropriations Act, to prioritize funding. The Committee expects NIH to allocate resources through a meritoriously based competitive peer review process to best target resources to diseases with the significant opportunity to improve the current or future health of the American population.

*Protecting Human Subject Data.*—The Committee reiterates its concerns related to the protection of privacy of individuals who are the subject of research. The fiscal year 2015 Appropriations Act included statement language directing NIH to include requirements related to privacy protections in every grant that involves human research, such as the issuance of certificates of confidentiality. The Committee provides bill language to require investigators receiving NIH funding for new and competing research projects designed to generate and analyze large volumes of data derived from human research participants to obtain a certificate of confidentiality. Further, the Committee is aware that NIH recognizes that privacy protections will be critical for the success of the PMI and other similar genomic research. The Committee requests that no later than 90 days after enactment, NIH provide a report on specific steps NIH can and will take to further protect the privacy of human subjects

and specific legislative actions that could further protect these individuals who may participate in future NIH supported research.

*Psychotropic Medications and Children.*—The Committee encourages NICHD, NIMH, CDC and the FDA to undertake a concerted effort to identify the research gaps and work with these agencies to determine the safety and efficacy of these medications, and to explore research into the biological evidence-base of psychosocial interventions that can be used instead of, or in combination with, psychotropic medications.

*Translational Research.*—The Committee understands NIH has undertaken an expansion of translational research and sciences over the past several years. The Committee requests an update on the specific results of these efforts, current activities, a plan for future activities, and the fiscal year 2013 through 2016 annual NIH expenditures on translational sciences in the fiscal year 2017 budget request. Further, the updates should provide the definition for Translational Research and how it applies the definition as it makes awards to various institutions.

*Undiagnosed Disease Program (UDP).*—The Committee continues support for the Undiagnosed Disease Network (UDN) within the UDP. The Committee requests an update in the fiscal year 2017 budget request on steps NIH has taken to develop public/private partnership for the UDN and how it can support physicians who are handling cases of undiagnosed diseases with new knowledge, consistent with applicable privacy laws, including HIPAA privacy and security law, through an ability to search for similar cases and to network and collaborate with physicians handling similar cases in order to accelerate the diagnosis, treatment options, and improve patient outcomes across the country. Further, the update should describe the criteria NIH uses to allow various level of access to the database based on the circumstances of the users' requirements.

*Usher Syndrome.*—The Committee continues to encourage support for research activities to prevent and correct the health related issues of Usher Syndrome. The Committee requests an update in the fiscal year 2017 budget request on the planned and on-going activities related to this syndrome. The update should address the funding level and manner in which the various ICs coordinate on common goals and objectives.

*Vitiligo.*—The Committee is concerned that although vitiligo is not a terminal or debilitating disease, it nonetheless can have serious effects on the lives of those afflicted with this skin-discoloring condition. The Committee is further concerned that this may lead to other conditions that have not been thoroughly considered including the impact on behavior and mental health consequences. The Committee requests an update in the fiscal year 2017 budget request on the epidemiology of the disease including incidence, causal factors, any associations with racial populations and hereditary occurrence. The update should include planned and on-going medical research to move towards a cure.

*Young Investigators.*—The Committee directs NIH to report on actions it has taken to lower the median age at which investigators receive their first R01 awards within 120 days of enactment. In addition, the NIH shall submit an accompanying plan outlining concrete steps to lower the median age at which individuals receive their first R01 award. The Committee urges NIH to convene a



working group of stakeholders from academia, young researchers, industry leaders, and government officials to move forward on this goal.

*Updates.*—In addition the specific interest items, the Committee requests general updates in the fiscal year 2017 budget request for each of the listed disease, condition, or topic to describe the latest efforts ongoing and planned:

- Administrative Burden Workgroup;
- Aging Demographic Research;
- Alcohol Dependence;
- Amyloidosis;
- Atrial Fibrillation;
- Behavioral Science Research in NIMH;
- Cerebral Palsy;
- Chronic Pelvic Pain;
- Congenital Heart Disease;
- Diabetes;
- Environmental Exposures;
- Global Infections Disease Health Research;
- Kennedy's Disease;
- Kidney Disease;
- Interstitial Cystitis;
- Microbicides to Prevent HIV/AIDS;
- Neglected Tropical Diseases;
- NCI Scientific Frameworks for pancreatic ductal adenocarcinoma;
- NCI Pancreatic Ductal Adenocarcinoma Progress Working Group;
- Nanovaccines;
- NIH Workforce Study;
- Preterm Birth;
- Preeclampsia;
- Pulmonary Atresia;
- Science, Technology, Education and Mathematics;
- Sickle Cell Research;
- Sleep and Circadian Health;
- Scleroderma;
- Spina Bifida;
- Study Sections Pediatric Expertise;
- Stroke-Induced Respiratory Dysfunction; and
- Sturge-Weber Syndrome.

#### 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 United States.

The Committee notes NIH has a significant backlog of maintenance and repairs. The Committee encourages NIH and HHS to develop a coordinated plan to address the backlog with the Office of

Management and Budget in the fiscal year 2017 congressional budget request.

#### SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Committee recommends \$3,642,710,000 for the Substance Abuse and Mental Health Services Administration (SAMHSA), which is \$22,998,000 more than the fiscal year 2015 enacted program level and \$21,577,000 below the requested program level.

The Committee includes bill language directing the Administrator of SAMHSA and the Secretary to exempt the Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant as a source for the PHS evaluation set-aside in fiscal year 2016.

The Committee does not include the requested bill language allowing the Administrator to transfer three percent or less of funds between any of the SAMHSA accounts.

#### MENTAL HEALTH

The Committee recommends \$1,073,975,000 for Mental Health Services, which is \$5,000,000 below the fiscal year 2015 enacted program level and \$1,308,000 more than the requested program level.

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

Budget Activity	FY 2016 Committee
Capacity:	
Seclusion and Restraint .....	\$1,147,000
Youth Violence Prevention .....	23,099,000
National Child Traumatic Stress Initiative .....	45,887,000
Project Aware State Grants .....	39,902,000
Mental Health First Aid .....	14,963,000
Healthy Transitions .....	19,951,000
Children and Family Programs .....	6,458,000
Consumer and Family Network Grants .....	4,954,000
MH System Transformation & Health Reform .....	3,779,000
Project LAUNCH .....	34,555,000
Primary and Behavioral Health Integration .....	43,000,000
National Strategy for Suicide Prevention .....	2,000,000
Suicide Lifeline .....	7,198,000
Garrett Lee Smith—Youth Suicide Prevention	
State Grants .....	47,427,000
Campus Grants .....	6,488,000
Homeless Prevention Programs .....	28,696,000
Minority AIDS .....	8,224,000
Alaskan-Indian/American Native Suicide Prevention .....	2,931,000
Tribal Behavioral Health Intervention Grants .....	15,000,000
Criminal and Juvenile Justice Programs .....	4,269,000
Science to Service:	
Garrett Lee Smith—Suicide Resource Center .....	6,681,000
Consumer & Consumer Support TACenters .....	1,918,000
Primary & Behavioral Health Care Integ. TA .....	1,991,000
Minority Fellowship Program .....	8,059,000
Disaster Response .....	1,953,000
Homelessness .....	2,296,000
HIV/AIDS Education .....	771,000

*Childhood Trauma.*— The Committee appreciates SAMSHA's ongoing support of the National Child Traumatic Stress Network. A

recent report, *Childhood Adversity Narratives*, makes clear that childhood trauma is an all-encompassing and costly national public health problem contributing directly to serious mental and medical conditions. The Committee encourages SAMSHA to more broadly disseminate information regarding evidence-based interventions for the prevention and treatment of childhood trauma so more children can benefit from proven practices.

*Mental Health First Aid.*—The Committee directs SAMHSA to make competitive funding opportunities for this program available to all qualified community mental health education programs. Consistent with a broad public safety approach, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, emergency medical services units and hospital systems. SAMHSA is encouraged to allow training for veterans, armed services personnel and their family members within the Mental Health First Aid program.

*Tribal Behavioral Health Grants.*—The Committee is recommending an overall total of \$32,931,000 to support the expansion of suicide prevention, overall mental health and substance abuse prevention activities for Native American youth. The Committee expects SAMHSA to ensure that the activities conducted under the American Indian and Alaskan Native Suicide Prevention program are effectively coordinated with the Tribal Behavioral Health Grants (TBHG). These two grant programs must work as an integrated whole to accomplish the goal of reducing suicides and drug abuse amongst Native American youth. Prior to the announcement of the TBHG grant opportunities, SAMHSA is directed to brief the Committee regarding the criteria for grant awards. Following the award of the grants, SAMHSA is directed to provide a briefing within 120 days to review the progress made and any unforeseen challenges that arise.

#### *Mental Health Block Grant*

The Committee recommends a total of \$482,571,000 for the Mental Health Block Grant, which is the same as the fiscal year 2015 enacted program level and the budget request. 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 five 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 \$117,026,000 for the Children's Mental Health Services program, which is the same as the fiscal year 2015 enacted level and the budget request. Funding for this program supports grants and technical assistance for community-based services for children and adolescents up with serious emotional, behavioral, or mental disorders. The program assists States

and local jurisdictions in developing integrated systems of community care.

*Projects for Assistance in Transition from Homelessness*

The Committee recommends \$54,635,000 for the Projects for Assistance in Transition from Homelessness (PATH) program, which is \$10,000,000 below the fiscal year 2015 enacted level and the budget request. The PATH program supports grants to States and territories to provide 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 program, which is the same as the fiscal year 2015 enacted level and the 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 \$2,196,856,000 for Substance Abuse Treatment programs, which is \$12,998,000 more than the fiscal year 2015 enacted program level and \$56,299,000 more than the requested program level.

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

Budget Activity	FY 2016 Committee
Capacity:	
Opioid Treatment Programs/Reg Activities .....	\$8,724,000
Screening, Brief Intervention, Referral, and Treatment (SBIRT) .....	46,889,000
Targeted Capacity Expansion—General .....	36,303,000
Pregnant and Postpartum Women .....	15,931,000
Strengthening Treatment Access and Retention .....	1,000,000
Recovery Community Services Program .....	2,434,000
Access to Recovery .....	38,223,000
Children and Families .....	29,605,000
Treatment Systems for Homeless .....	41,304,000
Minority AIDS .....	65,570,000
Criminal Justice Activities .....	78,000,000
Science to Service:	
Addiction Technology Transfer Grants .....	9,046,000
Minority Fellowship Program .....	2,539,000
Special Initiatives/Outreach .....	1,432,000

*Addiction Technology Transfer Centers (ATTCs).*—The Committee once again rejects the Administration’s request to reduce funding for the ATTCs. SAMHSA is directed to ensure that ATTCs maintain a primary focus on addiction treatment and recovery services.

*Targeted Capacity Expansion.*—The Committee recommends \$36,303,000 for Targeted Capacity Expansion activities, which is \$13,100,000 more than the fiscal year 2015 enacted level and the same as the budget request. Together with the \$12,000,000 increase provided in the Consolidated and Further Continuing Appropriations Act of fiscal year 2015, this additional funding is provided to increase the number of States from 11 to 22 that are receiving funding to expand services that address prescription drug abuse and heroin use in high-risk communities. The Committee expects SAMHSA to provide a briefing within 45 days of enactment regarding how it intends to execute these activities and carry out the two mandates described below.

The United States has seen a 500 percent increase in admissions to treatment for prescription drug abuse since 2000. Moreover, according to a recent study, 28 states saw an increase in admissions to treatment for heroin dependence during the past two years. The fiscal year 2015 Consolidated and Further Continuing Appropriations Act provided funding for Targeted Capacity Expansion specifically for prescription drug and heroin treatment. 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 regimes that are less susceptible to diversion for illicit purposes.

Since the passage of the Drug Addiction Treatment Act of 2000, SAMHSA has led the nation in educating physicians, patients and treatment systems on the use of medication-assisted treatment. To keep pace with advancements in science and research, SAMHSA is directed to update all of its public-facing information and treatment locators such that all evidence-based innovations in counseling, recovery support, and abstinence-based relapse prevention medication-assisted treatments are fully incorporated.

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

*Oral Fluid Drug Testing.*—The Committee supports the development of oral fluid as an alternative specimen for drug testing and commends SAMHSA for the progress made to issue oral fluid guidelines for the Federal Workplace Drug Testing Programs. The Committee urges SAMHSA to publish the guidelines expeditiously and to implement the guidelines in partnership with stakeholders.

*Substance Abuse Prevention and Treatment Block Grant*

The Committee recommends \$1,819,856,000 in discretionary budget authority, which is the same as the fiscal year 2015 enacted program level and the requested program level. The Substance Abuse Prevention and Treatment (SAPT) Block Grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services.

## SUBSTANCE ABUSE PREVENTION

The Committee recommends \$190,219,000 for the Substance Abuse Prevention programs, which is \$15,000,000 more than the fiscal year 2015 enacted level and \$20,699,000 below the budget request.

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

Budget Activity	FY 2016 Committee
Capacity:	
Strategic Prevention Framework .....	\$109,484,000
Minority AIDS .....	41,205,000
Mandatory Drug Testing .....	4,894,000
Sober Truth on Preventing (STOP) Underage Drinking .....	7,000,000
Tribal Behavioral Health .....	15,000,000
Science to Service:	
Fetal Alcohol Spectrum Disorder .....	1,000,000
Center for the Application of Prevention Technologies .....	7,493,000
Science & Service Program Coordination .....	4,072,000
Minority Fellowship Program .....	71,000

## HEALTH SURVEILLANCE AND SUPPORT

The Committee recommends \$181,660,000 for Health Surveillance and Support, which is the same as the fiscal year 2015 enacted program level and \$53,485,000 below the requested program level.

Within the total provided for Health Surveillance and Support, the Committee recommends the following amounts:

Budget Activity	FY 2016 Committee
Health Surveillance .....	\$47,258,000
Program Management .....	72,002,000
Behavioral Health Workforce .....	35,000,000
Public Awareness and Support .....	13,482,000
Performance & Quality Info. Systems .....	12,918,000
Behavioral Health Workforce Data .....	1,000,000

*Mental and Behavioral Health Education and Training Program.*—Within the amount available for Health Surveillance Support, the Committee recommends \$35,000,000 for the joint SAMHSA HRSA Mental and Behavioral Health 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 SAMHSA to share information concerning pending grant opportunity announcements with State licensing organizations and all the relevant professional associations.

## CENTERS FOR MEDICARE AND MEDICAID SERVICES

## GRANTS TO STATES FOR MEDICAID

The Committee recommends \$243,545,410,000 for the Federal share of current law State Medicaid costs, which is \$8,936,494,000 more than fiscal year 2015 enacted level and the same as the budget request. This amount does not include \$113,272,140,000, which was advance funded for the first quarter of fiscal year 2016. In addition, the Committee recommends an advance appropriation of \$115,582,502,000 for program costs in the first quarter of fiscal year 2016. The Committee continues indefinite budget authority bill language for unanticipated costs in fiscal year 2016.

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 \$283,171,800,000 for the Payments to the Health Care Trust Funds account, which supports Medicare Part B and prescription drug benefits in fiscal year 2016. This amount is \$23,959,800,000 more than the fiscal year 2015 enacted level and equal to the budget request. This entitlement 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 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 \$3,325,690,000 in trust funds for Federal Administration of the Medicare and Medicaid programs, which is \$344,054,000 less than the fiscal year 2015 enacted level and \$919,496,000 less than the budget request. This activity supports the two largest Federal health care programs, Medicare and Medicaid, along with the Children's Health Insurance Program (CHIP) and the Medicare prescription drug program. The Committee does not support the consumer information and insurance oversight functions. The Committee provides resources in the program operations line to support the Medicare current beneficiary survey. The bill includes language to prohibit funding the research, demonstration, and evaluation line within Program Management account.

*Program Operations*

The Committee recommends \$2,195,823,000 for Program Operations to support activities used to administer the Medicare program, primarily to pay contractors to process providers' claims, to

fund beneficiary outreach and education, to maintain information technology (IT) infrastructure needed to support various claims processing systems and to continue programmatic improvements.

*Access to Home Health Care.*—The Committee is aware that the current requirement that home health plans be solely certified by a physician has resulted in problems with access to home health care. The Committee urges CMS to insure access to home health care by considering methods to waive the requirement that home health plans be solely certified by a physician.

*Alzheimer's.*—The Committee is concerned the CMS guidelines limit access to Positron Emission Tomography (PET) scans for diagnosing Alzheimer's disease. The Committee strongly urges CMS to review its reimbursement guidance, based on current scientific information on the value of PET testing for diagnosis of Alzheimer's.

*Colorectal Cancer Screening.*—The Committee understands that regardless of the fact that colorectal cancer screening by colonoscopy has an A grade from the U.S. Preventive Services Task Force, CMS has determined that it does not have authority to waive Medicare beneficiary coinsurance for a colorectal cancer screening colonoscopy when a polyp or other tissue is removed during the preventive screening. The Committee requests an update in the fiscal year 2017 budget request outlining the rationale for this determination, to include why CMS believes it does not have the waiver authority. Further, the Committee requests the update describe CMS's rationale related to the coverage of virtual colonoscopy.

*Coding System.*—The Committee is concerned that implementation of the ICD 10 coding system will place a hardship on physicians and in particular those in small practices. The Committee urges the Secretary to work with medical providers to establish a hardship exemption for those practices that would be harmed by the change.

*CMS Test Environment for Testing Industry Solutions.*—The Committee requests an update in the fiscal year 2017 budget request on how it is using this initiative to test IT solutions.

*Durable Medical Equipment, Prosthetics, Orthotics and Suppliers (DMEPOS).*—The Committee is aware of concerns related to the potential negative impact on rural beneficiary access and rural providers from the Home Respiratory Therapy Rule. The Committee requests CMS to provide its detailed analysis and assumptions related to this rule's impact on rural providers and rural beneficiary access within 180 days after enactment. Further, the Committee urges CMS to delay the rule and to work with the community to address its concerns before any further action.

*Disproportionate Share Hospital (DSH).*—The Committee is concerned with the lack of an appeals process for hospitals on Medicare payment determinations to correct errors with DSH payments for uncompensated care. The Committee requests CMS to provide an update in the fiscal year 2017 budget request on the judicial and administrative review processes available for hospitals to address payment error related to DSH payments.

The Committee also is concerned that the Secretary has not addressed the financial impacts of CMS's one-year policy change in 2014 regarding hospital mergers where the new owner accepts assignment of the provider agreement. The Committee requests a report within 90 days on how this issue is being resolved.



*Long-Term Care Hospitals (LTCHs).*—The Committee is concerned about recent actions taken by CMS forcing approximately 30 grandfathered LTCHs to abide by costly and inefficient rules, thereby preventing these hospitals from achieving the CMS goal of integrating the delivery of care between hospitals. This is contrary to the intent of the Balanced Budget Act of 1997 that clearly grandfathered existing co-located LTCHs to be exempt from the hospital within hospital regulations of 1995. The Committee requests CMS to provide justification in the fiscal year 2017 budget request describing why these grandfathered hospitals are held to regulations inconsistent with the intent of the original legislation.

*Health Insurance Exchange Transparency.*—The Committee continues to include bill language in section 223 that requires CMS to provide cost information for the following categories: Federal Payroll and Other Administrative Costs; Exchange related Information Technology [IT]; Non IT Program Costs, including Health Plan Benefit and Rate Review, Exchange Oversight, Payment and Financial Management, Eligibility and Enrollment; Consumer Information and Outreach, including the Call Center, Navigator Grants and Consumer Education and Outreach; Exchange Quality Review; Small Business Health Options Program [SHOP] and Employer Activities; and Other Exchange Activities. Cost Information should be provided for each fiscal year since the enactment of the Patient Protection and Affordable Care Act (Public Law 111–148). CMS is also required to include the estimated costs for fiscal year 2017.

*Medicare 1115 Waivers.*—The Committee is concerned that CMS has not acted in a timely manner to approve a number of state applications for Medicare 1115 waivers. The Committee requests CMS to report on the status of all pending Medicaid section 1115 waivers in the fiscal year 2017 budget request.

*Fraud, Waste, and Abuse.*—The Committee requests a update in the fiscal year 2017 request on the CMS process, across all operations, to ensure CMS maintains a focus on preventing improper payments and paying claims right the first time. The Committee requests the update include the metric to measure prevention in lieu of the “pay and chase” typical measures reported by CMS.

*Medicare Star Quality Rating System’s (Stars).*—The Committee understands that the CMS is near finalizing the Advance Notice of Methodological Changes for Calendar Year (CY) 2016 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies. The CMS 2016 Call Letter proposes to adjust the methodology for accounting for low-income individuals who represent a significant portion of plan membership. The Committee encourages CMS not to remove plans from markets until they identify a methodology that appropriately judges all plans. Further, concerns are noted that the new methodology may harm plans that have made significant investments in assisting those with high levels of chronic conditions. The Committee urges CMS to address these concerns in the final Call Letter.

*Medicare Secondary Payer (MSP) Claims.*—The Committee notes concern that CMS erroneously refers disputed MSP claims to the Treasury Department to seek repayment of secondary payer funds from small and large businesses and insurers for health care payments subject to a secondary source of payment. In some cases the responsibility for or amount of payment is disputed. Rather than

permit entities with disputed claims due process and an opportunity to resolve their differences with the Agency, CMS regularly refers the debts to the Treasury for collection as “final claims.” The Committee requests CMS to provide an update in the fiscal year 2017 budget request on the process CMS uses prior to submitting such claims and alternative steps that could be used to prevent erroneous referrals to the Treasury.

*Medicare Survey and Certification.*—The Committee is concerned by the number of preventable medication errors in hospitals. The Committee encourages CMS to review its guidelines and standards to support the reduction of human error in the medication administration process.

*Mental Health Crisis Stabilization Code.*—The Committee requests CMS to provide an update in the fiscal year 2017 budget request on the CPT codes for Crisis Stabilization to support. Further the update should describe how the CPT codes can be used to support Psychiatric Emergency Department facilities, to include training.

*Ophthalmology Services.*—The Committee requests an update in the fiscal year 2017 budget request on how CMS ensures Federally-designated medically underserved areas have access to sufficient ophthalmology services necessary to ensure that at risk individuals not suffer preventable vision loss and blindness.

*Psychotropic Drugs and Children.*—The Committee is aware of the Department’s efforts to reduce the inappropriate use of psychotropic medications with children and adolescents in foster care. In addition to the potential for serious long-term health and developmental problems for children, this alarming pattern has dramatically increased Medicaid costs. CMS is urged to examine research into reasons for this disparity, including whether current reimbursement policy incentivizes reliance on medication rather than evidence-based psychosocial therapies instead of, or in combination with, psychotropic medications.

*Recovery Audit Contractors (RACs).*—The Committee is concerned that the unintended consequences of RAC audits conducted by the CMS contractors continue to reduce patient access to care and are jeopardizing the economic viability of upstanding small businesses and critical health care providers. The fiscal year 2015 Appropriations Act included language directing HHS to develop a strategy and take steps to improve consistency, transparency, and processing of the appeals. It is imperative that a reasonable balance be found that allows CMS to eliminate true fraud and abuse while not slowing payment to providers so significantly that they cannot function. The Committee includes bill language to redirect all offsetting collections derived from the RACs be used to educate health care providers on how to reduce errors and on the program integrity and compliance audits; for the Office of Medicare Hearings and Appeals (OMHA) to reduce its backlog; and to establish a process to provide feedback from the OMHA to CMS to reduce the claims overturn rate from claims elevated to the OMHA. The Committee notes concern over the use of contingency fee based payment for entities that contract with State Medicaid programs to conduct RAC audits; specifically, in cases where extrapolation audits are conducted. The audits should be done in a manner that is valid and statistically sound. The Committee requests CMS con-

tinue to monitor the return on investment for compensating auditors on a contingency fee basis, review contractor audit practices, and provide the Committee with its findings in the fiscal year 2017 budget request. The Committee looks forward to the forthcoming plan and expects the fiscal year 2017 budget request include an update to the plan's goals, timeline, and measurable annual milestones to address concerns with the RACs and significantly reduce the appeal wait times in a manner that does not propose to charge the providers for appealing. Finally, the Committee reiterates its request for CMS to publish in the fiscal year 2017 budget request, and future years, a CMS actuarial report that estimates the dollar level of improper payments by year and the actual and estimated recovery of each year's improper payments, and the percentage of each year's recovered level compared to the estimate of improper payments.

*Risk Corridor.*—The Committee continues the fiscal year 2015 bill language to prevent the CMS Program Management appropriation account from being used to support risk corridors payments.

*Robotic Stereotactic Radiosurgery.*—The Committee was encouraged by the CMS decision in the fiscal year 2015 Medicare Physician Fee Schedule Final Rule (79 Fed. Reg. 67548) to maintain G codes and contractor pricing for robotic stereotactic radiosurgery procedures performed in a freestanding setting. The Committee urges CMS to maintain the current coding and payment methodology for at least three years to provide stability while determining the most appropriate policy for this important treatment option.

*Treatment Resistance Depression (TRD).*—The Committee encourages CMS to review available meritorious peer reviewed literature to determine if additional therapies exist for safe and effective treatment of TRD that could be considered for CMS coverage determinations.

#### *Federal Administration*

The Committee recommends \$732,533,000 to support Federal Administrative activities related to the Medicare and Medicaid programs, which is equal to the fiscal year 2015 enacted level and \$51,067,000 less than the 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.

The Committee appreciates the information in the CMS budget request. However, the Committee expects CMS to provide the additional items and enhanced Congressional notice described in the statement accompanying the fiscal year 2015 Appropriations Act. The Committee reminds HHS and CMS to ensure that all tables include the prior year actual, current year request level, current year actual (based on the operating plan) and budget request year level.

#### HEALTH CARE FRAUD AND ABUSE CONTROL ACCOUNT

The Committee recommendations includes \$672,000,000, to be transferred from the Medicare trust funds, for Health Care Fraud and Abuse Control (HCFAC) activities. This includes a base amount of \$311,000,000 and an additional \$361,000,000 through a budget cap adjustment authorized by section 251(b) of the Balanced

Budget and Emergency Deficit Control Act of 1985. The HCFAC funds support activities conducted by CMS, the HHS Inspector General, and the Department of Justice. The level is equal to the fiscal year 2015 enacted level and \$34,000,000 less than the budget request. This funding is in addition to other mandatory funding 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 bill includes language to ensure the Secretary fully funds the senior Medicare patrol program administered through the Administration for Community Living from the level provided in this account.

#### ADMINISTRATION FOR CHILDREN AND FAMILIES

##### PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

The Committee recommends \$3,256,743,000 for the Child Support Enforcement and Family Support programs, which is \$818,220,000 more than the fiscal year 2015 enacted level and the same as the budget request. The Committee also recommends \$1,300,000,000 in advance funding, as requested, for the first quarter of fiscal year 2017 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 \$3,365,304,000 for the Low Income Home Energy Assistance Program (LIHEAP), which is \$25,000,000 below the fiscal year 2015 enacted level and the budget request. Within the amount provided, the Committee recommends \$3,365,304,000 exclusively for the State formula grants.

Within the amount available for formula grants, the Committee recommends up to \$2,988,000 for program integrity initiatives. The funding will allow additional technical assistance both on the State and federal level for program training, and monitoring of program activities for compliance with internal controls, policies, and procedures.

##### REFUGEE AND ENTRANT ASSISTANCE

The Committee recommends \$1,429,884,000 for Refugee and Entrant Assistance programs, which is \$130,000,000 below the fiscal year 2015 enacted level and \$198,728,000 below the 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.

Within the total, the Committee recommends the following amounts for Refugee and Entrant Assistance programs:

Budget Activity	FY 2016 Committee
Transitional and Medical Services .....	\$383,266,000
Victims of Trafficking .....	15,755,000
Social Services .....	149,927,000
Preventive Health .....	4,600,000
Targeted Assistance .....	47,601,000
Unaccompanied Minors .....	818,000,000
Victims of Torture .....	10,735,000

### *Refugees and Unaccompanied Minors*

*Victims of Trafficking Services.*—For all programs for victims of trafficking as authorized by section 107(b) of Public Law 106–386, as amended, the Committee directs the Department to provide an annual consolidated report to the House Appropriations Committee, the House Foreign Affairs Committee, and the House Energy and Commerce Committee on the percent of funds spent on food, housing, clothing, mental health screening and therapy, legal assistance, employability services, and health screening and medical services. For health screening and medical services, the Department is directed to include specific information regarding the types of services provided or referred and the names of the entities providing such medical services. For each of the entities providing medical services, the Department shall record the amount of money expended on each type of medical service provided. The Department is directed to make this information available annually and more frequently by request.

*Healthcare and Education Costs of Illegal Immigration.*—The Committee is concerned with the significant healthcare and education costs to State and local communities resulting from illegal immigration. These costs are especially high in States along the southern border of the United States. The Committee directs the Department of Education and the Department of Health and Human Services to provide all available federal resources to assist State and local governments with these increased costs that are a direct result of federal law or policy. The Committee further directs the Departments to provide a report to the House Appropriations Subcommittee on Labor, Health and Human Services, and Education, the Subcommittee on Commerce, Justice, Science and the Subcommittee on Homeland Security within 90 days of enactment on the costs borne by State and local governments and the federal government for providing health and education services to individuals without legal immigration status, to include those who qualified under the President’s November 20, 2014 executive immigration action. The report should cover the costs incurred over the course of fiscal years 2014 and 2015 and include projected costs for fiscal years 2016 through 2020. The report shall also include an accounting of the federal resources that have been and will be directed in each year to cover these added expenses.

*School Impact Grants.*—The Committee continues to support the School Impact Grants to enable vulnerable children to integrate in their new schools and communities. These services are critical to help children overcome primary and secondary trauma and behavioral and emotional obstacles to learning so they can rebuild their lives. The Committee also recommends that the Office of Refugee Resettlement (ORR) make School Impact Grant funds available to

serve all children in ORR's care to fully participate in educational opportunities and provide local schools with the support they need in fiscal year 2016 and beyond.

*Preferred Communities Program.*—The Committee is encouraged that ORR integrates long-term intensive case management services for vulnerable refugee populations and secondary migrants through the Preferred Communities Program. The Committee has provided sufficient funds for case management services for vulnerable refugees, and encourages ORR to include victims of torture, women-headed households, refugees who are disabled or have serious medical issues, and other vulnerable refugees. Extended case management services will help to ensure refugees achieve self-sufficiency and integrate into their new communities.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT  
BLOCK GRANT

The Committee recommends \$2,435,000,000 for the discretionary portion of the Child Care and Development Block Grant (CCDBG), which is the same as the fiscal year 2015 enacted level and \$370,149,000 below the budget request.

SOCIAL SERVICES BLOCK GRANT

The Committee recommends \$1,700,000,000 for the Social Services Block Grant (SSBG), which is the same as the fiscal year 2015 enacted level and the budget request. Funds are distributed to States by formula grants and 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 and abuse.

CHILDREN AND FAMILIES SERVICES PROGRAMS

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.

Within the total, the Committee recommends the following amounts for Children and Families Services Programs:

Budget Activity	FY 2016 Committee
Programs for Children, Youth, and Families	
Head Start .....	\$8,790,095,000
Runaway/Homeless Youth .....	97,000,000
Abuse of Runaway Youth Prevention .....	17,141,000
State Child Abuse Prevention .....	25,310,000
Discretionary Child Abuse Prevention .....	28,744,000
Community-based Child Abuse Prevention .....	39,764,000
Abandoned Infants Assistance .....	11,063,000
Child Welfare Services .....	268,735,000
Child Welfare Training .....	15,984,000
Adoption Opportunities .....	39,100,000
Adoption Incentives .....	37,943,000
Social Services/Income Maintenance Research .....	5,762,000
Native American Programs .....	50,000,000
Community Services	
Community Services Block Grant .....	674,000,000
Economic Development .....	29,883,000

Budget Activity	FY 2016 Committee
Rural Community Facilities .....	6,500,000
Individual Development Account Initiative .....	18,950,000
Domestic Violence Hotline .....	4,500,000
Family Violence/Battered Women's Shelters .....	145,000,000
Independent Living Training Vouchers .....	43,257,000
Faith-Based Center .....	1,299,000
Disaster Human Services Case Management .....	1,864,000
Program Direction .....	199,701,000

### *Head Start*

The Committee recommends \$8,790,095,000 for the Head Start program, which is \$192,000,000 more than the fiscal year 2015 enacted level and \$1,327,611,000 below the budget request. Within the total for Head Start, the Committee recommendation supports a 0.5 percent cost-of-living adjustment and includes \$25,000,000 for the Designation Renewal System. Additionally, the Committee recommends \$650,000,000 for Early Head Start (EHS) grants within the total for fiscal year 2016, which is \$150,000,000 more than the fiscal year 2015 enacted level and the same as the budget request.

The Committee supports efforts to strengthen and expand Head Start and Early Head Start and is pleased to see the continuous focus on quality improvement through the increasing number of teachers with bachelor's degrees, a reformed monitoring system, and the implementation of recompetition to the Head Start program. The Committee strongly encourages the Administration to release revised Head Start Program Performance Standards that are currently several years deficient.

The Committee is additionally pleased with how efficiently the Secretary has moved to bring Early Head Start-Child Care Partnership grants online, and continues to support this emerging program. Given the challenges expressed by providers in the field, and the collective desire to expand access to high-quality programs immediately, the Committee notes its concern that grants may be restricted to one model design of partnerships. This practice may limit the pool of competitive applicants by discouraging diverse locally-designed models, who aim to expand the availability of high quality infant and toddler care, from applying. It would also eliminate the opportunity for many providers, especially in rural communities, with few available partner options to compete for these funds. The grants, whether for expansion, conversion, or partnerships, should be awarded based on how effectively the model design fits the needs of the community in question, versus adherence to a partnership model that may be inappropriate to that locality.

### *Child Abuse Discretionary Activities*

Within the funding for Child Abuse Discretionary Activities, the Committee recommends continued funding for the Quality Improvement Center for Research-Based Infant-Toddler Court Teams program. These funds support efforts that bring 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 \$50,000,000 for Native American Programs, which is \$3,480,000 more than the fiscal year 2015 enacted level and the same as the request. Within the total, the Committee recommendation includes \$12,000,000 for Native American language preservation activities, including the requested \$3,000,000 for the Generation Indigenous initiative focused on improving Native American language instruction across the educational continuum and no less than \$4,000,000 for language immersion programs 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 ACF to give priority to grantees with rigorous immersion programs.

*Community Services*

The Committee recommends \$729,333,000 for the Community Services programs, which is the same as the fiscal year 2015 enacted level and \$36,383,000 more than the budget request.

*Community Economic Development Grants*

The Committee recommends \$29,883,000 for Community Economic Development (CED) grants. Community Development Corporations (CDCs) use CED grants to lend and invest in private businesses that create jobs for low income people. Program guidelines require that at least 75 percent of the jobs created from CED funded projects be filled by low-income individuals. The CED program is the only federal economic development program that requires such targeted job creation. Using CED funds, CDCs have created hundreds of jobs and improved economic opportunity in urban and rural communities across the country.

*Family Violence Prevention and Battered Women's Shelters*

The Committee recommends \$145,000,000 for the Family Violence Prevention and Battered Women's Shelters programs, which is \$10,000,000 more than the fiscal year 2015 enacted level and is \$5,000,000 below the budget request. In 2013, domestic violence programs funded by the Family Violence Prevention & Services Act provided shelter and nonresidential services to more than 1,300,000 victims. Yet, due to lack of capacity an additional 186,552 requests for shelter went unmet. This funding increase is intended to address the growing demand for emergency family, domestic and dating violence shelter and supportive services.

## PROMOTING SAFE AND STABLE FAMILIES

The Committee recommends \$345,000,000 in mandatory funds for the Promoting Safe and Stable Families program, which is the same as the fiscal year 2015 enacted level and the budget request. The Committee also recommends \$59,765,000 in discretionary funds for this program, which is the same as the fiscal year 2015 enacted level and is \$30,000,000 below the 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 \$5,478,450,000 for payments to States for foster care and adoption assistance, which is \$646,450,000 more than the fiscal year 2015 enacted level and \$250,000,000 below the budget request. The Committee also recommends an advance appropriation of \$2,300,000,000 for the first quarter of fiscal year 2017 to ensure timely completion of first quarter grant awards.

Within the total, the Committee recommends \$4,952,550,000 for the Foster Care program, which is \$663,550,000 below the fiscal year 2015 enacted level and the same as the 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 \$2,562,900,000 for Adoption Assistance, which is \$58,900,000 more than the fiscal year 2015 enacted level and the same as the 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 \$123,000,000 for the Kinship Guardianship Assistance program, which is \$24,000,000 more than the fiscal year 2015 enacted level and the same as the 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 2015 enacted level and the 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 management, 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 an appropriation of \$1,962,058,000 for the Administration for Community Living (ACL) program level, which is \$261,102,000 more than the fiscal year 2015 enacted program level and \$161,297,000 below the requested program level. The recommended funding level for ACL reflects the transfer of the

Workforce Innovation and Opportunity Act programs from the Department of Education and the Traumatic Brain Injury program from HRSA. Moreover, the recommended funding level for the Senior Medicare Patrol Program is provided under the HHS Office of Inspector General.

*Home and Community-Based Supportive Services*

The Committee recommends \$347,724,000 for Home and Community-Based Supportive Services, which is the same as the fiscal year 2015 enacted level and \$38,458,000 below the 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 2015 enacted level and the 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, which is the same as the fiscal year 2015 enacted level and the budget request for grants to States for protection of vulnerable older Americans.

*National Family Caregiver Support Program*

The Committee recommends \$145,586,000 for the National Caregiver Support program, which is the same as the fiscal year 2015 enacted level and \$5,000,000 below the budget request. This program supports a multifaceted support system in each State for family caregivers.

*Native American Caregiver Support Program*

The Committee recommends \$7,531,000 for the Native American Caregiver Support program, which is \$1,500,000 more than the fiscal year 2015 enacted level and \$731,000 more than the 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 \$440,691,000 for Congregate Nutrition Services, which is \$2,500,000 more than the fiscal year 2015 enacted level and \$17,400,000 below the budget request. The Committee further recommends \$219,897,000 for Home-Delivered Meal Services, which is \$3,500,000 more the fiscal year 2015 enacted level and \$16,500,000 below the budget request.

*Nutrition Services Incentives Program*

The Committee recommends \$160,069,000 for the Nutrition Services Incentives Program, which is the same as the fiscal year 2015 enacted level and the budget request. This funding augments programs that provide congregated and home-delivered meals to older adults.

*Native American Nutrition and Supportive Services*

The Committee recommends \$31,158,000 for Native American Nutrition and Supportive Services, which is \$5,000,000 more than the fiscal year 2015 enacted level and \$2,058,000 more than the 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 2015 enacted level and the budget request. This program supports activities that expand public understanding of aging and the aging process.

*Alzheimer's Disease Supportive Services Program*

The Committee recommends \$18,500,000 for the Alzheimer's Disease Supportive Services Program, which is the same as the 2015 enacted program level and the requested program level. This program provides 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 \$2,360,000 for Lifespan Respite Care, which is the same as the fiscal year 2015 enacted level and \$2,640,000 below the 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.

*Chronic Disease Self-Management Program*

The Committee recommends \$8,000,000 for Chronic Disease Self-Management program, which is the same as the fiscal year 2015 enacted level and the 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 Falls*

The Committee recommends \$5,000,000 for the Elder Falls program, which is the same as the fiscal year 2015 enacted program level and the requested program level. Fall prevention grants support the promotion and dissemination of prevention tools to be delivered in community settings.

*Elder Rights Support Activities*

The Committee recommends \$7,874,000 for Elder Rights Support Activities Demonstrations, which is the same as the fiscal year 2015 enacted level and \$21,000,000 below the 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 2015 enacted level and \$13,881,000 below the 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.

*State Health Insurance Program*

The Committee recommends \$52,115,000 for State Health Insurance program, which is the same as the fiscal year 2015 enacted level and the budget request. This program provides accurate and understandable health insurance information to Medicare beneficiaries and their families.

*Paralysis Resource Center*

The Committee recommends \$6,700,000 for the Paralysis Resource Center, which is the same as the fiscal year 2015 enacted level and the budget request. The center provides comprehensive information and referral services to people living with paralysis and their families.

*Limb Loss*

The Committee recommends \$2,810,000 for the Limb Loss program, which is \$10,000 more than the fiscal year 2015 enacted level and the same as the budget request.

*Traumatic Brain Injury*

The Committee includes bill language transferring the Traumatic Brain Injury (TBI) program from HRSA to ACL. Placing the TBI program within ACL will enhance the services available to those with traumatic brain injuries by better aligning such services with other TBI focused programs and all the resources available to the disabled under ACL. The Committee recommends \$9,321,000 for the TBI program, which is the same as the fiscal year 2015 enacted level and the budget request.

*Developmental Disabilities State Councils*

The Committee recommends \$71,692,000 for State Councils on Developmental Disabilities, which is the same as the fiscal year 2015 enacted level and the budget request. The State Councils work to develop, improve and expand the system of services and supports for people with developmental disabilities.

*Developmental Disabilities Protection and Advocacy*

The Committee recommends \$38,734,000 for Developmental Disabilities Protection and Advocacy, which is the same as the 2015 enacted level and the 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.

*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 2015 enacted level and the budget request.

*Developmental Disabilities Projects of National Significance*

The Committee recommends \$8,857,000 for Developmental Disabilities Projects of National Significance, which is the same as the 2015 enacted level and \$5,643,000 below the 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 \$37,674,000 for University Centers for Excellence in Developmental Disabilities (UCEDDs), which is the same as the fiscal year 2015 enacted level and \$945,000 below the budget request.

The Committee continues to support the UCEDD network of 67 centers that offer interdisciplinary education, research and public services within a university system or public or non-profit entity associated with a university. The funding provided will allow Centers to assist states to initiate collaborative research, education, training, and service efforts to assist youth with disabilities to successfully transition from school to postsecondary education, and/or integrated employment. The funding will also allow the Centers to continue to address critical and emerging national needs, such as addressing the needs of the rising numbers of individuals on the autism spectrum; demonstrating cost effective long term services and supports for adults with disabilities and those aging with disabilities; supporting returning veterans; and providing technical assistance to strengthen and support the national network of Centers and to disseminate research and best practices nationwide.

*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 2015 enacted level and \$5,000,000 below the budget request. Independent Living programs maximize the leadership, empowerment, independence and productivity of individuals with disabilities.

*Muscular Dystrophy.*—The Committee is aware that the ACL is now serving on the Muscular Dystrophy Coordinating Committee through the Muscular Dystrophy CARE Act Amendments enacted in September 2014. The Committee directs ACL to provide an update on all programs relevant to the Duchenne population, particularly those focused on supporting transitions of persons with Duchenne into adulthood. The Committee encourages ACL to develop plans for conducting comprehensive studies focused on evaluating the cost-effectiveness of independent living programs and supports for persons living with various forms of muscular dystrophy.

*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 2015 enacted level and \$4,030,000 below the request. The National Institute 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 \$33,000,000 for Assistive Technology, which is the same as the fiscal year 2015 enacted level and \$2,000,000 more than the 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. This funding is intended 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 otherwise 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.

*Program Administration*

The Committee recommends \$40,063,000 for Program Administration, which is \$2,354,000 more than the fiscal year 2015 comparable funding level and the same as the budget request. The recommended funding level reflects the transfer of the Workforce Innovation and Opportunity Act (WIOA) programs from the Department of Education to ACL. The increased funding above the comparably adjusted figure will support the additional grant administrative staff required to support the WIOA programs as well as the relocation of ACL's headquarters to the Switzer Building.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

The Committee recommends a program level total of \$419,422,000 for General Departmental Management, which is \$93,440,000 below the fiscal year 2015 enacted level and \$139,172,000 below the budget request. Of the funds provided, \$58,028,000 shall be derived from evaluation set-aside funds avail-

able under section 241 of the Public Health Service Act, which is \$6,800,000 below the fiscal year 2015 set-aside and \$8,050,000 below the 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. The Committee recommendation does not include funding for the proposed HHS "Idea Lab" or the Digital Services Team.

*Administrative and overhead costs.*—The Committee is extremely troubled by the amount of funds being spent on administrative costs throughout the Department, and the fact that the Department routinely skims program funds "off the top" of appropriated line items to support central grants management staff and other indirect costs. Although these costs are capped at approximately 10 percent for most grants and contracts, this practice greatly reduces the resources available to projects in the field. Difficult economic times and flat budgets have exacerbated this problem. The Committee notes that the annual budget justification does not routinely provide information on how much, if any, of a line item supports central office overhead versus being used directly in the field for grants and contracts. The Committee therefore directs the Department to include in the annual budget justification for fiscal year 2017, and each year thereafter, the amount and percentage of administrative and overhead costs spent by the Department for each program line item.

*Health Reform Oversight.*—The Committee understands that the lack of effective tracking, monitoring, and feedback systems at HHS may be resulting in improper payments of health reform subsidies. The Treasury Inspector General for Tax Administration recently noted, in part, that because the IRS and the Department of Health and Human Services are responsible for the administration of the Premium Tax Credit (PTC), improper PTC payments can result from weaknesses in either agency's programs. As a result, the IRS cannot effectively assess the risk of PTC improper payments, estimate the improper payment rate and dollars, or establish corrective actions to address the causes of and reduce improper PTC payments. The Committee understands the Administration has yet to identify a definition of "improper payments" for PTC or other ACA payments. The Committee directs the Government Accountability Office (GAO) to conduct a comprehensive review of the process and coordination between HHS and Treasury functions and to make recommendations to ensure solid processes are in place at both front and back ends to prevent improper payments. At a minimum, the review should examine whether HHS is appropriately validating the information provided by individuals in any Exchange to match the information reported in the prior year IRS data. The review should also examine how monthly PTC subsidies paid to insurers are appropriately tracked, monitored, and audited in a manner that provides for timely adjustments due to over/underpay-

ments due to changes in eligibility criteria and the share of the monthly premium owed by the policyholder. Finally, the review should evaluate how HHS and IRS are jointly using existing authorities to recoup overpayment and to prevent intentional fraud and unintentional errors. The Committee expects to receive this report within 120 days of enactment.

*Dietary Guidelines for Americans.*—The Secretary, in coordination with the Secretary of Agriculture, is responsible for issuing the Dietary Guidelines for Americans every five years. This has traditionally been a science-based process that provides diet and nutrition recommendations according to statutory authority. However, the advisory committee selected to provide recommendations for consideration as the final 2015 guidelines has included suggestions beyond the historical scope of the panel, resulting in controversial, agenda-driven recommendations. To preserve the scientific integrity of the dietary guidelines, bill language is included to provide transparency to the process and ensure the final recommendations are based upon strong scientific evidence and within scope. The Committee notes that the advisory committee report is merely a set of recommendations and reminds both USDA and HHS that the final 2015 Dietary Guidelines for Americans are a product of their scientific assessment that must comply with the statute.

*Conscience Protections.*—The Committee continues a general provision that has been carried since 2005 relating to the conscience protection rights of health care providers. In the Explanatory Statement accompanying the fiscal year 2015 Appropriations Act, the Secretary was directed to respond expeditiously to complaints regarding violations of this provision. The Committee notes that no resolution has been made to date and reiterates its directive that such complaints be responded to immediately and that this general provision be enforced.

*Needle Exchange Programs.*—The Committee maintains its support for federal, state and local efforts to address the abuse of prescription painkillers and other opioids. The Committee is alarmed by trends in urban and rural communities which indicate a transition to injection drug use, and supports state and local efforts to mitigate the spread of related infections, such as Hepatitis and HIV/AIDS, and associated healthcare costs. The Committee believes the determination about whether to implement needle exchange programs remains a quintessentially local function, and therefore maintains its prohibition on the use of federal funds for the purchase of syringes or sterile needles as a title V general provision. The provision is modified, however, to allow existing programs in hard-hit communities to access federal funds for other program elements, including substance use counseling and referral to treatment, that support communities in their drive to end the cycle of dependency. Eligible programs must demonstrate a need for federal support based on actual cases of Hepatitis or HIV/AIDS or on conditions posing a significant risk for an outbreak.

*Healthcare Plan Coverage of Abortions.*—The committee is aware that, while the Affordable Care Act did not prevent taxpayer funding for exchange plans that include elective abortion, it did contain a provision requiring that plans covering elective abortion collect from each enrollee in the plan a separate payment for elective abortion. The Committee is concerned that this payment is not



being collected separately and Administration-proposed regulations would instead allow insurance issuers to collect a single payment. In addition the Committee is concerned that consumers are not made aware of the abortion payment when shopping for healthcare plans. The Committee requests a report within 180 days of enactment outlining what steps are being taken to ensure consumers are aware of the abortion payment prior to purchasing a plan and that the payment is collected separately.

*Premium Class Travel.*—The Committee is aware of recent reports that HHS has experienced a significant increase in the use premium class travel, costing taxpayers over \$31,000,000, with most of the first and business class tickets attributed to waivers granted for medical issues. The Committee directs the Secretary to evaluate HHS rules related to allowing premium class travel, specifically the appropriate use of medical waiver authority. The Committee also expects the fiscal year 2017 and future budget requests to include, for each operating division and the Office of the Secretary, the total number of premium class travel waivers granted and the number and percentage of these related to medical waivers.

*Office of the Assistant Secretary for Health*

*Assisted Outpatient Treatment Grant Program.*—The Committee includes \$15,000,000 within the Office of the Assistant Secretary for Health to implement section 224 of the Protecting Access to Medicare Act of 2014 (Public Law 113–93), the Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness (AOT). The Committee is aware that nearly half of individuals with schizophrenia or bipolar disorder do not recognize they have a mental illness, making it exceedingly difficult for them to follow through on a treatment regimen. The AOT program will work with families and courts to allow these individuals to obtain treatment while continuing to live in their communities and homes. AOT has been proven to reduce the imprisonment, homelessness and emergency room visit rate among this population by 70 percent. The Committee expects a full report in the fiscal 2017 budget request on the implementation and uses of this \$15,000,000.

*Viral Hepatitis.*—The Committee recognizes the tremendous health and financial burden of viral hepatitis. CDC estimates that upwards of 5.3 million nationwide are living with hepatitis B or hepatitis C (HCV) and 65–75 percent are not aware of their infection. Furthermore it is estimated that the medical costs associated with HCV among the 1945–1965 birth cohort many of whom will age into the Medicare system at age 65 will rise to \$85 billion annually. With the introduction of new screening guidelines and technology, as well as new treatment options, HHS has an unprecedented opportunity to address this national health problem. The Committee encourages HHS to continue to implement the Action Plan on Viral Hepatitis and to ensure that all appropriate agencies are actively involved and coordinated. The Committee encourages the HHS Assistant Secretary for Health to work with partners to tackle the issue of disease status awareness by leveraging federal with non-federal contributions and organizing partnerships with stakeholders.

*Privacy Protections.*—The Committee notes that the regulations issued under the Health Insurance Portability and Accountability Act (HIPAA) regarding protection of individually identifiable health information are generally more protective of patient privacy than the comparable requirements of the Federal Policy for the Protection of Human Subjects, otherwise known as the Common Rule. The Committee further notes that the duplicative application of the Common Rule and HIPAA regulations is causing confusion and imposing undue burdens on the development of clinical data registries. The Committee encourages the Office of Human Research Protections (OHRP) in the Department of Health and Human Services and other Federal agencies and departments that administer the Common Rule to adopt an exception to the Common Rule for situations where individuals or entities are collecting identifiable patient information, but are not engaged in direct human subjects intervention or interaction (e.g., clinical studies) and are following all the applicable requirements of the HIPAA regulations with respect to protecting the privacy and security of such information.

*Definition of an “Indian”.*—The Committee recognizes the Federal government’s trust responsibility for providing healthcare for American Indians and Alaska Natives. The Committee is aware that the definition of who is an “Indian” is inconsistent across various federal health programs, which has led to confusion, increased paperwork and even differing determinations of health benefits within Indian families themselves. The Committee therefore encourages the Department of Health and Human Services, the Indian Health Service, and the Department of the Treasury to work together to establish a consistent definition of an “Indian” for purposes of providing health benefits.

*Adult Vaccinations.*—The Committee is concerned that each year, hundreds of thousands of American adults are hospitalized and tens of thousands die from diseases that could have been prevented by vaccination. It is estimated that the cost of the health burden to society from vaccine preventable diseases is approximately \$10 billion annually. In particular, the Committee is concerned that many health care workers do not get regularly recommended vaccinations and that adult vaccination rates are particularly low for minority groups. Therefore the Committee encourages the Secretary of Health and Human Services to develop an adult vaccine strategy that includes assessments of barriers to adult immunizations, and strategies to overcome those barriers, including public outreach about the importance of adult immunization and strategies to increase influenza vaccination rates among health care workers.

*Breastfeeding.*—The Committee is aware of the Surgeon General’s Call to Action to Support Breast Feeding and encourages the Secretary to support and expand efforts to guarantee continuity of skilled support for breastfeeding between hospitals and health care settings in the community. The Committee strongly supports efforts to combat childhood obesity. Research shows that suboptimal breastfeeding rates are a significant contributor to our nation’s epidemic of obesity, increasing risks of several acute and chronic diseases and conditions, including diabetes and cardiovascular disease.

*Embryo Adoption Awareness Campaign.*—The Committee recommends \$1,000,000 for the embryo adoption awareness campaign, the same as the fiscal year 2015 enacted level. The budget request did not include funding for this program. 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. 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.

*HIV/AIDS in Minority Communities.*—The Committee recommendation includes \$52,224,000 for specific program activities to address the high-priority HIV prevention and treatment needs of minority communities, the same as the fiscal year 2015 level and \$1,676,000 below the budget request. These funds are provided to promote an effective, culturally competent and linguistically appropriate public health response to the HIV/AIDS epidemic.

*Teen Pregnancy Prevention and Sexual Risk Avoidance.*—The Committee provides \$20,000,000 in budget authority for Teen Pregnancy Prevention Community Grants. Included in the Committee recommendation is not less than \$10,000,000 for sexual risk avoidance programs.

In implementing the \$20,000,000 provided for teen pregnancy prevention and sexual risk avoidance, the Committee encourages HHS to provide substantive and practical technical assistance to grantees that emphasizes sexual risk avoidance (SRA) in all educational messaging to teens. The Committee notes that such technical assistance should be provided during national and regional conferences, webinars and one-on-one conversations with funded projects. The Committee further encourages SRA-credentialed experts to directly train grantees and HHS staff with oversight of these programs on methodologies and best practices in SRA for teens. The Committee also encourages HHS to consistently implement a public health model that stresses risk avoidance or a return to a lifestyle without risk.

The Committee notes that adolescents from communities of color are disproportionately affected by teenage pregnancy, and that research also shows teenage dating violence and abuse are associated with higher levels of teenage pregnancy and unplanned pregnancy. Adolescent girls in physically abusive relationships are three times more likely to become pregnant than non-abused girls. The Committee encourages the Secretary, through the Office of Adolescent Health, to include teen dating violence prevention and healthy relationship strategies within existing adolescent health working groups and better integrate preventing violence and abuse as a strategy to prevent teen and unplanned pregnancy within communities of color. Additionally, the Committee encourages the Secretary to conduct a review of programs chosen by the Teen Pregnancy Prevention Program and issue a report to determine which programs address teen dating violence and healthy relationship strategies as a means to prevent teen pregnancy.

*Office of Minority Health*

The Committee provides \$56,670,000 for the Office of Minority Health (OMH), which is the same as the fiscal year 2015 enacted level and the same as 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 B.*—The Committee is aware that Hepatitis B and liver cancer, as caused by the Hepatitis B virus, are the single greatest health disparities affecting the Asian and Pacific Islander populations in the United States. Asian Americans, Native Hawaiians, and other Pacific Islanders comprise more than one-half of the 2 million estimated Hepatitis B carriers in the United States and consequently have the highest rate of liver cancer among all ethnic groups. The Committee urges the OMH to expand outreach and preventive Hepatitis B programs specific to Asian and Pacific Islanders and other groups disproportionately affected by Hepatitis B.

*Hepatitis C Treatment.*—More than three million people in the United States are chronically infected with hepatitis C virus (HCV) and most do not know it. If untreated, or unsuccessfully treated, they are at risk for life-threatening, expensive complications such as liver cancer and liver failure. Standard of care for HCV is evolving rapidly with dozens of new, more effective, oral direct-acting antivirals available. With the opportunity to improve the health outcomes of millions of patients, evidence-based recommendations are needed to help expand the pool of qualified providers and guide medical practice in the United States. The Committee urges HHS to convene an ongoing, multidisciplinary treatment guidelines panel or other mechanism to issue periodically updated recommendations for the treatment of hepatitis C virus (HCV) infection.

*Lupus Health Education Program.*—The Committee is aware that the 2011 HHS report to Congress highlighted the effect of disparities on lupus patients and reinforced the need for health education efforts. The Committee supports this nationwide effort and remains concerned about racial disparities and barriers to early diagnosis of lupus. This debilitating autoimmune disease affects over 1.5 million persons, 90 percent of whom are women, with disproportionate impact among African Americans, Hispanics, Asians and Native Americans. The Committee continues to support this national education effort to engage health care providers, educators and schools of health professions in working together to improve lupus diagnosis and treatment through education and has included funding to continue implementation of a national health education program on lupus for health care providers with a the goal of improving diagnosis for those with lupus and reducing health disparities.

*Health Disparities Research in Women.*—Women of racial and ethnic minorities face higher rates of diseases including obesity, cancer, diabetes, heart disease, and HIV/AIDS, when compared

with white women. There is also a disproportionately higher rate of pre-term birth among African American women that cannot be accounted for by known risk factors. The Committee understands that continued and expanded collection of data capturing racial and ethnic information is essential in understanding and reducing disparities and encourages the Office of Minority and Women's Health to conduct research into the causes of health disparities and develop and evaluate interventions to address these causes.

*Autism.*—The Committee is concerned about recent studies showing that on average, a diagnosis of Autism Spectrum Disorder is delayed by almost two years for African American and Hispanic children as compared to their Caucasian counterparts. Furthermore, minority children are much more likely to be misdiagnosed with conduct-related or adjustment disorders. The Committee directs the Secretary of HHS in carrying out the programs of the Combating Autism Reauthorization Act to expand its efforts to address the disparities faced by African American and Hispanic children. The Committee asks that the Secretary include in the reports required by the Act the steps being taken to address the needs of minority populations.

*Diabetes.*—The Committee is concerned by the incidence of diabetes that disproportionately affects minority populations, especially the elderly among these populations. Therefore, the Committee encourages OMH to undertake a coordinated approach across all HHS operating divisions to translate biomedical research, behavioral research and training programs to bring innovative approaches to diabetes prevention to minority communities. The Committee encourages OMH to develop an extramural grant program that specifically focuses on the broad spectrum of diabetes prevention and control, including approaches to predict, prevent, treat and cure diabetes. The Committee is particularly interested in studies to predict those at highest risk for Type 2 diabetes accurately, including those utilizing metabolomics and proteomics.

*Female Genital Mutilation Prevention and Education Initiative.*—The Committee encourages OWH to support community-based efforts to prevent female genital mutilation (FGM). The Committee recognizes that hundreds of thousands of women and girls in the U.S. may have been subjected to, or are at risk, of FGM. Prevention, education, and outreach programs to address FGM can complement a need for more diligent law enforcement efforts. The Committee recognizes that FGM is illegal in the U.S. and is classified as a human rights violation by the World Health Organization. The Committee encourages the OWH to work with other Federal agencies in developing a comprehensive prevention, education, and outreach plan to stop FGM in the U.S., focusing on communities in which FGM is likely to be more prevalent.

*Lupus.*—The Committee commends OWH for launching a sustained awareness and education campaign on lupus. The Committee understands that lupus is a serious, complex, debilitating chronic autoimmune disease that can cause inflammation and tissue damage to virtually any organ system in the body and impacts an estimated 1.5 million Americans. The Committee further understands that public and health professional recognition and understanding of lupus is extremely low, contributing to misdiagnoses or late diagnoses that can result in disability or death.

*Sickle Cell.*—The Committee encourages the Office of the Surgeon General to initiate Sickle Cell Trait informational awareness to encourage at risk populations to learn about their SCT status and help persons living with SCT understand their status. Information can include the implications for reproductive decision-making, the possibility of negative health outcomes for persons living with SCT and ways to reduce those outcomes, and understanding possible hemoglobin A1C test errors for diagnosing or monitoring diabetes and prediabetes.

*Office of Women's Health.*—The Committee includes \$31,500,000 for the Office of Women's Health, the same as the budget request and \$640,000 below fiscal year 2015 levels.

#### OFFICE OF MEDICARE HEARINGS AND APPEALS

The Committee provides \$87,381,000 for the Office of Medicare Hearings and Appeals, which is the same as the fiscal year 2015 enacted level and \$52,619,000 below the budget request. This Office supports hearings at the administrative law judge level, the third level of Medicare claims appeals.

#### OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

The Committee provides \$60,367,000 for the Office of the National Coordinator for Health Information Technology (ONC), which is the same as the fiscal year 2015 enacted level. The budget proposed to fund this entire office from the evaluation tap.

#### OFFICE OF INSPECTOR GENERAL

The Committee recommends \$75,000,000 for the Office of Inspector General (OIG), which is \$4,000,000 more than the fiscal year 2015 enacted level and \$8,000,000 less than the budget request. In addition, within the Health Care Fraud and Abuse Control (HCFAC) program discretionary appropriations for fiscal year 2015, the Committee provides the OIG with \$67,200,000. Mandatory appropriations for this office also are contained in the HCFAC program and the Health Insurance Portability and Accountability Act of 1996. Total funds provided in this bill and other appropriations are estimated to be \$142,200,000 in fiscal year 2016.

The Department's programs touch the lives of virtually every American, so too does the oversight responsibility of the OIG. The OIG was created to protect the integrity of departmental programs as well as the health and welfare of beneficiaries served by those programs. Through a comprehensive program of audits, investigations, inspections and program evaluations, the OIG attempts to reduce the incidence of fraud, waste, abuse and mismanagement, and to promote economy, efficiency and effectiveness throughout the Department.

The Committee expects the OIG to continue to increase its support for discretionary funded HHS activities within resources provided. The Committee understands the OIG is responsible for more than 300 programs that spend more than \$900 billion. The diversity and complexity of these HHS programs—ranging from health care insurance and clinical research to epidemiology, public health services and education—have increased over the past decade,

which increased the importance and challenge of providing oversight. The Committee encourages the OIG's to continue to improve its annual budget request and looks forward to a revised format with more details and performance measures related to discretionary oversight. Further, the Committee expects the OIG to continue its oversight of ACA and describe the activity in the fiscal year 2016 work plan.

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.

*Top-25 Unimplemented Recommendations.*—The Committee again requests that within 90 days of enactment the OIG provide a revised top-25 unimplemented recommendations report under the same terms and conditions as described in the Explanatory Statement accompanying the Consolidated Appropriations Act of 2014.

*Health Reform Oversight.*—The Committee appreciates the joint efforts of the OIG to work with the Treasury Inspector General for Tax Administration on reconciliation of the Advance Premium Tax Credit. The Committee encourages more and broader collaboration on other aspects of health reform and other HHS programs that may touch Treasury jurisdictions to reduce, fraud, overpayments, and enhance government operations.

#### 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 2015 enacted level and \$3,907,000 below the 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.

#### 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 \$586,188,000 for fiscal year 2016, which is \$23,947,000 above the fiscal year 2015 enacted level and the same as the budget request.

#### PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

The Committee provides \$1,171,523,000 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 (HHS). This amount is \$3,546,000 less than the fiscal year 2015 base funding level and \$738,458,000 less than the budget request.

*Office of the Assistant Secretary for Preparedness and Response*

The Committee provides \$1,044,928,000 for activities administered by the Office of the Assistant Secretary for Preparedness and Response (ASPR). This amount is \$652,000 less than the fiscal year 2015 funding level and \$498,157,000 less than the 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*

The Committee provides \$415,000,000 for the Office of Biomedical Advanced Research and Development Authority (BARDA), which is equal to the fiscal year 2015 enacted level and \$106,732,000 less than the budget request. In addition, the Committee provides \$255,000,000 for Project BioShield, which is equal to the fiscal year 2015 level and \$391,425,000 less the budget request. The funds support acquisitions of medical countermeasures 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 partnership to develop MCMs is required to successfully prepare and defend the nation against these threats. The Committee supports the goal of a market development where there is little or no existing 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.

The Committee maintains its commitment to protecting the U.S. population from pandemic influenza and other new and emerging threats and recognizes a public-private partnership is also required to develop MCMs for these threats. The Committee recommends \$72,000,000 for the ASPR's pandemic influenza program. This funding can support research and development of next generation influenza MCMs, preparedness testing and evaluation, and stockpiling.

The Committee remains concerned about potential gaps in preparedness created by conflicting stockpiling priorities of the BARDA and the CDC.

While the Public Health and Emergency Medical Countermeasure Enterprise (PHEMCE) was established as the interagency coordinating body to ensure consensus priorities and smooth transitions, no specific process is in place to prevent gaps in preparedness related to disparate priorities that continue to arise related to countermeasure stockpiling. Therefore, the Committee directs BARDA and CDC to develop a process to coordinate the ongoing stockpiling of medical countermeasures in order to maintain adequate supplies of approved and purchased countermeasures. The coordination is important as products transition from the advanced



research and development phase, where procurement is controlled by BARDA, to the approval phase, where procurement responsibility shifts to CDC. The Committee requests an update on this stockpiling coordination process between BARDA and CDC in the fiscal year 2017 budget request. The Committee provided an increase to the CDC SNS program to better enable the hand off of MCM between BARDA and CDC and to better support SNS new acquisition and replenishment activity that is required to protect the American public. The Committee further expects CDC and BARDA leadership to coordinate on the spend plan for the CDC SNS funds as part of the improved process.

The Committee commends the ASPR for delivering the first multiyear budget plan. The Committee requests that the multiyear budget plan be updated annually and include additional details, such as influenza MCM program budgets and life cycle management costs.

*Antibiotic Resistance (AbR).*—The Committee recognizes the importance of combating AbR, while funding for BARDA remains focused on its statutory mission to develop CBRN countermeasures, BARDA is directed to work closely with CDC and NIAID on the government-wide antibiotic resistance activity. The Committee provided support in NIAID and CDC and directs these organizations to jointly work with BARDA on coordinated goals, measurable objectives, and funding plans to spur research and development on AbR, build AbR laboratory capacity in states, and best leverage the funds provided support for evidence based public health activities in states on the government-wide effort. The Committee requests an update in the fiscal year 2017 budget request on the joint BARDA, NIAID, and CDC goals and measurable objectives to ensure the best leveraging of the funds provided to CDC and NIAID on this effort.

GENERAL PROVISIONS

PREVENTION AND PUBLIC HEALTH TRANSFER TABLE

The Committee continues a provision that directs the transfer of all available Prevention and Public Health (PPH) fund. In fiscal year 2016 the level appropriated for the fund is \$932,000,000 after accounting for sequestration. The Committee includes bill language in section 218 of this Act that requires that funds be transferred within 45 days of enactment of this act to the following accounts, for the following activities, and in the following amounts:

[\$ in thousands]

Agency	Account	Program	FY 2016 Committee
CDC	Immunization and Respiratory Diseases .....	Section 317 Immunization Grants	\$150,285
CDC	Emerging and Zoonotic Infectious Diseases .....	Epidemiology and Laboratory Capacity Grants.	40,000
CDC	Emerging and Zoonotic Infectious Diseases .....	Healthcare Associated Infections	12,000
CDC	Chronic Disease Prevention and Health Promotion	Breast Feeding Grants (Hospitals Promoting Breastfeeding).	8,000
CDC	Chronic Disease Prevention and Health Promotion	Million Hearts Program .....	4,000
CDC	Chronic Disease Prevention and Health Promotion	Heart Disease & Stroke Prevention Program.	170,000
CDC	Chronic Disease Prevention and Health Promotion	Diabetes .....	180,000
CDC	Chronic Disease Prevention and Health Promotion	National Diabetes Prevention Program.	10,000

(\$ in thousands)

Agency	Account	Program	FY 2016 Committee
CDC	Chronic Disease Prevention and Health Promotion	Breast and Cervical Cancer .....	104,000
CDC	Chronic Disease Prevention and Health Promotion	Colorectal Cancer .....	39,515
CDC	Chronic Disease Prevention and Health Promotion	Workplace Wellness .....	7,500
CDC	Chronic Disease Prevention and Health Promotion	Early Care Collaboratives .....	4,000
CDC	Environmental Health .....	Lead Poisoning Prevention .....	15,000
CDC	CDC-Wide Activities .....	Prevention Health and Health Services Block Grants.	170,000
ACL	Aging and Disability Services Programs .....	Alzheimer's Disease Prevention Education and Outreach.	12,700
ACL	Aging and Disability Services Programs .....	Falls Prevention .....	5,000

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 number of Public Health Service employees assigned to assist in child survival activities and to work in AIDS programs through and with funds provided by the Agency for International Development, the United Nations International Children's Emergency Fund, or the World Health Organization.

Sec. 203. The Committee modifies 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 III.

Sec. 204. 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. 205. The Committee modifies a provision regarding the enacted level for the PHS evaluation set-aside, reducing it to the lesser of 2.4 percent or \$1,068,000,000.

## (TRANSFER OF FUNDS)

Sec. 206. 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. Advance notification must be provided to the Committees on Appropriations at the program, project, and activity level in advance of any transfer.

## (TRANSFER OF FUNDS)

Sec. 207. 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. 208. The Committee continues a provision to make NIH funds available for human immunodeficiency virus research available to the Office of AIDS Research.

Sec. 209. 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. 210. 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. 211. The Committee continues a provision related to the Medicare Advantage program.

Sec. 212. 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. 213. 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. 214. 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. 215. The Committee modifies 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. 216. The Committee continues a provision prohibiting funds from being used to advocate or promote gun control.

Sec. 217. The Committee continues a provision relating to publicly accessible information regarding uses of funds under section 4002 of Public Law 111–148.

Sec. 218. The Committee continues language directing the spending of the Prevention and Public Health fund.

Sec. 219. The Committee continues the Biomedical Advanced Research and Development Authority ten year contract authority.

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 ACA in the fiscal year 2017 budget request.

Sec. 221. The Committee continues the 60 day flexibility for National Health Service Corps contract terminations.

Sec. 222. The Committee continues a provision allowing NIH to retain payments for certain research organisms and substances.

Sec. 223. The Committee continues specific report requirements for CMS's marketplaces activities in the fiscal year 2017 budget request.

Sec. 224. The Committee continues a provision prohibiting CMS Program Account from being used to support risk corridor payments.

## (RESCISSION)

Sec. 225. The Committee includes a new provision rescinding the nonrecurring expenses fund.

Sec. 226. The Committee includes a new provision transferring certain functions of the Agency for Healthcare Research and Quality and terminating the agency as a separate entity.

Sec. 227. The Committee includes a new provision requiring HHS to submit an analysis of the impact of section 2713 of the PHS Act on discretionary programs.

Sec. 228. The Committee includes a new provision prohibiting funds from being used for patient-centered outcomes research.

Sec. 229. The Committee includes a new provision prohibiting funds from being used for Title X family planning activities.

Sec. 230. The Committee includes a new provision to prevent funding of the Navigator program.

## (RESCISSION)

Sec. 231. The Committee includes a new provision rescinding expired funds under HRSA.

Sec. 232. The Committee includes a new provision requiring the Secretaries of HHS and the Department of Agriculture to develop dietary guidelines based on scientific evidence and to provide for additional public comment.

## TITLE III—DEPARTMENT OF EDUCATION

## EDUCATION FOR THE DISADVANTAGED

The Committee recommends \$14,869,641,000 for the Education for the Disadvantaged programs, which is \$666,466,000 below the fiscal year 2015 enacted level and \$1,722,905,000 below the budget request. Of the total amount available, \$3,987,006,000 is appropriated for fiscal year 2016 for obligation on or after July 1, 2016 and \$10,841,177,000 is appropriated for fiscal year 2016 for obligation on or after October 1, 2016. This appropriation account includes compensatory education programs authorized under title I 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 2016, the Committee recommends \$14,409,802,000 for Title I grants to local educational agencies (school districts), which is the same as the fiscal year 2015 enacted level and \$1,000,000,000 below the budget request. Title I grants support the ESEA's accountability system, which emphasizes State standards and aligned assessments, and measuring adequate yearly progress in reading and math for all students annually in grades three through eight, and once in high school.

Of the amounts provided for Title I programs, \$6,459,401,000 is available for Basic Grants to Local Educational Agencies (LEAs). This amount is the same as the fiscal year 2015 enacted level and the budget request.

Within the amount for Title I Basic Grants, up to \$3,984,000 is made available to the Secretary of Education on October 1, 2015,

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 2015 enacted level and the 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 \$3,294,050,000 for Title I Targeted Grants, which is the same as the fiscal year 2015 enacted level and \$500,000,000 below the budget request. Targeted Grants provide higher payments to school districts with high numbers or percentages of low-income students.

The Committee recommends \$3,294,050,000 for Title I Education Finance Incentive Grants (EFIGs), which is the same as the fiscal year 2015 enacted level and \$500,000,000 below the 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 Department shall continue to use its existing formula in allocating funds to Bureau of Indian Education schools and to follow this practice in any relevant future emergency funding that provides it the same authority and discretion.

#### *Evaluation*

The Committee does not include a specific appropriation for evaluation of the Title I program, which is \$710,000 below the fiscal year 2015 enacted level. Instead of appropriating a specific dollar amount for this activity, the Committee bill includes language to allow the Department to reserve up to 0.5 percent of each ESEA appropriation in the bill, except for titles I and III of the ESEA, for evaluation of ESEA programs.

#### *School Improvement Grants*

The Committee recommends no funding for School Improvement Grants (SIG), which is \$505,756,000 below the fiscal year 2015 enacted level and \$555,756,000 below the budget request. This formula grant program provides assistance to States and school districts for Title I schools. The Committee is concerned that the Department has implemented this program in an overly prescriptive fashion that is not workable, especially in many rural areas. The Department has not demonstrated that these models have been effective in turning around low performing schools and has significant concerns about investing additional dollars into such a program in the absence of a reauthorized ESEA.

#### *Striving Readers*

The Committee recommends no funding for Striving Readers, which is \$160,000,000 below the fiscal year 2015 enacted level and the budget request.

#### *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 2015 enacted level and the budget request. This program supports special educational and related services for children of mi-

grant 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 2015 enacted level and the budget request. This formula grant program supports educational services for children and youth under age 21 in institutions for juvenile delinquents, adult correctional institutions, or institutions for the neglected. A portion of these funds may be used for projects that support the successful re-entry of youth offenders into postsecondary and vocational programs.

*Special Programs for Migrant Students*

The Committee recommends \$37,474,000 for the Special Programs for Migrant Students, which is the same as the fiscal year 2015 enacted level and \$7,149,000 below the budget request. These programs support 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 Assistance 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.

*School Readiness*

The Committee provides no funding for the Preschool Development Grants program, which is the same as the 2015 enacted level and \$750,000,000 below the budget request. While improving the availability and quality of early childhood education is a worthwhile goal, the activities proposed by the Administration would represent an enormous expansion of the federal role in education. Instead of creating new, multi-billion dollar programs, the Committee encourages the Department and other related agencies to streamline federal support for early childhood education and care, simplify program administration in existing programs, and allow States to determine how best to coordinate services.

The federal government already recognizes the importance of and provides a significant investment in programs that support and provide early childhood education and care every year. A 2012 Government Accountability Office (GAO) report found 45 such programs across multiple agencies costing taxpayers at least \$13.3 billion in fiscal year 2010.

Furthermore, as noted in the Department of Education's (the Department's) budget documents, 40 States and the District of Columbia have established at least one publicly-funded State preschool program. The president's plan would require States to disrupt these successful programs to meet prescriptive national benchmarks and standards.

#### IMPACT AID

The Committee recommends \$1,298,603,000 for federal Impact Aid programs, which is \$10,000,000 above the fiscal year 2015 enacted level and the 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 \$1,161,233,000 for Basic Support Payments to LEAs, which is \$10,000,000 above the fiscal year 2015 enacted level and the 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 2015 enacted level and the 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 2015 enacted level and \$66,813,000 below the 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 2015 enacted level and the budget request. This program provides formula grants for building and renovating school facilities to LEAs 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 2015 enacted level and \$66,813,000 above the 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 \$3,500,720,000 for School Improvement Programs, which is \$901,951,000 below the fiscal year 2015

enacted level and \$1,192,451,000 below the budget request. The School Improvement account includes programs authorized under Titles 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.

#### *State Grants for Improving Teacher Quality*

The Committee recommends \$1,681,441,000 for State Grants for Improving Teacher Quality, which is \$668,389,000 below the fiscal year 2015 enacted level and the budget request. Teacher Quality Grants provide States and districts with a flexible source of funding with which to strengthen the skills and knowledge of teachers, principals, and administrators to enable them to improve student achievement. States are authorized to retain 2.5 percent of funds for State activities, including reforming teacher certification, re-certification or licensure requirements; and expanding, establishing, or improving alternative routes to State certification.

The Committee includes a 3.2 percent set-aside for Supporting Effective Educator Development (SEED), which supports competitive awards to national nonprofit organizations to support teacher or principal training or professional enhancement activities.

The bill includes funding within the SEED set-aside for competitive grants to non-profit organizations with demonstrated effectiveness in the development and implementation of civic learning programs. Priority should be given to applicants that demonstrate innovation, scalability, and a focus on underserved populations, including rural schools and students.

The bill does not include language included in the fiscal year 2015 omnibus setting aside up to 8 percent of SEED funds for research, dissemination, evaluation, and technical assistance.

#### *Educational Technology State Grants*

The Committee recommends no funding for the newly proposed Educational Technology State Grants program, which is \$200,000,000 below the budget request. This program was not funded in fiscal year 2015.

#### *Mathematics and Science Partnerships*

The Committee recommends no funding for Mathematics and Science Partnerships, which is \$152,717,000 below the fiscal year 2015 enacted level and \$202,717,000 below the budget request. This program provides professional development for math and science teachers; these activities can be carried out under other authorities funded in this bill and through other federal agencies such as the National Science Foundation.

#### *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 2015 enacted level and the 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 \$1,151,673,000 for 21st Century Community Learning Centers (CCLC), which is the same as the fiscal year 2015 enacted level and the budget request. This program is a formula grant to States, which in turn distribute funds on a competitive basis to local school districts, community-based organizations, and other public entities and private organizations. Funds may be used for before and after school activities, recreational activities, and expanded library service hours.

*Expanded Learning Time.*—The Committee is concerned about recent efforts by the Department to offer flexibility waivers for the 21st Century Community Learning Centers (21st CCLC) that would implement expanded learning time by adding time to the school day, school week, or school year, by diverting 21st CCLC funding away from quality afterschool, before school and summer learning programs. Current statute requires 21st CCLC funds be spent on quality afterschool, before-school or summer learning programming. The 21st CCLC initiative is the only federal funding source dedicated exclusively to before-school, afterschool and summer learning programs for students attending high-poverty, low-performing schools. Data demonstrates that quality afterschool programs have a positive impact on a number of measures of student academic achievement, positively affecting behavior and discipline and helping relieve parents' worries about their children's safety during the hours when school is out. The Committee notes that State and local governments currently have the flexibility to use other federal funding for expanded learning time that adds additional time to the school day, school week, or school year. Furthermore, the Committee strongly believes any changes to 21st CCLC funding require legislative action in the form of authorization by the appropriate congressional committees. Therefore, the Committee has included bill language prohibiting the Department from allowing 21st CCLC funds from being used for expanded learning time.

#### *State Assessments*

The Committee recommends \$300,000,000 for State Assessments, which is \$78,000,000 below the fiscal year 2015 enacted level and \$103,000,000 below the budget request. This program provides States with funding to develop annual assessments and to carry out activities related to ensuring accountability for results in the State's schools and school districts.

#### *Education for Homeless Children and Youth*

The Committee recommends \$65,042,000 for the Education for Homeless Children and Youth program, which is the same as the fiscal year 2015 enacted level and \$6,500,000 below the 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. For local grants, at least 50 percent must be used for direct services to homeless children and youth, including tutoring, remedial or other educational services.

*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 2015 enacted level and the budget request. Title IV A authorizes technical assistance and training services for LEAs 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 non-discrimination 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 \$1,000,000 above the fiscal year 2015 level and the same as the budget request. Funds are used to provide competitive awards for supplemental education services to the Native Hawaiian population.

*Alaska Native Education Equity*

The Committee recommends \$32,453,000 for the Alaska Native Education Equity program, which is \$1,000,000 above the fiscal year 2015 level and the same as the budget request. Funds are used to provide competitive awards for supplemental education services to the Alaska Native population.

*Rural Education*

The Committee recommends \$169,840,000 for Rural Education programs, which is the same as the fiscal year 2015 enacted level and the 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 \$43,600,000 for Comprehensive Centers, which is \$4,845,000 below the fiscal year 2015 enacted level and \$11,845,000 below the budget request. First funded in fiscal year 2005, this grant program currently finances 21 comprehensive centers, including 16 regional centers that are intended to provide technical assistance to State educational agencies within their geographic regions in helping to implement provisions of the No

Child Left Behind Act. The remaining five centers are content centers that are designed to have in-depth knowledge of all aspects of school improvement. Each center specializes in one of five content areas: assessment and accountability; instruction; teacher quality; innovation and improvement; and high schools.

The Committee bill includes language directing the Secretary to ensure that the Bureau of Indian Education has access to services provided under this section.

#### INDIAN EDUCATION

The Committee recommends \$143,939,000 for Indian Education, which is \$20,000,000 above the fiscal year 2015 enacted level and \$30,000,000 below the budget request. This account supports programs authorized by part A of title VII 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 2015 enacted level and the budget request. This program provides assistance through formula grants to school districts and schools supported or operated by the Bureau of Indian Affairs. The purpose of this program is to reform 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 \$37,993,000 for Special Programs for Indian Children, which \$20,000,000 above the fiscal year 2015 enacted level and \$30,000,000 below the budget request. These programs make competitive awards to improve the quality of education for 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.

Within the total, the Committee recommends \$22,890,000 for the Native Youth Community Projects, \$19,875,000 above the fiscal year 2015 enacted level and \$30,000,000 below the budget request. This program makes competitive awards to support culturally-relevant coordinated strategies to improve college- and career-readiness of Native American youth.

##### *National Activities*

The Committee recommends \$5,565,000 for National Activities, which is the same as the fiscal year 2015 enacted level and the budget request. Funds under this authority support research, evaluation and data collection to provide information about the educational status of Indian students and the effectiveness of Indian education programs.

*State-Tribal Education Partnership Pilot.*—The Committee recommends continued funding for the State-Tribal Education Part-

nership Pilot Program. In this pilot, tribes and States collaborate through agreements to implement ESEA programs in public schools located on reservations. Indian educators have long called for tribal-State-federal partnerships to involve Indian Tribes in educating their students and to improve American Indian/Alaska Native education outcomes. STEP pilots have, and will continue to, assist State and tribal governments to continue delivering the highest quality education for Indian students.

#### INNOVATION AND IMPROVEMENT

The Committee recommends \$275,000,000 for Innovation and Improvement programs, which is \$827,111,000 below the fiscal year 2015 enacted level and \$1,326,559,000 below the budget request. This appropriation account includes programs authorized under portions of Title V of the ESEA.

##### *Investing in Innovation*

The Committee recommends no funding for the Investing in Innovation fund, which was established in the American Recovery and Reinvestment Act of 2009 and is not authorized. This amount is \$120,000,000 below the fiscal year 2015 level and \$300,000,000 below the budget request. In the absence of a new ESEA reauthorization setting forth Congressionally-approved parameters for a program such as Investing in Innovation, the Committee does not recommend funding for this program.

##### *Teacher and Principal Pathways*

The Committee recommends no funding for the newly proposed Teacher and Principal Pathways program, \$138,762,000 below the budget request.

##### *Next Generation High Schools*

The Committee recommends no funding for the newly proposed Next Generation High Schools program, \$125,000,000 below the budget request. This program was not funded in fiscal year 2015.

##### *Transition to Teaching*

The Committee recommends no funding for Transition to Teaching, which is \$13,700,000 below the fiscal year 2015 enacted level and the same as the budget request. The Administration proposed to consolidate this program into the Teacher and Principal Pathways program in its budget request.

##### *School Leadership*

The Committee recommends no funding for School Leadership activities, which is \$16,368,000 below the fiscal year 2015 funding and the budget request. The Administration proposed to consolidate this program into the Teacher and Principal Pathways program in its budget request.

##### *Charter Schools*

The Committee recommends \$275,000,000 for support of Charter School Grants, which is \$21,828,000 above the fiscal year 2015 enacted level and \$100,000,000 below the budget request.

The Charter Schools Grants program encourages education reform by supporting the planning, development, and initial implementation of charter schools. In exchange for a commitment to increase student achievement, charter schools are exempt from many statutory and regulatory requirements. The Charter Schools Grants program finances grants to State educational agencies (SEAs) or, if a State's SEA chooses not to participate, charter school developers to support the development and initial implementation of public charter schools. Facilities Incentive Grants and credit enhancement awards help charter schools obtain adequate school facilities. These programs work in tandem to support the development and operation of charter schools.

*Magnet Schools Assistance*

The Committee recommends no funds for the Magnet Schools Assistance program, which is \$91,647,000 below the fiscal year 2015 enacted level and the budget request.

*Fund for the Improvement of Education*

The Committee recommends no funds for the Fund for the Improvement of Education, which is \$323,000,000 below the fiscal year 2015 enacted level and \$166,926,000 below the budget request. In the past, this account has been used to allow the Administration to have a pot of flexible funding for new and often unauthorized initiatives. Given the fiscal constraints facing the Committee, funding is not provided for any of these purposes in this bill.

*Teacher Incentive Fund*

The Committee recommends no funding for the Teacher Incentive Fund (TIF), which is \$230,000,000 below the fiscal year 2015 enacted level and \$350,000,000 below the budget request.

*Ready to Learn Television*

The Committee recommends no funding for Ready to Learn Television, which is \$25,741,000 below the fiscal year 2015 enacted level and the budget request.

*Advanced Placement Program*

The Committee recommends no funding for the Advanced Placement program, which is \$28,483,000 below the fiscal year 2015 enacted level and the budget request.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

The Committee recommends \$56,754,000 for Safe Schools and Citizenship Education programs, which is \$166,561,000 below the fiscal year 2015 enacted level and \$292,807,000 below the budget request. This appropriation account includes programs authorized under parts of Titles IV and V of the ESEA.

*Promise Neighborhoods*

The Committee recommends \$56,754,000 for Promise Neighborhoods, which is the same as the fiscal year 2015 level and \$93,246,000,000 below the 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.

*Safe and Drug-Free Schools and Communities: National Activities*

The Committee recommends no funding for National Activities, which is \$70,000,000 below the fiscal year 2015 enacted level and \$90,000,000 below the budget request.

*Elementary and Secondary School Counseling*

The Committee recommends no funding for Elementary and Secondary School Counseling, which is \$49,561,000 below the fiscal year 2015 enacted level and the budget request.

*Carol M. White Physical Education Program*

The Committee recommends no funding for this program, which is \$47,000,000 below the fiscal year 2015 enacted level and \$60,000,000 below the budget request.

#### ENGLISH LANGUAGE ACQUISITION

The Committee recommends \$737,400,000 for the English Language Acquisition program, which is the same as the fiscal year 2015 enacted level and \$36,000,000 below the budget request. Of this amount provided for the 2016–2017 academic year, funds are appropriated for obligation on or after July 1, 2016 and available through September 30, 2017. The bill continues language to calculate all State awards based on a three-year average of data from the American Community Survey.

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 population. Funds under this account also support professional development to increase the pool of teachers prepared to serve LEP students as well as evaluation activities.

#### SPECIAL EDUCATION

The Committee recommends \$13,024,510,000 for programs authorized under the Individuals with Disabilities Education Act (IDEA) for children with disabilities. This is \$502,152,000 above the fiscal year 2015 enacted level and \$202,152,000 above the budget request. Of the total amount available, \$3,367,611,000 is available for obligation on July 1, 2016, and \$9,424,183,000 is available for obligation on October 1, 2016. These grants help States and localities pay for a free appropriate education for 6.6 million students with disabilities aged 3 through 21 years.

*Grants to States*

The Committee recommends \$12,000,000,000 for Part B Grants to States, which is \$502,152,000 above the fiscal year 2015 enacted level and \$327,152,000 above the 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, tech-

nical 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 includes 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 includes 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 \$353,238,000 for Preschool Grants, which is the same as the fiscal year 2015 enacted level and \$50,000,000 below the 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 \$438,556,000 for Grants for Infants and Families, which is the same as the fiscal year 2015 enacted level and \$65,000,000 below the 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 \$232,716,000 for the IDEA National Activities program, which is the same as the fiscal year 2015 enacted level and \$10,000,000 below the 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 \$41,630,000 for State Personnel Development, which is the same as the fiscal year 2015 enacted level and the 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.

*Technical Assistance and Dissemination.*—The Committee recommends \$51,928,000 for Technical Assistance and Dissemination, which is the same as the fiscal year 2015 enacted level and \$10,000,000 below the budget request. This program provides funding for technical assistance, demonstration projects, and information dissemination. These funds support efforts by State and local educational agencies, institutions of higher education, and other entities to build State and local capacity to make systemic changes and improve results for children with disabilities.

*Personnel Preparation.*—The Committee recommends \$83,700,000 for Personnel Preparation, which is the same as the fiscal year 2015 enacted level and the budget request. This program supports competitive awards to help address State-identified needs for qualified personnel to work with children with disabili-

ities, 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.

*Parent Information Centers.*—The Committee recommends \$27,411,000 for Parent Information Centers, which is the same as the fiscal year 2015 enacted level and the 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.

*Technology and Media Services.*—The Committee recommends \$28,047,000 for Technology and Media Services, which is the same as the fiscal year 2015 enacted level and the 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.

#### REHABILITATION SERVICES AND DISABILITY RESEARCH

The Committee recommends \$3,529,605,000 for Rehabilitation Services and Disability Research, which is \$180,248,000 below the fiscal year 2015 enacted level and \$2,504,000 below the 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 \$3,391,770,000 for Vocational Rehabilitation (VR) State Grants, which is \$56,696,000 above the fiscal year 2015 enacted level and the same as the 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.

The Committee does not include language allowing Vocational Rehabilitation State grant unmatched funds in excess of any funds requested during the reallocation process to be available for the Promoting Readiness of Minors in Supplemental Security Income program.

#### *Client Assistance State Grants*

The Committee recommends \$13,000,000 for Client Assistance State Grants, which is the same as the fiscal year 2015 enacted level and the 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 \$30,188,000 for the Training program, which is the same as the fiscal year 2015 enacted level and the 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. The Committee does not include the proposal in the budget request to shift funding from the In-Service Training program from this account to the Vocational Rehabilitation State Grants account.

#### *Demonstration and Training Programs*

The Committee recommends \$5,796,000 for Demonstration and Training Programs, which is the same as the fiscal year 2015 enacted level the budget request. These programs authorize discretionary awards on a competitive basis 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 2015 enacted level and the 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 \$27,548,000 for Supported Employment State Grants, which is the same as the fiscal year 2015 enacted level and \$3,000,000 below the 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. In supported employment programs, persons with the most significant disabilities are given special supervision and assistance to enable them to work in an integrated setting.

#### *Independent Living*

The Committee recommends \$33,317,000 for Independent Living Programs, which is \$101,183,000 below the fiscal year 2015 enacted level and the same as the budget request. These programs provide services to individuals with disabilities to maximize their independence and productivity, and to help them integrate into the mainstream of American society.

*Independent Living State Grants.*—The Committee recommends no funding within the Department for Independent Living State Grants. The Workforce Innovation and Opportunity Act of 2014 (WIOA) transferred this program to the Department of Health and Human Services (HHS).

*Centers for Independent Living.*—The Committee recommends no funding within the Department for Centers for Independent Living. The WIOA transferred this program to HHS.

*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 the same as the fiscal year 2015 enacted level and the 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 \$10,336,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults, which is \$1,209,000 above the fiscal year 2015 enacted level and \$496,000 above the 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.

*National Institute on Disability and Rehabilitation Research*

The Committee recommends no funding within the Department for the National Institute on Disability and Rehabilitation Research. The WIOA transferred this program to HHS.

*Assistive Technology*

The Committee recommends no funding within the Department for Assistive Technology. The WIOA transferred this program to HHS.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

The Committee recommends \$214,722,000 for Special Institutions for Persons with Disabilities, which is \$2,500,000 above the fiscal year 2015 enacted level and the budget request.

AMERICAN PRINTING HOUSE FOR THE BLIND

The Committee recommends \$25,431,000 for the American Printing House for the Blind, which is \$500,000 above the fiscal year 2015 enacted level and the 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.

The Committee recognizes that students who are blind or have a vision loss must have equal access to the same educational content and should receive that information at the same time as their sighted peers if they are to achieve academically. The transition

from print to digital publishing poses significant challenges for producers of accessible educational materials—especially conveying information via tactile graphics and image descriptions. To address this concern, the Committee encourages the Department to support the Resources with Enhanced Accessibility for Learning (REAL) Plan implemented by the American Printing House for the Blind. REAL will provide new advances in software and hardware technology to ensure that students with vision loss receive high quality educational materials, in a timely manner, in the appropriate formats required to meet individual student learning needs.

#### NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

The Committee recommends \$68,016,000 for the National Technical Institute for the Deaf, which is \$1,000,000 above the fiscal year 2015 enacted level and the budget request. The National Technical Institute for the Deaf was established by Congress 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 \$121,275,000 for Gallaudet University, which is \$1,000,000 above the fiscal year 2015 enacted level and the 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 \$1,700,609,000 for Career, Technical, and Adult Education programs, which is \$7,077,000 below the fiscal year 2015 enacted level and \$215,077,000 below the 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 2015 enacted level and \$200,000,000 below the budget request. Funds are made available for obligation on October 1, 2016.

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.

The Committee includes no funding for the newly proposed American Technical Training Fund, \$200,000,000 below the budget request. This program was not funded in fiscal year 2015.

#### *National Programs*

The Committee recommends \$3,816,000 for National programs, which is \$3,605,000 below the fiscal year 2015 enacted level and \$5,605,000 below the 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 \$568,955,000 for Adult Basic and Literacy Education State Grants, which is the same as the fiscal year 2015 enacted level and the 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.

The bill also specifies that the set aside for English literacy and civics education State grants within the adult education program shall be \$71,439,000 in fiscal year 2016, the same as the fiscal year 2015 enacted level.

#### *Adult Education National Leadership Activities*

The Committee recommends \$10,240,000 for National Leadership Activities, which is \$3,472,000 below the fiscal year 2015 enacted level and \$9,472,000 below the 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 \$23,828,210,000 for Student Financial Assistance programs, which is \$370,000,000 below the fiscal year 2015 enacted level and the budget request.

#### *Pell Grants*

The Committee recommends \$22,105,352,000 for the Pell Grant program, which is \$370,000,000 below the fiscal year 2015 enacted level and the budget request. These funds will support Pell grants to students for the 2016–17 academic year.

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. When combined with the mandatory add-on of \$1,055, this will result in a \$5,915 maximum Pell Grant in the 2016–17 academic year.

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.

In the past decade, Pell Grant spending has exploded. Expansions included in the College Cost Reduction and Access Act of 2007, the Higher Education Opportunity Act of 2008, the stimulus bill in 2009, and the Student Aid and Fiscal Responsibility Act of 2011 created an unsustainable situation that had recently put the program on a path toward bankruptcy. Numerous expansions, coupled with a dramatic rise in the number of eligible students due to the recession, caused the cost of discretionary Pell Grants to nearly double, from \$16.1 billion in 2008 to over \$31 billion in 2014. To address these challenges while maintaining the maximum Pell award, the Committee included responsible, common-sense reforms in the Consolidated Appropriations Act, 2012. As a result of these measures, the Pell Grant program has experienced a surplus in recent fiscal years. The Committee recommendation uses this surplus along with the funds appropriated in this bill to maintain the maximum Pell Grant award in the 2016–17 academic year. However, the Committee notes with concern that the Pell Grant program will again face a significant fiscal shortfall in future years without further reforms to make the program more efficient and targeted to the students and families that are most in need.

#### *Federal Supplemental Educational Opportunity Grants*

The Committee recommends \$733,130,000 for this program, which is the same as the fiscal year 2015 enacted level and the 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 65 percent of dependent recipients have annual family incomes under \$30,000 and nearly 80 percent of independent SEOG recipients have annual family incomes under \$20,000. Institutions must contribute a 25 percent match toward their Supplemental Educational Opportunity Grant allocation.

#### *Federal Work-Study*

The Committee recommends \$989,728,000 for the Federal Work-Study program, which is the same as the fiscal year 2015 enacted level and the 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 3,400 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 2015 enacted

level. The Work Colleges program is authorized under section 448 of the Higher Education Act.

#### STUDENT AID ADMINISTRATION

The Committee recommends \$1,446,924,000 for Student Aid Administration (SAA), which is \$50,000,000 above the fiscal year 2015 enacted level and \$134,930,000 below the budget request. Programs administered under this account include Pell Grants, campus-based programs, Teacher Education Assistance for College and Higher Education (TEACH) grants, and federal student loan programs.

*Salaries and Expenses.*—Within the total provided for Student Aid Administration, the Committee recommends \$675,224,000 for salaries and expenses, which is the same as the 2015 enacted level and \$51,419,000 below the budget request.

*Loan Servicing Activities.*—Within the total provided for SAA, the Committee recommends \$771,700,000 for Loan Servicing Activities, which is the same as the 2015 enacted level and \$83,511,000 below the budget request.

*Private Collection Agencies.*—The Committee recognizes the importance of the Department's contracts with private collection agencies (PCAs) to encouraging the timely repayment of federal student loans. The oversight and management of these contracts should be performed in a fair and consistent manner to ensure the rights of borrowers are paramount and to protect American taxpayers. However, the Committee is concerned about the current state of the contracting process with the PCAs and the Department. During the last contract period, the department relied on 22 PCAs to assist borrowers in rehabilitating their defaulted student loans and resuming timely payments. In anticipation of these contracts ending in April 2015, the Department awarded extensions to only 5 of the 22 companies, effectively reducing the pool of PCAs by almost 80 percent until the new contract period begins. The Committee is concerned that this sharp drop in the number PCAs could lead to poor administration and customer care for students and result in fewer rehabilitations and repayments of federal student loans. Within 60 days after the enactment of this Act, the Department is directed to submit a report to the House Appropriations Committee on how it plans to ensure proper oversight and management of the defaulted student loan portfolio and conduct effective monitoring of interactions between borrowers and the PCAs.

#### HIGHER EDUCATION

The Committee recommends \$1,909,042,000 for Higher Education programs, which is \$15,797,000 below the fiscal year 2015 enacted level and \$163,003,000 below the budget request.

##### *Strengthening Institutions*

The Committee recommends \$82,071,000 for the Part A, Strengthening Institutions program, which is \$1,609,000 above the fiscal year 2015 enacted level and the 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 \$102,236,000 for the Hispanic-Serving Institutions program, which is \$2,005,000 above the fiscal year 2015 enacted level and the 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 \$9,172,000 for the Promoting Postbaccalaureate Opportunities for Hispanic Americans program, which is \$180,000 above the fiscal year 2015 enacted level and \$1,393,000 below the budget request. This program provides expanded post baccalaureate educational opportunities for the academic attainment of Hispanic and low income students. In addition, it expands academic offerings and enhances program quality at institutions of higher education educating the majority of Hispanic college students.

*Strengthening Historically Black Colleges and Universities*

The Committee recommends \$232,074,000 for Strengthening Historically Black Colleges and Universities (HBCUs), which is \$4,550,000 above the fiscal year 2015 enacted level and the 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. The minimum grant is \$500,000.

*Strengthening Historically Black Graduate Institutions*

The Committee recommends \$60,017,000 for the Strengthening Historically Black Graduate Institutions program, which is \$1,177,000 above the fiscal year 2015 enacted level and the 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. Funds may be used 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 \$9,429,000 for the Strengthening Predominantly Black Institutions (PBIs) program, which is \$185,000 above the fiscal year 2015 enacted level and the budget request.

*Strengthening Asian American and Native American Pacific-Islander-Serving Institutions*

The Committee recommends \$3,175,000 for the Asian American Pacific Islander program, which is \$62,000 above the fiscal year 2015 enacted level and the budget request. This program provides grants to undergraduate institutions that have an undergraduate student enrollment of at least ten percent Asian American or Native American Pacific Islander.

*Strengthening Alaska Native and Native Hawaiian-Serving Institutions*

The Committee recommends \$13,090,000 for the Strengthening Alaska Native and Native Hawaiian-Serving Institutions program, which is \$257,000 above the fiscal year 2015 enacted level and the 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 \$3,175,000 for the Native American Serving Non-Tribal Institutions program, which is \$62,000 above the fiscal year 2015 enacted level and the budget request.

*Strengthening Tribally Controlled Colleges and Universities*

The Committee recommends \$30,000,000 for the Strengthening Tribally Controlled Colleges and Universities program, which is \$4,338,000 above the fiscal year 2015 enacted level and the budget request.

*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 2015 enacted level and \$2,000,000 below the 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 \$7,061,000 for the Overseas Programs of the International Education, which is the same as the fiscal year 2015 enacted level and \$2,000,000 below the budget request. Funding for these programs support group projects, faculty research, special bilateral research, and doctoral dissertation research conducted abroad.

*Fund for the Improvement of Postsecondary Education*

The Committee recommends no funding for the Fund for the Improvement of Postsecondary Education (FIPSE), which is \$67,775,000 below the fiscal year 2015 enacted level and the same as the budget request. This program awards grants and contracts to a variety of postsecondary institutions and other organizations to improve the quality and delivery of postsecondary education. In



the past, this account has been used primarily to allow the Administration to have a pot of flexible funding for new and often unauthorized initiatives. Given the fiscal constraints facing the Committee, funding is not provided for any of these purposes in this bill.

*First in the World*

The Committee recommends no funding for the First in the World program. This program was funded within FIPSE in fiscal year 2015. The request included \$200,000,000 for this program in a new budget line.

*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 2015 level and the budget request. This program, first funded in fiscal year 2011, supports grants to create model transition programs for students with intellectual disabilities.

*Minority Science and Engineering Improvement*

The Committee recommends \$8,971,000 for the Minority Science and Engineering Improvement Program, which is the same as the fiscal year 2015 enacted level and the budget request. The Minority Science and Engineering Improvement 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 \$8,705,000 for this program, which is \$1,000,000 above the fiscal year 2015 enacted level and the 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 \$900,000,000 for TRIO programs, which is \$60,248,000 above the fiscal year 2015 enacted level and \$40,248,000 above the budget request. The TRIO programs provide a variety of outreach and support services to encourage low-income, potential first-generation college students to enter and complete college. Discretionary grants of up to four or five years are awarded competitively to institutions of higher education and other agencies. At least two-thirds of the eligible participants in TRIO must be low-income, first-generation college students.

*GEAR UP*

The Committee recommends \$322,754,000 for the GEAR UP program, which is \$21,115,000 above the fiscal year 2015 enacted level and the budget request. GEAR UP provides grants to States and partnerships of low-income middle and high schools, institutions of higher education and community organizations to target entire

grades of students and give them the skills, encouragement, and scholarships to successfully pursue postsecondary education.

The Committee bill continues language allowing the Department to maintain the Gaining Early Awareness and Readiness for Undergraduate Programs (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 \$25,075,000 for the Graduate Assistance in Areas of National Need program, which is \$4,218,000 below the fiscal year 2015 enacted level and the budget request. Funds are included to fully cover the cost of grants made in prior years. The program awards grants to institutions of higher education to provide fellowships to economically disadvantaged students who have demonstrated academic excellence and who are pursuing graduate education in designated areas of national need, such as the sciences, mathematics, engineering, and nursing.

#### *Teacher Quality Partnerships Grants*

The Committee recommends no funding for Teacher Quality Partnerships, which is \$40,592,000 below the fiscal year 2015 enacted level and the same as the budget request. The Administration proposed to consolidate this program into the Teacher and Principal Pathways program in its budget request.

#### *Child Care Access Means Parents in School*

The Committee recommends \$15,134,000 for the Child Care Access Means Parents in School program, which is the same as the fiscal year 2015 enacted level and the budget request. This program helps to ensure that low-income student parents have access to postsecondary education and affordable and convenient child care. Colleges and universities may receive discretionary grants of up to four years to support or establish a campus-based childcare program primarily serving the needs of low-income students enrolled at the institution. Priority is given to childcare programs that leverage significant local or institutional resources and utilize a sliding fee scale.

#### *GPRA Data / Higher Education Act Program Evaluation*

The Committee recommends no funding for program evaluation and development of data authorized under the Government Performance and Results Act for Higher Education programs administered by the Department. This amount is the same as the fiscal year 2015 enacted level and \$30,000,000 below the budget request.

### HOWARD UNIVERSITY

The Committee recommends \$221,821,000 for Howard University, which is the same as the fiscal year 2015 enacted level and the 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 2015 enacted level and the 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 \$435,000 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 same as the fiscal year 2015 enacted level and \$15,000 below the 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 \$19,430,000 for the Historically Black College and University Capital Financing program, which is the same as the fiscal year 2015 enacted level and \$6,000 below the budget request. Funds are available through September 30, 2016. The Historically Black Colleges and University Capital Financing program is authorized under part D of Title III of the Higher Education Act 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 \$334,000 for the administrative expenses to carry out this program and \$19,096,000 for loan subsidy costs that will be sufficient to guarantee up to \$303,593,000 in new loans in fiscal year 2015. Funds will also be used to continue technical assistance services to help Historically Black Colleges and Universities improve their financial stability and access to capital markets.

#### INSTITUTE OF EDUCATION SCIENCES

The Committee recommends \$409,956,000 for the Institute of Education Sciences, which is \$163,979,000 below the fiscal year 2015 enacted level and \$265,927,000 below the budget request. This account supports education research, statistics, dissemination, evaluation, and assessment activities.

##### *Research, Development, and Dissemination*

The Committee recommends \$93,144,000 for Research, Development, and Dissemination, which is \$86,716,000 below the fiscal year 2015 enacted level and \$109,129,000 below the budget request. Funds are included to fully cover the cost of grants made in prior years. The Institute of Education Sciences (IES) supports research, development, and national dissemination activities that are aimed at expanding fundamental knowledge of education and pro-

moting the use of research and development findings in the design of efforts to improve education.

#### *Statistics*

The Committee recommends \$103,060,000 for the activities of the National Center for Education Statistics (NCES), which is the same as the fiscal year 2015 enacted level and \$21,684,000 below the 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 no funding for Regional Educational Laboratories, which is \$54,423,000 below the fiscal year 2015 enacted level and the budget request.

#### *Research in Special Education*

The Committee recommends \$35,978,000 for Research in Special Education, which is \$18,022,000 below the fiscal year 2015 enacted level and the 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 \$6,000,000 for Special Education Studies and Evaluations, which is \$4,818,000 below the fiscal year 2015 enacted level and \$7,000,000 below the 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 \$34,539,000 for Statewide Data Systems, which is the same as the fiscal year 2015 enacted level and \$35,461,000 below the budget request. Competitive grants under this authority are made to State educational agencies to help them manage, analyze, disaggregate and use student data consistent with the ESEA.

#### *Assessment*

The Committee recommends \$137,235,000 for Assessment, which is the same as the fiscal year 2015 enacted level and \$20,208,000 below the budget request. This amount includes \$8,235,000 for the National Assessment Governing Board (NAGB), which is the same as the fiscal year 2015 enacted level and \$408,000 above the budget request.

The National Assessment of Educational Progress 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 National Assessment of Educational Progress is operated by contractors through competitive awards made by the National Center for Education Statistics. The NAGB formulates the policy guidelines for the program.

#### DEPARTMENTAL MANAGEMENT

The Committee recommends \$569,256,000 for Departmental Management, which is \$465,000 above the fiscal year 2015 enacted level and \$94,780,000 below the 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 the Inspector General.

##### *Program Administration*

The Committee recommends \$410,000,000 for Program Administration, which is \$1,000,000 below the fiscal year 2015 enacted level and \$64,089,000 below the budget request. These funds support the staff and other costs of administering programs and activities at the Department. Items include personnel compensation and 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. The Committee bill does not include funding for building modernization.

*Vision and Educational Performance.*—One out of four children in the United States have some form of low vision and at least two million schoolchildren start the school year not being able to see clearly. Thousands of schoolchildren from low-income families are unable to make the most of their education because they cannot see well. Most of these cases of poor vision are due to refractive error and are easily corrected.

The Committee recommends that the Department consider funding programs that identify and provide prescription eyeglasses to children from low-income families whose educational performance and future vocational success may be hindered because of poor vision.

*Illegal Immigration.*—The Committee is concerned with the significant healthcare and education costs to State and local communities resulting from illegal immigration. These costs are especially high in States along the southern border of the United States. The Committee directs the Department of Education and the Department of Health and Human Services to provide all available federal resources to assist State and local governments with these increased costs that are a direct result of federal law or policy. The Committee further directs the Departments to provide a report to the House Appropriations subcommittee on Labor, Health and

Human Services, and Education, the subcommittee on Commerce, Justice, Science and the subcommittee on Homeland Security within 90 days of enactment on the costs borne by State and local governments and the federal government for providing health and education services to individuals without legal immigration status, to include those who qualified under the President's November 20, 2014 executive immigration action. The report shall address the costs incurred over the course of fiscal years 2014 and 2015 and include projected costs for fiscal years 2016 through 2020. The report shall also include an accounting of the federal resources that have been and will be directed in each year to cover these added expenses.

*Interagency Collaboration.*—The Committee understands the importance of interagency collaboration in promoting student achievement and ensuring equal access to education. To achieve these goals, the Committee directs the Secretary to work jointly with the Director of the Institute of Museum and Library Services on initiatives, materials or technology to support educational and workforce development activities undertaken by libraries; resource and policy approaches to eliminate barriers to fully leveraging the role of libraries and museums in supporting the early learning, literacy, lifelong learning, digital literacy, workforce development, and education needs of the people of the United States; and initiatives, materials, or technology to support educational activities undertaken by museums.

#### OFFICE FOR CIVIL RIGHTS

The Committee recommends \$100,000,000 for the Office for Civil Rights, which is the same as the fiscal year 2015 enacted level and \$30,691,000 below the 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, 14,000 LEAs, and nearly 6,500 institutions of higher education, including proprietary schools. They also extend to 82 State rehabilitation agencies, libraries, museums, and other institutions receiving federal funds.

#### OFFICE OF THE INSPECTOR GENERAL

The Committee recommends \$59,256,000 for the Office of the Inspector General, which is \$1,465,000 above the fiscal year 2015 enacted level and the same as the 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 a provision that allows the Outlying Areas to consolidate funds under title V of the ESEA.

Sec. 306. The Committee continues a provision that permits Palau to continue participating in Department of Education and other programs pending formal ratification of a new compact agreement.

Sec. 307. The Committee amends a provision allowing the Department to set aside up to 0.5 percent of ESEA funds for evaluation of ESEA programs to clarify that the Institute of Education Sciences is the primary entity to conduct research on and evaluations of these programs.

Sec. 308. The Committee includes a provision allowing certain institutions to continue to use endowment income for student scholarships.

Sec. 309. The Committee includes a provision that prohibits the Department from moving forward with a regulation that would define "gainful employment" through a series of complex calculations that could negatively impact schools and students.

Sec. 310. The Committee includes a provision that prohibits the Department from creating, promulgating, or implementing new regulations that set a federal definition of a credit hour.

Sec. 311. The Committee includes a provision prohibiting funds made available in this act from being used to implement, administer, or enforce regulations that dictate how States must authorize or license institutions of higher education within the State.

Sec. 312. The Committee includes a provision prohibiting funds made available in this act from being used to develop or implement a college rating system.

Sec. 313. The Committee includes a provision prohibiting funds made available in this act from being used to promulgate or enforce teacher preparation regulations.

## TITLE IV—RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR  
SEVERELY DISABLED

## SALARIES AND EXPENSES

The Committee recommends \$5,362,000 for the Committee for Purchase From People Who Are Blind or Severely Disabled, which is equal to the fiscal year 2015 enacted level and \$79,000 below the budget request. The Committee is aware of a recent GAO study which found that the AbilityOne Commission cannot control how central nonprofit agencies, which administer much of the program, spend their funds, set and manage performance goals, or set and implement governance policies and other internal controls. The Committee believes greater 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 provide the AbilityOne Commission with greater oversight capacity, the Committee includes bill language requiring AbilityOne to enter into contracts with central nonprofit agencies prior to the remittance of fees. This will enable AbilityOne to increase auditing, oversight and reporting functions in accordance with standard federal procurement policies. The Committee urges the authorizing Committees of jurisdiction to consider additional means of program oversight, including the appointment of an independent Inspector General.

## CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

## OPERATING EXPENSES

The Committee recommends \$612,527,000 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 is \$145,822,000 below the fiscal year 2015 enacted level and \$242,681,000 below the budget request.

*Volunteers in Service to America (VISTA)*

The Committee recommends \$92,364,000 for VISTA, the same as the fiscal year 2015 enacted level and \$4,521,000 below the 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, the same as the fiscal year 2015 enacted level and the 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 commu-



nity projects and organizations. The breakout of funding by program is as follows:

[\$ in 000]

National Senior Volunteer Corps	FY 2016 Committee
Foster Grandparents Program .....	\$107,702
Senior Companion Program .....	45,512
Retired Senior Volunteer Program .....	48,903
<b>Total .....</b>	<b>202,117</b>

*AmeriCorps State and National Grants*

The Committee recommends \$318,046,000 for AmeriCorps State and National Grants, which is \$17,384,000 below the fiscal year 2015 enacted level and \$107,059,000 below the 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. Within the amount provided, the Committee expects the Corporation to maintain funding for competitive grants at the fiscal year 2015 level.

PAYMENT TO THE NATIONAL SERVICE TRUST

The Committee recommends \$50,000,000 for payments to the National Service Trust, \$159,618,000 below the fiscal year 2015 level and \$187,077,000 below the 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 \$20,000,000 for Salaries and Expenses, \$61,737,000 below the fiscal year 2015 level and \$66,176,000 below the budget request.

OFFICE OF INSPECTOR GENERAL

The Committee recommends \$5,250,000 for the Office of Inspector General.

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 in fiscal year 2018. 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 \$48,748,000 for the Federal Mediation and Conciliation Service. This recommendation is \$3,082,000 more than the fiscal year 2015 enacted level and the same as the fiscal year 2016 budget request.

## FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

## SALARIES AND EXPENSES

The Committee recommends \$17,085,000 for the Federal Mine Safety and Health Review Commission. This recommendation is \$334,000 more than the fiscal year 2015 enacted level and the same as the fiscal year 2016 budget request.

## INSTITUTE FOR MUSEUM AND LIBRARY SERVICES

## OFFICE OF MUSEUM AND LIBRARY SERVICES: GRANTS AND ADMINISTRATION

The Committee recommends \$227,860,000 for the Institute of Museum and Library Services (IMLS), which is the same as the fiscal year 2015 enacted level and \$9,568,000 below the budget request. Within the total for IMLS, the Committee recommends the following amounts:

Budget activity	This Bill	This Bill compared to—	
		FY 2015	FY 2016 Budget Request
Library Services Technology Act (LSTA):			
Grants to States .....	\$154,848,000	\$0	\$348,000
Native American Library Services .....	4,063,000	202,000	0
National Leadership: Libraries .....	12,200,000	0	– 5,300,000
Laura Bush 21st Century Librarian .....	10,000,000	0	– 500,000
Museum Services Act:			
Museums for America .....	20,983,000	783,000	– 474,000
21st Century Museum Professionals .....	0	0	0
Conservation Project Support .....	0	0	0
Native American/Hawaiian Museum Services .....	972,000	48,000	0
National Leadership:			
Museums .....	7,600,000	0	– 3,568,000
African American History and Culture Act:			
Museum Grants for African American History and Culture .....	1,407,000	0	– 74,000
Museum and Library Services Act General Provisions:			
Research, Analysis and Data Collection .....	1,787,000	– 33,000	0

Budget activity	This Bill	This Bill compared to—	
		FY 2015	FY 2016 Budget Request
Administration .....	14,000,000	- 1,000,000	0

*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 \$1,000,000 below the fiscal year 2015 enacted level and the same as the budget request. These funds provide administrative and management support for all programs administered by IMLS. Funds are included for office relocation and renovation. Within the funds recommended, the Committee includes \$1,787,000 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 \$11,925,000 for the Medicare Payment Advisory Commission (MedPAC), which is \$176,000 more than the fiscal year 2015 enacted level and \$175,000 less than the budget request.

MEDICAID & CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

The Committee provides \$7,765,000 for the Medicaid & CHIP Payment and Access Commission, which is \$115,000 more than the fiscal year 2015 enacted level and \$935,000 below the budget request.

NATIONAL COUNCIL ON DISABILITY

SALARIES AND EXPENSES

The Committee recommends \$3,250,000 for the National Council on Disability, which is the same as the fiscal year 2015 enacted level and \$182,000 below the budget request.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

The Committee recommends \$200,000,000 for the National Labor Relations Board (NLRB). This recommendation is \$74,224,000 less than the fiscal year 2015 enacted level and \$78,000,000 less than the fiscal year 2016 budget request.

The NLRB Inspector General issued a report in April 2011 (Case Processing Costs—Report No. OIG-AMR-64-11-02) citing numerous cost efficiencies, including the consolidation of regional offices

to streamline operations. The Committee directs NLRB to continue its efforts to streamline operations and consolidate regional offices to achieve greater efficiencies and cost savings.

#### 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 regulation of representation-case procedures.

Sec. 408. The Committee includes a new provision relating to joint-employer standards.

Sec. 409. The Committee includes a new provision relating to jurisdiction over Indian tribes.

#### NATIONAL MEDIATION BOARD

##### SALARIES AND EXPENSES

The Committee recommends \$13,230,000 for the National Mediation Board (NMB). This recommendation is \$3,000 more than the fiscal year 2015 enacted level and the same as the fiscal year 2016 budget request.

#### OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

##### SALARIES AND EXPENSES

The Committee recommends \$12,639,000 for the Occupational Safety and Health Review Commission (OSHRC). This recommendation is \$1,000,000 more than the fiscal year 2015 enacted level and \$573,000 less than the fiscal year 2016 budget request.

#### RAILROAD RETIREMENT BOARD

##### DUAL BENEFITS PAYMENTS ACCOUNT

The Committee recommends \$29,000,000 for dual benefits, which is \$5,000,000 less than the fiscal year 2015 enacted level and the same as the 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 \$2,000,000 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 equal to the fiscal year 2015 funding level and the budget request.

##### LIMITATION ON ADMINISTRATION

The Committee recommends a consolidated limitation of \$111,225,000 on the expenditure of Railroad Retirement and Rail-

road Unemployment Trust Funds for administrative expenses of the Railroad Retirement Board (RRB), which is the same as the fiscal year 2015 enacted level and \$8,693,000 below the 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 Act of 2001.

The Committee recommends the RRB maintain staffing levels at or below 860 FTEs and continue work toward increasing the effectiveness and efficiency of current staff members to decrease or eliminate any requirements for staff growth in future years.

#### LIMITATION ON THE OFFICE OF INSPECTOR GENERAL

The Committee recommends authority to expend \$8,437,000 from the Railroad Retirement and Railroad Unemployment Insurance Trust Funds for the Office of Inspector General, which is equal to the fiscal year 2015 enacted level and \$1,013,000 below the budget request. The Committee recommends the RRB OIG maintain staffing levels at or below 54 FTEs and continue work toward increasing the effectiveness and efficiency of current staff members to decrease or eliminate any requirements for staff growth in future years.

#### SOCIAL SECURITY ADMINISTRATION

##### PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

The Committee recommends \$20,400,000 for mandatory payments necessary to compensate the Old Age and Survivors Insurance (OASI) Trust Fund and the Disability Insurance (DI) Trust Fund, which is \$4,000,000 more than the fiscal year 2015 enacted level and the budget request. This appropriation provides reimbursement to the Social Security trust funds for non-trust fund activities.

##### SUPPLEMENTAL SECURITY INCOME PROGRAM

The Committee recommends \$46,232,978,000 for the Supplemental Security Income (SSI) program, which is \$5,000,000,000 more than the fiscal year 2015 enacted level and \$186,552,000 below the request level. The Committee recommends \$14,500,000,000 in advance funding for the first quarter of fiscal year 2017, as requested.

##### *Research and demonstration*

Within the appropriation for SSI, the Committee recommends \$101,000,000 for the research and demonstration activities, which is \$18,000,000 more than the fiscal year 2015 enacted level and the same as the request level.

*Disability Early Intervention Initiative.*—The Disability Early Intervention Initiative will test innovative and evidence-based approaches to improve outcomes for individuals with disabilities who are not yet receiving Social Security disability benefits, but who are likely to be eligible for benefits in the future. The intent of this initiative is to provide a multi-pronged approach to assisting such individuals to remain in the workforce.

The Social Security Administration (SSA) has partnered with the National Institutes of Health to create a functional assessment tool that is reliable and objective and may inform the disability determination process. One of the major projects of this partnership is the Functional Assessment Battery (FAB). The Committee believes the FAB tool could serve to provide uniform, objective evidence to the disability determination. The Committee notes its concern that SSA is currently limiting the use of this tool for only survey research. The Committee directs SSA to test the use of the FAB as part of the demonstrations undertaken within the Disability Early Intervention Initiative.

#### *Administration*

Within the appropriation for SSI, the Committee recommends \$4,578,978,000, which is the same as fiscal year 2015 enacted level and \$186,552,000 below the request level for payment to the Social Security trust funds for SSI's share of the base administrative expenses of SSA.

#### LIMITATION ON ADMINISTRATIVE EXPENSES

The Committee recommends \$11,817,945,000 for the Limitation on Administrative Expenses (LAE) account activities to be funded from the Social Security and Medicare trust funds, which is \$12,000,000 more than the 2015 enacted level and \$695,055,000 below the 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 (SSI) programs, and to support the Centers for Medicare and Medicaid Services in administering their programs.

*Work Incentives Planning and Assistance [WIPA] and Protection and Advocacy for Beneficiaries of Social Security [PABSS].*—The Committee recommendation for fiscal year 2016 includes \$23,000,000 for WIPA and \$7,000,000 for PABSS.

*Fraud Risk Performance.*—The Committee strongly encourages SSA to fully implement the recommendations found within the SSA Inspector General report on Fraud Risk Performance Audit. Specifically, the Committee urges SSA to take a risk-based approach to combating fraud, be more proactive in addressing and mitigating new fraud schemes, and improve the design operating effectiveness of anti-fraud measures. Additionally, the Committee directs SSA to provide a breakout within 60 days of enactment of the funding spent in fiscal year 2015 and the anticipated amount to be spent in fiscal year 2016 on anti-fraud activities. This breakout should include activities that SSA is working on in concert with the SSA Office of Inspector General.

*Report on Medical Listings.*—SSA employs medical listings to make disability determinations, many of which have not been updated for decades. The Committee directs SSA to provide a report

within 60 days of enactment to the House Appropriations Subcommittee on Labor, Health and Human Services and Education and the House 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.

*Report on LAE Expenditures.*—The Committee directs SSA to provide a report to the House Appropriations Subcommittee on Labor, Health and Human Services, and Education and the House Ways and Means Subcommittee on Social Security within 60 days of enactment detailing how much funding was expended on the following categories in fiscal year 2015:

- Personnel costs by General Schedule grade, Administrative Law Judge personnel costs, Senior Executive Service personnel costs, reemployed annuitant personnel costs, and personnel costs by region
- Information technology costs broken out by hardware/software technology and upgrade/maintenance costs
- Physical infrastructure costs by region and office function
- Overall costs for personnel, time and dollars for the following:
  - OASI, DI and SSI
  - Other SSA missions, including return to work efforts
  - Program integrity work broken out by OASI, DI and SSI as well as types of spending (data matching, predictive data work and data analytics)
  - Disability Determination Services State costs and federal staff costs

#### *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 2015 enacted level and \$100,000 below the budget request.

#### *User Fees*

In addition to the other amounts provided, the Committee recommends \$137,000,000 for administrative activities funded from user fees. Of this amount, \$136,000,000 is derived from fees collected from States that request SSA to administer State SSI supplementary payments.

#### *Continuing Disability Reviews and Redeterminations*

The Committee recommends \$1,396,000,000 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 \$108,795,000 for the Office of Inspector General, of which the bill provides authority to expend \$78,795,000 from the OASI and DI trust funds.

## 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 purpose 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 appropriation 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 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 use of funds to implement a Social Security totalization agreement with Mexico.

Sec. 520. The Committee modifies a provision related to needle exchange.

(RESCISSION)

Sec. 521. The Committee rescinds \$15,000,000 provided under section 3403 [Independent Payment Advisory Board] of Public Law 111-148.

Sec. 522. 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. 523. The Committee continues a provision prohibiting the use of funds for the downloading or exchanging of pornography.

Sec. 524. 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.

(RESCISSION)

Sec. 525. The Committee rescinds \$18,000,000 provided under section 1322 [Consumer Operated and Oriented Plan] of Public Law 111-148.

(RESCISSION)

Sec. 526. The Committee rescinds all remaining funds provided under section 1005 [Health Insurance Reform Implementation] of Public Law 111-152.

(RESCISSION)

Sec. 527. The Committee rescinds \$6,800,000,000 provided under section 3021(a) [Center for Medicare and Medicaid Innovation] of Public Law 111-148.

(RESCISSION)

Sec. 528. The Committee rescinds \$100,000,000 provided under section 6301(e) [Patient-Centered Outcomes Research Trust Fund] of Public Law 111–148.

Sec. 529. 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. 530. The Committee includes a new provision relating to nondiscrimination with respect to health care entities that refuse to participate in abortions and providing conscience protections with regard to requirements for coverage of specific items and services.

Sec. 531. 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 Health and Human Services	
Nonrecurring Expenses Fund .....	Unobligated Balances
Health Insurance Reform Implementation Fund .....	Unobligated Balances
Health Resources and Services Administration .....	\$445,983
Consumer Operated and Oriented Plan .....	18,000,000
Center for Medicare and Medicaid Innovation .....	6,800,000,000
Independent Payment Advisory Board .....	15,000,000
Patient-Centered Outcomes Research Trust Fund .....	100,000,000

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—DEPARTMENT OF LABOR

Language is included under “Job Corps” permitting the transfer of funds for Job Corps Center construction, rehabilitation and ac-

quisition 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 the 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, Salary 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 authorizes the transfer of funds to 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.

A general provision is included that provides for the transfer of up to 0.25 percent of funds from "Employment and Training Administration Program Administration", funding made available for Federal administration within "Job Corps", "Foreign Labor Certification Program Administration", "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 Ad-

ministration”, “Veterans Employment and Training”, “Bureau of Labor Statistics”, and “Office of Disability Employment Policy” to carry out information technology purchases and upgrades for any of the programs or activities funded in this Act.

#### TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 “National Institutes of Health, Office of the Director” for the transfer of excess National Children’s Study funds to the NIH Institutes and Centers (IC) based a proportional formula to carry out biomedical research.

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.

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 explanatory statement accompanying this Act.

A general provision is included to allow the Secretary to transfer authority for an orderly termination of the Agency for Healthcare Research and Quality agency if another HHS agency has the authority to perform such activity and the agency head determines it is appropriate within the scope of the provided bill language.

#### TITLE III—DEPARTMENT OF EDUCATION

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—RELATED AGENCIES

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—GENERAL PROVISIONS

A general provision is included that allows the Secretaries of Labor, Health and Human Services, and Education to transfer balances of prior appropriations 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):

**CONSOLIDATED APPROPRIATIONS ACT, 2008**

(Public Law 110–161)

AN ACT Making appropriations for the Department of State, foreign operations, and related programs for the fiscal year ending September 30, 2008, and for other purposes.

\* \* \* \* \*

DIVISION G—DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2008

\* \* \* \* \*

TITLE II

DEPARTMENT OF HEALTH AND HUMAN SERVICES APPROPRIATIONS ACT, 2008

\* \* \* \* \*

GENERAL PROVISIONS

\* \* \* \* \*

**[Sec. 223.** There is hereby established in the Treasury of the United States a fund to be known as the “Nonrecurring expenses fund” (the Fund): *Provided*, That unobligated balances of expired discretionary funds appropriated in this or any succeeding fiscal year from the General Fund of the Treasury to the Department of Health and Human Services by this or any other Act may be trans-

ferred (not later than the end of the fifth fiscal year after the last fiscal year for which such funds are available for the purposes for which appropriated) into the Fund: *Provided further*, That amounts deposited in the Fund shall be available until expended, and in addition to such other funds as may be available for such purposes, for capital acquisition necessary for the operation of the Department, including facilities infrastructure and information technology infrastructure, subject to approval by the Office of Management and Budget: *Provided further*, That amounts in the Fund may be obligated only after the Committees on Appropriations of the House of Representatives and the Senate are notified at least 15 days in advance of the planned use of funds.】

\* \* \* \* \*

**PUBLIC HEALTH SERVICE ACT**

\* \* \* \* \*

**TITLE II—ADMINISTRATION AND MISCELLANEOUS PROVISIONS**

\* \* \* \* \*

**PART B—MISCELLANEOUS PROVISIONS**

\* \* \* \* \*

**ABORTION-RELATED DISCRIMINATION IN GOVERNMENTAL ACTIVITIES REGARDING TRAINING [AND LICENSING OF PHYSICIANS], LICENSING, AND PRACTICE OF PHYSICIANS AND OTHER HEALTH CARE ENTITIES**

SEC. 245. (a) IN GENERAL.—The Federal Government, and any State or local government that receives Federal financial assistance, may not subject any health care entity to discrimination on the basis that—

【(1) the entity refuses to undergo training in the performance of induced abortions, to require or provide such training, to perform such abortions, or to provide referrals for such training or such abortions;】

(1) *the entity refuses—*

(A) *to undergo training in the performance of induced abortions;*

(B) *to require or provide such training;*

(C) *to perform, participate in, provide coverage of, or pay for induced abortions; or*

(D) *to provide referrals for such training or such abortions;*

(2) the entity refuses to make arrangements for any of the activities specified in paragraph (1); or

(3) the entity attends (or attended) a post-graduate physician training program, or any other program of training in the health professions, that does not (or did not) perform induced abortions or require, provide or refer for training in the performance of induced abortions, or make arrangements for the provision of such training.

## (b) ACCREDITATION OF POSTGRADUATE PHYSICIAN TRAINING PROGRAMS.—

(1) IN GENERAL.—In determining whether to grant a legal status to a health care entity (including a license or certificate), or to provide such entity with financial assistance, services or other benefits, the Federal Government, or any State or local government that receives Federal financial assistance, shall deem accredited any postgraduate physician training program that would be accredited but for the accrediting agency's reliance upon an accreditation [standards] *standard* that requires an entity to perform an induced abortion or require, provide, or refer for training in the performance of induced abortions, or make arrangements for such training, regardless of whether such standard provides exceptions or exemptions. The government involved shall formulate such regulations or other mechanisms, or enter into such agreements with accrediting agencies, as are necessary to comply with this subsection.

## (2) RULES OF CONSTRUCTION.—

(A) IN GENERAL.—With respect to subclauses (I) and (II) of section 705(a)(2)(B)(i) (relating to a program of insured loans for training in the health professions), the requirements in such subclauses regarding accredited internship or residency programs are subject to paragraph (1) of this subsection.

(B) EXCEPTIONS.—This section shall not—

(i) prevent any health care entity from voluntarily electing to be trained, to train, or to arrange for training in the performance of, to perform, or to make referrals for induced abortions; or

(ii) prevent an accrediting agency or a Federal, State or local government from establishing standards of medical competency applicable only to those individuals who have voluntarily elected to perform abortions.

(c) ADMINISTRATION.—*The Secretary shall designate the Director of the Office for Civil Rights of the Department of Health and Human Services—*

(1) *to receive complaints alleging a violation of this section, section 1566 of the Patient Protection and Affordable Care Act, or any of subsections (b) through (e) of section 401 of the Health Programs Extension Act of 1973; and*

(2) *to pursue the investigation of such complaints, in coordination with the Attorney General.*

[(c)] (d) DEFINITIONS.—For purposes of this section:

[(1)] (1) The term “financial assistance”, with respect to a government program, includes governmental payments provided as reimbursement for carrying out health-related activities.

[(2)] (2) The term “health care entity” includes an individual physician, a postgraduate physician training program, and a participant in a program of training in the health professions.】

(1) *The term “financial assistance”, with respect to a government program, means governmental payments to cover the cost of health care services or benefits, or other Federal payments, grants, or loans to promote or otherwise facilitate health-related activities.*

(2) The term “health care entity” includes an individual physician or other health professional, a postgraduate physician training program, a participant in a program of training in the health professions, a hospital, a provider-sponsored organization as defined in section 1855(d) of the Social Security Act, a health maintenance organization, an accountable care organization, an issuer of health insurance coverage, any other kind of health care facility, organization, or plan, and an entity that provides or authorizes referrals for health care services.

(3) The term “postgraduate physician training program” includes a residency training program.

(4) The term “State or local government that receives Federal financial assistance” includes any agency or other governmental unit of a State or local government if such government receives Federal financial assistance.

**SEC. 245A. CIVIL ACTION FOR CERTAIN VIOLATIONS.**

(a) *IN GENERAL.*—A qualified party may, in a civil action, obtain appropriate relief with regard to a designated violation.

(b) *DEFINITIONS.*—In this section—

(1) the term “qualified party” means—

(A) the Attorney General; or

(B) any person or entity adversely affected by the designated violation; and

(2) the term “designated violation” means an actual or threatened violation of section 245 of this Act, section 1566 of the Patient Protection and Affordable Care Act, or any of subsections (b) through (e) of section 401 of the Health Programs Extension Act of 1973.

(c) *ADMINISTRATIVE REMEDIES NOT REQUIRED.*—An action under this section may be commenced, and relief may be granted, without regard to whether the party commencing the action has sought or exhausted available administrative remedies.

(d) *DEFENDANTS IN ACTIONS UNDER THIS SECTION MAY INCLUDE GOVERNMENTAL ENTITIES AS WELL AS OTHERS.*—

(1) *IN GENERAL.*—An action under this section may be maintained against, among others, a party that is a Federal or State governmental entity. Relief in an action under this section may include money damages even if the defendant is such a governmental entity.

(2) *DEFINITION.*—For the purposes of this subsection, the term “State governmental entity” means a State, a local government within a State, or any agency or other governmental unit or authority of a State or of such a local government.

(e) *NATURE OF RELIEF.*—The court shall grant—

(1) all necessary equitable and legal relief, including, where appropriate, declaratory relief and compensatory damages, to prevent the occurrence, continuance, or repetition of the designated violation and to compensate for losses resulting from the designated violation; and

(2) to a prevailing plaintiff, reasonable attorneys’ fees and litigation expenses as part of the costs.

\* \* \* \* \*



TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

\* \* \* \* \*

PART B—FEDERAL-STATE COOPERATION

\* \* \* \* \*

PROJECT GRANTS FOR PREVENTIVE HEALTH SERVICES

SEC. 317. (a) The Secretary may make grants to States, and in consultation with State health authorities, to political subdivisions of States and to other public entities to assist them in meeting the costs of establishing and maintaining preventive health service programs.

(b) No grant may be made under subsection (a) unless an application therefor has been submitted to, and approved by, the Secretary. Such an application shall be in such form and be submitted in such manner as the Secretary shall by regulation prescribe and shall provide—

(1) a complete description of the type and extent of the program for which the applicant is seeking a grant under subsection (a);

(2) with respect to each such program (A) the amount of Federal, State, and other funds obligated by the applicant in its latest annual accounting period for the provision of such program, (B) a description of the services provided by the applicant in such program in such period, (C) the amount of Federal funds needed by the applicant to continue providing such services in such program, and (D) if the applicant proposes changes in the provision of the services in such program, the priorities of such proposed changes, reasons for such changes, and the amount of Federal funds needed by the applicant to make such changes;

(3) assurances satisfactory to the Secretary that the program which will be provided with funds under a grant under subsection (a) will be provided in a manner consistent with the State health plan in effect under section 1524(c) and in those cases where the applicant is a State, that such program will be provided, where appropriate, in a manner consistent with any plans in effect under an application approved under section 315;

(4) assurances satisfactory to the Secretary that the applicant will provide for such fiscal control and fund accounting procedures as the Secretary by regulation prescribes to assure the proper disbursement of and accounting for funds received under grants under subsection (a);

(5) assurances satisfactory to the Secretary that the applicant will provide for periodic evaluation of its program or programs;

(6) assurances satisfactory to the Secretary that the applicant will make such reports (in such form and containing such information as the Secretary may by regulation prescribe) as the Secretary may reasonably require and keep such records and afford such access thereto as the Secretary may find necessary to assure the correctness of, and to verify, such reports;

(7) assurances satisfactory to the Secretary that the applicant will comply with any other conditions imposed by this section with respect to grants; and

(8) such other information as the Secretary may by regulation prescribe.

(c)(1) The Secretary shall not approve an application submitted under subsection (b) for a grant for a program for which a grant was previously made under subsection (a) unless the Secretary determines—

(A) the program for which the application was submitted is operating effectively to achieve its stated purpose,

(B) the applicant complied with the assurances provided the Secretary when applying for such previous grant, and

(C) the applicant will comply with the assurances provided with the application.

(2) The Secretary shall review annually the activities undertaken by each recipient of a grant under subsection (a) to determine if the program assisted by such grant is operating effectively to achieve its stated purposes and if the recipient is in compliance with the assurances provided the Secretary when applying for such grant.

(d) The amount of a grant under subsection (a) shall be determined by the Secretary. Payments under such grants may be made in advance on the basis of estimates or by the way of reimbursement, with necessary adjustments on account of underpayments or overpayments, and in such installments and on such terms and conditions as the Secretary finds necessary to carry out the purposes of such grants.

(e) The Secretary, at the request of a recipient of a grant under subsection (a), may reduce the amount of such grant by—

(1) the fair market value of any supplies (including vaccines and other preventive agents) or equipment furnished the grant recipient, and

(2) the amount of the pay, allowances, and travel expenses of any officer or employee of the Government when detailed to the grant recipient and the amount of any other costs incurred in connection with the detail of such officer or employee.

When the furnishing of such supplies or equipment or the detail of such an officer or employee is for the convenience of and at the request of such grant recipient and for the purpose of carrying out a program with respect to which the grant under subsection (a) is made. The amount by which any such grant is so reduced shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment, or in detailing the personnel, on which the reduction of such grant is based, and such amount shall be deemed as part of the grant and shall be deemed to have been paid to the grant recipient.

(f)(1) Each recipient of a grant under subsection (a) shall keep such records as the Secretary shall by regulation prescribe, including records which fully disclose the amount and disposition by such recipient of the proceeds of such grant, the total cost of the undertaking in connection with which such grant was made, and the amount of that portion of the cost of the undertaking supplied by other sources, and such other records as will facilitate an effective audit.

(2) The Secretary and the Comptroller General of the United States, or any of their duly authorized representatives, shall have access for the purpose of audit and examination to any books, documents, papers, and records of the recipient of grants under subsection (a) that are pertinent to such grants.

(g)(1) Nothing in this section shall limit or otherwise restrict the use of funds which are granted to a State or to an agency or a political subdivision of a State under provisions of Federal law (other than this section) and which are available for the conduct of preventive health service programs from being used on connection with programs assisted through grants under subsection (a).

(2) Nothing in this section shall be construed to require any State or any agency or political subdivision of a State to have a preventive health service program which would require any person, who objects to any treatment provided under such a program, to be treated or to have any child or ward treated under such program.

(h) The Secretary shall include, as part of the report required by section 1705, a report on the extent of the problems presented by the diseases and conditions referred to in subsection (j) on the amount of funds obligated under grants under subsection (a) in the preceding fiscal year for each of the programs listed in subsection (j); and on the effectiveness of the activities assisted under grants under subsection (a) in controlling such diseases and conditions.

(i) The Secretary may provide technical assistance to States, State health authorities, and other public entities in connection with the operation of their preventive health service programs.

(j)(1) Except for grants for immunization programs the authorization of appropriations for which are established in paragraph (2), for grants under subsections (a) and (k)(1) for preventive health service programs to immunize without charge children, adolescents, and adults against vaccine-preventable diseases, there are authorized to be appropriated such sums as may be necessary. Not more than 10 percent of the total amount appropriated under the preceding sentence for any fiscal year shall be available for grants under subsection (k)(1) for such fiscal year.

(2) For grants under subsection (a) for preventive health service programs for the provision without charge of immunizations with vaccines approved for use, and recommended for routine use, there are authorized to be appropriated such sums as may be necessary.

(k)(1) The Secretary may make grants to States, political subdivisions of States, and other public and nonprofit private entities for—

(A) research into the prevention and control of diseases that may be prevented through vaccination;

(B) demonstration projects for the prevention and control of such diseases;

(C) public information and education programs for the prevention and control of such diseases; and

(D) education, training, and clinical skills improvement activities in the prevention and control of such diseases for health professionals (including allied health personnel).

(2) The Secretary may make grants to States, political subdivisions of States, and other public and nonprofit private entities for—

(A) research into the prevention and control of diseases and conditions;

(B) demonstration projects for the prevention and control of such diseases and conditions;

(C) public information and education programs for the prevention and control of such diseases and conditions; and

(D) education, training, and clinical skills improvement activities in the prevention and control of such diseases and conditions for health professionals (including allied health personnel).

(3) No grant may be made under this subsection unless an application therefor is submitted to the Secretary in such form, at such time, and containing such information as the Secretary may by regulation prescribe.

(4) Subsections (d), (e), and (f) shall apply to grants under this subsection in the same manner as such subsections apply to grants under subsection (a).

(1) AUTHORITY TO PURCHASE RECOMMENDED VACCINES FOR ADULTS.—

(1) IN GENERAL.—The Secretary may negotiate and enter into contracts with manufacturers of vaccines for the purchase and delivery of vaccines for adults as provided for under subsection (e).

(2) STATE PURCHASE.—A State may obtain additional quantities of such adult vaccines (subject to amounts specified to the Secretary by the State in advance of negotiations) through the purchase of vaccines from manufacturers at the applicable price negotiated by the Secretary under this subsection.

(m) DEMONSTRATION PROGRAM TO IMPROVE IMMUNIZATION COVERAGE.—

(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish a demonstration program to award grants to States to improve the provision of recommended immunizations for children, adolescents, and adults through the use of evidence-based, population-based interventions for high-risk populations.

(2) STATE PLAN.—To be eligible for a grant under paragraph (1), a State shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a State plan that describes the interventions to be implemented under the grant and how such interventions match with local needs and capabilities, as determined through consultation with local authorities.

(3) USE OF FUNDS.—Funds received under a grant under this subsection shall be used to implement interventions that are recommended by the Task Force on Community Preventive Services (as established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention) or other evidence-based interventions, including—

(A) providing immunization reminders or recalls for target populations of clients, patients, and consumers;

(B) educating targeted populations and health care providers concerning immunizations in combination with one or more other interventions;

(C) reducing out-of-pocket costs for families for vaccines and their administration;

(D) carrying out immunization-promoting strategies for participants or clients of public programs, including assessments of immunization status, referrals to health care providers, education, provision of on-site immunizations, or incentives for immunization;

(E) providing for home visits that promote immunization through education, assessments of need, referrals, provision of immunizations, or other services;

(F) providing reminders or recalls for immunization providers;

(G) conducting assessments of, and providing feedback to, immunization providers;

(H) any combination of one or more interventions described in this paragraph; or

(I) immunization information systems to allow all States to have electronic databases for immunization records.

(4) CONSIDERATION.—In awarding grants under this subsection, the Secretary shall consider any reviews or recommendations of the Task Force on Community Preventive Services.

(5) EVALUATION.—Not later than 3 years after the date on which a State receives a grant under this subsection, the State shall submit to the Secretary an evaluation of progress made toward improving immunization coverage rates among high-risk populations within the State.

(6) REPORT TO CONGRESS.—Not later than 4 years after the date of enactment of the Affordable Health Choices Act, the Secretary shall submit to Congress a report concerning the effectiveness of the demonstration program established under this subsection together with recommendations on whether to continue and expand such program.

(7) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection, such sums as may be necessary for each of fiscal years 2010 through 2014.

[(a)] (n) PREVENTIVE SERVICES TASK FORCE.—

(1) ESTABLISHMENT AND PURPOSE.—[The Director] *The Assistant Secretary for Health* may periodically convene a Preventive Services Task Force to be composed of individuals with appropriate expertise. Such a task force shall review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of clinical preventive services for the purpose of developing recommendations for the health care community, and updating previous clinical preventive recommendations.

(2) ROLE OF [AGENCY] ASSISTANT SECRETARY.—[The Agency] *The Assistant Secretary for Health* shall provide ongoing administrative, research, and technical support for the operations of the Preventive Services Task Force, including coordinating and supporting the dissemination of the recommendations of the Task Force.

(3) OPERATION.—In carrying out its responsibilities under paragraph (1), the Task Force is not subject to the provisions of Appendix 2 of title 5, United States Code.

\* \* \* \* \*

**PATIENT PROTECTION AND AFFORDABLE CARE ACT**

**SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

(a) \* \* \*

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

\* \* \* \* \*

TITLE I—QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS

\* \* \* \* \*

    Subtitle G—Miscellaneous Provisions

\* \* \* \* \*

【Sec. 1563. Sense of the Senate promoting fiscal responsibility.】  
 1564. *Conforming amendments.*  
 1565. *Sense of the Senate promoting fiscal responsibility.*  
 1566. *Respecting conscience rights in health coverage.*

\* \* \* \* \*

**TITLE I—QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS**

\* \* \* \* \*

**Subtitle G—Miscellaneous Provisions**

\* \* \* \* \*

**SEC. [1563] 1564. CONFORMING AMENDMENTS.**

(a) APPLICABILITY.—Section 2735 of the Public Health Service Act (42 U.S.C. 300gg–21), as so redesignated by section 1001(4), is amended—

- (1) by striking subsection (a);
- (2) in subsection (b)—
  - (A) in paragraph (1), by striking “1 through 3” and inserting “1 and 2”; and
  - (B) in paragraph (2)—
    - (i) in subparagraph (A), by striking “subparagraph (D)” and inserting “subparagraph (D) or (E)”;
    - (ii) by striking “1 through 3” and inserting “1 and 2”; and
    - (iii) by adding at the end the following:  
 “(E) ELECTION NOT APPLICABLE.—The election described in subparagraph (A) shall not be available with respect to the provisions of subparts I and II.”;
- (3) in subsection (c), by striking “1 through 3 shall not apply to any group” and inserting “1 and 2 shall not apply to any individual coverage or any group”; and

(4) in subsection (d)—

(A) in paragraph (1), by striking “1 through 3 shall not apply to any group” and inserting “1 and 2 shall not apply to any individual coverage or any group”;

(B) in paragraph (2)—

(i) in the matter preceding subparagraph (A), by striking “1 through 3 shall not apply to any group” and inserting “1 and 2 shall not apply to any individual coverage or any group”; and

(ii) in subparagraph (C), by inserting “or, with respect to individual coverage, under any health insurance coverage maintained by the same health insurance issuer”; and

(C) in paragraph (3), by striking “any group” and inserting “any individual coverage or any group”.

(b) DEFINITIONS.—Section 2791(d) of the Public Health Service Act (42 U.S.C. 300gg–91(d)) is amended by adding at the end the following:

“(20) QUALIFIED HEALTH PLAN.—The term ‘qualified health plan’ has the meaning given such term in section 1301(a) of the Patient Protection and Affordable Care Act.

“(21) EXCHANGE.—The term ‘Exchange’ means an American Health Benefit Exchange established under section 1311 of the Patient Protection and Affordable Care Act.”.

(c) TECHNICAL AND CONFORMING AMENDMENTS.—Title XXVII of the Public Health Service Act (42 U.S.C. 300gg et seq.) is amended—

(1) in section 2704 (42 U.S.C. 300gg), as so redesignated by section 1201(2)—

(A) in subsection (c)—

(i) in paragraph (2), by striking “group health plan” each place that such term appears and inserting “group or individual health plan”; and

(ii) in paragraph (3)—

(I) by striking “group health insurance” each place that such term appears and inserting “group or individual health insurance”; and

(II) in subparagraph (D), by striking “small or large” and inserting “individual or group”;

(B) in subsection (d), by striking “group health insurance” each place that such term appears and inserting “group or individual health insurance”; and

(C) in subsection (e)(1)(A), by striking “group health insurance” and inserting “group or individual health insurance”;

(2) by striking the second heading for subpart 2 of part A (relating to other requirements);

(3) in section 2725 (42 U.S.C. 300gg–4), as so redesignated by section 1001(2)—

(A) in subsection (a), by striking “health insurance issuer offering group health insurance coverage” and inserting “health insurance issuer offering group or individual health insurance coverage”;

(B) in subsection (b)—

- (i) by striking “health insurance issuer offering group health insurance coverage in connection with a group health plan” in the matter preceding paragraph (1) and inserting “health insurance issuer offering group or individual health insurance coverage”; and
- (ii) in paragraph (1), by striking “plan” and inserting “plan or coverage”;
- (C) in subsection (c)—
  - (i) in paragraph (2), by striking “group health insurance coverage offered by a health insurance issuer” and inserting “health insurance issuer offering group or individual health insurance coverage”; and
  - (ii) in paragraph (3), by striking “issuer” and inserting “health insurance issuer”; and
- (D) in subsection (e), by striking “health insurance issuer offering group health insurance coverage” and inserting “health insurance issuer offering group or individual health insurance coverage”;
- (4) in section 2726 (42 U.S.C. 300gg-5), as so redesignated by section 1001(2)—
  - (A) in subsection (a), by striking “(or health insurance coverage offered in connection with such a plan)” each place that such term appears and inserting “or a health insurance issuer offering group or individual health insurance coverage”;
  - (B) in subsection (b), by striking “(or health insurance coverage offered in connection with such a plan)” each place that such term appears and inserting “or a health insurance issuer offering group or individual health insurance coverage”; and
  - (C) in subsection (c)—
    - (i) in paragraph (1), by striking “(and group health insurance coverage offered in connection with a group health plan)” and inserting “and a health insurance issuer offering group or individual health insurance coverage”;
    - (ii) in paragraph (2), by striking “(or health insurance coverage offered in connection with such a plan)” each place that such term appears and inserting “or a health insurance issuer offering group or individual health insurance coverage”;
- (5) in section 2727 (42 U.S.C. 300gg-6), as so redesignated by section 1001(2), by striking “health insurance issuers providing health insurance coverage in connection with group health plans” and inserting “and health insurance issuers offering group or individual health insurance coverage”;
- (6) in section 2728 (42 U.S.C. 300gg-7), as so redesignated by section 1001(2)—
  - (A) in subsection (a), by striking “health insurance coverage offered in connection with such plan” and inserting “individual health insurance coverage”;
  - (B) in subsection (b)—
    - (i) in paragraph (1), by striking “or a health insurance issuer that provides health insurance coverage in connection with a group health plan” and inserting “or



a health insurance issuer that offers group or individual health insurance coverage”;

(ii) in paragraph (2), by striking “health insurance coverage offered in connection with the plan” and inserting “individual health insurance coverage”; and

(iii) in paragraph (3), by striking “health insurance coverage offered by an issuer in connection with such plan” and inserting “individual health insurance coverage”;

(C) in subsection (c), by striking “health insurance issuer providing health insurance coverage in connection with a group health plan” and inserting “health insurance issuer that offers group or individual health insurance coverage”; and

(D) in subsection (e)(1), by striking “health insurance coverage offered in connection with such a plan” and inserting “individual health insurance coverage”;

(7) by striking the heading for subpart 3;

(8) in section 2731 (42 U.S.C. 300gg–11), as so redesignated by section 1001(3)—

(A) by striking the section heading and all that follows through subsection (b);

(B) in subsection (c)—

(i) in paragraph (1)—

(I) in the matter preceding subparagraph (A), by striking “small group” and inserting “group and individual”; and

(II) in subparagraph (B)—

(aa) in the matter preceding clause (i), by inserting “and individuals” after “employers”;

(bb) in clause (i), by inserting “or any additional individuals” after “additional groups”; and

(cc) in clause (ii), by striking “without regard to the claims experience of those employers and their employees (and their dependents) or any health status-related factor relating to such” and inserting “and individuals without regard to the claims experience of those individuals, employers and their employees (and their dependents) or any health status-related factor relating to such individuals”; and

(ii) in paragraph (2), by striking “small group” and inserting “group or individual”;

(C) in subsection (d)—

(i) by striking “small group” each place that such appears and inserting “group or individual”; and

(ii) in paragraph (1)(B)—

(I) by striking “all employers” and inserting “all employers and individuals”;

(II) by striking “those employers” and inserting “those individuals, employers”; and

(III) by striking “such employees” and inserting “such individuals, employees”;

- (D) by striking subsection (e);
  - (E) by striking subsection (f); and
  - (F) by transferring such section (as amended by this paragraph) to appear at the end of section 2702 (as added by section 1001(4));
- (9) in section 2732 (42 U.S.C. 300gg-12), as so redesignated by section 1001(3)—
- (A) by striking the section heading and all that follows through subsection (a);
  - (B) in subsection (b)—
    - (i) in the matter preceding paragraph (1), by striking “group health plan in the small or large group market” and inserting “health insurance coverage offered in the group or individual market”;
    - (ii) in paragraph (1), by inserting “, or individual, as applicable,” after “plan sponsor”;
    - (iii) in paragraph (2), by inserting “, or individual, as applicable,” after “plan sponsor”; and
    - (iv) by striking paragraph (3) and inserting the following:
 

“(3) VIOLATION OF PARTICIPATION OR CONTRIBUTION RATES.—  
In the case of a group health plan, the plan sponsor has failed to comply with a material plan provision relating to employer contribution or group participation rules, pursuant to applicable State law.”;
  - (C) in subsection (c)—
    - (i) in paragraph (1)—
      - (I) in the matter preceding subparagraph (A), by striking “group health insurance coverage offered in the small or large group market” and inserting “group or individual health insurance coverage”;
      - (II) in subparagraph (A), by inserting “or individual, as applicable,” after “plan sponsor”;
      - (III) in subparagraph (B)—
        - (aa) by inserting “or individual, as applicable,” after “plan sponsor”; and
        - (bb) by inserting “or individual health insurance coverage”; and
      - (IV) in subparagraph (C), by inserting “or individuals, as applicable,” after “those sponsors”; and
    - (ii) in paragraph (2)(A)—
      - (I) in the matter preceding clause (i), by striking “small group market or the large group market, or both markets,” and inserting “individual or group market, or all markets,”; and
      - (II) in clause (i), by inserting “or individual, as applicable,” after “plan sponsor”; and
  - (D) by transferring such section (as amended by this paragraph) to appear at the end of section 2703 (as added by section 1001(4));
- (10) in section 2733 (42 U.S.C. 300gg-13), as so redesignated by section 1001(4)—
- (A) in subsection (a)—

- (i) in the matter preceding paragraph (1), by striking “small employer” and inserting “small employer or an individual”;
  - (ii) in paragraph (1), by inserting “, or individual, as applicable,” after “employer” each place that such appears; and
  - (iii) in paragraph (2), by striking “small employer” and inserting “employer, or individual, as applicable.”;
- (B) in subsection (b)—
- (i) in paragraph (1)—
    - (I) in the matter preceding subparagraph (A), by striking “small employer” and inserting “employer, or individual, as applicable.”;
    - (II) in subparagraph (A), by adding “and” at the end;
    - (III) by striking subparagraphs (B) and (C); and
    - (IV) in subparagraph (D)—
      - (aa) by inserting “, or individual, as applicable,” after “employer”; and
      - (bb) by redesignating such subparagraph as subparagraph (B);
  - (ii) in paragraph (2)—
    - (I) by striking “small employers” each place that such term appears and inserting “employers, or individuals, as applicable.”; and
    - (II) by striking “small employer” and inserting “employer, or individual, as applicable.”; and
- (C) by redesignating such section (as amended by this paragraph) as section 2709 and transferring such section to appear after section 2708 (as added by section 1001(5));
- (11) by redesignating subpart 4 as subpart 2;
- (12) in section 2735 (42 U.S.C. 300gg–21), as so redesignated by section 1001(4)—
- (A) by striking subsection (a);
  - (B) by striking “subparts 1 through 3” each place that such appears and inserting “subpart 1”;
  - (C) by redesignating subsections (b) through (e) as subsections (a) through (d), respectively; and
  - (D) by redesignating such section (as amended by this paragraph) as section 2722;
- (13) in section 2736 (42 U.S.C. 300gg–22), as so redesignated by section 1001(4)—
- (A) in subsection (a)—
    - (i) in paragraph (1), by striking “small or large group markets” and inserting “individual or group market”; and
    - (ii) in paragraph (2), by inserting “or individual health insurance coverage” after “group health plans”;
  - (B) in subsection (b)(1)(B), by inserting “individual health insurance coverage or” after “respect to”; and
  - (C) by redesignating such section (as amended by this paragraph) as section 2723;
- (14) in section 2737(a)(1) (42 U.S.C. 300gg–23), as so redesignated by section 1001(4)—

- (A) by inserting “individual or” before “group health insurance”; and
- (B) by redesignating such section (as amended by this paragraph) as section 2724;
- (15) in section 2762 (42 U.S.C. 300gg–62)—
- (A) in the section heading by inserting “AND APPLICATION” before the period; and
- (B) by adding at the end the following:
- “(c) APPLICATION OF PART A PROVISIONS.—
- “(1) IN GENERAL.—The provisions of part A shall apply to health insurance issuers providing health insurance coverage in the individual market in a State as provided for in such part.
- “(2) CLARIFICATION.—To the extent that any provision of this part conflicts with a provision of part A with respect to health insurance issuers providing health insurance coverage in the individual market in a State, the provisions of such part A shall apply.”; and
- (16) in section 2791(e) (42 U.S.C. 300gg–91(e))—
- (A) in paragraph (2), by striking “51” and inserting “101”; and
- (B) in paragraph (4)—
- (i) by striking “at least 2” each place that such appears and inserting “at least 1”; and
- (ii) by striking “50” and inserting “100”.
- (d) [42 U.S.C. 18120] APPLICATION.—Notwithstanding any other provision of the Patient Protection and Affordable Care Act, nothing in such Act (or an amendment made by such Act) shall be construed to—
- (1) prohibit (or authorize the Secretary of Health and Human Services to promulgate regulations that prohibit) a group health plan or health insurance issuer from carrying out utilization management techniques that are commonly used as of the date of enactment of this Act; or
- (2) restrict the application of the amendments made by this subtitle.
- (e) TECHNICAL AMENDMENT TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.—Subpart B of part 7 of subtitle A of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181 et. seq.) is amended, by adding at the end the following:
- “SEC. 715. ADDITIONAL MARKET REFORMS.**
- “(a) GENERAL RULE.—Except as provided in subsection (b)—
- “(1) the provisions of part A of title XXVII of the Public Health Service Act (as amended by the Patient Protection and Affordable Care Act) shall apply to group health plans, and health insurance issuers providing health insurance coverage in connection with group health plans, as if included in this subpart; and
- “(2) to the extent that any provision of this part conflicts with a provision of such part A with respect to group health plans, or health insurance issuers providing health insurance coverage in connection with group health plans, the provisions of such part A shall apply.

“(b) EXCEPTION.—Notwithstanding subsection (a), the provisions of sections 2716 and 2718 of title XXVII of the Public Health Service Act (as amended by the Patient Protection and Affordable Care Act) shall not apply with respect to self-insured group health plans, and the provisions of this part shall continue to apply to such plans as if such sections of the Public Health Service Act (as so amended) had not been enacted.”

(f) TECHNICAL AMENDMENT TO THE INTERNAL REVENUE CODE OF 1986.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended by adding at the end the following:

**“SEC. 9815. ADDITIONAL MARKET REFORMS.**

“(a) GENERAL RULE.—Except as provided in subsection (b)—

“(1) the provisions of part A of title XXVII of the Public Health Service Act (as amended by the Patient Protection and Affordable Care Act) shall apply to group health plans, and health insurance issuers providing health insurance coverage in connection with group health plans, as if included in this subchapter; and

“(2) to the extent that any provision of this subchapter conflicts with a provision of such part A with respect to group health plans, or health insurance issuers providing health insurance coverage in connection with group health plans, the provisions of such part A shall apply.

“(b) EXCEPTION.—Notwithstanding subsection (a), the provisions of sections 2716 and 2718 of title XXVII of the Public Health Service Act (as amended by the Patient Protection and Affordable Care Act) shall not apply with respect to self-insured group health plans, and the provisions of this subchapter shall continue to apply to such plans as if such sections of the Public Health Service Act (as so amended) had not been enacted.”

\* \* \* \* \*

**SEC. [1563] 1565. SENSE OF THE SENATE PROMOTING FISCAL RESPONSIBILITY.**

(a) FINDINGS.—The Senate makes the following findings:

(1) Based on Congressional Budget Office (CBO) estimates, this Act will reduce the Federal deficit between 2010 and 2019.

(2) CBO projects this Act will continue to reduce budget deficits after 2019.

(3) Based on CBO estimates, this Act will extend the solvency of the Medicare HI Trust Fund.

(4) This Act will increase the surplus in the Social Security Trust Fund, which should be reserved to strengthen the finances of Social Security.

(5) The initial net savings generated by the Community Living Assistance Services and Supports (CLASS) program are necessary to ensure the long-term solvency of that program.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that—

(1) the additional surplus in the Social Security Trust Fund generated by this Act should be reserved for Social Security and not spent in this Act for other purposes; and

(2) the net savings generated by the CLASS program should be reserved for the CLASS program and not spent in this Act for other purposes.

**SEC. 1566. RESPECTING CONSCIENCE RIGHTS IN HEALTH CARE COVERAGE.**

(a) *IN GENERAL.*—Notwithstanding any other provision of this title, no provision of this title (and no amendment made by any such provision) shall—

(1) require an individual to purchase individual health insurance coverage that includes coverage of an abortion or other item or service to which such individual has a moral or religious objection, or prevent an issuer from offering or issuing, to such individual, individual health insurance coverage that excludes such item or service;

(2) require a sponsor (or, in the case of health insurance coverage offered to students through an institution of higher education, the institution of higher education offering such coverage) to sponsor, purchase, or provide any health benefits coverage or group health plan that includes coverage of an abortion or other item or service to which such sponsor or institution, respectively, has a moral or religious objection, or prevent an issuer from offering or issuing to such sponsor or institution, respectively, health insurance coverage that excludes such item or service;

(3) require an issuer of health insurance coverage or the sponsor of a group health plan to include, in any such coverage or plan, coverage of an abortion or other item or service to which such issuer or sponsor has a moral or religious objection; or

(4) authorize the imposition of a tax, penalty, fee, fine, or other sanction, or the imposition of coverage of the item or service to which there is a moral or religious objection, in relation to health insurance coverage or a group health plan that excludes an item or service pursuant to this section.

(b) *RESTRICTION ON CONTRARY GOVERNMENTAL ACTION.*—No provision in this title (or amendment made by such provision) or law, regulation, guideline or other governmental action that implements such provision or amendment, or derives its authority therefrom, shall be given legal effect to the extent that it violates this section.

(c) *NO EFFECT ON OTHER LAWS.*—Nothing in this section shall be construed to preempt, modify, or otherwise have any effect on—

(1) the Civil Rights Act of 1964;

(2) the Americans with Disabilities Act of 1990;

(3) the Pregnancy Discrimination Act of 1978;

(4) the Mental Health Parity Act of 1996; or

(5) any other State or Federal law, other than a provision in this title (or an amendment made by such provision) or a law, regulation, guideline or other governmental action that implements such provision or amendment or derives its authority therefrom.

(d) *AGGREGATE ACTUARIAL VALUE.*—Nothing in this section shall be construed to prohibit the Secretary from issuing regulations or other guidance to ensure that health insurance coverage or group health plans excluding abortion or other items or services under this section shall have an aggregate actuarial value at least equivalent to that of health insurance coverage or group health plans at the same level of coverage that do not exclude such items or services.

(e) *CONTINUED APPLICATION OF NONDISCRIMINATION RULES.*—Nothing in this section shall be construed to permit a health insur-

*ance issuer, group health plan, or other health care provider to act in a manner inconsistent with subparagraph (B) or (D) of section 1302(b)(4).*

\* \* \* \* \*

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 amounts available to the Governor for Statewide activities not to exceed 11 percent.

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 amounts available for technical assistance activities may be used to provide assistance to new entrants to the workforce and incumbent workers.

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.

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, 2017.

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 “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 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 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 Office of Management and Budget Circular A 87.

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, 2017, for the costs associated 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 “Pension Benefit Guarantee Corporation” 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 “Pension Benefit Guarantee Corporation” providing that funds shall be transferred to the appropriation from entities identified under 5 U.S.C. 8147(c) as determined by the Department of Labor.

Language is included under “Pension Benefit Guarantee Corporation” providing that of funds transferred from entities under 5 U.S.C 8147(c), specified amounts may be used by the Department of Labor for maintenance of 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 “Pension Benefit Guarantee Corporation” providing that the Secretary may prescribe regulations requiring identification for the filing of 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 of 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 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 funds to provide for costs associated with mine rescue and survival operations.

Language is included under "Departmental Management—Salaries and Expenses" providing that the Bureau of International Labor Affairs may operate 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 "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 and 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 grants may be awarded through September 30, 2016.

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 salaries and bonuses at a rate in excess of Executive Level III.

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 visas 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 salaries and bonuses at a rate in excess of Executive Level III except under specific exclusions.

Language is included under “General Provisions” providing that the Department of Labor may transfer funds from “Employment and Training Administration” to “Program Administration” when it is determined that services will be more efficiently performed.

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 flexibility of crossing for H-2B nonimmigrant workers.

Language is included under “General Provisions” providing that the Department of Labor may transfer funds from specified accounts to “Departmental Management” for use by the Office of the Chief Information Officer.

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” prohibiting the Department of Labor from implementing the “Establishing a Minimum Wage for Contractors” regulation in connection to seasonal recreation and equipment rental services on federal property.

Language is included under “General Provisions” prohibiting the Department of Labor from establishing an Office of Labor Compliance.

Language is included under “General Provisions” prohibiting the use of any funds to implement the “Definition of the Term ‘Fiduciary’; Conflict of Interest Rule—Retirement Investment Advice” regulation.

Language is included under “General Provisions” providing that a third party representative may accompany an OSHA inspector on a “walkaround” inspection subject to vote of approval by the employees of an affected worksite.

## TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

Language is included under “Health Resources and Services Administration—Health Resources and Services” 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 the use of all carry-over funds to the Individual Learning Accounts 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 “National Institutes of Health—Office of the Director” that provides NIH shall strengthen human subject privacy protections.

Language is included under “Centers for Medicare and Medicaid Services—Program Management” prohibiting the use of funds to support Research, Demonstration, and Evaluation activities.

Language is included under “Centers for Medicare and Medicaid Services—Program Management” providing specified funds for Program Operations and the Federal Administration Program.

Language is included under “Centers for Medicare and Medicaid Services—Program Management” prohibiting the use of funds to support the Center for Consumer Information and Insurance Oversight or activities developed, administered, or implemented by this Center.

Language is included under “Centers for Medicare and Medicaid Services—Program Management” specifying the total and use of offsetting collections.

Language is included under “Centers for Medicare and Medicaid Services—Health Care Fraud and Abuse Control Account” providing funds to support the full cost of the Senior Medicare Patrol program.

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 “Administration for Children and Families—Children and Families Service Programs” providing that section 303(a)(2)(A)(i) of the Family Violence Prevention and Services Act shall not apply.

Language is included transferring the Traumatic Brain Injury program and the unobligated balances from the Health Resources and Services Administration to the Administration for Community Living.

Language is included 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 written consent is obtained from the named person or their legal guardian.

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.

Section 201 limits the amount available for official reception and representation expenses.

Section 202 limits the number of Public Health Service employees assigned to assist in child survival activities and to work in AIDS programs through and with funds provided by the Agency for International Development, the United Nations International Children’s Emergency Fund, or the World Health Organization.

Section 203 limits the salary of an individual through an HHS grant or other extramural mechanism to not more than the rate of Executive Level III.

Section 204 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 205 reduces the PHS evaluation set-aside to the lesser of 2.4 percent or \$1,068,000,000.

Section 206 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. Advance notification must be provided to the Committees on Appropriations at the program, project, and activity level in advance of any transfer.

Section 207 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 208 makes NIH funds available for human immunodeficiency virus research available to the Office of AIDS Research.

Section 209 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 210 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 211 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 212 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 213 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 214 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 215 transfers one percent of the funding made available for National Institutes of Health National Research Service Awards to the Health Resources and Services Administration.

Section 216 prohibits funds from being used to advocate or promote gun control.

Section 217 requires HHS to provide details on its public web site related to how the Prevention and Public Health Funds are used.

Section 218 directs the spending of the Prevention and Public Health fund.

Section 219 continues the Biomedical Advanced Research and Development Authority ten year contract authority.

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 2017 budget request.

Section 221 continues the 60 day flexibility for National Health Service Corps contract terminations.

Section 222 allows NIH to retain payments for certain research organisms and substances.

Section 223 includes specific report requirements for CMS's marketplaces activities in the fiscal year 2017 budget request.

Section 224 prohibits CMS Program Account from being used to support risk corridor payments.

Section 225 rescinds the nonrecurring expenses fund.

Section 226 transfers certain functions of the Agency for Healthcare Research and Quality and terminating the agency as a separate entity.

Section 227 requires HHS to submit an analysis of the impact of section 2713 of the PHS Act on discretionary programs.

Section 228 prohibits funds from being used for patient-centered outcomes research.

Section 229 prohibits funds from being used for Title X family planning activities.

Section 230 prevents funding of the Navigator program.

Section 231 rescinds expired funds under HRSA.

Section 232 requires the Secretaries of HHS and the Department of Agriculture to develop dietary guidelines based on scientific evidence and to provide for additional public comment.

#### TITLE III—DEPARTMENT OF EDUCATION

Language is included under “School Improvement Programs” directing the Secretary to ensure that the Bureau of Indian Education has access to services provided by the Comprehensive Centers program.

Language is included under “School Improvement Programs” prohibiting funds from being used for expanded learning time in the 21st Century Community Learning Centers program.

Language is included under “General Provisions” prohibiting the Department from moving forward with regulations that would define “gainful employment” or “credit hour” or dictate how States must authorize or license institutions of higher education.

Language is included under “General Provisions” prohibiting funds made available in this act from being used to implement a college ratings system or teacher preparation regulations.

#### TITLE IV—RELATED AGENCIES

Language is included under “The Committee for Purchase from People Who are Blind or Severely Disabled” requiring that certain authorized fees be paid directly to the AbilityOne Commission and specifying that those fees may be remitted to other organizations under contracts that include certain oversight provisions.

Language is included under “Federal Mediation and Conciliation Service—Salaries and Expenses” providing that fees charged for special training and other services may be retained and used for authorized purposes and that fees for arbitration services may be used for training agency personnel only.

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 implementation or enforcement of the “Representation-Case Procedures” regulation.

Language is included under “National Labor Relations Board—Administrative Provisions” prohibiting the application of a new “joint-employer” standard.

Language is included under “National Labor Relations Board—Administrative Provisions” prohibiting the exertion of jurisdiction related to Indian tribes.

#### 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 appropriation 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 rescinds \$15,000,000 provided under section 3403 [Independent Payment Advisory Board] of Public Law 111-148.

Section 522 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 523 prohibits the use of funds for the downloading or exchanging of pornography.

Section 524 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 525 rescinds \$18,000,000 provided under section 1322 [Consumer Operated and Oriented Plan] of Public Law 111-148.

Section 526 rescinds all remaining funds provided under section 1005 [Health Insurance Reform Implementation] of Public Law 111-152.

Section 527 rescinds \$6,800,000,000 provided under section 3021(a) [Center for Medicare and Medicaid Innovation] of Public Law 111-148.

Section 528 rescinds \$100,000,000 provided under section 6301(e) [Patient-Centered Outcomes Research Trust Fund] of Public Law 111-148.

Section 529 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 530 provides conscience protections with respect to health care entities that refuse to participate in abortions and with regard to requirements for healthcare coverage of specific items and services.

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 (dollars in thousands):

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
Community Service Employment for Older Americans.	FY 2011	Such Sums .....	450,000,000	434,371,000
Federal Unemployment Benefits and Allowances.	Dec. 31, 2014	Such Sums .....	710,600,000	664,200,000
VETERANS' EMPLOYMENT AND TRAINING SERVICE				
Homeless Veterans Program .....	FY 2015	50,000,000 .....	38,109,000	38,109,000
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
HRSA				
Nursing Education Loan Repayment .....	FY 2007	Such Sums .....	31,055,000	81,785,000



Agency/Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
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
Health Careers Opportunity Program .....	FY 2014	Such Sums .....	14,153,000	14,189,000
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	34,998,000
Area Health Education Centers .....	FY 2014	125,000,000 .....	30,250,000	30,250,000
Education & Training—Geriatrics .....			33,237,000	34,237,000
(Workforce Development) .....	FY 2014	10,800,000.		
(Career Incentive Awards) .....	FY 2013	10,000,000.		
Mental & Behavioral Health Education .....	FY 2013	35,000,000 .....	7,896,000	9,916,000
Nursing Workforce Development				
(Nurse Education, Practice, Retention, and Quality Grants).	FY 2014	Such Sums .....	37,913,000	39,913,000
(Nurse Faculty Loan Program) .....	FY 2014	Such Sums .....	24,500,000	26,500,000
(Comprehensive Geriatric Education)	FY 2014	Such Sums .....	4,350,000	4,500,000
Sickle Cell .....	FY 2009	10,000,000 .....	4,455,000	4,455,000
Healthy Start .....	FY 2013	Formula .....	100,746,000	102,000,000
Emergency Relief—Part A .....	FY 2013	789,471,000 .....	649,373,000	655,876,000
Comprehensive Care—Part B .....	FY 2013	1,562,169,000 ...	1,314,446,000	1,315,005,000
Early Intervention—Part C .....	FY 2013	285,766,000 .....	205,544,000	201,079,000
Coordinated Services and Access to Research for Women, Infants, Children and Youth—Part D.	FY 2013	87,273,000 .....	75,088,000	75,088,000
Special Projects of National Significance—Part F.	FY 2013	25,000,000 .....	25,000,000	25,000,000
Education and Training Centers—Part F ...	FY 2013	42,178,000 .....	33,275,000	33,611,000
Dental Reimbursement—Part F .....	FY 2013	15,802,000 .....	12,991,000	13,122,000
Organ Transplantation .....	FY 1993	Such Sums .....	2,767,000	23,549,000
Rural Health Outreach Grants .....	FY 2012	45,000,000 .....	55,553,000	59,000,000
Rural/Community Access to Emergency Devices.	FY 2006	5,000,000 .....	1,485,000	4,500,000
Rural Hospital Flexibility Grants .....	FY 2012	Such Sums .....	41,040,000	41,609,000
State Offices of Rural Health .....	FY 2002	Such Sums .....	4,000,000	9,511,000
Telehealth .....	FY 2006	Such Sums .....	6,814,000	14,900,000
CDC				
Sexually Transmitted Diseases Grants .....	FY 1998	Such Sums .....	113,671,000	157,310,000
National Cancer Registries .....	FY 2003	Such Sums .....		49,440,000
National Center for Health Statistics .....	FY 2003	Such Sums .....	125,899,000	160,397,000
WISEWOMEN .....	FY 2003	Such Sums .....	12,419,000	21,120,000
Asthma Prevention .....	FY 2005	Such Sums .....	32,422,000	30,000,000
Folic Acid .....	FY 2005	Such Sums .....	2,188,000	3,150,000
Injury Prevention and Control .....	FY 2005	Such Sums .....	138,237,000	211,300,000
Oral Health Promotion .....	FY 2005	Such Sums .....	11,204,000	20,000,000
Safe Motherhood/Infant Health Promotion ..	FY 2005	Such Sums .....	44,738,000	46,000,000
Birth Defects, Developmental Disability, Disability and Health.	FY 2007	Such Sums .....	122,242,000	133,510,000
Breast and Cervical Cancer .....	FY 2012	275,000,000 .....	204,779,000	207,000,000
Johanna's Law .....	FY 2012	18,000,000 .....	4,972,000	4,500,000
Epidemiology Laboratory Capacity Grants ...	FY 2013	190,000,000 .....	32,424,000	40,000,000
National TB Strategy Grants .....	FY 2013	243,101,000 .....	132,997,000	142,256,000
National Diabetes Prevention Program .....	FY 2014	Such Sums .....	10,000,000	20,000,000
Section 317 Immunization .....	FY 2014	Such Sums .....	610,847,000	585,508,000
Lead Poisoning Prevention .....	FY 2005	Such Sums .....	36,474,000	15,000,000
Preventive Health Services Block Grant .....	FY 1998	Such Sums .....	194,092,000	170,000,000
NIH				
All 27 Institutes and Centers .....	FY 2009	Such Sums .....	30,317,024,000	30,174,000,000
SAMHSA				
Grants for the Benefit of Homeless Individuals.	FY 2003	50,000,000 .....	16,700,000	28,696,000
Residential Treatment Programs for Pregnant and Postpartum Women.	FY 2003	Such Sums .....	0	15,931,000
Priority Substance Abuse Treatment Needs of Regional and National Significance.	FY 2003	300,000,000 .....	322,994,000	377,000,000
Substance Abuse Treatment Services for Children and Adolescents.	FY 2003	40,000,000 .....	20,000,000	29,605,000

Agency/Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Priority Substance Abuse Prevention Needs of Regional and National Significance.	FY 2003	300,000,000 .....	138,399,000	190,219,000
Centers of Excellence on Services for Individuals with FAS and Alcohol-related Birth Defects and Treatment.	FY 2003	5,000,000 .....	2,416,000	1,000,000
Priority Mental Health Needs of Regional and National Significance.	FY 2003	300,000,000 .....	94,289,000	383,597,000
Youth Interagency Research, Training, and Technical Assistance Centers.	FY 2007	5,000,000 .....	3,960,000	3,909,000
Suicide Prevention for Children and Youth Grants for Jail Division Programs .....	FY 2007	35,000,000 .....	22,779,000	53,915,000
PATH Grants to States .....	FY 2003	10,000,000 .....	6,043,000	4,269,000
Community Mental Health Services for Children with Serious Emotional Disturbances.	FY 2003	75,000,000 .....	46,855,000	54,635,000
Children and Violence Program .....	FY 2003	100,000,000 .....	96,694,000	117,026,000
Grants for Persons who Experienced Violence Related Stress.	FY 2003	50,000,000 .....	83,035,000	23,099,000
Community Mental Health Services Block Grants.	FY 2003	450,000,000 .....	20,000,000	45,887,000
Substance Abuse Prevention and Treatment Block Grant.	FY 2003	2,000,000,000 ...	433,000,000	482,571,000
Protection and Advocacy for Individuals with Mental Illness Act.	FY 2003	19,500,000 .....	1,785,000,000	1,819,856,000
AHRQ Research on Health Costs, Quality, and Outcomes.	FY 2005	Such Sums .....	32,500,000	36,146,000
ACF Low Income Home Energy Assistance Program.	FY 2007	5,100,000,000 ...	260,695,000	0
Children and Families Services Programs				
Adoption Awareness Programs .....	FY 2005	Such Sums .....	12,453,000	39,100,000
Native American Programs .....	FY 2002	Such Sums .....	45,826,000	50,000,000
Community Services Block Grant .....	FY 2003	Such Sums .....	645,762,000	674,000,000
Community Economic Development Program.	FY 2003	Formula .....	27,082,000	29,883,000
Assets for Independence .....	FY 2003	25,000,000 .....	24,827,000	18,950,000
Refugee and Entrant Assistance				
Transitional and Medical Services .....	FY 2002	Such Sums .....	227,243,000	383,266,000
Social Services .....	FY 2002	Such Sums .....	158,600,000	149,927,000
Preventative Health .....	FY 2002	Such Sums .....	4,835,000	4,600,000
Targeted Assistance .....	FY 2002	Such Sums .....	49,477,000	47,601,000
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	18,500,000
Older Americans Act .....	FY 2011	Such Sums .....	1,927,486,000	1,393,958,000
Lifespan Respite Care .....	FY 2011	94,810,000 .....	2,495,000	2,360,000
Developmental Disabilities .....	FY 2007	Such Sums .....	155,115,000	161,920,000
Elder Justice/ Adult Protective Services .....	FY 2014	129,000,000 .....	0	46,608,000
DEPARTMENT OF EDUCATION				
Education for the Disadvantaged—LEA formula grants.	FY 2008	25,000,000,000	13,898,875,000	14,409,802,000
Education for the Disadvantaged—(except Grants to LEAs and Special Programs for Migrant Students).	FY 2008	Such Sums .....	1,557,267,000	422,365,000
Special Programs for Migrant Students .....	FY 2015	Such Sums .....	37,474,000	37,474,000
Impact Aid .....	FY 2008	Such Sums .....	1,240,717,000	1,298,603,000
Indian Education .....	FY 2008	Such Sums .....	119,564,000	143,939,000
Innovation and Improvement—(except Investing in Innovation).	FY 2008	Such Sums .....	985,518,000	275,000,000
Safe Schools and Citizenship Education (except Promise Neighborhoods).	FY 2008	Such Sums .....	693,404,000	56,754,000
English Language Acquisition .....	FY 2008	Such Sums .....	700,395,000	737,400,000
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	409,956,000

Agency/Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
RELATED AGENCIES				
Institute of Museum and Library Services ..	FY 2009	Such Sums .....	274,840,000	227,860,000
National Council on Disability .....	FY 2003	Such Sums .....	3,144,000	3,186,000

PROGRAM DUPLICATION

Pursuant to section 3(j)(2) of H. Res. 5 (113th 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:

	302(b) Allocation		This Bill	
	Budget Authority	Outlays	Budget Authority	Outlays
Comparison of amounts in the bill with Committee allocations to its subcommittees: Subcommittee on Transportation, Housing and Urban Development, and Related Agencies .....				
Mandatory .....				1
Discretionary .....				

<sup>1</sup> 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:

	302(b) Allocation		This Bill	
	Budget Authority	Outlays	Budget Authority	Outlays
Projection of outlays associated with the recommendation:				
2016 .....	n.a.	n.a.	n.a.	2
2017 .....	n.a.	n.a.	n.a.	
2018 .....	n.a.	n.a.	n.a.	
2019 .....	n.a.	n.a.	n.a.	
2020 and future years .....	n.a.	n.a.	n.a.	

<sup>2</sup> 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:

	302(b) Allocation		This Bill	
	Budget Authority	Outlays	Budget Authority	Outlays
Financial assistance to State and local governments for 2016 .....	n.a.	n.a.	.....	2

<sup>2</sup> Excludes outlays from prior-year budget authority.

**FULL COMMITTEE VOTES**

[TO BE PROVIDED]

**MINORITY VIEWS**

[TO BE PROVIDED]

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 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..... D	64,736	103,556	64,736	---	-38,820
Advance from prior year..... NA	(712,000)	(712,000)	(712,000)	---	---
FY 2017..... D	712,000	712,000	712,000	---	---
Subtotal.....	776,736	815,556	776,736	---	-38,820
Youth Training..... D	831,842	873,416	831,842	---	-41,574
Dislocated Worker Assistance, current year..... D	155,530	160,860	155,530	---	-5,330
Advance from prior year..... NA	(860,000)	(860,000)	(860,000)	---	---
FY 2017..... D	860,000	860,000	860,000	---	---
Subtotal.....	1,015,530	1,020,860	1,015,530	---	-5,330
Subtotal, Grants to States.....	2,624,108	2,709,832	2,624,108	---	-85,724
Current Year.....	(1,052,108)	(1,137,832)	(1,052,108)	---	(-85,724)
FY 2017.....	(1,572,000)	(1,572,000)	(1,572,000)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Programs:					
Dislocated Worker Assistance National Reserve:					
Current year..... D	20,859	40,859	14,800	-6,059	-26,059
Advance from prior year..... NA	(200,000)	(200,000)	(200,000)		
FY 2017..... D	200,000	200,000	59,200	-140,800	-140,800
Subtotal.....	220,859	240,859	74,000	-146,859	-166,859
Subtotal, Dislocated Worker Assistance.....	1,236,389	1,261,719	1,089,530	-146,859	-172,189
Native American Programs..... D	46,082	50,000	50,000	+3,918	---
Migrant and Seasonal Farmworker programs..... D	81,896	81,896	81,896	---	---
Women in Apprenticeship..... D	994	---	---	-994	---
YouthBuild activities..... D	79,689	84,534	82,000	+2,311	-2,534
Technical assistance..... D	---	3,232	3,232	+3,232	---
Reintegration of Ex-Offenders..... D	82,078	95,078	82,078	---	-13,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Workforce Data Quality Initiative..... D	4,000	37,000	6,000	+2,000	-31,000
Apprenticeship programs..... D	---	100,000	---	---	-100,000
Total, National Programs.....	515,598	692,599	379,206	-136,392	-313,393
Current Year.....	(315,598)	(492,599)	(320,006)	(+4,408)	(-172,593)
FY 2017.....	(200,000)	(200,000)	(59,200)	(-140,800)	(-140,800)
Total, Training and Employment Services (TES).....	3,139,706	3,402,431	3,003,314	-136,392	-399,117
Current Year.....	(1,367,706)	(1,630,431)	(1,372,114)	(+4,408)	(-258,317)
FY 2017.....	(1,772,000)	(1,772,000)	(1,631,200)	(-140,800)	(-140,800)
Job Corps					
Operations..... D	1,580,825	1,597,825	1,580,825	---	-17,000
Construction, Rehabilitation and Acquisition..... D	75,000	75,000	75,000	---	---
Administration..... D	32,330	43,119	32,330	---	-10,789
Total, Job Corps.....	1,688,155	1,715,944	1,688,155	---	-27,789
Current Year.....	(1,688,155)	(1,715,944)	(1,688,155)	---	(-27,789)
Community Service Employment For Older Americans ..... D	434,371	434,371	434,371	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
State Unemployment Insurance and Employment Service Operations					
Unemployment Compensation (UI):					
State Operations..... TF	2,777,793	2,883,450	2,745,550	-32,243	-137,900
National Activities..... TF	12,892	14,547	14,547	+1,655	---
Subtotal, Unemployment Compensation.....	2,790,685	2,897,997	2,760,097	-30,588	-137,900
Employment Service (ES):					
Allotments to States:					
Federal Funds..... D	21,413	21,413	21,413	---	---
Trust Funds..... TF	642,771	642,771	642,771	---	---
Supplemental grants..... TF	---	400,000	---	---	-400,000
Subtotal, Trust Funds.....	642,771	1,042,771	642,771	---	-400,000
Subtotal, Allotments to States.....	664,184	1,064,184	664,184	---	-400,000
ES National Activities..... TF					
Subtotal, Employment Service.....	19,818	19,818	19,818	---	---
Federal Funds.....	684,002	1,084,002	684,002	---	-400,000
Trust Funds.....	(21,413)	(21,413)	(21,413)	---	---
Subtotal, Employment Service.....	(662,589)	(1,062,589)	(662,589)	---	(-400,000)



COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Foreign Labor Certification:					
Federal Administration..... TF	48,028	61,589	61,589	+13,561	---
Grants to States..... TF	14,282	14,282	14,282	---	---
Subtotal, Foreign Labor Certification.....	62,310	75,871	75,871	+13,561	---
One-Stop Career Centers/Labor Market Information..... D	60,153	80,153	60,153	---	-20,000 FF
Total, State UI and ES.....	3,597,150	4,138,023	3,580,123	-17,027	-557,900
Federal Funds.....	(81,566)	(101,566)	(81,566)	---	(-20,000)
Trust Funds.....	(3,515,584)	(4,036,457)	(3,498,557)	(-17,027)	(-537,900)
State Paid Leave Fund..... D	---	35,000	---	---	-35,000 UA
Program Administration					
Training and Employment..... D	60,074	73,158	60,975	+901	-12,183
Trust Funds..... TF	8,639	10,846	8,769	+130	-2,077
Employment Security..... D	3,469	3,664	3,521	+52	-143
Trust Funds..... TF	39,264	40,828	39,853	+589	-975
Apprenticeship Services..... D	34,000	36,734	36,000	+2,000	-734

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
(Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Executive Direction..... D	7,034	9,204	7,140	+106	-2,064
Trust Funds..... TF	2,079	2,130	2,110	+31	-20
Total, Program Administration.....	154,559	176,564	158,368	+3,809	-18,196
Federal Funds.....	(104,577)	(122,760)	(107,636)	(+3,059)	(-15,124)
Trust Funds.....	(49,982)	(53,804)	(50,732)	(+750)	(-3,072)
Total, Employment and Training Administration.....	9,013,941	9,902,333	8,864,331	-149,610	-1,038,002
Federal Funds.....	5,448,375	5,812,072	5,315,042	-133,333	-497,030
Current Year.....	(3,676,375)	(4,040,072)	(3,683,842)	(+7,467)	(-356,230)
FY 2017.....	(1,772,000)	(1,772,000)	(1,631,200)	(-140,800)	(-140,800)
Trust Funds.....	3,565,566	4,090,261	3,549,289	-16,277	-540,972
EMPLOYEE BENEFITS SECURITY ADMINISTRATION (EBSA)					
Salaries and Expenses					
Enforcement and Participant Assistance..... D	147,400	166,362	147,000	-400	-19,362
Policy and Compliance Assistance..... D	26,901	34,258	27,000	+99	-7,258
Executive Leadership, Program Oversight and Administration..... D	6,699	6,835	6,699	---	-136
Total, EBSA.....	181,000	207,455	180,699	-301	-26,756

6/16/2015 5:53 PM Page: 6

Labor RRS Detail

hse.ba (report) - Filters: I

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>PENSION BENEFIT GUARANTY CORPORATION (PBGC)</b>					
Pension Benefit Guaranty Corporation Fund					
Consolidated Administrative budget.....	---	(431,799)	(431,799)	(+431,799)	---
Pension Insurance Activities.....	(79,526)	---	---	(-79,526)	---
Pension Plan Termination.....	(179,230)	---	---	(-179,230)	---
Operational Support.....	(156,638)	---	---	(-156,638)	---
Total, PBGC (program level).....	(415,394)	(431,799)	(431,799)	(+16,405)	---
WAGE AND HOUR DIVISION, Salaries and Expenses.....	227,500	277,100	215,500	-12,000	-61,600
OFFICE OF LABOR-MANAGEMENT STANDARDS, Salaries and Expenses.....	39,129	46,981	42,000	+2,871	-4,981
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS, Salaries and Expenses.....	106,476	113,687	100,500	-5,976	-13,187

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>OFFICE OF WORKERS' COMPENSATION PROGRAMS</b>					
Salaries and Expenses..... D	110,823	117,397	112,665	+1,842	-4,732
Trust Funds..... TF	2,177	2,177	2,177	---	---
<b>Total, Salaries and Expenses.....</b>	<b>113,000</b>	<b>119,574</b>	<b>114,842</b>	<b>+1,842</b>	<b>-4,732</b>
Federal Funds.....	(110,823)	(117,397)	(112,665)	(+1,842)	(-4,732)
Trust Funds.....	(2,177)	(2,177)	(2,177)	---	---
<b>Special Benefits</b>					
Federal Employees' Compensation Benefits..... M	207,000	207,000	207,000	---	---
Longshore and Harbor Workers' Benefits..... M	3,000	3,000	3,000	---	---
<b>Total, Special Benefits.....</b>	<b>210,000</b>	<b>210,000</b>	<b>210,000</b>	<b>---</b>	<b>---</b>
<b>Special Benefits for Disabled Coal Miners</b>					
Benefit Payments..... M	96,000	85,040	85,000	-11,000	-40

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Administration..... M	5,262	5,262	5,302	+40	+40
Subtotal, FY 2016 program level.....	101,262	90,302	90,302	-10,960	---
Less funds advanced in prior year..... M	-24,000	-21,000	-21,000	+3,000	---
Total, Current Year.....	77,262	69,302	69,302	-7,960	---
New advances, 1st quarter, FY 2017..... M	21,000	19,000	19,000	-2,000	---
Total, Special Benefits for Disabled Coal Miners	98,262	88,302	88,302	-9,960	---
Energy Employees Occupational Illness Compensation Fund					
Administrative Expenses..... M	56,406	58,552	58,552	+2,146	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>Black Lung Disability Trust Fund</b>					
Benefit Payments and Interest on Advances..... M	261,548	275,261	275,260	+13,712	-1
Workers' Compensation Programs, Salaries and Expenses. M	33,321	35,244	35,244	+1,923	---
Departmental Management, Salaries and Expenses..... M	30,403	30,279	30,279	-124	---
Departmental Management, Inspector General..... M	327	327	327	---	---
Subtotal, Black Lung Disability.....	325,599	341,111	341,110	+15,511	-1
<b>Treasury Department Administrative Costs..... M</b>					
	356	356	356	---	---
Total, Black Lung Disability Trust Fund.....	325,955	341,467	341,466	+15,511	-1
<b>Total, Workers' Compensation Programs.....</b>					
Federal Funds.....	803,623	817,895	813,162	+9,539	-4,733
Current year.....	801,446	815,718	810,985	+9,539	-4,733
FY 2017.....	(780,446)	(796,718)	(791,985)	(+11,539)	(-4,733)
Trust Funds.....	(21,000)	(19,000)	(19,000)	(-2,000)	---
	2,177	2,177	2,177	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)</b>					
Salaries and Expenses					
Safety and Health Standards..... D	20,000	23,306	20,000	---	-3,306
Federal Enforcement..... D	208,000	225,608	193,000	-15,000	-32,608
Whistleblower enforcement..... D	17,500	22,628	20,000	+2,500	-2,628
State Programs..... D	100,850	104,337	103,000	+2,150	-1,337
Technical Support..... D	24,469	24,614	24,000	-469	-614
Compliance Assistance:					
Federal Assistance..... D	68,433	73,044	71,000	+2,567	-2,044
State Consultation Grants..... D	57,775	57,775	58,000	+225	+225
Training Grants..... D	10,537	10,687	---	-10,537	-10,687
Subtotal, Compliance Assistance..... D	136,745	141,506	129,000	-7,745	-12,506
Safety and Health Statistics..... D	34,250	38,763	35,000	+750	-3,763
Executive Direction and Administration..... D	10,973	11,309	11,000	+27	-309
Total, OSHA.....	552,787	592,071	535,000	-17,787	-57,071

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
(Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>MINE SAFETY AND HEALTH ADMINISTRATION</b>					
Salaries and Expenses					
Coal Enforcement..... D	167,859	175,769	162,000	-5,859	-13,769
Metal/Non-Metal Enforcement..... D	91,697	93,841	90,000	-1,697	-3,841
Standards Development..... D	5,416	6,070	5,300	-116	-770
Assessments..... D	6,976	8,122	6,700	-276	-1,422
Educational Policy and Development..... D	36,320	40,448	39,000	+2,680	-1,448
Technical Support..... D	33,791	34,583	34,000	+209	-583
Program Evaluation and Information Resources (PEIR)..... D	17,990	19,783	18,000	+10	-1,783
Program Administration..... D	15,838	16,316	16,000	+162	-316
	=====	=====	=====	=====	=====
Total, Mine Safety and Health Administration....	375,887	394,932	371,000	-4,887	-23,932
	=====	=====	=====	=====	=====
Total, Worker Protection Agencies.....	1,595,779	1,751,800	1,559,541	-36,238	-192,259
Federal Funds.....	(1,593,602)	(1,749,623)	(1,557,364)	(-36,238)	(-192,259)
Trust Funds.....	(2,177)	(2,177)	(2,177)	-	-



COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
BUREAU OF LABOR STATISTICS					
Salaries and Expenses					
Employment and Unemployment Statistics..... D	204,788	219,129	208,000	+3,212	-11,129
Labor Market Information..... TF	65,000	65,000	65,000	---	---
Prices and Cost of Living..... D	200,000	216,048	207,000	+7,000	-9,048
Compensation and Working Conditions..... D	78,000	85,793	83,500	+5,500	-2,293
Productivity and Technology..... D	11,424	10,795	10,500	-.924	-.295
Executive Direction and Staff Services..... D	33,000	35,972	35,000	+2,000	-972
	=====	=====	=====	=====	=====
Total, Bureau of Labor Statistics.....	592,212	632,737	609,000	+16,788	-23,737
Federal Funds.....	527,212	567,737	544,000	+16,788	-23,737
Trust Funds.....	65,000	65,000	65,000	---	---
	=====	=====	=====	=====	=====
OFFICE OF DISABILITY EMPLOYMENT POLICY					
Salaries and Expenses..... D	38,500	38,203	38,203	-297	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>DEPARTMENTAL MANAGEMENT</b>					
<b>Salaries and Expenses</b>					
Executive Direction..... D	31,010	35,302	31,475	+465	-3,827
Departmental Program Evaluation..... D	8,040	9,500	8,161	+121	-1,339
Legal Services..... D	126,136	139,680	128,028	+1,892	-11,652
Trust Funds..... TF	308	308	308	---	---
International Labor Affairs..... D	91,125	94,517	32,000	-59,125	-62,517
Administration and Management..... D	28,413	35,835	28,839	+426	-6,996
Adjudication..... D	29,420	35,854	32,000	+2,580	-3,854
Women's Bureau..... D	11,536	11,788	11,709	+173	-79
Civil Rights Activities..... D	6,880	7,986	6,880	---	-1,116
Chief Financial Officer..... D	5,061	5,205	5,137	+76	-68
<b>Total, Departmental Management.....</b>	<b>337,929</b>	<b>375,985</b>	<b>284,537</b>	<b>-53,392</b>	<b>-91,448</b>
Federal Funds.....	(337,621)	(375,677)	(284,229)	(-53,392)	(-91,448)
Trust Funds.....	(308)	(308)	(308)	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>Veterans Employment and Training</b>					
State Administration, Grants..... IF	175,000	175,000	175,000	---	---
Transition Assistance Program..... IF	14,000	14,100	14,100	+100	---
Federal Administration..... IF	39,458	40,487	40,487	+1,029	---
National Veterans' Employment and Training Services Institute..... IF	3,414	3,414	3,414	---	---
Homeless Veterans Program..... D	38,109	38,109	38,109	---	---
<b>Total, Veterans Employment and Training.....</b>	<b>269,981</b>	<b>271,110</b>	<b>271,110</b>	<b>+1,129</b>	<b>---</b>
Federal Funds.....	38,109	38,109	38,109	---	---
Trust Funds.....	231,872	233,001	233,001	+1,129	---
<b>IT Modernization</b>					
Departmental support systems..... D	4,898	4,898	4,898	---	---
Infrastructure technology modernization..... D	10,496	53,860	24,860	+14,384	-29,000
Digital Government Integrated Platform..... D	---	60,824	---	---	-60,824
<b>Total, IT Modernization.....</b>	<b>15,394</b>	<b>119,602</b>	<b>29,778</b>	<b>+14,384</b>	<b>-89,824</b>

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>Office of Inspector General</b>					
Program Activities..... D	76,000	82,325	79,000	+3,000	-3,325
Trust Funds..... TF	5,590	5,660	5,660	+70	---
<b>Total, Office of Inspector General.....</b>	<b>81,590</b>	<b>87,985</b>	<b>84,660</b>	<b>+3,070</b>	<b>-3,325</b>
<b>Total, Departmental Management.....</b>	<b>704,894</b>	<b>854,682</b>	<b>670,085</b>	<b>-34,809</b>	<b>-184,597</b>
Federal Funds.....	467,124	615,713	431,116	-36,008	-184,597
Current Year.....	(467,124)	(615,713)	(431,116)	(-36,008)	(-184,597)
Trust Funds.....	237,770	238,969	238,969	+1,199	---
<b>Total, Workforce Investment Act Programs.....</b>	<b>4,826,867</b>	<b>5,118,375</b>	<b>4,691,469</b>	<b>-135,398</b>	<b>-426,906</b>
Current Year.....	(3,054,867)	(3,346,375)	(3,060,269)	(+5,402)	(-286,106)
FY 2017.....	(1,772,000)	(1,772,000)	(1,631,200)	(-140,800)	(-140,800)
<b>Total, Title I, Department of Labor.....</b>	<b>12,635,949</b>	<b>13,878,076</b>	<b>12,439,480</b>	<b>-196,469</b>	<b>-1,438,596</b>
Federal Funds.....	8,765,436	9,481,669	8,584,045	-181,391	-897,624
Current Year.....	(6,972,436)	(7,690,669)	(6,933,845)	(-38,591)	(-756,824)
FY 2017.....	(1,793,000)	(1,791,000)	(1,650,200)	(-142,800)	(-140,800)
Trust Funds.....	3,870,513	4,396,407	3,855,435	-15,078	-540,972

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>TITLE II -- DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>					
<b>HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)</b>					
Primary Health Care					
Community Health Centers..... D	1,491,422	1,491,422	1,491,422	---	---
Free Clinics Medical Malpractice..... D	100	100	100	---	---
Total, Primary Health Care.....	1,491,522	1,491,522	1,491,522	---	---
Health Workforce					
National Health Service Corps..... D	---	287,370	---	---	-287,370
Training for Diversity:					
Centers of Excellence..... D	21,711	25,000	21,711	---	-3,289
Health Careers Opportunity Program..... D	14,189	---	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	---	---
Health workforce diversity..... D	---	14,000	---	---	-14,000
Total, Training for Diversity.....	83,060	86,160	83,060	---	-3,100

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Training in Primary Care Medicine..... D	38,924	38,924	38,924	---	---
Rural Physician Training Grants..... D	---	4,000	---	---	-4,000
Oral Health Training..... D	33,928	33,928	34,998	+1,070	+1,070
Interdisciplinary Community-Based Linkages:					
Area Health Education Centers..... D	30,250	---	30,250	---	+30,250
Geriatric Programs..... D	34,237	34,237	34,237	---	---
Clinical Training in Interprofessional Practice. D	---	10,000	---	---	-10,000
Mental and Behavioral Health..... D	8,916	8,916	9,916	+1,000	+1,000
Total, Interdisciplinary Community Linkages...	73,403	53,153	74,403	+1,000	+21,250
Workforce Information and Analysis..... D	4,663	4,663	4,663	---	---
Public Health and Preventive Medicine programs..... D	21,000	17,000	10,000	-11,000	-7,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>Nursing Programs:</b>					
Advanced Education Nursing..... D	63,581	63,581	63,581	---	---
Nurse Education, Practice, and Retention..... D	39,913	39,913	39,913	---	---
Nursing Workforce Diversity..... D	15,343	15,343	15,343	---	---
Loan Repayment and Scholarship Program..... D	81,785	81,785	81,785	---	---
Comprehensive Geriatric Education..... D	4,500	4,500	4,500	---	---
Nursing Faculty Loan Program..... D	26,500	26,500	26,500	---	---
	231,622	231,622	231,622	---	---
Total, Nursing programs.....	231,622	231,622	231,622	---	---
Children's Hospitals Graduate Medical Education..... D	265,000	100,000	265,000	+165,000	---
National Practitioner Data Bank..... D	18,814	19,728	19,728	-914	---
User Fees..... D	-18,814	-19,728	-19,728	-914	---
	751,600	856,820	742,670	-8,930	-114,150
Total, Health Workforce.....	751,600	856,820	742,670	-8,930	-114,150

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
(Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>Maternal and Child Health</b>					
Maternal and Child Health Block Grant..... D	637,000	637,000	638,200	+1,200	+1,200
Sickle Cell Anemia Demonstration Program..... D	4,455	4,455	4,455	---	---
Traumatic Brain Injury..... D	9,321	9,321	---	---	---
Autism and Other Developmental Disorders..... D	47,099	47,099	47,099	---	---
Heritable Disorders..... D	13,883	13,883	13,883	---	---
Healthy Start..... D	102,000	102,000	102,000	---	---
Universal Newborn Hearing Screening..... D	17,818	17,818	17,818	---	---
Emergency Medical Services for Children..... D	20,162	20,162	20,162	---	---
<b>Total, Maternal and Child Health.....</b>	<b>851,738</b>	<b>851,738</b>	<b>843,617</b>	<b>-8,121</b>	<b>-8,121</b>
<b>Ryan White HIV/AIDS Program</b>					
Emergency Assistance..... D	655,876	655,876	655,876	---	---
Comprehensive Care Programs..... D	1,315,005	1,315,005	1,315,005	---	---
AIDS Drug Assistance Program (ADAP) (NA)..... NA	(900,313)	(900,313)	(900,313)	---	---



COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Early Intervention Program..... D	201,079	280,167	201,079	---	-79,088
Children, Youth, Women, and Families..... D	75,088	---	75,088	---	+75,088
AIDS Dental Services..... D	13,122	13,122	13,122	---	---
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	2,322,781	2,318,781	---	-4,000 UA
Health Care Systems					
Organ Transplantation..... D	23,549	23,549	23,549	---	---
National Cord Blood Inventory..... D	11,266	11,266	11,266	---	---
Bone Marrow Program..... D	22,109	22,109	22,109	---	---
Office of Pharmacy Affairs..... D	10,238	17,238	10,238	---	-7,000
340B Drug Pricing User Fees..... D	---	7,500	---	---	-7,500
User Fees..... D	---	-7,500	---	---	+7,500
Poison Control..... D	18,846	18,846	21,846	+3,000	+3,000
National Hansen's Disease Program..... D	15,206	15,206	15,206	---	---
Hansen's Disease Program Buildings and Facilities..... D	122	122	122	---	---
Payment to Hawaii, Treatment of Hansen's..... D	1,857	1,857	1,857	---	---
Total, Health Care Systems.....	103,193	110,193	106,193	+3,000	-4,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Rural Health					
Rural Outreach Grants..... D	59,000	59,000	59,000	---	---
Rural Health Research/Policy Development..... D	9,351	9,351	9,351	---	---
Rural Hospital Flexibility Grants..... D	41,609	26,200	41,609	---	+15,409 UA
Rural and Community Access to Emergency Devices..... D	4,500	---	4,500	---	+4,500 UA
State Offices of Rural Health..... D	9,511	9,511	9,511	---	---
Black Lung Clinics..... D	6,766	6,766	6,766	---	---
Radiation Exposure Screening and Education Program..... D	1,834	1,834	1,834	---	---
Telehealth..... D	14,900	14,900	14,900	---	---
Total, Rural Health.....	147,471	127,562	147,471	---	+19,909
Family Planning..... D	286,479	300,000	---	-286,479	-300,000 UA
Program Management..... D	154,000	157,061	154,000	---	-3,061

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>Vaccine Injury Compensation Program Trust Fund</b>					
Post-FY 1988 Claims..... M	235,000	237,000	237,000	+2,000	---
HRSA Administration..... TF	7,500	7,500	7,500	---	---
<b>Total, Vaccine Injury Compensation Trust Fund...</b>	<b>242,500</b>	<b>244,500</b>	<b>244,500</b>	<b>+2,000</b>	<b>---</b>
<b>Total, Health Resources and Services Administration.....</b>	<b>6,347,284</b>	<b>6,462,177</b>	<b>6,048,754</b>	<b>-298,530</b>	<b>-413,423</b>
<b>CENTERS FOR DISEASE CONTROL AND PREVENTION</b>					
Immunization and Respiratory Diseases..... D	573,105	537,766	607,781	+34,676	+70,015 UA
Pandemic Flu balances (Public Law 111-32)..... NA	(15,000)	---	---	(-15,000)	---
Prevention and Public Health Fund 1/..... NA	(210,300)	(210,300)	(150,285)	(-60,015)	(-60,015)
<b>Subtotal .....</b>	<b>(798,405)</b>	<b>(748,066)</b>	<b>(758,066)</b>	<b>(-40,339)</b>	<b>(+10,000)</b>
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention..... D	1,117,609	1,161,747	1,117,609	---	-44,138 UA

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Emerging and Zoonotic Infectious Diseases..... D	352,990	644,687	460,588	+107,608	-184,089
Prevention and Public Health Fund 1/..... NA	(52,000)	(54,580)	(52,000)	---	(-2,580)
Subtotal.....	404,990	699,267	512,588	+107,608	-186,669
Chronic Disease Prevention and Health Promotion..... D	747,220	577,854	570,467	-176,753	-7,387 UA
Prevention and Public Health Fund 1/..... NA	(452,000)	(480,204)	(527,015)	(+75,015)	(+46,811)
Subtotal.....	1,199,220	1,058,058	1,097,482	-101,738	+39,424
Birth Defects, Developmental Disabilities, Disabilities and Health..... D	131,781	63,815	133,510	+1,729	+69,695 UA
Prevention and Public Health Fund 1/..... NA	---	(67,966)	---	---	(-67,966)
Subtotal.....	131,781	131,781	133,510	+1,729	+1,729
Public Health Scientific Services..... D	481,061	474,559	496,597	+15,536	+22,038
Prevention and Public Health Fund 1/..... NA	---	(64,250)	---	---	(-64,250)
Subtotal.....	(481,061)	(538,809)	(496,597)	(+15,536)	(-42,212)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Environmental Health..... D	166,404	141,500	145,580	-20,824	+4,080 UA
Prevention and Public Health Fund 1/..... NA	(13,000)	(37,000)	(15,000)	(+2,000)	(-22,000)
Subtotal.....	179,404	178,500	160,580	-18,824	-17,920
Injury Prevention and Control..... D	170,447	256,977	211,300	+40,853	-45,677 UA
National Institute for Occupational Safety and Health, D	334,863	283,418	341,100	+6,237	+57,682
Energy Employees Occupational Illness Compensation Program..... M	55,358	55,358	55,358	---	---
Global Health..... D	416,517	448,092	426,925	+10,408	-21,167
Ebola funding (Public Law 113-164)..... NA	(30,000)	---	---	(-30,000)	---
Subtotal.....	(446,517)	(448,092)	(426,925)	(-19,592)	(-21,167)
Public Health Preparedness and Response..... D	1,352,551	1,381,818	1,460,836	+108,285	+79,018
Buildings and Facilities..... D	10,000	10,000	10,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>CDC-Wide Activities and Program Support</b>					
Prevention and Public Health Fund 1/..... NA	(160,000)	---	(170,000)	(+10,000)	(+170,000)
Office of the Director..... D	113,570	113,570	113,500	-70	-70
Title VI Ebola funding..... NA	(1,771,000)	---	---	(-1,771,000)	---
Subtotal, CDC-Wide (including Ebola funding).....	(2,044,570)	(113,570)	(283,500)	(-1,761,070)	(+169,930)
Subtotal, CDC-Wide Activities.....	(273,570)	(113,570)	(283,500)	(+9,930)	(+169,930)
=====					
Total, Centers for Disease Control.....	6,023,476	6,151,161	6,151,161	+127,685	---
Discretionary.....	5,968,118	6,095,803	6,095,803	+127,685	---
Pandemic Flu balances (Public Law 111-32)..... NA	(15,000)	---	---	(-15,000)	---
Prevention and Public Health Fund 1/..... NA	(887,300)	(914,300)	(914,300)	(+27,000)	---
Title VI Ebola funding..... NA	(1,801,000)	---	---	(-1,801,000)	---
=====					
Total, Centers for Disease Control Program Level (including Ebola funding).....	(8,726,776)	(7,065,461)	(7,065,461)	(-1,661,315)	---
Total, Centers for Disease Control Program Level	(6,925,776)	(7,065,461)	(7,065,461)	(+139,685)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>NATIONAL INSTITUTES OF HEALTH</b>					
National Cancer Institute..... D	4,950,396	5,098,479	5,081,812	+131,416	-16,667
National Heart, Lung, and Blood Institute..... D	2,997,870	3,071,906	3,035,062	+37,192	-36,844
National Institute of Dental and Craniofacial Research D	399,886	406,746	404,847	+4,961	-1,899
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)..... D	1,749,681	1,788,133	1,771,388	+21,707	-16,745
Juvenile Diabetes (mandatory)..... NA	(150,000)	(150,000)	(150,000)	---	---
Subtotal, NIDDK program level.....	1,899,681	1,938,133	1,921,388	+21,707	-16,745
National Institute of Neurological Disorders and Stroke..... D	1,605,205	1,660,375	1,656,334	+51,129	-4,041
National Institute of Allergy and Infectious Diseases, D	4,358,841	4,614,779	4,512,918	+154,077	-101,861
Title VI Ebola funding..... NA	(238,000)	---	---	(-238,000)	---
National Institute of General Medical Sciences..... D	1,656,476	1,586,291	1,429,437	-227,039	-156,854
Evaluation Tap Funding..... NA	(715,000)	(847,489)	(1,010,000)	(+295,000)	(+162,511)
Subtotal, NGMS program level.....	2,371,476	2,433,780	2,439,437	+67,961	+5,657

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Eunice Kennedy Shriver National Institute of Child Health and Human Development..... D	1,286,571	1,318,061	1,305,586	+19,015	-12,475
National Eye Institute..... D	684,191	695,154	698,108	+13,917	+2,954
National Institute of Environmental Health Sciences..... D	667,502	681,782	675,783	+8,281	-5,999
National Institute on Aging..... D	1,199,468	1,267,078	1,518,421	+318,953	+251,343
National Institute of Arthritis and Musculoskeletal and Skin Diseases..... D	521,665	533,232	528,137	+6,472	-5,095
National Institute on Deafness and Other Communication Disorders..... D	405,302	416,241	412,366	+7,064	-3,875
National Institute of Nursing Research..... D	140,953	144,515	142,701	+1,748	-1,814
National Institute on Alcohol Abuse and Alcoholism..... D	447,408	459,833	456,012	+8,604	-3,821
National Institute on Drug Abuse..... D	1,028,614	1,047,397	1,050,875	+22,261	+3,478
National Institute of Mental Health..... D	1,463,036	1,489,417	1,512,401	+49,365	+22,984
National Human Genome Research Institute..... D	499,356	515,491	505,551	+6,195	-9,940
National Institute of Biomedical Imaging and Bioengineering..... D	330,192	337,314	338,360	+8,168	+1,046
National Center for Complementary and Integrative Health..... D	124,681	127,521	127,585	+2,904	+64



COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Institute on Minority Health and Health Disparities..... D	269,154	281,549	272,493	+3,339	-9,056
John E. Fogarty International Center..... D	67,786	69,505	66,627	+841	-878
National Library of Medicine (NLM)..... D	336,939	394,090	341,119	+4,180	-52,971
National Center for Advancing Translational Sciences... D	635,230	660,131	643,111	+7,881	-17,020
Office of the Director..... D	1,401,134	1,430,028	1,539,726	+138,592	+109,698
Common Fund (non-add)..... NA	(533,039)	(553,039)	(675,639)	(+142,600)	(+122,600)
Gabriella Miller Kids First Research Act (Common Fund non-add).....	12,600	12,600	12,600	---	---
Subtotal.....	1,413,734	1,442,628	1,552,326	+138,592	+109,698
Buildings and Facilities..... D	128,863	128,863	132,640	+3,777	+3,777
Total, National Institutes of Health (NIH).....	29,369,000	30,236,511	30,174,000	+805,000	-62,511 UA
(Evaluation Top Funding).....	(715,000)	(847,489)	(1,010,000)	(+295,000)	(+162,511)
(Title VI Ebola funding).....	(238,000)	---	---	(-238,000)	---
Total, NIH Program Level (including Ebola funding).....	(30,322,000)	(31,084,000)	(31,184,000)	(+862,000)	(+100,000)
Total, NIH Program Level.....	(30,084,000)	(31,084,000)	(31,184,000)	(+1,100,000)	(+100,000)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 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	366,597	334,289	383,597	+17,000	+49,308
Evaluation Tap Funding..... NA	---	(5,000)	---	---	(-5,000)
Prevention and Public Health Fund 1/..... NA	(12,000)	(38,000)	---	(-12,000)	(-38,000)
Subtotal.....	378,597	377,289	383,597	+5,000	+6,308
Mental Health block grant..... D	461,532	461,532	482,571	+21,039	+21,039
Evaluation Tap Funding..... NA	(21,039)	(21,039)	---	(-21,039)	(-21,039)
Subtotal.....	(482,571)	(482,571)	(482,571)	---	---
Children's Mental Health..... D	117,026	117,026	117,026	---	---
Grants to States for the Homeless (PATH)..... D	64,635	64,635	54,635	-10,000	-10,000
Protection and Advocacy..... D	36,146	36,146	36,146	---	---
Subtotal, Mental Health.....	1,045,936	1,013,628	1,073,975	+28,039	+60,347
(Evaluation Tap Funding).....	(21,039)	(26,039)	---	(-21,039)	(-26,039)
Subtotal, Mental Health program level.....	(1,078,975)	(1,077,667)	(1,073,975)	(-5,000)	(-3,692)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Substance Abuse Treatment					
Programs of Regional and National Significance..... D	362,002	290,701	377,000	+14,998	+86,299
Evaluation Tap Funding..... NA	(2,000)	(30,000)	---	(-2,000)	(-30,000)
Subtotal.....	(364,002)	(320,701)	(377,000)	(+12,998)	(+56,299)
Substance Abuse block grant..... D	1,740,656	1,740,656	1,819,856	+79,200	+79,200
Evaluation Tap Funding..... NA	(79,200)	(79,200)	---	(-79,200)	(-79,200)
Subtotal, block grant.....	(1,819,856)	(1,819,856)	(1,819,856)	---	---
Subtotal, Substance Abuse Treatment.....	2,102,658	2,031,357	2,196,856	+94,198	+165,499
(Evaluation Tap Funding).....	(81,200)	(109,200)	---	(-81,200)	(-109,200)
Subtotal, Program level.....	(2,183,858)	(2,140,557)	(2,196,856)	(+12,998)	(+56,299)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Substance Abuse Prevention					
Programs of Regional and National Significance..... D	175,219	194,450	190,219	+15,000	-4,231
Evaluation Tap Funding..... NA	---	(16,468)	---	---	(-16,468)
Subtotal.....	175,219	194,450	190,219	+15,000	-4,231
Health Surveillance and Program Support..... D	150,232	156,228	181,660	+31,428	+25,432
Evaluation Tap Funding (NA)..... NA	(31,428)	(58,917)	---	(-31,428)	(-58,917)
Prevention and Public Health Fund 1/..... NA	---	(20,000)	---	---	(-20,000)
Subtotal.....	181,660	235,145	181,660	---	-53,485
Total, SAMHSA.....	3,474,045	3,395,663	3,642,710	+168,665	+247,047
(Evaluation Tap Funding).....	(133,667)	(210,624)	---	(-133,667)	(-210,624)
(Prevention and Public Health Fund 1/.....	(12,000)	(58,000)	---	(-12,000)	(-58,000)
Total, SAMHSA Program Level.....	(3,619,712)	(3,664,287)	(3,642,710)	(+22,998)	(-21,577)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)</b>					
Healthcare Research and Quality					
Research on Health Costs, Quality, and Outcomes:					
Federal Funds..... D	228,551	134,889	---	-228,551	-134,889
Evaluation Tap funding..... NA	---	(87,888)	---	---	(-87,888)
Patient-Centered Outcomes Research transfer... NA	---	(115,636)	---	---	(-115,636)
Subtotal, Health Costs, Quality, and Outcomes... (Evaluation Tap Funding).....	(228,551)	(338,413)	---	(-228,551)	(-338,413)
Medical Expenditures Panel Surveys:					
Federal Funds..... D	65,447	68,877	---	-65,447	-68,877

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
(Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Program Support:					
Federal Funds..... D	69,700	72,044	---	-69,700	-72,044
Total, AHRQ Program Level].....	(363,698)	(363,698)	---	(-363,698)	(-363,698) UA
Federal funds.....	(363,698)	(275,810)	---	(-363,698)	(-275,810)
(Evaluation Tap Funding).....	---	(87,888)	---	---	(-87,888)
Total, Public Health Service (PHS) appropriation	45,577,503	46,521,322	46,016,625	+439,122	-504,697
Total, Public Health Service Program Level	(47,340,470)	(48,755,259)	(47,940,925)	(+600,455)	(-814,334)
(excluding Ebola funding).....					
CENTERS FOR MEDICARE AND MEDICAID SERVICES					
Grants to States for Medicaid					
Medicaid Current Law Benefits..... M	315,238,600	334,936,328	334,936,328	+19,697,728	---
State and Local Administration..... M	18,766,022	17,771,915	17,771,915	-994,107	---
Vaccines for Children..... M	4,076,617	4,109,307	4,109,307	+32,690	---
Subtotal, Medicaid Program Level..... M	338,081,239	356,817,550	356,817,550	+18,736,311	---
Less funds advanced in prior year.....	-103,472,323	-113,272,140	-113,272,140	-9,799,817	---
Total, Grants to States for Medicaid..... M	234,608,916	243,545,410	243,545,410	+8,936,494	---
New advance, 1st quarter, FY 2017..... M	113,272,140	115,562,502	115,562,502	+2,310,362	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
(Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>Payments to Health Care Trust Funds</b>					
Supplemental Medical Insurance..... M	194,343,000	198,530,000	198,530,000	+4,187,000	---
Federal Uninsured Payment..... M	187,000	158,000	158,000	-29,000	---
Program Management..... M	763,000	1,044,000	1,044,000	+281,000	---
General Revenue for Part D Benefit..... M	63,342,000	82,453,000	82,453,000	+19,111,000	---
General Revenue for Part D Administration..... M	418,000	691,000	691,000	+273,000	---
HCFAC Reimbursement..... M	153,000	291,000	291,000	+138,000	---
State Low-Income Determination for Part D..... M	6,000	4,800	4,800	-1,200	---
<b>Total, Payments to Trust Funds, Program Level...</b>	<b>259,212,000</b>	<b>283,171,800</b>	<b>283,171,800</b>	<b>+23,959,800</b>	<b>---</b>
<b>Program Management</b>					
Research, Demonstration, Evaluation..... TF	20,054	---	---	-20,054	---
Program Operations..... TF	2,319,823	3,024,386	2,195,823	-324,000	-828,563
State Survey and Certification..... TF	397,334	437,200	397,334	---	-39,866
Federal Administration..... TF	732,533	783,600	732,533	---	-51,067
<b>Total, Program Management.....</b>	<b>3,669,744</b>	<b>4,245,186</b>	<b>3,325,690</b>	<b>-344,054</b>	<b>-919,496</b>

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
(Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>Health Care Fraud and Abuse Control Account</b>					
Centers for Medicare and Medicaid Services..... TF	477,120	474,175	477,120	---	+2,945
HHS Office of Inspector General..... TF	67,200	118,631	67,200	---	-51,431
Medicaid/CHIP..... TF	67,200	---	67,200	---	+67,200
Department of Justice..... TF	60,480	113,194	60,480	---	-52,714
<b>Total, Health Care Fraud and Abuse Control.....</b>	<b>672,000</b>	<b>706,000</b>	<b>672,000</b>	<b>---</b>	<b>-34,000</b>
<b>Total, Centers for Medicare and Medicaid Services</b>					
Federal funds.....	611,434,800	647,250,898	646,297,402	+34,862,602	-953,496
Current year.....	607,093,056	642,299,712	642,299,712	+35,206,656	---
New advance, FY 2017.....	(493,620,916)	(526,717,210)	(526,717,210)	(+32,896,294)	---
Trust Funds.....	(113,272,140)	(115,582,502)	(115,582,502)	(+2,310,362)	---
	4,341,744	4,951,186	3,997,690	-344,054	-953,496
<b>ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)</b>					
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	---	---
<b>Subtotal.....</b>	<b>34,000</b>	<b>34,000</b>	<b>34,000</b>	<b>---</b>	<b>---</b>



COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>Child Support Enforcement:</b>					
State and Local Administration..... M	3,117,555	3,541,359	3,853,196	+735,641	+311,837
Federal Incentive Payments..... M	526,968	519,547	519,547	-7,421	---
Access and Visitation..... M	10,000	10,000	10,000	---	---
Subtotal, Child Support Enforcement.....	3,654,523	4,070,906	4,382,743	+728,220	+311,837
<b>Total, Family Support Payments Program Level..... M</b>					
Less funds advanced in previous years..... M	3,888,523	4,104,906	4,416,743	+728,220	+311,837
Total, Family Support Payments, current year..... M	2,438,523	2,944,906	3,256,743	+818,220	+311,837
New advance, 1st quarter, FY 2017..... M	1,160,000	1,300,000	1,300,000	+140,000	---
<b>Low Income Home Energy Assistance (LIHEAP)</b>					
Formula Grants..... D	3,390,304	3,190,304	3,365,304	-25,000	+175,000
Utility Innovation Fund..... D	---	200,000	---	---	-200,000
Total, LIHEAP, Program Level.....	3,390,304	3,390,304	3,365,304	-25,000	-25,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Refugee and Entrant Assistance					
Transitional and Medical Services..... D	383,266	426,749	383,266	---	-43,483 UA
Victims of Trafficking..... D	15,755	22,000	15,755	---	-6,245
Social Services..... D	149,927	149,927	149,927	---	---
Preventive Health..... D	4,600	4,600	4,600	---	---
Targeted Assistance..... D	47,601	47,601	47,601	---	---
Unaccompanied Minors..... D	948,000	948,000	818,000	-130,000	-130,000
Unaccompanied Minors Contingency Fund (CBO estimate)... D	---	15,000	---	---	-15,000
Victims of Torture..... D	10,735	10,735	10,735	---	---
Total, Refugee and Entrant Assistance.....	1,559,884	1,624,612	1,429,884	-130,000	-194,728
Payments to States for the Child Care and Development Block Grant..... D	2,435,000	2,805,149	2,435,000	---	-370,149 UA
Social Services Block Grant (Title XX)..... M	1,700,000	1,700,000	1,700,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Children and Families Services Programs					
Programs for Children, Youth and Families:					
Head Start, current funded..... D	8,598,095	10,117,706	8,790,095	+192,000	-1,327,611
Consolidated Runaway, Homeless Youth Program..... D	97,000	105,980	97,000	---	-8,980
Prevention Grants to Reduce Abuse of Runaway Youth D	17,141	17,491	17,141	---	-350
Child Abuse State Grants..... D	25,310	25,310	25,310	---	UA
Child Abuse Discretionary Activities..... D	28,744	48,744	28,744	---	-20,000
Community Based Child Abuse Prevention..... D	39,764	39,764	39,764	---	---
Abandoned Infants Assistance..... D	11,063	11,063	11,063	---	---
Child Welfare Services..... D	268,735	268,735	268,735	---	---
Child Welfare Training, Research, or Demonstration projects..... D	15,984	15,984	15,984	---	---
Adoption Opportunities..... D	39,100	42,622	39,100	---	-3,522
Adoption Incentive..... D	37,943	37,943	37,943	---	---
Social Services and Income Maintenance Research..... D	5,762	17,762	5,762	---	-12,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Native American Programs..... D	46,520	50,000	50,000	+3,480	---
Community Services:					
Community Services Block Grant Act programs:					
Grants to States for Community Services..... D	674,000	674,000	674,000	---	---
Economic Development..... D	29,883	---	29,883	---	+29,883 UA
Rural Community Facilities..... D	6,500	---	6,500	---	+6,500 UA
Subtotal.....	710,383	674,000	710,383	---	+36,383
Individual Development Account Initiative..... D	18,950	18,950	18,950	---	---
Subtotal, Community Services.....	729,333	692,950	729,333	---	+36,383
Domestic Violence Hotline..... D	4,500	12,300	4,500	---	-7,800 UA
Family Violence/Battered Women's Shelters..... D	135,000	150,000	145,000	+10,000	-5,000 UA
Independent Living Training Vouchers..... D	43,257	43,257	43,257	---	---
Faith-Based Center..... D	1,299	---	1,299	---	+1,299
Disaster Human Services Case Management..... D	1,864	1,864	1,864	---	---
Program Direction..... D	199,701	211,767	199,701	---	-12,066
Total, Children and Families Services Programs..	10,346,115	11,911,242	10,551,595	+205,480	-1,359,647

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
(Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Promoting Safe and Stable Families..... M	345,000	345,000	345,000	---	---
Discretionary Funds..... D	59,765	89,765	59,765	---	-30,000
Total, Promoting Safe and Stable Families.....	404,765	434,765	404,765	---	-30,000
Payments for Foster Care and Permanency					
Foster Care..... M	4,289,000	4,772,100	4,952,550	+663,550	+180,450
Adoption Assistance..... M	2,504,000	2,562,900	2,562,900	+58,900	---
Guardianship..... M	99,000	123,000	123,000	+24,000	---
Independent Living..... M	140,000	140,000	140,000	---	---
Total, Payments to States..... M	7,032,000	7,598,000	7,778,450	+746,450	+180,450
Less Advances from Prior Year.....	-2,200,000	-2,300,000	-2,300,000	-100,000	---
Total, payments, current year.....	4,832,000	5,298,000	5,478,450	+646,450	+180,450
New Advance, 1st quarter, FY 2017..... M	2,300,000	2,300,000	2,300,000	---	---
Total, ACF.....	30,566,591	33,708,978	32,221,741	+1,655,150	-1,487,237
Current year.....	(27,106,591)	(30,108,978)	(28,621,741)	(+1,515,150)	(-1,487,237)
FY 2017.....	(3,460,000)	(3,600,000)	(3,600,000)	(+140,000)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>ADMINISTRATION FOR COMMUNITY LIVING</b>					
<b>Aging and Disability Services Programs</b>					
Grants to States:					
Home and Community-based Supportive Services..... D	347,724	386,182	347,724	---	-38,458
Preventive Health..... D	19,848	19,848	19,848	---	---
Protection of Vulnerable Older Americans-Title VII D	20,658	20,658	20,658	---	---
Subtotal.....	388,230	426,688	388,230	---	-38,458
Family Support Initiative..... D	---	15,000	---	---	-15,000
Family Caregivers..... D	145,586	150,586	145,586	---	-5,000
Native American Caregivers Support..... D	6,031	6,800	7,531	+1,500	+731
Subtotal, Caregivers.....	151,617	172,386	153,117	+1,500	-19,269
Nutrition:					
Congregate Meals..... D	438,191	458,091	440,691	+2,500	-17,400
Home Delivered Meals..... D	216,397	236,397	219,897	+3,500	-16,500

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
(Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Nutrition Services Incentive Program..... D	160,069	160,069	160,069	---	---
Nutrition Initiative..... D	---	20,000	---	---	-20,000
Subtotal.....	814,657	874,557	820,657	+6,000	-53,900
Subtotal, Grants to States.....	1,354,504	1,473,631	1,362,004	+7,500	-111,627
Grants for Native Americans..... D	26,158	29,100	31,158	+5,000	+2,058
Aging Network Support Activities..... D	9,961	9,961	9,961	---	---
Alzheimer's Disease Demonstrations..... D	3,800	3,800	5,800	+2,000	+2,000 UA
Prevention and Public Health Fund 1/..... NA	(14,700)	(14,700)	(12,700)	(-2,000)	(-2,000)
Lifespan Respite Care..... D	2,360	5,000	2,360	---	-2,640
Chronic Disease Self-Management Program..... D	---	---	8,000	+8,000	+8,000
Prevention and Public Health Fund 1/..... NA	(8,000)	(8,000)	---	(-8,000)	(-8,000)
Elder Falls Prevention..... D	---	---	---	---	---
Prevention and Public Health Fund 1/..... NA	(5,000)	(5,000)	(5,000)	---	---
Senior Medicare Patrol Program..... D	8,910	8,910	---	-8,910	-8,910
Elder Rights Support Activities..... D	7,874	28,874	7,874	---	-21,000
Aging and Disability Resources..... D	6,119	20,000	6,119	---	-13,881
State Health Insurance Program..... TF	52,115	52,115	52,115	---	---
National Clearinghouse for Long-Term Care Information..... D	---	1,000	---	---	-1,000
Paralysis Resource Center..... D	6,700	6,700	6,700	---	---
Limb loss..... D	2,800	2,810	2,810	+10	---
Traumatic Brain Injury..... D	---	---	9,321	+9,321	+9,321

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>Developmental Disabilities Programs:</b>					
State Councils..... D	71,692	71,962	71,692	---	-270
Protection and Advocacy..... D	38,734	38,734	38,734	---	---
Voting Access for Individuals with Disabilities..... D	4,963	4,963	4,963	---	---
Developmental Disabilities Projects of National Significance..... D	8,857	14,500	8,857	---	-5,643
University Centers for Excellence in Developmental Disabilities..... D	37,674	38,619	37,674	---	-945
Subtotal, Developmental Disabilities Programs....	161,920	168,778	161,920	---	-6,858 UA
<b>Workforce Innovation and Opportunity Act</b>					
Independent Living..... D	---	106,183	101,183	+101,183	-5,000
National Institute on Disability, Independent Living, and Rehabilitation Research..... D	---	108,000	103,970	+103,970	-4,030
Assistive Technology..... D	---	31,000	33,000	+33,000	+2,000
Subtotal, Workforce Innovation and Opportunity Act.....	---	245,183	238,153	+238,153	-7,030 UA



COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Program Administration..... D	30,035	40,063	40,063	+10,028	---
Total, Administration for Community Living (ACL)	1,673,256	2,095,925	1,944,358	+271,102	-151,567
Federal funds.....	1,621,141	2,043,810	1,892,243	+271,102	-151,567
Trust Funds.....	(52,115)	(52,115)	(52,115)	---	---
(Prevention and Public Health Fund 1).....	(27,700)	(27,700)	(17,700)	(-10,000)	(-10,000)
Total, ACL program level.....	1,700,956	2,123,625	1,962,058	+261,102	-161,567
OFFICE OF THE SECRETARY					
General Departmental Management					
General Departmental Management, Federal Funds..... D	200,000	225,336	200,000	---	-25,336 UA
Teen Pregnancy Prevention and Sexual Risk Avoidance Education	101,000	104,790	20,000	-81,000	-84,790
Community Grants..... D	(6,800)	(6,800)	---	(-6,800)	(-6,800)
Evaluation Tap Funding..... NA	(107,800)	(111,590)	(20,000)	(-87,800)	(-91,590)
Subtotal, Grants.....					

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Abstinence Education..... D	5,000	---	---	-5,000	---
Minority Health..... D	56,670	56,670	56,670	---	---
Office of Women's Health..... D	32,140	31,500	31,500	-640	---
Minority HIV/AIDS prevention and treatment..... D	52,224	53,900	52,224	---	-1,676
Embryo Adoption Awareness Campaign..... D	1,000	---	1,000	---	+1,000
DATA Act activities..... D	---	10,320	---	---	-10,320
HHS Digital Service Team..... D	---	10,000	---	---	-10,000
Planning and Evaluation, Evaluation Tap Funding..... NA	(58,028)	(59,278)	(58,028)	---	(-1,250)
Total, General Departmental Management.....	448,034	492,516	361,394	-86,640	-131,122
Federal Funds.....	(448,034)	(492,516)	(361,394)	(-86,640)	(-131,122)
(Evaluation Tap Funding).....	(64,828)	(66,078)	(58,028)	(-6,800)	(-8,050)
Total, General Departmental Management Program..	512,862	558,594	419,422	-93,440	-139,172
Office of Medicare Hearings and Appeals..... TF	87,381	140,000	87,381	---	-52,619
Office of the National Coordinator for Health Information Technology..... D	60,367	---	60,367	---	+60,367
Evaluation Tap Funding..... D	---	(91,800)	---	---	(-91,800)
Total, Program Level.....	(60,367)	(91,800)	(60,367)	---	(-31,433)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>Office of Inspector General</b>					
Inspector General Federal Funds..... D	71,000	83,000	75,000	+4,000	-8,000
HCFAC funding (NA)..... NA	(240,455)	(333,893)	(270,462)	(+30,007)	(-63,431)
<b>Total, Inspector General Program Level.....</b>	<b>(311,455)</b>	<b>(416,893)</b>	<b>(345,462)</b>	<b>(+34,007)</b>	<b>(-71,431)</b>
<b>Office for Civil Rights</b>					
Federal Funds..... D	38,798	42,705	38,798	---	-3,907
<b>Retirement Pay and Medical Benefits for Commissioned Officers</b>					
Retirement Payments..... M	432,177	441,977	441,977	+9,800	---
Survivors Benefits..... M	28,186	28,603	28,603	+417	---
Dependents' Medical Care..... M	101,878	115,608	115,608	+13,730	---
<b>Total Medical Benefits for Commissioned Officers</b>	<b>562,241</b>	<b>586,188</b>	<b>586,188</b>	<b>+23,947</b>	<b>---</b>

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
(Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Public Health and Social Services Emergency Fund (PHSSEF)					
Assistant Secretary for Preparedness and Response D					
Operations.....	31,305	30,938	30,938	-367	---
Preparedness and Emergency Operations.....	24,789	24,654	24,654	-135	---
National Disaster Medical System.....	50,054	49,904	49,904	-150	---
Hospital Preparedness Cooperative Agreement Grants: Formula Grants.....	254,555	254,555	254,555	---	---
Biomedical Advanced Research and Development Authority (BARDA).....	415,000	521,732	415,000	---	-106,732
Ebola funding (Public Law 113-164).....	(58,000)	---	---	(-58,000)	---
Title VI Ebola funding.....	(733,000)	---	---	(-733,000)	---
Policy and Planning.....	14,877	14,877	14,877	---	---
Project BioShield.....	255,000	646,425	255,000	---	-391,425
Subtotal, Preparedness and Response (including Ebola funding).....	1,778,580	1,543,085	1,044,928	-733,652	-498,157
Subtotal, Preparedness and Response.....	1,045,580	1,543,085	1,044,928	-652	-498,157

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Assistant Secretary for Administration D					
Assistant Secretary for Administration Cybersecurity, D	41,125	73,417	41,125	---	-32,292
Office of Security and Strategic Information..... D	7,470	7,470	7,470	---	---
Public Health and Science D					
Medical Reserve Corps..... D	8,979	6,000	6,000	-2,979	---
Office of the Secretary D					
Pandemic Influenza Preparedness..... D	71,915	170,009	72,000	+85	-98,009
Emergency response initiative..... D	---	110,000	---	---	-110,000
Health insurance initiative (PHS evaluation funding).. D	---	(30,000)	---	---	(-30,000)
Subtotal, Non-pandemic flu/BioShield/Parklawn/Other construction..... D	1,581,154	1,123,547	844,523	-736,631	-279,024
Total, PHSSEF (including Ebola funding).....	1,908,069	1,939,981	1,171,523	-736,546	-768,458
Total, PHSSEF.....	1,175,069	1,909,981	1,171,523	-3,546	-738,458

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
(Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Office of the Secretary.....	2,442,890	3,254,390	2,380,651	-62,239	-873,739
Federal Funds.....	2,355,509	3,114,390	2,293,270	-62,239	-821,120
Trust Funds.....	87,381	140,000	87,381	---	-52,619
(Evaluation Tap Funding).....	(64,828)	(187,878)	(58,028)	(-6,800)	(-129,850)
(Title VI Ebola funding).....	(733,000)	---	---	(-733,000)	---
Total, Office of the Secretary Program Level.....	2,507,718	3,442,268	2,438,679	-69,039	-1,003,589
Total, Title II, Health and Human Services.....	691,695,040	732,831,513	728,860,777	+37,165,737	-3,970,736
Federal Funds.....	687,206,300	727,680,712	724,716,091	+37,509,791	-2,964,621
Current year.....	(570,474,160)	(608,498,210)	(605,533,589)	(+35,059,429)	(-2,964,621)
FY 2017.....	(116,732,140)	(119,182,502)	(119,182,502)	(+2,450,362)	---
Trust Funds.....	4,488,740	5,150,801	4,144,686	-344,054	-1,006,115
Pandemic Flu balances (Public Law 111-32).....	(15,000)	---	---	(-15,000)	---
Total, Prevention and Public Health Fund 1/.....	(927,000)	(1,000,000)	(932,000)	(+5,000)	(-68,000)

Title II Footnotes:  
1/ Sec. 4002 of Public Law 111-148

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 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..... NA	(2,915,776)	(2,890,776)	(2,890,776)	(-25,000)	---
Forward funded..... D	3,564,641	4,568,625	3,564,641	---	-1,003,984
Current funded..... D	3,984	---	3,984	---	+3,984
Subtotal, Basic grants current year approp..	3,568,625	4,568,625	3,568,625	---	-1,000,000
Subtotal, Basic grants total funds available	(6,484,401)	(7,459,401)	(6,459,401)	(-25,000)	(-1,000,000)
Basic Grants FY 2017 Advance..... D	2,890,776	1,890,776	2,890,776	---	+1,000,000
Subtotal, Basic grants, program level.....	6,459,401	6,459,401	6,459,401	---	---
Concentration Grants:					
Advance from prior year..... NA	(1,362,301)	(1,362,301)	(1,362,301)	---	---
FY 2017 Advance..... D	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 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>Targeted Grants:</b>					
Advance from prior year	(3,281,550)	(3,294,050)	(3,294,050)	(+12,500)	---
FY 2017 Advance	3,294,050	3,794,050	3,294,050	---	-500,000
Subtotal	3,294,050	3,794,050	3,294,050	---	-500,000
<b>Education Finance Incentive Grants:</b>					
Advance from prior year	(3,281,550)	(3,294,050)	(3,294,050)	(+12,500)	---
FY 2017 Advance	3,294,050	3,794,050	3,294,050	---	-500,000
Subtotal	3,294,050	3,794,050	3,294,050	---	-500,000
Subtotal, Grants to LEAs, program level	14,409,802	15,409,802	14,409,802	---	-1,000,000
School Improvement Grants	505,756	555,756	---	-505,756	FF
Striving Readers	160,000	160,000	---	-160,000	FF
State Agency Programs:					
Migrant	374,751	374,751	374,751	---	FF
Neglected and Delinquent/High Risk Youth	47,614	47,614	47,614	---	FF
Subtotal, State Agency programs	422,365	422,365	422,365	---	---



COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Evaluation.....	710	---	---	-710	---
Migrant Education:					
High School Equivalency Program.....	37,474	44,623	37,474	---	-7,149 UA
Total, Education for the disadvantaged.....	15,536,107	16,592,546	14,869,641	-666,466	-1,722,905
Current Year.....	(4,694,930)	(5,751,369)	(4,028,464)	(-666,466)	(-1,722,905)
FY 2017.....	(10,841,177)	(10,841,177)	(10,841,177)	---	---
Subtotal, Forward Funded.....	(4,652,762)	(5,706,746)	(3,987,006)	(-665,756)	(-1,719,740)
PRESCHOOL DEVELOPMENT GRANTS.....	---	750,000	---	---	-750,000
IMPACT AID					
Basic Support Payments.....	1,151,233	1,151,233	1,161,233	+10,000	+10,000
Payments for Children with Disabilities.....	48,316	48,316	48,316	---	---
Facilities Maintenance (Sec. 8008).....	4,835	71,648	4,835	---	-66,813
Construction (Sec. 8007).....	17,406	17,406	17,406	---	---
Payments for Federal Property (Sec. 8002).....	66,813	---	66,813	---	+66,813
Total, Impact aid.....	1,288,603	1,288,603	1,298,603	+10,000	+10,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
SCHOOL IMPROVEMENT PROGRAMS					
State Grants for Improving Teacher Quality..... D	668,389	668,389	---	-668,389	-668,389
Advance from prior year..... NA	(1,681,441)	(1,681,441)	(1,681,441)	---	---
FY 2017..... D	1,681,441	1,681,441	1,681,441	---	---
Subtotal, State Grants for Improving Teacher Quality, program level.....	2,349,830	2,349,830	1,681,441	-668,389	-668,389
Mathematics and Science Partnerships..... D	152,717	202,717	---	-152,717	-202,717
Educational Technology State Grants..... D	---	200,000	---	---	-200,000
Supplemental Education Grants..... D	16,699	16,699	16,699	---	---
21st Century Community Learning Centers..... D	1,151,673	1,151,673	1,151,673	---	---
State Assessments/Enhanced Assessment Instruments..... D	378,000	403,000	300,000	-78,000	-103,000
Consolidated Runaway and Homeless Youth Programs..... D	65,042	71,542	65,042	---	-6,500
Training and Advisory Services (Civil Rights)..... D	6,575	6,575	6,575	---	---
Education for Native Hawaiians..... D	32,397	33,397	33,397	+1,000	---
Alaska Native Education Equity..... D	31,453	32,453	32,453	---	---
Rural Education..... D	169,840	169,840	169,840	---	---
Comprehensive Centers..... D	48,445	55,445	43,600	-4,845	-11,845
Total, School Improvement Programs.....	4,402,671	4,693,171	3,500,720	-901,951	-1,192,451
Current Year.....	(2,721,230)	(3,011,730)	(1,819,279)	(-901,951)	(-1,192,451)
FY 2017.....	(1,681,441)	(1,681,441)	(1,681,441)	---	---
Subtotal, Forward Funded.....	(2,585,661)	(2,867,161)	(1,686,555)	(-899,106)	(-1,180,606)

hse ba (report) - Filters: I Labor HHS Detail 6/16/2015 5:53 PM Page: 54

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
INDIAN EDUCATION					
Grants to Local Educational Agencies..... D	100,381	100,381	100,381	---	---
Federal Programs:					
Special Programs for Indian Children..... D	17,993	67,993	37,993	+20,000	-30,000
National Activities..... D	5,565	5,565	5,565	---	---
Subtotal, Federal Programs.....	23,558	73,558	43,558	+20,000	-30,000
Total, Indian Education.....	123,939	173,939	143,939	+20,000	-30,000
INNOVATION AND IMPROVEMENT					
Investing in Innovation Fund..... D	120,000	300,000	---	-120,000	-300,000
Teacher and Principal Pathways (proposed legislation). D	---	138,762	---	---	-138,762
Transition to Teaching..... D	13,700	---	---	-13,700	---
School Leadership..... D	16,368	---	---	-16,368	---
Charter Schools Grants..... D	253,172	375,000	275,000	+21,828	-100,000
Magnet Schools Assistance..... D	91,647	91,647	---	-91,647	-91,647

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Fund for the Improvement of Education (FIE)..... D	323,000	166,926	---	-323,000	-166,926
Teacher Incentive Fund (Excellent Educators Grants).... D	230,000	350,000	---	-230,000	-350,000
Ready-to-Learn television..... D	25,741	25,741	---	-25,741	-25,741
Next Generation High Schools (proposed legislation).... D	---	125,000	---	---	-125,000
Advanced Placement..... D	28,483	28,483	---	-28,483	-28,483
Total, Innovation and Improvement.....	1,102,111	1,601,559	275,000	-827,111	-1,326,559
Current Year.....	(1,102,111)	(1,601,559)	(275,000)	(-827,111)	(-1,326,559)
<b>SAFE SCHOOLS AND CITIZENSHIP EDUCATION</b>					
Promise Neighborhoods..... D	56,754	150,000	56,754	---	-93,246
National Programs..... D	70,000	90,000	---	-70,000	-90,000
Elementary and Secondary School Counseling..... D	49,561	49,561	---	-49,561	-49,561
Carol M. White Physical Education Program..... D	47,000	60,000	---	-47,000	-60,000
Total, Safe Schools and Citizenship Education....	223,315	349,561	56,754	-166,561	-292,807

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>ENGLISH LANGUAGE ACQUISITION</b>					
Current funded..... D	61,021	773,400	61,021	---	-712,379
Forward funded..... D	676,379	---	676,379	---	+676,379
Total, English Language Acquisition.....	737,400	773,400	737,400	---	-36,000
<b>SPECIAL EDUCATION</b>					
State Grants:					
Grants to States Part B current year..... D	2,214,465	2,389,465	2,575,817	+361,352	+186,352
Part B advance from prior year..... NA	(9,283,383)	(9,283,383)	(9,283,383)	---	---
Grants to States Part B (FY 2017)..... D	9,283,383	9,283,383	9,424,183	+140,800	+140,800
Subtotal, program level.....	11,497,848	11,672,848	12,000,000	+502,152	+327,152
Preschool Grants..... D	353,238	403,238	353,238	---	-50,000
Grants for Infants and Families..... D	438,556	503,556	438,556	---	-65,000
Subtotal, program level.....	12,289,642	12,579,642	12,791,794	+502,152	+212,152

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
(Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>IDEA National Activities (current funded):</b>					
State Personnel Development..... D	41,630	41,630	41,630	---	---
Technical Assistance and Dissemination..... D	51,928	61,928	51,928	---	-10,000
Personnel Preparation..... D	83,700	83,700	83,700	---	---
Parent Information Centers..... D	27,411	27,411	27,411	---	---
Technology and Media Services..... D	28,047	28,047	28,047	---	---
Subtotal, IDEA special programs.....	232,716	242,716	232,716	---	-10,000
=====					
Total, Special education.....	12,522,358	12,822,358	13,024,510	+502,152	+202,152
Current Year.....	(3,238,975)	(3,538,975)	(3,600,327)	(+361,352)	(+61,352)
FY 2017.....	(9,283,383)	(9,283,383)	(9,424,183)	(+140,800)	(+140,800)
Subtotal, Forward Funded.....	(3,006,259)	(3,296,259)	(3,367,611)	(+361,352)	(+71,352)
=====					
<b>REHABILITATION SERVICES AND DISABILITY RESEARCH</b>					
Vocational Rehabilitation State Grants..... M	3,335,074	3,391,770	3,391,770	+56,696	---
Client Assistance State grants..... D	13,000	13,000	13,000	---	---
Training..... D	30,188	30,188	30,188	---	---
Demonstration and Training programs..... D	5,796	5,796	5,796	---	---
Protection and Advocacy of Individual Rights (PAIR).... D	17,650	17,650	17,650	---	---
Supported Employment State grants..... D	27,548	30,548	27,548	---	-3,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Independent Living:					
State Grants..... D	22,878	---	---	-22,878	---
Centers..... D	78,305	---	---	-78,305	---
Services for Older Blind Individuals..... D	33,317	33,317	33,317	---	---
Subtotal.....	134,500	33,317	33,317	-101,183	---
Helen Keller National Center for Deaf/Blind Youth and Adults..... D	9,127	9,840	10,336	+1,209	+496
National Inst. Disability and Rehab. Research (NIDRR)..... D	103,970	---	---	-103,970	---
Assistive Technology..... D	33,000	---	---	-33,000	---
Subtotal, Discretionary programs.....	374,779	140,339	137,835	-236,944	-2,504
Total, Rehabilitation services.....	3,709,853	3,532,109	3,529,605	-180,248	-2,504 UA

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES</b>					
American Printing House for the Blind..... D	24,931	24,931	25,431	+500	+500
National Technical Institute for the Deaf (NTID):					
Operations..... D	67,016	67,016	68,016	+1,000	+1,000
Gallaudet University:					
Operations..... D	120,275	120,275	121,275	+1,000	+1,000
	=====	=====	=====	=====	=====
Total, Special Institutions for Persons with Disabilities.....	212,222	212,222	214,722	+2,500	+2,500
<b>CAREER, TECHNICAL, AND ADULT EDUCATION</b>					
Career Education:					
Basic State Grants/Secondary & Technical Education					
State Grants, current funded..... D	326,598	526,598	326,598	---	-200,000
Advance from prior year..... NA	(791,000)	(791,000)	(791,000)	---	---
FY 2017..... D	791,000	791,000	791,000	---	---
	=====	=====	=====	=====	=====
Subtotal, Basic State Grants, program level.	1,117,598	1,317,598	1,117,598	---	-200,000
National Programs..... D	7,421	9,421	3,816	-3,605	-5,605
	=====	=====	=====	=====	=====
Subtotal, Career Education.....	1,125,019	1,327,019	1,121,414	-3,605	-205,605



COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
(Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Adult Education:					
State Grants/Adult Basic and Literacy Education: D	568,955	568,955	568,955	---	---
State Grants, current funded: D	13,712	19,712	10,240	-3,472	-9,472
National Leadership Activities: D					
Subtotal, Adult education: D	582,667	588,667	579,195	-3,472	-9,472
Total, Career, Technical, and Adult Education: D	1,707,686	1,915,686	1,700,609	-7,077	-215,077
FY 2017: D	(916,686)	(1,124,686)	(909,609)	(-7,077)	(-215,077)
Subtotal, Forward Funded: D	(916,686)	(1,124,686)	(909,609)	(-7,077)	(-215,077)
STUDENT FINANCIAL ASSISTANCE					
Pell Grants -- maximum grant (NA): NA	(4,860)	(4,860)	(4,860)	---	---
Pell Grants: D	22,475,352	22,475,352	22,105,352	-370,000	-370,000
Federal Supplemental Educational Opportunity Grants: D	733,130	733,130	733,130	---	---
Federal Work Study: D	989,728	989,728	989,728	---	---
Total, Student Financial Assistance (SFA): D	24,198,210	24,198,210	23,828,210	-370,000	-370,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>STUDENT AID ADMINISTRATION</b>					
Salaries and Expenses . . . . .	675,224	726,643	675,224	---	-51,419
Servicing Activities . . . . .	721,700	855,211	771,700	+50,000	-83,511
	=====	=====	=====	=====	=====
Total, Student Aid Administration . . . . .	1,396,924	1,581,854	1,446,924	+50,000	-134,930
<b>HIGHER EDUCATION</b>					
Aid for Institutional Development:					
Strengthening Institutions . . . . .	80,462	80,462	82,071	+1,609	+1,609
Hispanic Serving Institutions . . . . .	100,231	100,231	102,236	+2,005	+2,005
Promoting Post-Baccalaureate Opportunities for Hispanic Americans . . . . .	8,992	10,565	9,172	+180	-1,393
Strengthening Historically Black Colleges (HBCUs). . . . .	227,524	227,524	232,074	+4,550	+4,550
Strengthening Historically Black Graduate Institutions . . . . .	58,840	58,840	60,017	+1,177	+1,177
Strengthening Predominantly Black Institutions . . . . .	9,244	9,244	9,429	+185	+185
Asian American Pacific Islander . . . . .	3,113	3,113	3,175	+62	+62

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Strengthening Alaska Native and Native Hawaiian-Serving Institutions..... D	12,833	12,833	13,090	+257	+257
Strengthening Native American-Serving Nontribal Institutions..... D	3,113	3,113	3,175	+62	+62
Strengthening Tribal Colleges..... D	25,662	25,662	30,000	+4,338	+4,338
Subtotal, Aid for Institutional development.....	530,014	531,587	544,439	+14,425	+12,852
International Education and Foreign Language: Domestic Programs..... D	65,103	67,103	65,103	---	-2,000
Overseas Programs..... D	7,061	9,061	7,061	---	-2,000
Subtotal, International Education & Foreign Lang	72,164	76,164	72,164	---	-4,000
Fund for the Improvement of Postsec. Ed. (FIPSE)..... D	67,775	200,000	---	-67,775	-200,000
Postsecondary Program for Students with Intellectual Disabilities..... D	11,800	11,800	11,800	---	---
Minority Science and Engineering Improvement..... D	8,971	8,971	8,971	---	---
Tribally Controlled Postsec Voc/Tech Institutions..... D	7,705	7,705	8,705	+1,000	+1,000
Federal TRIO Programs..... D	839,752	859,752	900,000	+60,248	+40,248

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
GEAR UP..... D	301,639	301,639	322,754	+21,115	+21,115
Graduate Assistance in Areas of National Need..... D	29,293	29,293	25,075	-4,218	-4,218
Teacher Quality Partnerships..... D	40,592	---	---	-40,592	---
Child Care Access Means Parents in School..... D	15,134	15,134	15,134	---	---
GPRA Data/HEA Program Evaluation..... D	---	30,000	---	---	-30,000 UA
Total, Higher Education.....	1,924,839	2,072,045	1,909,042	-15,797	-163,003
HOWARD UNIVERSITY					
Academic Program..... D	191,091	194,496	191,091	---	-3,405
Endowment Program..... D	3,405	---	3,405	---	+3,405 UA
Howard University Hospital..... D	27,325	27,325	27,325	---	---
Total, Howard University.....	221,821	221,821	221,821	---	---
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM, D	435	450	435	---	-15

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU)</b>					
<b>CAPITAL FINANCING PROGRAM ACCOUNT</b>					
HBCU Federal Administration.....	334	340	334	---	-6
HBCU Loan Subsidies.....	19,096	19,096	19,096	---	---
<b>Total, HBCU Capital Financing Program.....</b>	<b>19,430</b>	<b>19,436</b>	<b>19,430</b>	<b>---</b>	<b>-6</b>
<b>INSTITUTE OF EDUCATION SCIENCES (IES)</b>					
Research, Development and Dissemination.....	179,860	202,273	93,144	-86,716	-109,129
Statistics.....	103,060	124,744	103,060	---	-21,684
Regional Educational Laboratories.....	54,423	54,423	---	-54,423	-54,423
Research in Special Education.....	54,000	54,000	35,978	-18,022	-18,022
Special Education Studies and Evaluations.....	10,818	13,000	6,000	-4,818	-7,000
Statewide Data Systems.....	34,539	70,000	34,539	---	-35,461
Assessment:					
National Assessment.....	129,000	149,616	129,000	---	-20,616
National Assessment Governing Board.....	8,235	7,827	8,235	---	+408
<b>Subtotal, Assessment.....</b>	<b>137,235</b>	<b>157,443</b>	<b>137,235</b>	<b>---</b>	<b>-20,208</b>
<b>Total, IES.....</b>	<b>573,935</b>	<b>675,883</b>	<b>409,956</b>	<b>-163,979</b>	<b>-265,927</b>

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
(Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
DEPARTMENTAL MANAGEMENT					
Program Administration:					
Salaries and Expenses..... D	410,000	460,259	410,000	---	-50,259
Building Modernization..... D	1,000	13,830	---	-1,000	-13,830
Total, Program administration.....	411,000	474,089	410,000	-1,000	-64,089
Office for Civil Rights..... D	100,000	130,691	100,000	---	-30,691
Office of Inspector General..... D	57,791	59,256	59,256	+1,465	---
Total, Departmental management.....	568,791	664,036	569,256	+465	-94,780
Total, Title III, Department of Education.....	70,470,650	74,138,889	67,756,577	-2,714,073	-6,382,312
Current Year.....	(47,873,649)	(51,541,888)	(45,018,776)	(-2,854,873)	(-6,523,112)
FY 2017.....	(22,597,001)	(22,597,001)	(22,737,801)	(+140,800)	(+140,800)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE IV--RELATED AGENCIES					
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED..... D	5,362	5,441	5,362	---	-79
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Operating Expenses					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA)..... D	92,364	96,885	92,364	---	-4,521
National Senior Volunteer Corps:					
Foster Grandparents Program..... D	107,702	107,702	107,702	---	---
Senior Companion Program..... D	45,512	45,512	45,512	---	---
Retired Senior Volunteer Program..... D	48,903	48,903	48,903	---	---
Subtotal, Senior Volunteers.....	202,117	202,117	202,117	---	---
Subtotal, Domestic Volunteer Service.....	294,481	299,002	294,481	---	-4,521

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
National and Community Service Programs:					
AmeriCorps State and National Grants..... D	335,430	425,105	318,046	-17,384	-107,059
Innovation, Assistance, and Other Activities..... D	77,400	78,601	---	-77,400	-78,601
Evaluation..... D	5,000	5,000	---	-5,000	-5,000
National Civilian Community Corps (NCCC)..... D	30,000	30,500	---	-30,000	-30,500
State Commission Support Grants..... D	16,038	17,000	---	-16,038	-17,000
Subtotal, National and Community Service.....	463,868	556,206	318,046	-145,822	-238,160
Total, Operating expenses.....	758,349	855,208	612,527	-145,822	-242,681
National Service Trust..... D	209,618	237,077	50,000	-159,618	-187,077
Salaries and Expenses..... D	81,737	86,176	20,000	-61,737	-66,176
Office of Inspector General..... D	5,250	6,000	5,250	---	-750
Total, Corp. for National and Community Service.....	1,054,954	1,184,461	687,777	-367,177	-496,684



COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
CORPORATION FOR PUBLIC BROADCASTING:					
FY 2018 (current) with FY 2016 comparable..... D	445,000	445,000	445,000	---	---
FY 2017 advance with FY 2015 comparable (NA)..... NA	(445,000)	(445,000)	(445,000)	---	---
FY 2016 advance with FY 2014 comparable (NA)..... NA	(445,000)	(445,000)	(445,000)	---	UA
Public television interconnection system (current) D	---	40,000	---	---	-40,000
FEDERAL MEDIATION AND CONCILIATION SERVICE..... D					
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION..... D	45,666	48,748	48,748	+3,082	---
INSTITUTE OF MUSEUM AND LIBRARY SERVICES..... D	16,751	17,085	17,085	+334	---
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION..... D	227,860	237,428	227,860	---	-9,568 UA
NATIONAL COUNCIL ON DISABILITY..... TF	11,749	12,100	7,765	+115	-935
NATIONAL LABOR RELATIONS BOARD..... D	3,250	3,432	11,925	+176	-175
NATIONAL MEDIATION BOARD..... D	274,224	278,000	3,250	---	-182 UA
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION..... D	13,227	13,230	200,000	-74,224	-78,000
	11,639	13,212	13,230	+3	---
			12,639	+1,000	-573

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>RAILROAD RETIREMENT BOARD</b>					
Dual Benefits Payments Account..... D	34,000	29,000	29,000	-5,000	---
Less Income Tax Receipts on Dual Benefits..... D	-3,000	-2,000	-2,000	+1,000	---
Subtotal, Dual Benefits.....	31,000	27,000	27,000	-4,000	---
Federal Payment to the RR Retirement Accounts..... M	150	150	150	---	---
Limitation on Administration..... TF	111,225	119,918	111,225	---	-8,693
Limitation on the Office of Inspector General..... TF	8,437	9,450	8,437	---	-1,013
<b>SOCIAL SECURITY ADMINISTRATION</b>					
Payments to Social Security Trust Funds..... M	16,400	20,400	20,400	+4,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Supplemental Security Income Program					
Federal Benefit Payments..... M	56,201,000	60,683,000	60,683,000	+4,482,000	---
Beneficiary Services..... M	70,000	70,000	70,000	---	---
Research and Demonstration..... M	83,000	101,000	101,000	+18,000	---
Afghanistan Special Immigrant Visa..... M	---	3,000	---	---	-3,000
Administration..... D	4,578,978	4,765,000	4,578,978	---	-186,022
Subtotal, SSI program level.....	60,932,978	65,622,000	65,432,978	+4,500,000	-189,022
Less funds advanced in prior year..... M	-19,700,000	-19,200,000	-19,200,000	+500,000	---
Subtotal, regular SSI current year.....	41,232,978	46,422,000	46,232,978	+5,000,000	-189,022
New advance, 1st quarter, FY 2017..... M	19,200,000	14,500,000	14,500,000	-4,700,000	---
Total, SSI program.....	60,432,978	60,922,000	60,732,978	+300,000	-189,022

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
(Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
<b>Limitation on Administrative Expenses</b>					
OASI/DI Trust Funds..... TF	4,913,260	5,248,608	4,913,260	---	-335,348
HI/SMI Trust Funds..... TF	1,755,376	1,858,882	1,755,376	---	-103,506
Social Security Advisory Board..... TF	2,300	2,400	2,300	---	-100
SSI..... D	3,614,009	3,827,110	3,614,009	---	-213,101
Subtotal, regular LAE.....	10,284,945	10,937,000	10,284,945	---	-652,055
<b>User Fees:</b>					
SSI User Fee activities..... D	124,000	136,000	136,000	+12,000	---
SSPA User Fee Activities..... D	1,000	1,000	1,000	---	---
Subtotal, User fees.....	125,000	137,000	137,000	+12,000	---
Subtotal, Limitation on administrative expenses.....	10,409,945	11,074,000	10,421,945	+12,000	-652,055
<b>Program Integrity:</b>					
OASDI Trust Funds..... TF	431,031	500,580	431,031	---	-69,549
SSI..... TF	964,969	938,420	964,969	---	+26,549
Subtotal, Program integrity funding.....	1,396,000	1,439,000	1,396,000	---	-43,000
Total, Limitation on Administrative Expenses.....	11,805,945	12,513,000	11,817,945	+12,000	-695,055

hse\_ba (report) - Filters: I

Labor HHS Detail

6/16/2015 5:53 PM Page: 72

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
(Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Office of Inspector General					
Federal Funds.....	28,829	31,000	30,000	+1,171	-1,000
Trust Funds.....	74,521	78,795	78,795	+4,274	---
Total, Office of Inspector General.....	103,350	109,795	108,795	+5,445	-1,000
Adjustment: Trust fund transfers from general revenues TF					
	-4,578,978	-4,765,000	-4,578,978	---	+186,022
Total, Social Security Administration.....	67,779,695	68,800,195	68,101,140	+321,445	-699,055
Federal funds.....	60,603,207	61,110,400	60,920,378	+317,171	-190,022
Current year.....	(41,403,207)	(46,610,400)	(46,420,378)	(+5,017,171)	(-190,022)
New advances, 1st quarter, FY 2017.....	(19,200,000)	(14,500,000)	(14,500,000)	(-4,700,000)	---
Trust funds.....	7,176,488	7,689,795	7,180,762	+4,274	-509,033
Total, Title IV, Related Agencies.....	70,047,839	71,263,550	69,928,593	-119,246	-1,334,957
Federal Funds.....	62,739,940	63,432,287	62,616,244	-123,696	-816,043
Current Year.....	(43,094,940)	(48,487,287)	(47,671,244)	(+4,576,304)	(-816,043)
FY 2017 Advance.....	(19,200,000)	(14,500,000)	(14,500,000)	(-4,700,000)	---
FY 2018 Advance.....	(445,000)	(445,000)	(445,000)	---	---
Trust Funds.....	7,307,899	7,831,263	7,312,349	+4,450	-518,914
TITLE VI - EBOLA RESPONSE AND PREPAREDNESS (total)....	(2,772,000)	---	---	(-2,772,000)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
 (Amounts in Thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
RECAP					
Mandatory, total in bill	680,617,425	717,333,805	717,823,091	+37,205,666	+489,286
Less advances for subsequent years	-135,953,140	-133,701,502	-133,701,502	+2,251,638	---
Plus advances provided in prior years	126,646,323	135,953,140	135,953,140	+9,306,817	---
Federal unemployment benefits and allowances (indefinite)	710,600	---	---	-710,600	---
Total, mandatory, current year	672,021,208	719,585,443	720,074,729	+48,053,521	+489,286
Discretionary, total in bill	164,232,053	174,778,223	161,162,336	-3,069,717	-13,615,887
Less advances for subsequent years	-24,814,001	-24,814,001	-24,814,001	---	---
Plus advances provided in prior years	24,814,001	24,814,001	24,814,001	---	---
Subtotal, discretionary, current year	164,232,053	174,778,223	161,162,336	-3,069,717	-13,615,887
Discretionary Scorekeeping adjustments:					
SSI/SSPA User Fee Collection	-123,000	-136,000	-136,000	-13,000	---
Ebola funding (Public Law 113-164)	88,000	---	---	-88,000	---
Average Weekly Insured Unemployment (AWIU)	20,000	20,000	5,000	-15,000	-15,000
Medicare Eligible Accruals (permanent, indefinite)	27,947	30,664	30,664	+2,717	---
Rescissions (PL111-148)	---	---	---	---	---
Consumer Operated and Oriented Plan	---	---	-18,000	-18,000	-18,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2015 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2016  
(Amounts in thousands)

	FY 2015 Enacted	FY 2016 Request	Bill	Bill vs. Enacted	Bill vs. Request
Medicare and Medicaid Innovation Fund (CB0 estimate)	---	---	-6,170,000	-6,170,000	-6,170,000
Independent Payment Advisory Board	-10,000	---	-15,000	-5,000	-15,000
Patient-Centered Outcomes Research Trust Fund	---	---	-100,000	-100,000	-100,000
Nonrecurring expenses fund (rescission)	---	---	-223,000	-223,000	-223,000
Childrens Health Insurance Program (rescission)	-1,745,000	---	---	+1,745,000	---
Childrens Health Insurance Program one-time payment (rescission)	-4,549,000	-3,330,000	---	+4,549,000	+3,330,000
Child Enrollment contingency fund (rescission)	---	-2,105,000	---	---	+2,105,000
TANF Contingency Fund (transfer out)	---	(-25,000)	---	---	(+25,000)
ACF Children's research and technology assistance (by transfer)	---	(15,000)	---	---	(-15,000)
Department of Commerce, Bureau of the Census (by transfer)	---	(10,000)	---	---	(-10,000)
Career pathways included in Pell grant benefit	1,000	---	---	-1,000	---
Traditional Medicare program	305,000	---	---	-305,000	---
HHS unobligated balances (rescission)	---	---	-446	-446	---
Pell grant program (reappropriation of mandatory savings)	---	---	---	---	-316
Total, discretionary	158,247,000	169,257,757	154,535,554	-3,711,446	-14,722,203
Grand Total, current year	830,268,208	888,843,200	874,610,283	+44,342,075	-14,232,917